

Research Article

Revisoning the Therapeutic Relationship I

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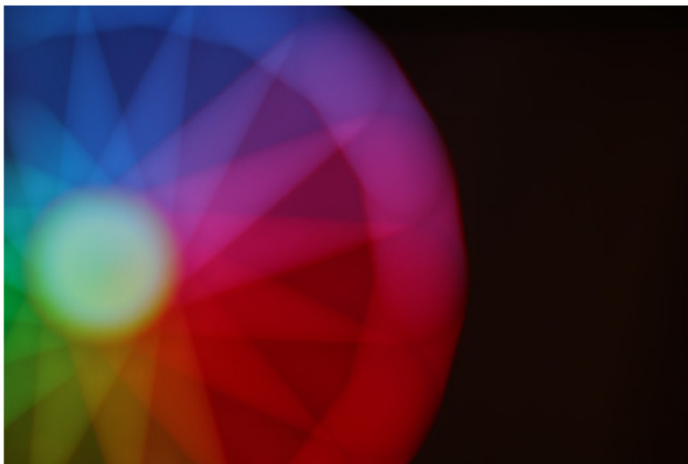
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Introduction



What is the spiritual architecture of the space between doctor and patient? How do we recreate a mythic shared space that might allow for sharing of mutual vulnerability and anguish of living.

How do we create sacred spaces inside and outside the context of suffering?

Can we describe an imagined Presence that both actors may surrender to? That both healer and patient ascribe to a loving unconditionally accepting nonjudgmental interaction that resists bias and personal baggage.

Can we be humble enough to acknowledge that rational scientific left brain mastery of facts and data are insufficient to account of the entire being of the sentient person before us?

Can we humbly accept our ignorance as the starting point for surrendering to deeper forces at work in the symptomatology? That even unconscious forces are screaming for attention and accessible only through mutual sharing of vulnerability.

We must start with a theory of such a roadmap. What are essential component structures of both parties and how do they interact with each other than with the outside.

New Actor Network

I wanted to suggest that both the doctor and patient share a similar human taxonomy, that of inner core or higher self, what the classical traditions including CG Jung call soul. This is the intangible indescribable sixth sense we share with each other as human beings. This is not pollutable and is the basis for the unique character and sacred value attached too all human sentient beings.

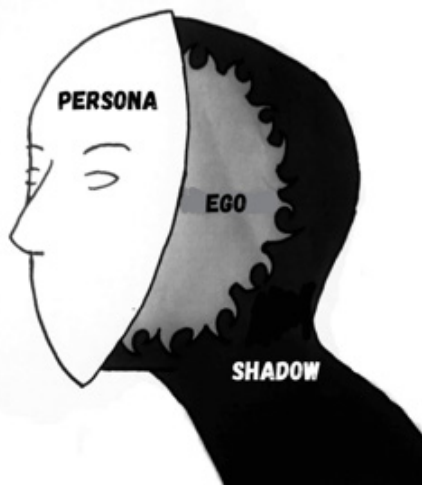
Inner Core



“Jung’s approach gives us a personal connection that does not require a Bible or a religious hierarchy. It frees us from being told what to believe, and it frees us from notions such as the idea that we are intrinsically sinful creatures. We no longer have to believe that some people are specially chosen or saved . . . We don’t need the tribalism and hostility that religions have fostered. We don’t need to be bound to the belief systems that began in the Bronze Age or in the early 4th century. We have a different consciousness than those people; we need a [different] spirituality.

Other traditions allow for an architectural design of the soul, however whatever the specific theistic tradition one may ascribe to, this inner core of the doctor and patient may share the ineffable quality of soul.

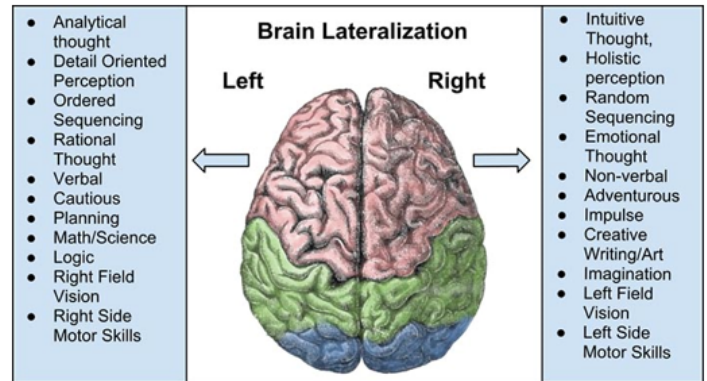
If the human soul is anything, it must be of unimaginable complexity and diversity... I can only gaze with wonder and awe at the depths and heights of our psychic nature. Its non-spatial universe conceals an untold abundance of images which have accumulated over millions of years of living development and become fixed in the organism. My consciousness is like an eye that penetrates to the most distant spaces, yet it is the psychic non-ego that fills them with nonspatial images. And these images are not pale shadows, but tremendously powerful psychic factors... Beside this picture I would like to place the spectacle of the starry heavens at night, for the only equivalent of the universe within is the universe without; and just as I reach this world through the medium of the body, so I reach that world through the medium of soul.



The soul in Jungian psychology is a complex domain that is a challenge to delineate, yet, by following her trail we are led along a fascinating journey into the depths of human experience. At once the name that points to the totality of the human psyche (psychology is after all, the “logos”, or study, of “psyche”, the soul), the soul in Jung’s personal account and psychological theory is encountered through imaginal figures, or soul images, of a particular nature.

That is, while the “Soul” in the capital letter sense expresses the immeasurable uniqueness of a human being—the incarnation of the vast spiritual Cosmos through the vessel of a human life embedded on Earth—certain faces of the Soul can be experienced directly through attentive inner and outer explorations.

These faces, or personifications, of Soul mediate our contact with the greater mystery of the personal Soul and the even more vast collective unconscious. While Jung’s personal experience-born map of the psyche bears potent relevance for modern Westerners, we are repeatedly reminded by Jung that the Soul journey is a solitary one that must be approached anew by each of us [1].



Middle Core

The next ring is the self-image or ego that manages the self in the real world. Born out of evolutionary progressive complexity the description by Ian McGilchrist in his work on Right/Left hemispheric function.

McGilchrist argues that the right hemisphere is more holistic and open to new experiences, while the left hemisphere is more analytical and focused on details. He suggests that the right hemisphere is responsible for broad, contextual understanding, whereas the left hemisphere processes specific, detailed information.

This division of labor between the hemispheres has significant implications for how we interact with the world and how our culture has evolved. McGilchrist’s work challenges the traditional view that one hemisphere is dominant over the other, instead proposing that both are essential and should work in harmony.

Understanding his work affects the therapeutic relationship since being aware of the dual function of the neurological structures allows for an awareness of the importance of right hemisphere. The right hemisphere enables breadth and flexibility of attention, whereas the left hemisphere provides a capacity for focused attention. This has the related consequence that the right hemisphere sees things as a whole and in their context, whereas the left hemisphere sees things abstracted from the context and broken into parts from which it then reconstructs a whole which becomes different from the original object. In general, the right hemisphere seeks to identify individuals, whereas the left hemisphere’s tendency is to classify them; but both hemispheres are involved in recognition. Each hemisphere helps us to make sense of reality by creating a recognizable image which otherwise would be an amorphous mass of impressions. The right hemisphere’s version is a more global and holistic recognition of similarity, giving an idea of how a particular object is positioned in the relations to other objects, whereas the left hemisphere identifies single features that would place the object in a certain abstract category.

The right hemisphere has an affinity with whatever is living; the left hemisphere has an equal affinity with what is mechanical. The left hemisphere’s principal concern is utility. It is interested in what is made and in the world as a resource to be used. It is, therefore, natural that it has a particular affinity for words and concepts for tools, man-made things, mechanisms and whatever is not alive.

It turns out that the capacities that help us, as humans, form bonds with others (empathy, emotional understanding and so on) involve the broadly spread awareness of the world which is largely a function of the right hemisphere. Self-awareness, empathy, identification with others, and, more generally, intersubjective processes are largely dependent on right hemisphere resources. When we put ourselves in another's shoes we are using the right inferior parietal lobe and the right lateral prefrontal cortex which is involved in inhibition of the automatic tendency to impose on others one's own point of view. The right hemisphere plays an important role in what is known as "theory of mind," a capacity to put oneself in another's position and to see what is going on in that person's mind. This capacity emerges in primates along with self-recognition and self-awareness, and is closely linked to it.

It is the right hemisphere that understands the emotional or the humorous aspects of a narrative and recognizes emotions through facial expression.

In the perception of time, the right hemisphere is required for sustained monitoring of temporal information, whereas the left hemisphere is more efficient for detection of brief temporal flow interruptions where there is needed focus on the moment. Moral judgment involves a complex right hemisphere network (particularly the right ventral, medial and orbitofrontal cortex as well as the amygdala in both hemispheres). Damage to the right prefrontal cortex may lead to frank psychopathic behaviour. Our sense of justice is underwritten by the right hemisphere, particularly by the right dorsolateral prefrontal cortex. With inactivation of this area, we act more selfishly. This is probably related to the right frontal lobe's capacity to see the other's point of view and to exhibit empathy in general.

The self is a complex concept but the self is intrinsically, empathically inseparable from the world in which it stands in relation to others and the continuous sense of self is more dependent on the right hemisphere, whereas the self as an expression of will is generally more dependent on the left hemisphere. The personal sense of the self with a history and emotional memory as well as what is sometimes called the self-concept, appears to be dependent to a very large extent on the right hemisphere. The self-concept is impaired by a right hemisphere injury, wherever in the right hemisphere it may occur, but the right frontal region is of a critical importance here. It is also the right hemisphere which is responsible for maintaining a coherent, continuous and unified sense of self. Right frontal damage impairs the sense of self over time, which relies on the self-narrative and gives us a sense of a continuous flow-like existence.

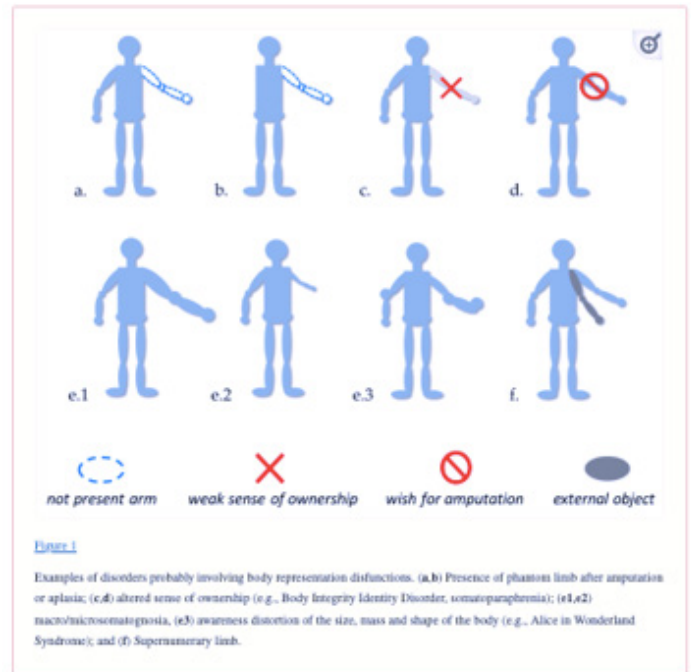
The right hemisphere (usually involving the right frontal lobe) plays the principal role in activities that involve creative imagination, the capacity for spiritual (religious) inspirations and morals, music, dance, love of nature, a sense of humor and laughing, and the ability to change one's mind. Whereas the left hemisphere's relationship with the world manifests as reaching out to grasp, use and control, the right hemisphere's activity appears to be one of reaching out without purpose. The main difference between the hemispheres is that the left hemisphere always has in view the purpose or use, and is more the instrument of our conscious will than the right hemisphere. The fundamentally opposite tendencies are for the left hemisphere to evaluate the objective reality for its personal utility, whereas the right hemisphere tendency is towards the sense of connectedness and a relationship with whatever lies outside the self.

One tendency drives people to acquire power and control in the service of unitary survival; the essentially opposite drive is toward cooperation, synergy and mutual benefits based on collaboration in the service of the survival of the group.

This middle core is one of self-awareness and personality in the traditional sense of the word. It colors all perception and is affected by cultural ethnic

religious and socio-economic forces. It encodes the unconscious trauma of the past whether environmental or genetic and epigenetic factors that influence response to illness disease and pain. It differs between subjects due to these very variables.

Clearly modern science rarely measures these right hemispheric functions that seem vague and have little to do with cognitive function. Yet in our new model a rebalancing of rt/lr functioning is critical to allow the growth of healing in a sacred space.



Outer Core

The observable outer core reflects how we relate to others and this is the space where doctor and patient interact. It consists of interpersonal relational aspects as well as self-image.

Neuropsychological Taxonomies

Daive Sattin et al. [2], have described a theoretical model for distinguishing body schema from body image.

As a framework for body schema and body image, we present the neuropsychological taxonomies, which are different models of body representation.

Cited among the best-known models are the dyadic taxonomy and the triadic taxonomy [3]. Both describe the body schema as a sensorimotor representation of the body that is closely tied to action. The dyadic taxonomy distinguishes the body schema from the body image, with the latter conceived as a representation of the body unrelated to action, which is perceptive, conceptual or emotional in nature.

Empirical support for this model can be found in the double dissociation between deafferentation (disruption of the body schema) and numbness (disruption of the body image) [4]. Triadic taxonomy, on the other hand, breaks down the body image into two different representations of the body, due to its heterogeneous and more complex nature: one of a semantic type and one of a visuospatial type.

The latter, also called body structural representation (BSR), corresponds to a structural description of the body and its parts, which defines the boundaries and positions of the limbs, mainly based on visual informa-

tion, but also on somatic perception. The semantic representation or the body semantics (SEM), [5], on the other hand, is conceptual and linguistic in nature. In fact, it describes the categorical relationship between the parts of the body as well as their functional purpose.

Body Schema

In recent years, various researchers have demonstrated that body representation has a multisensory nature as it is based on the integration of information from different sensory modalities (touch, proprioception, vision, vestibular signals). In the area of body representations, an important distinction between body schema and body image has historically been drawn, and the definition of body schema is different according to the different authors who have studied it [6].

The issue that seems most shared in the scientific literature is the general notion of body schema: it covers a variety of sensorimotor representations of the body that are mainly based on input information. However, de Vignemont defined the body schema as a representation of posture that, based on movements or changes in position, is continuously updated, even in the absence of visual inputs, integrating information coming from peripheral receptors with that coming from muscles and joints. On the contrary, Gallagher defined body schema as a “system of sensorimotor skills that function without awareness or the need for perceptual monitoring”, contrasting it with body image described as a “system of perceptions, attitudes and beliefs related to one’s body” [7].

These definitions have proven to be empirically valid considering the double dissociation between patients with personal neglect and deafferented patients for example. Indeed, patients with personal neglect have problems with their perceived body image because some authors claimed that they do not take care of the left side of their body (e.g., they do not shave or apply makeup on the left side of their face).

On the other hand, deafferented patients, in the absence of tactile and proprioceptive inputs from the lower parts of the body, have a body schema damaged or replaced by a reflexive body image, since they are unable to move unless they carefully see what they are doing. By consequence, Gallagher and colleagues foster a view of the body schema based on the theory of embodied cognition, such that the body schema shapes the perception that underlies cognition.

The body schema, in their perspective, is an active component of body representation that integrates different positions and movements of the body in relation to the environment, thus allowing us to interact with the environment and with ourselves, and the way in which it does that structures our mind, ourselves, others and the outside world. Thus, the body schema is mainly aimed at organizing action in space and is unconscious and automatic.

However, the question of consciousness regarding body schema is still complex, controversial and far from having a clear resolution at the moment, considering that there is some experimental evidence that seems to support the idea that the body schema can be conscious in some circumstances, such as in motor imagery tasks or that it could operate automatically on a sub personal level without ever becoming conscious in others (e.g., we do not need to continuously watch our limbs during movements); however, this does not mean that when we lack attention, we also lack awareness (see Sattin et al) [8].

Body Image

The notion of body image compared to that of body schema has aroused more controversy and there is no single definition to date. Body image is in fact a complex construct that includes thoughts, feelings, evaluations

and behaviors related to one’s body [9]. It refers to a conscious and explicit visual representation of the way our body appears as seen from the outside in a canonical position, and it also helps us to feel the presence of a stimulus on the skin and to locate it.

According to the American Psychological Association Dictionary of Psychology, the body image is the cognitive organization of one’s appearance, including internal image, thoughts and feelings that are related to body schema.

Head in 1920, first defined body image as a unit of past experiences created in the cerebral sensory cortex. Like him, other authors observed a distorted or exaggerated body image from the experiment based on the body image situation of the pathological population. Newell saw that body image is dynamic, undergoes changes during development and also varies depending on mood or even clothing. According to Krueger, body image is the representation of identity resulting from both external and internal bodily experiences. It is important to define body image because it is one of the components of personal identity [10].

It is the figure that one has on their own anthropometric measurements, contours and body shape, united with the feelings correlated with these factors, leading to the satisfaction or not with the body or specific parts of it.

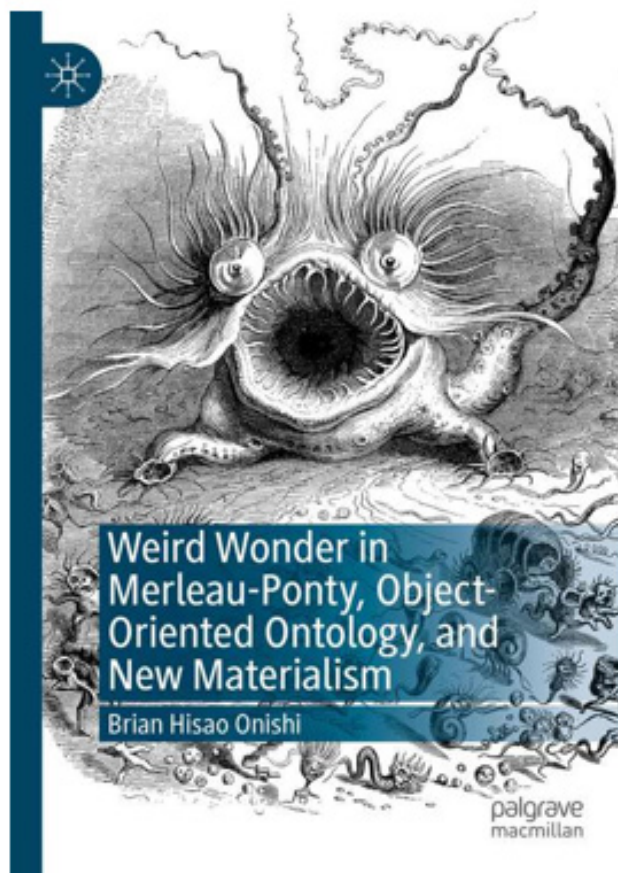
As seen before, most researchers agreed to associate the body schema with the motor system, which enables action in space. In contrast, body image is identified more as representations that are not used for actions and that could be either perceptive (especially visual) or more conceptual (associated with the knowledge that one has of the different parts of the body and their usage).

In simple words, it corresponds to the way we perceive our body, similar to a 2D photograph showing a physical object and similar to how others see us from the outside. We are able to perceive our body as if it were seen not only from the outside but also from the inside from which we obtain information such as touch, proprioception and interoception. In the constitution of body image, it has been seen that interoceptive processes (the sensations generated by internal organs) and interoceptive awareness may significantly contribute. Moreover, in patients with a disease, like anorexia nervosa, different manifestations of body image distortion are observable like reduced interoceptive awareness, overestimation of tactile stimuli and abnormal body scaled action [11].

According to some authors, body image is a multidimensional construct composed of four main components:

1. Cognitive: beliefs and thoughts regarding body shape and appearance;
2. Perceptual: how we perceive the size, shape and weight of our own body and its parts;
3. Affective: feelings about the body and satisfaction or dissatisfaction;
4. Behavioral: the actions that people perform to check on, alter or cover their body, e.g., mirror checking, dieting or body avoidance (in the case of negative body image).

In this perspective, body image distortion can be considered a multidimensional symptom that comprises various elements of body image, of which the most accepted are the cognitive, the perceptive and the affective ones.



Much work was done following the reconception of the static body by MERLEAU-PONTY. This outer ring function of the self reappraises object/subject interactions that allow for a more fluid interaction.

Russel Keat writes:[12]

By using the term 'phenomenology', Merleau-Ponty locates his work in the philosophical tradition effectively founded by Husserl, and implicitly endorses the latter's opposition to scientific realism, to the view that one should accept the privileged status of the natural sciences as providing descriptions of the real nature of the world, however much these depart from our pre-scientific, common sense conceptions of it. By contrast, Husserl maintains that the 'real' world is a world of phenomena, i.e. of things that appear to us; but not of 'appearances', in the sense of that behind or beyond which lies 'the real'. Nor are those 'phenomena' the sense-data of empiricism: colour-patches, shapes, sounds, and so on. Rather, they are the objects as they appear to us, objects-for-consciousness. And conversely, our consciousness is (always) of objects: it is 'intentional', aimed or directed at something.

By the phrase 'body-subject' in the alternative title, Merleau-Ponty implicitly challenges all philosophical positions which accept some basic dichotomy between subject and object, and then assign the (human) body to the latter category. In particular, he rejects Cartesian dualism, which places the human body in the same ontological category as the 'objects' of the physical sciences, and identifies the subjectivity of the human with its consciousness, with its being a *res cogitans* that is only contingently, though somehow 'intimately', related to its body. For Merleau-Ponty, by contrast, the human body is itself a 'subject', and the human subject is necessarily, not just contingently, embodied.

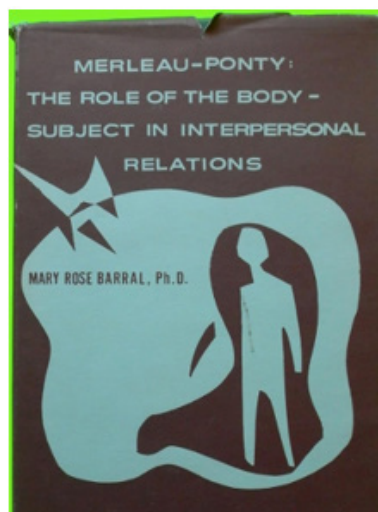
The 'crisis' to which Husserl addresses himself is a cultural one, involving the growing recognition that the sciences were not in fact capable of resolving the central problems of human existence, whilst at the same time knowledge and rational enquiry had come to be identified exclusively with the procedures and results of those sciences. Husserl argued that the resolution of the crisis

required a reinterpretation of the status of scientific knowledge itself, and proposed a historical diagnosis of the roots of its misinterpretation. These he located in the period of the so-called 'scientific revolution', focussing particularly on the Galilean project of the mathematization of nature.

Thus a radical distinction emerged between 'reality' and 'appearance', the latter being assigned to the conscious experience of the subject, and which might be altogether misleading as to the actual character of the external world, itself to be revealed by scientific enquiry. To the extent that such appearances could be regarded as 'real', this was so only in the domain of consciousness. Consequently, humans came to be seen as composed of two distinct substances, consciousness and matter, mind and body: according to Husserl, Descartes' dualism is essentially a philosophical elaboration of this Galilean conception of science, and its associated division between primary (objective) and secondary (subjective) qualities. Since then, the history of Western philosophy has consisted in a series of unsuccessful attempts to overcome this dualism, leading up, as it were, to Husserl's successful phenomenological attempt.

Thus Merleau-Ponty, in his account of the human body, is not only challenging the possibility of conceptualizing it as a scientific 'object', and of conceptualizing humans as composed of such a body and an ontologically distinct consciousness; he is also proposing that humans in some sense are 'bodies', when this concept is properly understood. Further, to the extent that humans do indeed differ from other organic and inorganic beings, this is due not to their having some distinctive, non-bodily features, but rather to the distinctive character of their bodies.

For Merleau-Ponty, neither concrete nor abstract movement can be understood either as physical motility (the motility of a 'scientific' body) or as this same motility 'combined' with consciousness. Both kinds of movement involve what he calls 'motor intentionality' (a concept I shall say more about later), and to analyze the differences between them we must distinguish the specific forms of intentionality they involve, the different 'attitudes towards the world' — and hence, since 'the world' is for the embodied subject, 'different worlds'. This kind of analysis, he says, consists in "correctly reading phenomena, in grasping their meaning, that is, in treating them as modalities and variations of the subject's total being".



The body-subject [13]

In the course of his analysis of Schneider, Merleau-Ponty discusses several other examples of 'normal' bodily movements. He is particularly interested in habitualized skills of performance, such as using a typewriter, driving a car, or playing a musical instrument. None of these, he argues, can be understood as automated sequences of physically specifiable movements, for the reasons already given in the case of Schneider's wallet-production.

Nor do they involve the application, either consciously or unconsciously, of some mental formula or principle: one can perform successfully without being able to articulate the 'principles' supposedly involved, and conversely one can articulate the principles without being able to perform the actions. He discusses, for example, a particular organist, who could with one hour's practice 'transfer' his skills to a new instrument whose stops, pedals, and so on were quite differently located from his usual instrument. This practicing did not involve any attempt to form a mental picture or map of the new positions: rather, says Merleau Ponty:

"He sits on the seat, works the pedals, pulls out the stops, gets the measure of the instrument with his body, incorporates within himself the relevant directions and dimensions, settles into the organ as one settles into a house".

Both in the case of specific performing skills, and in our everyday dealings with the world, says Merleau-Ponty, we cannot regard our bodies as the object-like instruments of a guiding, knowing, intending consciousness. Instead, we must recognize that it is our bodies which themselves understand what to do and how to do it, and that it is the body's intentionality which directs us towards the world. The concepts of 'meaning' — of intention, aim, understanding, direction/directedness, significance, etc — are applicable directly and literally to the body, not indirectly or metaphorically via a dualistic view of the body-as-object linked to an intentional consciousness. In particular, our bodies can properly be said to possess knowledge, and we must not restrict the concept of knowledge to cases involving reflective intellectual processes, the explicit articulation of beliefs, principles, theories, goals, and so on. Thus:

"Our bodily experience of movement is not a particular case of knowledge [i.e. intellectualist, theoretical 'knowledge']; it provides us with a way of access to the world and the object, with a 'praktognosia', which has to be recognized as original and perhaps as primary".

By "original and (perhaps) primary" Merleau-Ponty means respectively the following: that the body's praktognosia, i.e. practical knowledge, cannot be analytically decomposed into more primitive concepts, such as 'body' and 'mind'; and that this praktognostic body in some sense forms the basis for all other kinds of relationship between the human subject and the world. In particular, as he goes on to argue in Part Two of Phenomenology of Perception, our bodies provide the basis of our perceptual relationship to it, including, for example, our perception of the spatial relationships between its various elements.

These relationships are experienced by us not in the form of the 'objective', impersonal matrix of a Newtonian space, but always from the perspective of our own, action-oriented bodily organization. 'Up, down', 'on, under', 'near to, far from', and so on: these are the dimensions of a lived, 'phenomenal' spatiality, gaining their sense from our embodied intentionality.

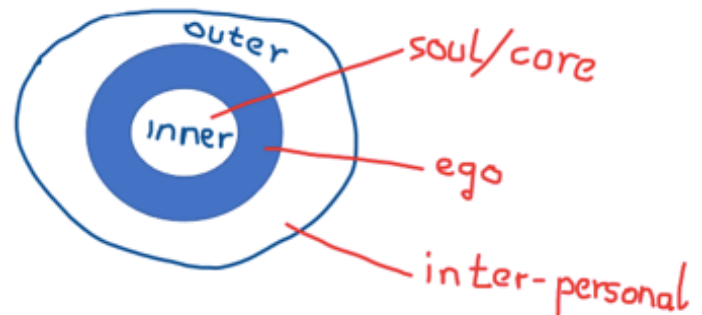
Thus, for Merleau-Ponty, the concept of the body-subject involves not only the claim that the body is a 'subject', in the sense that many of the properties traditionally ascribed to the human subject are properly applied to 'it'; but also, conversely, that the human subject is a 'body', in that if we adopt the view that 'the world' is somehow constituted as an object by and for the subject, we must recognize also that this subject is itself a (certain kind of) body. His account of the body, he claims, enables "us clearly to understand motility as basic intentionality. Consciousness is in the first place not a matter of 'I think that' but of 'I can'".

"I can therefore take my place, through the medium of my body as the potential source of familiar actions, in my environment conceived as a set of manipulanda and without, moreover, envisaging my body or my surrounding as objects in the Kantian sense [i.e. as the objects of a Newtonian 'scientific' universe]. There is my arm seen as sustaining familiar acts, my body as giv-

ing rise to determinate action having a field or scope known to me in advance ['practically' known, by the body itself], there are my surroundings as a collection of possible points upon which this bodily action may operate...."

Merleau Ponty is relevant to a new model for interactive bodies with moving targets and no stability of objects. Science and medicine does not rest on this model. It assumes a stable objective reality and thus fails to "see" moving objects and fields that form a matrix for subjective intuitive connections.

The three circles of inner psychic anatomy can be summarized as follows:



In our next essay we will revision the inter-personal aspect of doctor-patient space.

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was later refined and developed in chapters 5 and 6 of *Understanding Phenomenology* (coauthored with Michael Hammond and Jane Howarth), Basil Blackwell 1991 (also available at www.russellkeat.net). Two other papers with closely related themes were written while I was a visiting fellow at the HRC: 'The Missing Body: Foucault, Habermas and Psychoanalysis' and 'Reich, Psychoanalysis and the Body' (both available at www.russellkeat.net).

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