



Embodiment as a synthesis of having a body and being a body, and its role in self-identity and mental health

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ABSTRACT

The experience of embodiment is a central theme in phenomenological philosophy and has recently received increasing attention also within psychological science. In the present paper we argue (1) that the experience of embodiment represents a fundamental synthesis of *having* a body (the body as an object) and *being* a body (the body as felt “from within”); (2) that this synthesis is basic to an individual’s experience of self-identity; (3) that each individual, as an existential task, has to develop their specific version of the embodiment synthesis; (4) that these syntheses can be more or less harmonious or disharmonious, and that disharmonious syntheses are associated with psychological distress and psychopathology. Different phenomenological accounts of possible variants of disharmonious embodiment, as found in the literature on eating disorders, are discussed and compared. Finally, some research implications and clinical implications are discussed.

1. Introduction

The concept of embodiment is increasingly used in various areas of psychological science. This is a concept that has its roots in phenomenological philosophy and is an important theme in the writings of many phenomenological philosophers. Doyon and Wehrle (2020) have even argued that “of all the important contributions phenomenology has made to philosophy, it is perhaps the thematization of the role of the body in experience that is the most decisive one” (p. 123).

The phenomenological study of embodiment focuses on the *experience* of the body. This is important to remember in view of the multifaceted nature of the concept of body. In the history of philosophy, the concept of body has often been equated simply with “matter” as something extended in space that can be studied by physics and chemistry. The paradigm example is Descartes’ notion of the body as *res extensa* (extended matter) as distinct from *res cogitans* (the mind), which has often been used to formulate the so-called mind-body problem. When the body is discussed in the phenomenological literature, however, the focus is on the body as *experienced* by the individual.

The concept of embodiment, as defined here, refers to the body as experienced by the individual and is in that sense a phenomenological concept. Accordingly, among philosophers the topic of embodiment has been most explicitly addressed by those belonging to the phenomenological tradition, starting with Husserl (1912/1989) and developed by

Merleau-Ponty (1945/1962/2012) and their many present-day followers (e.g., Al-Saji, 2000; Behnke, 2018; Heinämaa, 2018; Legrand, 2010; Wehrle, 2020). Although the present paper takes its starting point in Husserl’s phenomenology, however, it makes no claim to follow Husserl’s philosophy in any orthodox manner. There is an immense and steadily increasing literature on Husserl’s philosophy, with many new works published each year, long after his death in 1938. The present paper does not belong to this tradition but represents an attempt from a position outside of phenomenology to integrate phenomenological contributions within psychological science. That is, although the present paper is strongly *inspired* by phenomenological philosophy and makes use of its way of writing about experiences from a first-person perspective (e.g., “my body”), its merits should not be judged according to whether its conclusions are in accordance with Husserl’s, but rather in view of how it may possibly contribute to the development of psychological theory.

More specifically, the purpose of the present paper is to argue for one specific theoretical thesis: that the experience of embodiment represents a synthesis of *having* a body and *being* a body that is basic to the development of self-identity and mental health. The argument proceeds in three steps: First the concept of *embodiment* is defined as the combined experience of having a body and being a body, and it is argued that this represents a synthesis that is basic to the experience of self-identity. Second, the embodiment synthesis is discussed in terms of Husserl’s

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(2001) genetic phenomenology, and it is argued (a) that it is an existential task for each person to elaborate their own embodiment synthesis; and (b) that such syntheses can be more or less harmonious, and thereby relevant to mental health. Finally, some research implications and clinical implications are discussed.

The novelty of the present paper resides largely in the conceptualization of embodiment as a synthesis of *having* a body and *being* a body. Although theoretical formulations about the role of embodiment for the development of self-identity and mental health have been provided by some other researchers (e.g., Fuchs, 2017, 2022; Stanghellini et al., 2019), these authors do not conceptualize embodiment in terms of a synthesis between these two aspects of bodily experience in the way we do. More detailed comments on how our approach differs from theirs are found in sections 3 and 4 below.

2. Method

The present study took its starting point in an exploration of some themes found in Husserl's (1912/1989; 1938/1970) writings on the experience of the body. As part of the explorations of these themes, a search was made for phenomenological evidence for or against various conclusions, either in the form of general phenomenological observations or phenomenological thought-experiments in the phenomenological literature on embodiment.

2.1. General phenomenological observations

General phenomenological observations are observations about our experiences that are in principle available to anyone of us, and that are therefore open to intersubjective evaluation. One example is Husserl's (1912/1989) observation that the perception of my body is typically "restricted in a definite way: certain of my corporal parts can be seen by me only in a peculiar perspectival foreshortening, and others (e.g., the head) are altogether invisible to me" (see section 3.1).

2.2. Phenomenological thought experiments

Phenomenological thought experiments represent imaginary variations of things for the purpose of drawing conclusions. One example is Merleau-Ponty's (1964) thought experiment "What if our eyes were made in such a way as to prevent our seeing any part of our body ...", as described in section 3.1.

3. Embodiment as a synthesis of having a body and being a body

The present section is divided into three parts. First, embodiment is discussed in terms of the duality of having a body (section 3.1) and being a body (section 3.2). Embodiment is then discussed as a synthesis of these two components and as basic to self-identity (section 3.3).

3.1. Having a body: My body as an object

I experience my body as an object among other objects in the world. This represents the most public aspect of the body. In fact, my body is typically *more* fully observable to others than to myself. Although mirrors, photos and videos make it possible to observe my body in a way that approximates the way others see it, my typical observation of it, as Husserl puts it, is "restricted in a definite way: certain of my corporal parts can be seen by me only in a peculiar perspectival foreshortening, and others (e.g., the head) are altogether invisible to me" (Husserl 1912/1989, p. 167). Thus, even though I understand my body to be an object among other objects in the world, I can only perceive it in a "remarkably imperfect way" (Husserl, 1912/1989, p. 167). In fact, I have less direct perceptual access to my own body than to other objects in the surrounding world (which I can walk around and inspect from all kinds of angles).

Here it is interesting to note the reason why I am not able to observe my body in the same way that I observe other objects: I simply cannot step out of my body to observe it from an external point of view. I see and perceive the world (including my body) from the perspective given by the position of my own body. In other words: *being* my body prevents me from fully observing the body I *have*.

At the same time, it can be argued that the experience of my body as an object is an essential part of the experience of embodiment. An argument to this effect is made by Merleau-Ponty (1964) in the form of the following thought experiment:

What if our eyes were made in such a way as to prevent our seeing any part of our body, or if some baneful arrangement of the body were to let us move our hands over things, while preventing us from the touching our own body?.. Such a body would not reflect itself; it would be an almost adamant body, not really flesh, not really the body of a human being. (Merleau-Ponty, 1964, p. 163)

Merleau-Ponty's thought experiment suggests that the experience of my body as an object is an essential part of our human existence; it is difficult to imagine what life would be if we for some reason were unable to see or touch our own body. It is also difficult to see how we would have any experience of "my body" at all if we could not perceive it as an object.

Finally, it is important to note that these examples illustrate a *first-person* perspective on my body as an object, and *not* a third person perspective. Our conceptualization thereby differs from how some other writers define the "object-body", such as for example Stanghellini et al. (2019), who argue that "[t]hrough sight, I see myself from a third-person perspective" (p. 2), and Castellini et al. (2022), who state that "I experience my object-body in the third-person perspective" (p. 2278). It is very clear from the examples described by both Husserl and Merleau-Ponty above that what is at stake here is a *first-person perspective on my body as an object*. As Husserl (1912/1989) describes it, we typically see our own body "in a very peculiar perspectival foreshortening" (p. 167); Merleau-Ponty's (1964) thought experiment similarly is about what would happen if we did not have access to our object-body from a first-person perspective.

The third-person perspective, however, does enter the scene indirectly, in the form of my awareness that *others* also perceive my body, and that my body is typically more directly observable to others than to myself. Others can, for example, directly see the shifting expressions in my face in a way that I cannot. The "imperfect" perceptual access that I have to my own body, according to Wehrle (2023), means that my body as an object "is in need of verification and signification by other subjects" (p. 67). In other words, we are dependent on others for the development of the full image of our body as an object in the world. We develop a body image that includes an image of how *others* view our body. Moreover, the view of others may be assigned various degrees of importance for the development of my body esteem (i.e., my degree of satisfaction or dissatisfaction with the body). This is an aspect of body experience that has been much studied in empirical psychological research on the body image (e.g., Cash & Smolak, 2011).

To summarize the conclusions from section 3.1:

1. The body as an object is an essential part of the experience of my body from a first-person perspective.
2. My body is a publicly observable object and is even more directly perceivable by others than by myself (*being* my body prevents me from having full perceptual access to my body as an object).
3. My body image includes the image of how others see my body, and others' views can be assigned varying degrees of importance.

3.2. Being a body: My body as me

My body provides a perspective on the world. As described in detail by Husserl (1938/1970), we explore the world around us by moving our

eyes and our head, by walking around in our surroundings, etc., so that the changing perspectives on things can inform us about the world around us. Even as the focus is primarily on the world and not on the body, the body is there continuously to define our perspectives on the world during this exploration. Husserl (1912/1989) accordingly speaks of the body as “the zero point of orientation” for our experience of time, space, orientation, and movement, from which all directions (“here”, “there”, “up”, “down”, “left”, “right”, near”, “far”, etc.) get their sense. In short, the position of my body determines my perceptual perspective on the world.

Another central theme in Husserl’s (1912/1989) analyses of the body is that the body differs from all other things by the fact that I *feel it from within*. In Husserl’s words, this takes the form of bodily *sensings*. Although most of Husserl’s analysis here is focused on localized touch-sensations, he describes sensings as a wide category of experiences that also include feelings that permeate and fill the entire body, such as pleasure and pain, the sense of well-being, feelings of general malaise, and “all kinds of sensations ... that form the substrate for the life of desire and will, sensations of energetic tension and relaxation, sensations of inner restraint, paralysis, liberation, etc.” (p. 160).

Several phenomenologists have written in detail about the central role of such sensations in emotional experiences. Slaby (2008), for example, argues that emotions such as fear, anger and joy essentially involve bodily feeling which are typically experienced as “not clearly localizable but rather ‘diffusely’ spread out through all or most” (p. 434) of the body, but often with a focus in the breast or stomach region. Fuchs and Koch (2014) similarly describe emotions as experienced through *bodily resonance*, which includes “all kinds of local or general bodily sensations: feelings of warmth or coldness, tickling or shivering, pain, tension or relaxation, constriction or expansion, sinking, tumbling or lifting, etc.” (p. 3).

Fuchs (2022) speaks about this aspect of bodily experience as “the subject body” and argues that it mostly remains in the background of our experience and gets our attention primarily “when we become aware of it in a disturbing way, e.g. in fatigue, clumsiness, injury or illness” (p. 110). However, it may be argued that the experience of my body “from within” can become the center of awareness under several different conditions, such as (1) in intense negative experiences of pain, stress, hunger pangs, or fatigue; (2) in intense positive experiences such as sexual excitement and pleasure; and (3) during various forms of phenomenological practices focused on the body (body awareness practices) even when no intense bodily feelings are involved.

The latter are of particular interest here, as they illustrate how various methods can be used to train the attention to how my body feels. Such methods have long been used in eastern traditions such as yoga, mindfulness meditation, Tai Chi, and Qi Gong, and have received increasing interest within psychological science. Piran and Neumark-Sztainer (2020), for example, suggest that “yoga may enhance the overall experience of embodiment” (p. 330), and that “future research should explicitly integrate embodiment theory with yoga interventions” (p. 330). Another example is the body scan as used in mindfulness programs (e.g., Kabat-Zinn, 2013; Shapiro & Carlson, 2017), where the instructions involve having one’s attention moving systematically through every region of the body. Other examples are Alexander technique (Alexander, 1932), the Feldenkrais method (Feldenkrais, 1972), and the Mindful Awareness in Body-Oriented Therapy (MABT; Price & Hooven, 2018). This aspect of the body is also central to Gendlin’s (1978, 2012) focusing method, with its aim of training the individual to attend to their bodily “felt sense” and to find verbal or other expressions that fit their “felt sense”.

To summarize the conclusions from section 3.2:

1. *My body as me* is an essential aspect of the experience of my body. This involves both the experience of my body as providing my perspective on the world, and the experience of the body as felt or sensed from within.

2. The body as sensed/felt from within takes many different forms, from the experience of single localized bodily sensations to feelings that permeate the entire body; and from the bodily resonance that characterizes various emotions to more salient sensations of pain and pleasure, and feelings of energy or fatigue.
3. The experience of being a body becomes salient in connection with intense feelings, both negative (e.g., pain, fatigue) and positive (e.g., sexual excitement and pleasure). However, all kinds of bodily feelings and sensations can be made the focus of attention, and the capacity for body-focused attention can be trained by various methods (e.g., yoga, mindfulness meditation).

3.3. *The embodiment synthesis and self-identity*

In the two preceding sections we have argued that both aspects of bodily experience (i.e., the body I have and the body I am) are essential to the experience of *my body*. In the present section we take the argument further by arguing (1) that these two aspects of bodily experience are intertwined in such a way that they constitute a synthesis; and (2) that this synthesis is basic to our experience of self-identity.

A classic illustration of the intertwining between the body I *am* and the body I *have* is Husserl’s (1912/1989) discussion of the so-called “double sensation” that occurs when I use one hand to explore my other hand. This type of experience not only makes it possible to explore my other hand by touch (i.e., as an object) but also to sense “from within” how it feels to have that hand touched (i.e., as sensed/felt), or alternatively to sense “from within” how it feels in the hand that does the touching (again, as sensed/felt). Importantly, we are also able to shift attention between the hand that does the touching and the hand that is being touched. According to Husserl, this kind of “double sensation” is crucial to the constitution of the experience of my body, as it connects my bodily sensations with different parts of my body that are at the same time objects of perception.

Other phenomenologists have referred to this kind of experience in various terms. Al-Saji (2010), for example, refers to the body as a “sensing-sensed object” and as “both sensing and sensed, subject and object” (p. 23) in a way that makes it different from other objects. Heinämaa (2021) speaks of it as an “apprehensive structure that constitutes the body as a sensing-sensed duality” (p. 251), and the living body as “a twofold dynamic structure in which the sensing and the sensed are intertwined or interlaced” (p. 252). It is this conception of the body as both sensing and sensed, both subject and object, that is here referred to as the embodiment synthesis.

Importantly, the embodiment synthesis is a synthesis at the level of *first-person* experience. When Castellini et al. (2022) state that “[b]odily experience is a combination of the way we feel ourselves from a first-person perspective and the way we see ourselves from a third-person perspective” (p. 2278) this may sound similar to our notion of the embodiment synthesis, but it differs in one important way. As was clarified in section 3.1, the experience of my body as an object represents an experience from the first-person perspective.

Although Husserl did not use the term “embodiment synthesis”, he often used the term “synthesis”. He also differentiated between active and passive syntheses (Husserl, 2001). Common to these is that they involve a combination or unification of aspects of experience. But whereas an *active* synthesis is carried out by means of attention, reflection and judgment, a *passive* synthesis occurs associatively at a pre-reflective level. The embodiment synthesis as we have described it so far can be assumed to occur at a pre-reflective level as a *passive* synthesis.

For illustrative purposes it may of interest to compare it to another fundamental passive synthesis, namely the temporal synthesis that occurs effortlessly, for example, when we hear a melody. As argued by Husserl (1938/1970), the temporal structure of our perceptual experience cannot be reduced to a sequence of separate moments but essentially involves not only a *now* moment, but also *retention* (of previous

moments) and *protention* (of anticipated moments). He emphasizes that this does not involve memory or expectations in the strict sense but is a synthesis that occurs at the pre-reflective level of perception. The perception of a melody can be taken as a concrete example. If our perceptual experience consisted simply of a series of separate moments, we might be able to experience one tone at a time, but we would not be able to experience any melody. What makes us able to experience the melody is that our consciousness is constructed in such a way that we naturally and spontaneously integrate temporal occurrences into larger unities.

We suggest that the embodiment synthesis is equally fundamental. It is a synthesis without which we would not be able to function in the way we do. It not only unifies the experience of the body as an observable object with the body as felt “from within” into an integrated experience of *my body*, but it thereby also contributes to the experience of self-identity.

Many different questions can be asked about the nature of self-identity (for an overview, see Čapek & Soidolt (2021)). What concerns us here is only one specific question: how experienced embodiment can be associated with the experience of having a persistent self-identity, that is, experiencing oneself as the *same* person across time (diachronic identity). Fuchs (2017) has argued that “bodily existence represents the basis of our diachronic identity” (p. 312). More specifically, he argues that the experience of persistent identity across time is based on “a pre-reflective feeling of sameness or a felt constancy of subjectivity” (p. 291), based on the “background feeling of being alive” (p. 298). In other words, he attributes the experience of persistent identity to one aspect of embodiment: what we have referred to above as *the body as felt and sensed “from within”*. In view of the ever-changing sensations that can be assumed to characterize this dimension of bodily experience, however, it may be asked what in this stream of bodily sensations is sufficiently “constant” to serve as the basis for a persistent identity.

An alternative to Fuch’s (2017) view (which, in fact, merely represents a small alteration in his basic reasoning) is that the experience of persistent identity has its basis in the embodiment synthesis. This means that the perception of *my body as an object* is entered into the picture, but as an experience that is *intertwined* with the body as felt/sensed from within. Persistent identity would here be guaranteed by the familiarity of one’s objectively perceivable body (e.g., hands, legs, face in the mirror, voice, feelings of tension in particular parts of the body, etc.). Unlike the shifting sensations of my subjective experience, the experience of my body as an object is likely to remain relatively constant over time.

This would mean that the two different components of the embodiment synthesis make different contributions to the experience of self-identity. The “body I have”-component contributes to the experienced *familiarity* of the bodily self, whereas the “body I am”-component contributes to the *feeling* of the bodily self (the feeling of being alive). Both components are necessary for the experience of persistent self-identity. Without the “body I have”-component there would be no experience of familiarity over time, and without the “body I am”-component there would not be any experience even of a self to recognize.

This also implies that different kinds of disturbances in the experience of self-identity are possible, depending on which of these two components are affected. Consider first the occurrence of disturbances in the familiarity of the self. An important aspect of my body as an object (the body I have) is that I *recognize* it when I see it or touch it. This is done implicitly and does not require any explicit feeling of recognition. For example, I would immediately respond by shock or at least bewilderment if I were subject to some skillful technical manipulation that, for example, distorted my mirror image so that it differed from the appearance of my body as I know it. Similar identity-shaking experiential turbulations might occur if by some technical manipulation my arms and hands suddenly were made to look completely different (e.g., like the claws of a crab).

Another kind of disturbance would be expected if, for some reason, I would lose my subjective feelings of being alive (the body I am). Fuchs (2017) illustrates this by case examples of patients suffering from schizophrenia or depersonalization, who experience a loss of feelings of aliveness in a way that affect their feeling of self-identity. In extreme cases of depersonalized depression this may result in the so-called Cotard syndrome where the patients typically report “not only a lack of bodily background feelings, but even deny their own existence as well as the existence of the world, or they literally claim to be dead” (Fuchs, 2017, p. 298).

A partly similar reasoning about the role of bodily feelings/sensings for the *feeling* of self-identity is made by Stanghellini et al. (2019), who use the term *coenaesthesia* to refer to “the global experience in which all the single bodily sensations are synthesized” (p. 2). In their reasoning, this “hub of somatosensations, that is of sensations coming from *within one’s body*” is basic to the development of a feeling of self-identity; it represents “the crossroads of all interoceptive sensibility on which self-consciousness is grounded, including the feeling of existing, of being a self, and of being separated from the external world” (p. 2). What the concept of embodiment synthesis adds to this picture, however, is the importance of the experience of my body as an object for the experience of myself as the same person over time.

To summarize the conclusions from the present section:

1. Embodiment is a synthesis at the level of *first-person* experience, which essentially means that I both *have* and *am* my body.
2. The embodiment synthesis is basic to the experience of self-identity.
3. The “body I am”-component of the synthesis (the body as sensed or felt) is basic to the experience of being a “self”.
4. The “body I have”-component of the synthesis (the experience of the body as an object) is basic to the experience of myself as permanent across time.

4. The embodiment synthesis and mental health

We have so far only discussed the embodiment synthesis as a *fundamental passive synthesis* that develops at a *pre-reflective* level and is basic to the experience of self-identity. However, as described in sections 3.1 and 3.2, both its components can vary depending on our style of attention and attitude. In the experience of the body I *have*, for example, I may be more or less attentive to how others view my body and assign their views more or less importance for my body esteem. Similarly, in the experience of the body I *am*, I may be more or less attentive to how my body feels from within. This implies that, on top of the fundamental *passive* embodiment synthesis, there is also room for various forms of more *active* syntheses, where attention and attitude may play a role. In this section, we will first discuss Fuchs and Schlimme’s (2009) classification of embodiment disturbances, based on which of the components are affected. In the second part of the section we will argue (a) that it is an existential task for each individual to develop their own active embodiment synthesis, and (b) that such syntheses may be more or less harmonious or disharmonious, and thereby relevant to questions of mental health.

4.1. Are there two types of embodiment disturbances?

Fuchs and Schlimme (2009) suggested a classification of disturbances of embodiment in two types, based on whether they affect primarily what they referred to as the *subject body* (the pre-reflective embodied sense of self) or the *object body* (the body as an object of conscious attention). Although their definitions of subject and object body are not strictly identical to the definitions of the two components of the embodiment syntheses that we use here, their reasoning is basically compatible with our notion that the embodiment synthesis is of essential importance for mental health. For example, their notion that an “ongoing oscillation between these two bodily modes constitutes a fluid

and hardly noticed foundation of all experiencing” (p. 571) is very much in line with the present line of thinking.

In Fuchs and Schlimme’s (2009) scheme, schizophrenia and depression are assumed to affect primarily the “subject body”, whereas eating disorders, body dysmorphic disorder, somatoform disorders, and hypochondriasis are assumed to affect primarily the “object body”. It may be noted that they use the word “primarily”; that is, they do not claim that any disorder affects only one of these two components of embodiment. Moreover, Fuchs has later revised the view on eating disorders as affecting primarily the object body. Thus, Gaete and Fuchs (2016) suggest that “eating disordered patients show a combination of both forms of embodiment disturbances” (p. 24). And in his more recent writing on anorexia nervosa, Fuchs (2022) explicitly states that, although anorexia is often considered primarily as a disorder of the body image, “this characterization overlooks the profound changes in bodily self-awareness in anorexic patients” (Fuchs, 2022, p. 109).

The case of eating disorders will be used here to illustrate the discussion of the possible role of the two components of embodiment. Theories in mainstream empirical research on eating disorders attribute a central role to “objective” body components – that is, how the body is perceived and evaluated both by oneself and by others (body image and body esteem), and the role of socially induced body ideals (Cash & Smolak, 2011), but have little to say about the possible role of more “subjective” components (the body as felt/sensed). Although embodiment-oriented researchers do not deny the role of the body image and body dissatisfaction in the development of eating disorders, they all argue that the “subjective” body component (the body I am) is also important. They also picture various possible ways in which these two components can be either in *balance* or in *conflict*. In our terms, this means that the pathology may lie in the embodiment synthesis, that is, in the way the two components *interact*, rather than in one of the components as such.

This is consistent with how Legrand (2010) pictures anorexia nervosa. As she sees it, the pathology that characterizes anorexia can be described as involving “a potentially lethal tension between the subjective and physical dimensions of bodily self-consciousness” (p. 729), with a “failure to keep the experience of the body’s physicality integrated to the experience of its subjectivity” (p. 729). In this context she objects to Fredrickson and Roberts’ (1997) notion that women’s bodies are *objectified* simply as the result of their bodies being viewed as objects by others. As Legrand (2010) puts it, “just’ being treated as a body is not sufficient to be objectified, since the body can be experienced in its subjectivity, i.e. in its irreducibility to objects” (p. 729). As she puts it,

The process of objectification is thus damaging not because it brings physical dimensions into bodily self-consciousness, since these dimensions are part of the normal picture. Rather, it is damaging if it is disruptive of subjective dimensions, thereby being disruptive of the integrity of bodily self-consciousness (p. 730).

In Legrand’s view, there is no problematic self-objectification so long as the perception of the body as an object is *interweaved with experiences of the subjectively felt body*. Objectification results when I engage in a *scrutinizing observation* of my body that “disrupts the body’s subjectivity” (Legrand, 2011, p. 225).

An important implication of Legrand’s (2011) reasoning is that the embodiment synthesis may involve considerable tension (sometimes even lethal tension) between its “subjective” and “objective” components. The same implication is spelled out by Wehrle (2020) when she describes the *body I am* and the *body I have* as a “twofold structure of embodiment” (p. 500) with two poles between which there may occur tension that the individual has to manage. As she puts it, “humans can never be merely a subject nor an object, as they constantly have to manage the tension between these two ‘poles’ (i.e., between being and having a body)” (Wehrle, 2020, p. 503). In other words, the embodiment synthesis may sometimes contain considerable degrees of tension and conflict.

Importantly, Legrand’s (2010) aim, as she emphasizes, is “not to propose any causal explanation of anorexia” (p. 729), but to adopt a phenomenological stance to “shed light on some central features of pathological deviations of bodily self-consciousness” (p. 729). What she provides is a *phenomenological account* of anorexia that might (or might not) fit as a description of individuals suffering from anorexia. Such phenomenological accounts are important. In our perspective, the *exploration of possible variants of tension and conflict in the embodiment synthesis* is an important task in research on the role of embodiment in psychopathology.

To summarize the conclusions from the present section:

1. Psychopathology may involve various disturbances in embodiment, either (1) in the *body I am*-component, (2) in the *body I have*-component, or (3) in the interaction between these two components.
2. The embodiment synthesis may sometimes contain considerable degrees of tension and conflict. The exploration of possible variants of such tension and conflict in the embodiment synthesis is an important task in research on the role of embodiment in psychopathology.

4.2. Harmonious and disharmonious forms of embodiment

In section 3.3 we described the embodiment synthesis as a fundamental passive synthesis, without which we would not be able to function in the way we do. But now we are saying that the embodiment synthesis may be full of tension and conflict. How is this possible? The answer is that, on top of the fundamental *passive* synthesis of embodiment, it is an existential task for the individual to form their own individual *active* synthesis of embodiment. And this is a process that may contain much tension, conflict, and many personal struggles.

As described in section 3.3, Husserl (2001) differentiates between active and passive syntheses. Both involve a combination or unification of aspects of experience, but whereas an *active* synthesis is carried out at a conscious level by means of attention, reflection and judgment, a *passive* synthesis occurs associatively at a pre-reflective level. Human beings are actively reflecting individuals who develop goals and values at a conscious level, and this also applies to how they relate to their bodies. The fundamental passive embodiment synthesis, which we all share, can be actively elaborated in different ways, of which some are rather harmonious whereas others may be quite disharmonious.

Husserl speaks of “normal” experiences as experiences that are *optimal*. In Husserl’s terminology “an experience is said to be normal in the sense of optimality if it contributes to the richness and differentiation of the experience in respect to the intended object” (Heinämaa & Taipale, 2018, p. 289). A rich and differentiated experience of *my body* may involve a good access both to (1) my subjectively felt bodily sensations and to (2) my objectively observable body. Among other things, this might be assumed to involve an ability to shift attention freely between these different aspects of bodily experience, and an attitude of acceptance to one’s body as it is. Although a harmonious form of embodiment involves having a good *access* to the different aspects of bodily experience, however, it does not imply some kind of continuous body awareness but also involves the ability to freely move attention away from the body in self-forgetfulness, for example when being absorbed by practical tasks or by reading, or when being deeply engrossed in conversation with someone. In other words: in the present perspective, flexibility is an important part of harmonious embodiment.

In this perspective, a large variety of disharmonious embodiment syntheses are possible. One example is the imbalance pictured by Legrand (2010, 2011), as described in section 4.1. This can be interpreted as an attentional bias, with little focus on the subjectively felt body (the body I am) and much focus on the body as an object (the body I have). According to Legrand’s description, this takes the form of a *scrutinizing observation* of one’s body, in combination with a preoccupation with thoughts about how one’s body appears to others, in a way

that “disrupts the body’s subjectivity” (Legrand, 2011, p. 225).

Another phenomenological account is pictured by Stanghellini et al. (2019) in their optical-coenaesthetic disproportion hypothesis of feeding and eating disorders (FEDs). According to their hypothesis, FEDs are characterized by an imbalance between *coenaesthesia* (i.e., “the internal perception of one’s own body, the hub of somatosensations, that is of sensations coming from within one’s body” [p. 2]) and the visually available image of the body. This differs from Legrand’s conceptualization in at least two ways: First, in the view of Stanghellini et al. (2019), the individual focuses on their own body as an object looked at by others as a *compensation* for their troubled coenaesthetic apprehension of themselves. The other’s look is even described as “an optical prosthesis to cope with hypo- and dis-coenaesthesia and as a device through which persons with FED can define themselves” (p. 2). This is an element that is not found in Legrand’s (2010) account.

Second, Stanghellini et al.’s (2019) hypothesis differs from Legrand’s by being aimed not only at anorexia, but at FEDs *in general*. This also makes Stanghellini et al.’s view very different from the perspective outlined in the present paper, where it is assumed that it is an existential task for the individual to develop their own embodiment synthesis, and that these syntheses may *differ from person to person*, even among people who suffer from FEDs. In the present perspective, the question is how each person’s embodiment synthesis is constructed, and this must be decided *at the level of the individual*. It is a secondary task to study how common various kinds of embodiment syntheses are, and if this differs for example between people with different psychiatric diagnoses.

Osler (2021) is very clear about this in her phenomenological account of anorexia nervosa (AN), where she draws on Marya Hornbacher’s (1999) self-biographical depiction of AN, and yet states that this account “should not be treated as universal” (Osler, 2021, p. 45). Osler describes a kind of disharmonious embodiment which differs from those of Legrand (2010) and Stanghellini et al. (2019), as it does not attribute any central role to the body as an object looked at by others. Instead, Osler (2021) focuses on the anorectic person’s self-starvation, seen as a *project* with the aim of overcoming “the noisy demands of the visceral body” (p. 41), in the form of hunger feelings that intrude on the individual’s experience of autonomy. In other words, self-starvation is not seen primarily as a pursuit for thinness but as a project of empowerment aimed at controlling and silencing “the noisy demanding body in search of a radical embodiment as a body-as-subject, freed from the demands of the physical body” (p. 46). The conflict here is seen as “a tension between the autonomy of the body-as-subject and the inner demands of the visceral body” (p. 50), and the self-starvation project is experienced as successful when the hunger feelings are no longer experienced “as invasive commands of the body-as-object but as an affirmation of the body-as-subject’s successful project” (p. 53).

Osler (2021) notes that AN often develops during periods of bodily upheaval such as puberty, “when the body’s voice is at its loudest” (p. 51). Here she also points out that what is felt as disturbing during puberty are not only intrusive feelings of hunger but also the gross bodily changes that are taking place at that time, with accompanying feelings of stress and shame, which challenge the adolescent’s experience of autonomy and agency.

A partly similar account of AN is given by Fuchs (2022), who summarizes different ways in which the ambiguity of human embodiment is intensified during adolescence: First, girls develop feminine body forms and menarche, which “entail new and unfamiliar forms of embodiment” (p. 111). Second, sexual drives and desires emerge in a way that “can be experienced as promising, but also as irritating or even threatening” (p. 111). Third, the body becomes subject to the gaze of others in a new way that can lead to constant self-evaluation. And fourth, all these changes involve “a central existential transition” from childhood, which can be experienced as loss and abandonment.

Fuchs (2022), however, gives another phenomenological account than Osler of the anorectic project. In his view, what is pursued is “lightness, weightlessness, or in one word: disembodiment” (Fuchs,

2022, p. 114), striving to realize the ideal of a “non-physical, asexual, angelic body” (p. 114). Fuchs understands the goal to be *disembodiment*, an experience of being a “pure mind, soul, will, or spirit” (p. 114). His very description of the process, however, suggests that what is at stake here is *an alternative form of embodiment*, rather than a *complete* disembodiment. For example, he states that starvation can lead to biochemical changes that make “hunger feel euphoric and turn into something addictive” (p. 114), thereby indicating that feelings of hunger are embraced. If so, it may be questioned whether “disembodiment” is really the best term; maybe this should rather be seen as an alternative synthesis of *embodiment*, which prioritizes other bodily feelings than the typical ones, and that may well be experienced as satisfying in the short run, although it may be lethal in a longer perspective.

Osler (2021) also objects to the theory of disembodiment and argues that what individuals with AN want to get rid of “is the body’s noisy, disruptive demands, not the body as a whole” (p. 54). Again, it needs to be emphasized that from the present perspective the different phenomenological accounts given by Fuchs, Legrand, Osler and Stanghellini should not be seen as alternative theories of what applies to individuals with AN *in general* (which would imply that only one of the various possible accounts could be the correct one) but as examples of disharmonious forms of embodiment that may all exist, but *in different individuals*.

To add yet another possible scenario: Active embodiment syntheses relevant to the development of anorexia may probably be engaged in at an early age. For example, in her self-biographic text Sara Meidell (2022) describes how she already at an age of 7 years feels it “unbearably sad that nothing is permanent, that the outline of my body is so undulating” (p. 13). Later the same year she reads in a newspaper about a case of anorexia nervosa and gets captured by the photo of a “skeleton woman” whom

“I suddenly understand as clearly as a shooting star. She is infinitely thin and very neatly folded into a square frame, and she shines like a celestial phenomenon, like a crystal, whispering of a sisterhood and a very special peace” (p. 19; author’s translation).

Not yet 8 years old she makes a choice: “never shall I be breasts and round arms, a glossy hunger shall never have its special day in my life” (p. 21). Four years later she is diagnosed with anorexia nervosa.

The phenomenological accounts described in this section are in no way meant to be exhaustive – there are many more phenomenological accounts of anorexia in the literature than these. The examples presented should be seen as just *examples*, for the purpose of illustrating the variety of embodiment syntheses that are *possible*, and maybe pointing the way to how a more comprehensive review could be carried out.

To summarize the conclusions from the present section:

1. Although embodiment basically represents a passive synthesis that is fundamental to human functioning, it is an existential task for the individual to actively elaborate this synthesis.
2. These active embodiment syntheses may be harmonious or disharmonious, to various degrees.
3. The phenomenological literature on psychopathology contains a variety of accounts of disharmonious forms of embodiment. These accounts should not be seen as competing theories about general aspects of embodiment, but as models of embodiment syntheses that may apply to different individuals.

5. Conclusion

In this paper we have introduced a new concept, *the embodiment synthesis*, defined as the integrative experience of both having and being a body. To avoid possible misunderstandings (e.g., that we are writing about the body in a Cartesian sense), we have emphasized that what is synthesized are different aspects of first-person bodily experience. We have also argued that this synthesis has an important role in the

development both of self-identity and mental health. In this final section, we will discuss some research implications and clinical implications of this conceptualization.

5.1. Research implications

It has been argued (Lundh, 2023) that psychological science has three main branches, corresponding to three levels of research: (1) research at the person level; (2) research at the population level, and (3) research at the mechanism level.

- *Person-level* research focuses on psychological phenomena as experienced and enacted by individual persons, in their interaction with other persons and the environment, and as developing over time.
- *Population-level* research focuses on *populations* of individuals, frequencies of various psychological phenomena in a population, risk factors, and population-level effects of various psychological interventions.
- *Mechanism-level* research focuses on psychological functioning as explained in terms of mechanisms at a *sub-personal* level (neurophysiological mechanisms, information processes).

In this perspective, theoretical analyses of embodiment (e.g., the body as an object, the body as felt from within, etc.) belong to the *person-level* of research. The development of psychometric measures of embodiment, however, makes it possible to study embodiment also at a *population level* (e.g., disharmonious embodiment as a risk factor for psychopathology). Piran et al. (2020), for example, have developed a 34-item Experienced Embodiment Scale (EES) that is intended to measure six different aspects of experienced embodiment. Here it is important to note that the quality of this population-level research is heavily dependent on the description of the phenomena involved. To be useful, a psychometric instrument must include a set of items that reflect the phenomena in a representative way, and this is difficult to arrive at without a thorough theoretical analysis of these phenomena at the person-level.

It is similar with *mechanism-level* research that intends to identify neural mechanisms underlying bodily experience. Stanghellini et al. (2019) presents a neuroscientific approach to the search for internal mechanisms behind the specific form of disturbed embodiment that they describe. But as seen in section 4.2, there are many different phenomenological accounts of disharmonious forms of embodiment. To find the neurophysiological mechanisms that underlie various forms of experienced embodiment, it is an essential requirement to have a good description of the phenomena of embodiment; otherwise, we will not know *what* it is that we want to find the underlying neurophysiological mechanisms of.

5.2. Clinical implications

The present perspective has several clinical implications. First, as to psychological assessment, one implication is that it may be important to analyze the individual patient's personal embodiment synthesis. This is of special importance when their experience of the body is a central part of the psychopathology, as for example in eating disorders. Second, it is important to develop personalized approaches to treatments, starting from an understanding of where the patient is at present in their struggles to come to grips with the complex existential condition of both having and being a body.

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