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Affective Resonance and Varieties of Synaesthetic Perception: An Existential Account of Well-Being and Resilience in Dementia

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Declaration

I solemnly declare that I prepared the dissertation I am presenting independently and without undue assistance, that I have completely stated the sources and aids used, and that in each individual case I have identified the passages in the dissertation, including tables, maps and images, that are quoted from other works literally or in spirit as a borrowing; that this dissertation has not been presented to any other faculty or university for examination; that it has not yet been published, apart possibly from partial publication approved by the chairperson of the doctoral committee after consultation with the supervising professor, as well as that I will not undertake any such publication before completing the doctorate. I am aware of the provisions in Sect. 20 and 21 of the doctoral regulations (Faculty of Philosophy at the University of Cologne).

The dissertation I am presenting has been supervised by Prof. Dr. Thiemo Breyer (University of Cologne), Prof. Dr. Francesca de Vecchi (University Salute San Raffaele Milan) and Prof. Dr. Thomas Fuchs (University Heidelberg).

Parts of the material presented in this dissertation have been previously published in revised form. All but one of the publications have been single-authored.

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Introduction

The contemporary emphasis on the bio-psycho-social model of illness in philosophy and healthcare stresses the value of a holistic approach toward the human being, that is to say, the human being is a relational being whose health should be understood from both a biological perspective as well as a socio-cultural one. So far, the philosophical and clinical contribution of a phenomenology that aims to bridge the wide gap between theoretical and practical implications of having and being a body have been underestimated, and theoretical conceptions often resulting from normative and commonly shared perspectives lead to normative accounts of illnesses. Due to stigmatisation and limited understanding of the lived experience and what is like to live with an illness such as dementia, these concepts infer on the overall social interaction, thereby narrowing down the field of therapeutic and medical intervention, and worse, the embodied voices and specific lifeworld experience of those affected.

To better understand the lived experience of someone with dementia, the phenomenological idea of subjectivity provides helpful structural distinctions. Among contemporary phenomenologists, three fundamental and constitutive features are commonly regarded as essential for the constitution of pre-reflective self-experience: (1) the structure of inner-time consciousness or the implicit temporality of experience, (2), affectivity and (3) embodiment or corporeality (*Leiblichkeit*).

While Husserlian phenomenology has reoriented philosophical inquiry towards the *lifeworld*, lived experience, and the intersubjective dimension, contemporary research has increasingly revealed the multifaceted and heterogeneous nature of such experience. For this reason, primary intersubjectivity should be regarded as an integral aspect of self-constitution, since even the most minimal forms of subjectivity are inextricably bound up with their environment and social relations. The present study, however, focuses on the structure and analysis of synaesthetic and atmospheric experience, and on their constitutive dimensions: embodiment, memory, habit, and affectivity. To complement this conceptual analysis, I also examine its implications through ethnographic fieldwork conducted in dementia care settings. The aims and structure of this research are therefore twofold.

First, I seek to illuminate various readings and interpretations of synaesthesia, alongside the shortcomings and misconceptions inherent in different approaches and theories within philosophy and neuroscience. Given the riddle-like character that emanates from synaesthesia it complicates clear explanations and thus remains open to new interpretations that elude a final justification. My analysis reveals a diverse spectrum of perspectives, often presenting conflicting or irreconcilable positions across and within disciplinary boundaries. Synaesthesia

is a prime example to demonstrate what Kuhn intended with his scientific paradigm shifts.[1] When inter- or transdisciplinary studies, understood as the crossing of boundaries between disciplines, such as between natural science and the humanities or art and science, become strategies of scientific practice, synaesthesia is relevant as a scientific and philosophical subject of research. In this perspective, synaesthesia can be interpreted as a crisis symptom of the demarcation of the sciences, revealing a twofold problem: on the one hand, it exposes the traditional separation of the five senses as a construction and thus also questions their role in the process of gaining knowledge and in the production of knowledge. Following an inter- and transdisciplinary standpoint, I will provide a comprehensive exploration of how sensory perception is a complex, dynamic interplay of multiple senses, arguing for a more integrated and holistic view of how we experience the world. I will highlight both the commonalities and distinctions between these differing viewpoints. I argue that synaesthesia posits a challenge to conventional theories of perception and mental processes, and confronts and/or complements: norms of perception; hierarchization, stratification, and modularization; and theories of embodiment.

Bearing a synaesthetic character of world and self, atmospheres can be seen as a type of synaesthetic experience. I address these two limited and threshold examples of our multisensory lived experience that, on one hand, can be seen as phenomena of resonance which have their place in the body and its situated being in the world. Yet, on the other hand, they are characterised by their ambivalence, ambiguity, unavailability and withdrawal. Analysing, understanding, and situating atmospheres is thus a complex endeavour for both philosophers and ethnographers due to their elusive, quasi-phenomenal nature; relational and bodily-affective modes of perception atmospheres, alongside synaesthetic experiences, comprise complex and integrative modes of perception. As they reveal integral yet often unconscious aspects of human perception, I suggest to consider them as trans- and amodal ways of perceiving our bodily situatedness. Both atmospheric and synaesthetic experiences are holistic modes of perception that interweave bodily awareness and sensory modalities. While traditionally overlooked due to their vagueness, contemporary discussions, for instance, neo-phenomenological debates, embodied cognition, or the phenomenology of moods and feelings highlight their significance for our relational and embodied nature, thereby challenging reductionist views.

Second, beyond its theoretical potential – which provides the foundational framework for this research – I have identified significant practical implications of synaesthesia and atmospheres within creative practices. Synaesthetic and atmospheric perceptions can enhance

[1] Kuhn, T. S. (1962) *The structure of scientific revolutions*. Chicago: Univ. of Chicago Press.

embodied-cognitive experiences, in general. In particular, in dementia and embodied therapies they support the richness and diversity of our lived bodily experiences and environments. For instance, multisensory environments(MSE) and stimuli (MSS) may produce 'affective synaesthesias' as a mode of living that opens new pathways to emotional experience and contributes to the formation of the embodied self via our body memory, confering a sense of orientation and belonging, thereby re-shaping personal identity.[2] With the philosophical concepts of *culturally embodied memory* and a *synaesthetic self* and/or *we* I reveal and stress on the socio-cultural dimension, the richness and diversity of our lived experience. In addition to a theoretical outline of synaesthesia and body memory, by means of ethnographic and qualitative research, I show how these concepts not only do relate to mental health and well-being but also could contribute to social healthcare practices in dementia and beyond. I will combine and bring into dialogue philosophical and clinical (i.e relational-empirical) perspectives on dementia to stress the social dimension of illness and the experience of the lived body.

To explore the complexities and implications of sensory perception and phenomena such as synaesthesia and atmospheres – and to examine how these shape our agency and, potentially, our identity – I draw on a range of philosophical perspectives, particularly those of Husserl, Merleau-Ponty, Schmitz, Waldenfels, and Fuchs. I argue for a holistic conception of perception, affectivity, and lived experience, one in which multiplicity and integration are intertwined from the outset. This approach challenges traditional frameworks by advancing a more dynamic and interrelated understanding of sensory experience, moving beyond the conventional dichotomies of perception versus cognition and top-down versus bottom-up processing. I aim to offer an *alternative approach*, one that assumes that sensory diversity arises through a process of differentiation and self-organization, rather than being a pre-given state. This process involves our body's senses in their perceptual-cognitive-affective matrix working together dynamically and interactively. If our senses shape both who we are and who we are becoming, then identity is nothing less than a generative heterogeneity.

The majority of philosophers have addressed the *multiplicity of senses*, for instance Kant, yet, classical theories, both rationalist and empiricist, including those of Kant, presuppose this multiplicity but do not deeply explore its implications. Empiricists, like Hume, argue that sensory data are linked through associative connections to form a unified perception, such as recognizing a lemon by its various sensory qualities. Rationalists start from an assumed unity and work downwards, positing that multiplicity is given and unity is formed according to certain rules, as Kant suggests. The herein implied hierarchies or bottom-up and top-down approaches

[2] Fuchs 2008, 2010, 2021.

to perception and cognition may have diversified the theoretical canon. It, however, seems that the hierarchical and dualistic approach to perception has also helped to polarize, if not to say paralysed and frozen certain topics into oblivion. Merleau-Ponty – among other phenomenologists – argues that synaesthetic perception should not only be considered as an anomaly but as a fundamental aspect of sensory experience.[3] For instance, if we look at audio-visual sensorimotor integration (e.g. when watching a movie) then this holds true. His idea resembles a concept of a bodily *sensory synergy* which emphasizes that the body's senses work together seamlessly without external mediation. This synergy allows for complex intersensory coordination, such as spatial orientation and movement. The theory of infant synaesthesia takes up another aspect, namely, *the fluidity of sensory integration.*[4] This fluidity is seen as a more natural state of sensory perception. It highlights that children and certain artists exhibit more fluid sensory integration, suggesting that the traditional separation of senses is more rigid in adults due to learning and pruning effects (priming). Even more critical positions on the normative aspect of synaesthesia admit that the narrow and exclusive perspective on synaesthesia is not convincing and needs to be explored in more depths.[5]

While synaesthesia has been object of interest in the field of arts and education[6], theory of mind[7], phenomenology[8], neurocognitive psychology[9], and neurophenomenology[10] for instance, in creativity research or neuronal-structural analysis it also seems to be a prime object of study for the medical and health humanities.[11] This is because it involves a multiplicity of senses and addresses the plurality and richness in perception and action. Synaesthesia, being a creative and imaginative way to perceive of the world and to orientate oneself within it, is used in therapy activities to rediscover one's body in illness. To deem *creative practice* as mutual recovery and *act of responsivity* is supported by many researchers in the field of medical humanities in general and in phenomenology in particular. Care homes for the elderly have successfully used programmes like *Snoezelen* or *NEUROvitalis* in order to activate people with dementia.[12]

The profound influence of phenomenology on nursing and qualitative health research has been extensively noted by scholars such as Zahavi and Martiny (2019), Fernandez (2020a; 2024), Klinke and Fernandez (2023), Brencio (2024) and others. Given its emphasis on human

[3] cf. Waldenfels 1999; Schmitz 2012; Straus 1956; Fuchs 2013; Kluck 2014; Bulka 2015.
[4] cf. Maurer et al. 2013.
[5] cf. Deroy 2017; Doyon 2024; Ward 2021.
[6] cf. Wohler 2010; Gruß 2017.
[7] cf. Baron-Cohen 2005; Spence and Deroy 2013; Deroy 2017.
[8] cf. Merleau-Ponty 1946; Waldenfels 2006; Schmitz 2012.
[9] cf. Ward 2012; Simner et al. 2006.
[10] cf. Ramachandran 2004.
[11] cf. Crawford et al. 2015.
[12] Snoezelen was initially introduced for children with cognitive impairments by Jan Hulsegge and Ad Verheul (2005). Today, it is also used in the field of care for people with dementia and has been become an alternative activity in care homes for the elder. *NEUROvitalis* is a cognitive training programme used in care facilities, designed to support mental functions like memory, attention, and spatial thinking, particularly in older adults or dementia patients Kaesberg, S. et al. (2009).

existence and the exploration of lived experiences–both those of the subject and the meaningful objects they encounter–its widespread use in understanding patient experiences in healthcare comes as no surprise.

Traditionally, phenomenology has been integrated into qualitative health research and clinical practice through the adaptation of its methods. However, in this dissertation, I advocate for a shift in focus toward an alternative approach to applied phenomenology, one that prioritizes concepts over methods. By revealing the conceptual familiarity between synaesthesia, atmosphere, resonance[13], and resilience[14], I aim to show how phenomenological thinking can inform our conceptual understanding in a wider sense and contribute to new avenues of applying and practicing it. I will shed light on how, what is sometimes framed as marginal or limiting, phenomena affects our bodily constitutions and scaffold our embodied existence and bodily identity. In chosing such an approach I aim to show that phenomenology has the capacity to span, integrate, challenge, and renew our understanding of experiential structures such as embodiment and historicity. This reflects the vitality and depth of contemporary philosophical dialogues within the field. Today, phenomenology continues to provide nuanced approaches to lived time, historical consciousness, and normativity, while also contributing generative accounts of culture and ethics. Its scope ranges from conceptual analyses of time-consciousness to critical interventions in pressing contemporary issues, demonstrating its ongoing relevance and adaptability. Central to my theoretical framework throughout this dissertation are the phenomenological concepts of *embodiment, relationality, synaesthetic spaces* and *synaesthetic forms of engagement* as well as *situated affectivity*, which serve as a crucial lens for understanding the diverse experiences of dementia patients, particularly within the realms of illness and healthcare. I aim to achieve two primary objectives.

First, I will offer a robust philosophical foundation for interpreting embodied experiences in healthcare environments, with a specific emphasis on synaesthetic resonances and responsivities in care homes which offer multisensory environments. Second, I will introduce a comprehensive model for applying additional phenomenological concepts–such as body memory, synaesthetic responsivity, selfhood, and affectivity–within healthcare research and clinical practice. In stressing the importance of understanding embodied intersubjectivity through its varied sensory dimensions, its situatedness in space and in between, the present analysis indicates an important direction for future research in exploring the potential role of

[13] I follow Rosa's (2018) approach of resonance, according to which modern life's focus on control and availability undermines authentic experiences, suggesting we embrace unavailability to foster resonance and meaningful transformation.

[14] In a phenomenological vein, I take resilience to be the 'ability to resonate with the rhythms, moods and bodily affective constitutions of the other ('s fragmented existence) in a specific situation in order to create new meaning after transformative experiences' (my definition from a conference paper: '*Relational Self: An Embodied and Meaning-Centred Account of Resilience in Dementia*' (2022).

multisensory practice in maintaining an intuitive grip on social interactions. By approaching social encounters as sensory and perceptual events, I emphasize how social gaps in dementia care are inherently world-involving phenomena rather than a mere cognitive deficit reducible to the person with dementia. Ultimately, I aspire for this approach to provide a deeper, more nuanced, and conceptually rich framework for engaging with the complexities of patient experiences in healthcare settings, fostering a more holistic understanding that can inform both research and practice. With regard to dementia, we still find an imbalance between its increasing social relevance on the one hand and a one-sided scientific understanding on the other, which has its roots in the 17th and 18th centuries. The physicians of that time arrived at psychophysical speculations about the causes of dementia, which were based on dualistic assumptions about the relationship between body and mind, and focused primarily on the brain.[15] It is precisely this naturalistic *cerebocentrism* that forms the medical research paradigm still dominating today. Such one-sidedness disregards other very important factors, namely the lived experience of those affected and the social situation in which they live; thisleads to a research that focuses on deficits than on the remaining resources. This negative view of the disease, which is already inherent in the word itself, '*de-mens*', can only be countered if, firstly, dementia is not primarily understood as a neurodegenerative disease of the brain, but also as a psycho- and socio-degenerative disease of individuals; secondly, the life experiences of individuals form the starting point for scientific debate; and thirdly, both deficits and resources are taken into account equally so that diagnostics and therapeutics can move closer together again. The present study is intended as a contribution to such a change of perspective, which is currently in progress.[16]

Embodiment and Relationality

In phenomenology, the concept of the body refers to a dimension of physical existence that is beyond an objectivist or materialist understanding of the body and is closely linked to the category of life-world experience. The body, which is our own individual body and must be understood in its vitality and functionality, stands in opposition to the body as an objectively observable thing. Helmuth Plessner coined the phrase: '*I am my body and I have a body*.'[17] Aspects of this distinction between 'objective body' and 'lived body' (Körper-Leib-Differenz) are particularly relevant to questions of health and well-being and their normative deviations, which are central to this research.[18]

[15] Foucault 2018, p.256.
[16] See, for example Kontos 2004; Keller 2022; Campbell 2019; Sonntag 2020; Sabat 1998; Kruse 2010; Fuchs 2020, Dyring 2022; Dyring and Gron 2022, Dzwiza-Ohlsen 2022.
[17] Wehrle 2022a.
[18] Throughout this work I refer to the phenomenological concept of the body as introduced by Husserl (1973) and Merleau-Ponty (2012) as the quintessential means to epistemologically and ontologically thrive in the world with others. Thus the concept of corporeality seems fruitful for an analysis of the social situatetedness of the lived body including its potentialities

Embodiment is thus a paradigmatic framework that underlines the importance of accounting for an objective and subjective, a social and ethical as well as a situated side of experience. Embodied theories of perception therefore serve to overcome the heritage of Cartesian Dualism and are an important counterpart to theory of mind approaches. However, from a phenomenological standpoint, that is in the original Husserlian and Merleau-Pontian sense, embodiment goes beyond these dualist positions and frames an existential ontology, one that is only accessible through a shared and intersubjective world. This is why relationality here is understood in terms of its very radical meaning.

Traditionally, knowledge has been understood as being represented in an abstract, amodal, or supramodal conceptual manner: one that relies on formal symbolic logic. [19] In this view, perception is detached from sensory modality; for instance, we can perceive a whole object such as a chair, even when only parts of it directly stimulate our sensory receptors. Supramodal representations refer to neural mechanisms that integrate information across different sensory modalities, as seen in language processing areas that coordinate input from visual, auditory, and tactile sources.[20]

Embodied cognition challenges this disembodied, symbolic view by asserting that cognitive representations are fundamentally grounded in sensorimotor experiences. Varela et al. (1992) define *embodied cognition* as the idea that 'cognition depends upon the kinds of experience that come from having a body with various sensorimotor capacities,' and that these capacities are always embedded within biological, psychological, and cultural contexts.[21]

Emerging from fields such as philosophy and robotics, embodied cognition proposes that thinking is inseparable from bodily feedback and environmental interaction. This perspective has far-reaching implications for psychotherapy and education, where practices involving posture, movement, breathing, visualization, and somatic awareness are used as tools for influencing mental states and learning processes.[22] From this standpoint, changes in bodily states can directly influence thought patterns and behavioural tendencies. Habitual and environmentally shaped bodily states serve as the substrate for perception, cognition, and action.

Although the concept of embodiment has only recently begun to gain broader recognition in mainstream discourse - after a long period of neglect - has a deep and rich intellectual history. In a similar vein, the bodily *relationality, intertwinement* or *entanglement* are prevalent topics

and vulnerabilities. (cf. Carel 2016; Mol 2002; Dolezal and Petherbridge 2012; Fuchs 2008; Leder 1987; Gallagher and Zahavi 2020). Hence, I am stressing the manifold roles of and views on the body, which is perhaps the zero-point of experience but never quite blank.

[19] Fodor 1975.

[20] Lakoff and Johnson 1999; Barsalou 2008.

[21] Varela et al. 1992, pp.172-3.

[22] Payne 2020.

in philosophy, phenomenology, and psychopathology that reveal the complexity of the way we do relate to ourselves, to others, and the objective world. There is always a certain relationship between the individual and their world, which is already given before all thinking and remains un-reflected in all thinking; what is not explicitly known is therefore skipped over. Merleau-Ponty calls this pre-objective and primordial reference to the world 'wild' or original being.[23] The description of how this reference to the world influences our thinking leads to the realization that thinking must be understood as a relational act. From the relation of the sum and parts, the relation of the self to itself and to others or to practices and relational medicine, everything is in relation to something and to someone. It is important to note that entanglements are not to be understood as unities but mark their differences while forming an interdependent unity.[24] Likewise, the aforementioned concept of *resonance* (Rosa 2018) is a phenomenon that implies a kind of radical and dynamic relationality since we are always positioned (temporally, spatially, affectively) in a certain way to others, to the world, to our knowledge and to our body.[25] From this results a certain view, attitude, and perhaps from there, a capacity to respond to the world, and to borrow a term from Bernhald Waldenfels: a kind of *responsivity*. We cannot not answer to either an (excessive) availability or unavailability of phenomena and the things themselves. Consequently, the ability for phenomenology to centre embodiment and affectivity in philosophical analysis has been a significant draw for theorists and practitioners–increasingly in transdisciplinary areas, such as phenomenological psychopathology and more recently health and medical humanities.

Illness is traditionally considered a deviation from the overall health status. An important question that arises here and that is not answered by definitions of health or diagnostic manuals, is how such deviations from normal bodily experiences are experienced. When is something normal and when does it deviate from a norm? Some philosophers do argue that normality should be considered as an exceptional case.[26] Since normality is not an eidetic category and therefore cannot be taken as synonymous with the nature of experience or 'the human being', it is rather a relative category that refers phenomenologically either to my previous experience (deviating from it) or that of other, concrete subjects (deviating from intersubjectivity). We need to take into consideration that both the definition and classification of pathologies and diseases is historical, and that the experience itself is time- and context-sensitive. That is why in interdisciplinary phenomenology, experience reports and empirical results are not primarily there to confirm general concepts and theories, but rather to help test and critically scrutinise

[23] Merleau-Ponty 1968.
[24] Barad 2006.
[25] Haraway, D. (1988) 'Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective', *Feminist Studies* 14, 3: 575-599.
[26] cf. Wehrle 2022a, b; Heinämaa 2021, 2022; Heinämaa and Taipale 2019; or Weiss 2017.

them. Such is the case with synaesthesia, which remains a test case for our general and normative perceptual structures. As most interdisciplinary phenomenological descriptions do not apply qualitative methods themselves, but merely integrate existing results of empirical research, I will thus refer to pathological cases or case studies as examples to concretise, underpin and test my phenomenological analyses of synaesthetic perception and practices. According to Wehrle (2022a), such real examples can be regarded as concrete eidetic variations that help to test a supposedly general structure of experience on the basis of real variations and to problematise its contingency or necessity.

In the case of dementia, for example, there is a new normal after the chronic suffering has been adjusted to, at least in a moderate way. This is a question that considers the horizon and the situation of someone's lifeworld experience. In a critical vein, Schillmeier (2014) argues that the process of 'dementing' poses a threat to an assumed world order ('cosmos'), as it 'disrupts, questions and alters the normalcy of cognitively dominated experiences and related social modes of ordering'.[27] Thereby, the artifice of 'snap-shot' approaches that narrowly focus on the moment of getting lost in order to preserve 'the drive to produce [categorical] homogeneity …' is revealed. Not only does this produce fixed and unvarying notions of the event of getting lost but it amplifies deficits, failing to account for how the person with dementia ultimately overcomes the 'passing fright' of not knowing.[28] Foregrounding the process of "dementing" as a situated event renders visible the plurality of ways of being-in-the-world. By drawing more deeply on such specific situatedness, healthcare can be understood as both a form of self-care and situational action, one that requires integrating situational ethics with a 'differential ontology'.[29] Accordingly, bodily-situative knowledge should be cultivated and applied in (therapeutic) encounters to foster affective resonance–that is, to open, sustain, and attune relational contact with the other through *creative interpersonal scaffolds*. I argue, first, that such scaffolds, in a thin sense, rest upon the intertwining of *familiarity*, *habit*, and *embodied knowledge.* Second, they can open possibilities for the renewal and transformation of identity, enabling new or altered relations to others and to oneself through *improvisation*, *imaginative responsivity,* and *creative engagement.*

A Health and Medical Humanities' Perspective

By adhering to a methodological pluralism [30], this work finds its housing in the field of medical humanities. Medical or Health Humanities is a thriving inter- and transdisciplinary field of

[27] Schillmeier, M. (2014) *Eventful Bodies: The Cosmopolitics of Illness*. Routledge, Abingdon, p.48.
[28] Ceci et al. 2020, p.871 cit. in ibid., p.48.
[29] Dyring 2022.
[30] For Jaspers, understanding is a scientific tool, albeit one that reminds us that knowledge in psychopathology is not all of one kind. One role for philosophy therefore is to help us to 'distinguish the different modes of knowing' so that we might 'order

study that aims to contribute to a comprehensive and critical understanding of health, illness, and well-being by taking important social and biological factors such as environment, gender, age, biography and cultural heritage into account. In the health humanities, arts and humanities are used to provide insight into the human condition and issues such as suffering, personhood and our responsibility to each other, as well as to offer a historical perspective on healthcare practise itself. Moreover, a key task of this newly emerging field of inquiry is to break down the artificial boundaries between the arts and biomedical science to identify mutually beneficial fields of study. The health humanities, like the medical humanities before them, addressed the ways in which the humanities disciplines may be involved in exploring more richly textured ways of understanding healthcare as a practise, and understanding health, illness, and care in relation to subjective and intersubjective experience.[31] Some of the central *aims* of a medical humanities approach include:

1. Promoting a holistic understanding of health and illness: Medical Humanities seek to achieve this by considering cultural, social and individual influences on health and illness in order to specifically complement natural science perspectives.

2. Critical reflection on the practice and ethics of medicine: Medical Humanities encourages reflection on the ethical dimension of medicine, for example by reflecting on the relationship between doctors and patients or the socio-cultural determinants of health.

3. Enrichment of medical education: By integrating the humanities into medical education, the aim is to provide prospective doctors with a broader understanding and more diverse perspectives.

4. To improve empathy and communication skills: by engaging with literature, art and other forms of cultural expression, empathy and the ability to communicate effectively with patients will be promoted.

5. Support patient care: By emphasising the importance of life stories and the subjective experience of illness, the medical humanities help to make patient care more personalised and compassionate.[32]

Further, the recent post-humanist turn in second-wave *critical medical humanities* aims to challenge narrative's positioning as a cure for the increasingly modernized and mechanized practices of medical science by bringing together the historical, social, political, and cultural contexts that locate and influence experiences of illness. [33] Advocating a relational, rather than

knowledge into a comprehensive whole' (ibid., 1969, p.769). Jaspers' Existenz philosophy can be understood as a kind of transcendental activity that rejected worldview or system or 'essential' knowledge. What philosophy can distinctively do is point to and defend the existence of forms of intersubjective and tacit knowledge within human studies such as psychopathology.

[31] cf. Bondio Gadebusch 2024; Crawford et al. 2015.

[32] This overview is not exhaustive, nevertheless, serves as an initial orientation. Overall, the medical humanities provide an arena on which the complex nature of health and illness can be considered and discussed from different perspectives, with the aim of improving medical practice and contributing to a deeper understanding of the human condition. This movement, which has been institutionally established in the USA during the 1960's and the UK during the 1970's (similarly in Australia and New Zealand) and implemented successfully in the university curricula for several decades, is about to attract attention throughout European countries.

[33] Fitzgerald and Callard 2016.

a binary thinking, the critical medical humanities approach seeks to challenge the dichotomy imposed between the arts and humanities and the biomedical sciences by drawing out the 'entanglements' between them. At the same time, they challenge dominant narrative approaches that contain an important conceptual flaw–namely, the assumption that humans are inherently narrative–and call for renewed debate on the limitations of narrative in understanding health and illness.[34] By challenging the tendency to locate disease and illness solely within the boundaries of the individual body, and instead emphasizing the dynamic relations that connect illness to history, environment, and social context, the critical medical humanities seek to shift attention away from the notion of *integration* and toward the complexities and productive tensions of *difference*. As Fitzgerald and Callard write:

> 'The medical humanities does not need to break down boundaries, but rather to understand how practices of making, breaking and shifting boundaries *constitute* illness and healing. […] An entangled medical humanities does not ask for differences to be overcome; it asks how differences have come to matter in sickness and health'[35]

The issue with a reductively integrated medical humanities perspective is that it assumes fixed boundaries that conceal and flatten meaningful distinctions. The problem is not merely that illness and healing are multi-faceted phenomena requiring an interdisciplinary approach, but that experiences of suffering, sickness, and care are always being severed from specific relationships. Methodologically, we need ways to think, write, and measure life-states that engage with the complexity of these relationships and differences. Rather than breaking down boundaries, the medical humanities should focus on understanding how the creation, alteration, and shifting of boundaries shape the experience of illness and healing, with attention to their political, ethical and ontological consequences. This might lead to a better understanding and de-stigmatization of illnesses.

In keeping with a critical emphasis on difference, a deeper understanding of the relationship between narrative and illness requires a shift away from approaches that privilege transparency and immediacy. Rather than assuming that an illness narrative grants direct access to another person's subjective experience, we should approach such narratives as complex, intersectional spaces where broader socio-political questions, negotiations, and contestations continually unfold.[36]

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[34] cf. Woods 2011. Also see Cavarero, A. (2000) *Relating Narratives: Storytelling and Selfhood*. Transl. by P. Kottman London: Routledge. Cavarero argues that human identity is fundamentally relational and narrative, but not in the autonomous, self-authored way often assumed by traditional philosophy. Instead, she posits that we come to know ourselves through the stories others tell about us. Storytelling is, then, an ethical and relational act that reveals the uniqueness of a person.

[35] Fitzgerald and Callard 2016, p.42f.

[36] Tynan A. (2020) 'Mind the Gap. From Empathy to Erasure in Narrative Fiction.' *Journal of Literary & Cultural Disability Studies*. Liverpool: University Press. Here, p.355.

Epistemic injustice in healthcare settings then refers to a structural problem of unsynchronized, in the least, and arrogant ways of relating to someone with an illness discrediting their lived experiences through bodily expressions and testimonies.[37] By means of a critical conceptual groundwork I am addressing urgent ethical and social questions of how we perceive of the role of sensory perception with regards to our embodied identity and how do we offer a resonant way of being with people with dementia. One cannot but conclude that there is a great variety of synaesthetic experiences and the best way to adhere to the different research paradigms of synaesthesia is to think of a spectral model, which I propose with the following scheme, all the while I acknowledge that this has no claim for completeness implied. Rather, these different ways of reading synaesthetic perception on a spectrum are neither all-encompassing nor unified, but serve here as ontological and ethical foundations for a creative responsivity needed to understand both oneself and another better against a shared lifeworld horizon with its possibilities for action. In summary, I argue that a phenomenological analysis of atmospheres and synaesthesia reveals their profound impact on human perception and experience, that is their relational and embodied nature. By moving beyond reductionist views and embracing holistic and embodied approaches, we can better understand and engage with these fundamental aspects of human life, particularly in therapeutic contexts such as dementia care.

Chapter Summary

In the first part – *Ethical and Social Implications of Synaesthesia* – I delve into the common and uncommon history of synaesthesia and argue for a broader approach beyond examining it as an exclusive phenomenon of perception. I start with challenges of a preliminary definition to give an overview of the plethora of 'synaesthesia' research. Although often termed a 'neurological condition,' synaesthesia is not listed in either the DSM-IV or the ICD since it usually does not interfere with normal daily functioning. Indeed, most synaesthetes report that their experiences are neutral or even pleasant and helpful. I argue that, for reasons of comfort and suitability. a reductionist view has come to paint ane exclusive and narrow picture of synaesthesia, ignoring its embodied, ethical and social dimensions to a large extent. To draw a complex and varied picture of what synaesthesia as phenomenon of the lived body entails, I start with a historical overview addressing the frequent marginalisation until its periods of

[37] *Epistemic injustice*, according to Fricker (2007), occurs when the knowledge claims of individuals from particular social groups are systematically undervalued or discredited, often as a result of negative stereotypes attached to those groups. Common examples arise in contexts of sexism and racism, where the testimony of a woman or a person from an ethnic minority background is granted less credibility because of prejudicial assumptions. Fricker distinguishes between two main forms of epistemic injustice: *testimonial injustice*, which concerns the unfair deflation of a speaker's credibility, and *hermeneutical injustice*, which arises when structural gaps in collective understanding prevent certain experiences from being adequately interpreted or expressed. For an interesting account of *epistemic arrogance* towards one's own future see Bottenberg 2020.

renaissance in the 18th and 19th as well as in the 20th and 21st century. In the 1980's, the neurocognitive approach has quickly become the primary lens through which the subject matter (non-normal multisensory perception) is studied. However, this focus fails to capture the wide range of synaesthetic experiences and their potentials to form our embodied identities and modes of bodily expressions. I therefore draw on the ethically informed Aristotelian concept of sunaisthesis as being the social energy of life in chapter 1 to go on to explain how this informs a potential shared perception of synaesthetic spaces. In chapter 2, I explore the contributions of philosophers and phenomenologists to our understanding of synaesthesia as a bodily phenomenon. For Husserl, *the lived body can be seen as the foundational character of the synaesthetic unity of the thing,* for Merleau-Ponty perception is not a matter of projecting meaning onto a passive world but is an active engagement where body and world co-constitute a shared space of experience. By emphasizing the interrelation of the body and the world, Merleau-Ponty redefines perception as a fundamentally embodied and existential act and synaesthetic perception in these processes is foundational. While they have significantly enhanced our comprehension of how synaesthetic perception affects the individual, their sense of self, and their bodily experience, there remains a gap in addressing the interpersonal and intersubjective dimensions of synaesthetic experience.

In the second part – *Plurality and Variety of Synaesthetic Experiences* – I take my inquiry further, introducing the plurality and variety of synaesthetic perceptions and lived experiences and how these represent either exceptional and non-normal cases, orcommon forms of perception and experiences we all share. By means of a normal-normative distinction. I will show that the attempt to disambiguate natural from social forms of synaesthesia is not a simple one to answer. A hyper associative mind can be linked, for instance, to savantism and can be induced through psychedelic drugs like LSD, mescalin, and others; these can bring forward synaesthetic experiences. Whether mirror-touch synaesthesia (when used as a means of integrating visual body image) or body schema illusions (to ease phantom limb pain) is purely natural or social in its nature seems to be a question of what type of discipline looks at the phenomenon and how. Synaesthesia remains a paradoxical phenomenon for both: there are researchers who look at the phenomenon as something rare and unusual, whereas proponents of the ethical and existential meaning of synaesthesia as underlying all our perception argue the opposite. To strengthen the former positions, I individuate different embodied forms of perception which reveal synaesthetic tendencies at work, for instance, types of body memory, that is, our kinaesthetic or olfactory memories. I also address how appealing to the lived body and its memories can enhance the interpersonal communication and action, if well-informed and met with caution. I will address the positive aspects of body memory, all while bearing in

mind its negative impacts (i.e. trauma and PTSD) as well and the general criticism that has been put forward so far.[38] It is apparent that future research is needed.

In the third part – *Framing the Syn(aes)thetic Self and We in Dementia Care* – I will turn to dementia diseases from a psychosocial perspective and explain why precisely the embodied and synaesthetic modes to remember (*affective body memory*) are so important for people with dementia in meaning-making processes throughout their illness and life, and why they present a viable alternative to narrative identity approaches that are dominant within philosophical discourse. To empirically support these assumptions, I will present my fieldwork analysis and results that I have obtained from attending multisensory and synaesthetically inspired sessions of *Snoezelen* accompanied by a programme called NEUROvitalis in a care facility in Köln-Ehrenfeld. I am grateful to the director and staff of the care facility as well as to the participants who shared their time and presence in 10 sessions of multisensory and synaesthetic engagement, which include a form sensory and cognitive activation achieved through *participatory-sensemaking*. These testimonies highlight the significance of interpersonal relationships and multisensory or synaesthetic environments. Ultimately, they show the positive effect on their well-being. This kind of playful social engagement in care environments through shared bodily practices such as Snoezelen or NEUROvitalis also addresses feelings of being understood and belonging, revealing the importance of relationality in illnesses such as dementia. I situate my work within the tradition of phenomenology broadly, and phenomenological psychopathology specifically. Phenomenology has had a mutually enriching relationship with psychopathology from its early days and has seen wide application, particularly in the study of schizophrenia spectrum experiences. This work contributes to contemporary phenomenological psychopathology by focusing on the largely neglected phenomenology and importance of synaesthetic and atmospheric perception in dementia which can activate the body memory.

In part 4 – *Existential Well-being and Resilience in Dementia* – I explore the existential meaning of well-being in illness by turning to the conceptual understanding and the different dimensions of wellbeing. Since well-being includes a feeling of belonging and sense-making, I address how a sense of wellbeing can get disrupted. I will draw further on the concepts of bodily doubt, limit situation, and existential homelessness which all have been connected to Alzheimer disease. The last feeling is not merely a cognitive failure but reflects a missing background sense of belonging. Contemporary accounts of we-intentionality fall short in explaining experiences of belonging that occur outside specific interpersonal interactions. My account of a 'Synaesthetic-We' provides insight into habitualized experiences of belonging, even if they become fragmented in illness such as dementia. Re-establishing a sense of belonging and

[38] cf. Colombetti et al. 2014.

‘home’ involves recognizing shared similarities and practices with others. Using Edmund Husserl’s concept of the ‘homeworld,’ I critically explore the notion of ‘existential homelessness’ used to describe a sense of alienation and disorientation. How can illness displace individuals with dementia from their homeworld, causing a pervasive sense of alienation? While Husserl’s concept is useful, it needs to account for overlapping and shifting home- and alienworlds, reflecting the complexity of human experience. The same accounts for the notion of ‘existential homeless’. With the help of the notions *fragmented identity, broken habits,* and *nomadic subjects*, I would like to turn to a phenomenology of disorientation which offers an alternative conception of how we conceive of people with dementia in a less radical manner. Based on my fieldwork in dementia care settings, I will then explore how the feeling of insecurity and disorientation can be addressed in dementia care by multisensory engagement. By evoking pleasant atmospheres and dealing with those that might be uncanny, we can create synaesthetic responsivities that contribute to and generate states of well-being.

Speaking overall, through the phenomenological exploration of affective and synaesthetic experiences, I aim to enhance our understanding of how synaesthetic and atmospheric perception affects individuals’ lived presence and identity. Synaesthesia and atmospheres are ‘in-between phenomena’ which allow us to engage and interact in a creative and open way with others and their environment. This understanding can inform resilience-building encounters and treatment approaches in dementia, which ultimately support both sides: the people with dementia, and the ones who care for them. It supports caregivers, by developing a more nuanced picture of how they can engage and share meaningful moments with people with dementia, thereby opening up new ways and forms of relating to each other.

I. Ethical and Social Implications of Synaesthesia

> 'Just as the thing is the invariant of all the sensory fields and of all individual perceptual fields, the scientific concept is the means of fixing and objectifying phenomena.' (Merleau-Ponty 2012, p.54)

1. Synaesthesia and its History

Synaesthesia is a captivating phenomenon that has intrigued philosophers, scientists, and artists alike.[39] This inherited condition leads to a 'merging of the senses,' where individuals experience extraordinary impressions of colours, tastes, smells, shapes, and other sensations in response to everyday activities like reading or listening to music. Research into synaesthesia not only enhances our understanding of this unique condition but also sheds light on normal sensory processes, as all individuals exhibit cross-sensory mappings to some extent. In recent decades, the field of synaesthesia has seen a resurgence of interest, leading to significant advancements in our knowledge of its development, genetics, psychology, history, aesthetics, and neuroscience.[40] These developments have provided contemporary scholars with a rich foundation for further study. Current research offers diverse perspectives on synaesthesia, including first-hand accounts and philosophical viewpoints, highlighting how this condition raises unique questions about sensation, consciousness, and the nature of reality.[41] The above quote suggests that, much like how a physical object is perceived consistently across varying sensory inputs and individual viewpoints, a scientific concept aims to stabilize and define fluctuating experiences into fixed, objective terms. This process of 'fixing and objectifying' involves abstracting from the richness of lived experience in order to establish general, measurable, and reproducible truths. However, this stands in stark contrast to openness and creativity because it prioritizes stability, consistency, and predictability over ambiguity, fluidity, and personal interpretation. Scientific concepts, while powerful for analysis and communication, often reduce the complexity and multiplicity of experience into simplified, categorical forms. In contrast, creative and open-ended modes of engagement–like those found in art, phenomenology, or lived experience–embrace ambiguity, multiplicity, and the evolving, subjective nature of perception. The quote highlights a tension between the need for scientific clarity and the richness of human experience, which resists full capture through rigid conceptual

[39] The difference in spelling "synesthesia" or "synaesthesia" is simply one of regional matter. Here, I chose to stick to the British English type of spelling.
[40] cf. Ward 2021; Spence and Deroy 2013; Deroy 2017.
[41] cf. Tammet 2005; Duffy 2001; Nabokov 1966.

frameworks. This may hold true for the phenomenon of synaesthesia given its disparate positions within science and philosophy

This chapter, thus, primarily focuses on some landmarks within the historical context of synaesthetic perception, which spans more than 2000 years and does not present a linear type of interpretation. There is a huge gap and dispute between what is understood as synaesthetic experience or perception and what is called synaesthesia proper or genuine synaesthesia.[42] Despite this disparity, we can find a certain kind of unanimity to describe existing commonalities with the more common crossmodal and multisensory experiences. There is ongoing hope that synaesthesia can inform us on how synaesthetic perception understood as amodal, transmodal, and intermodal way of perceiving reveal the cooperative and integrative structure of consciousness.[43,44]

In early Western philosophy, thinkers emphasized both the distinctiveness of individual sensory modalities and their deep interconnection. Aristotle, for instance, introduced the concept of *sensus communis*–a proposed psychological faculty that integrates sensory inputs from the five senses into a unified perceptual experience. Over two millennia ago, he also highlighted the existence of certain features of the world that are accessible independently through multiple senses, pointing to a shared perceptual basis across different sensory channels. As Aristotle states: 'For the perception of magnitude, figure, roughness, smoothness, and sharpness and bluntness, in solid bodies, is the common function of all the senses, and if not all, then at least the common function of sight and touch'.[45] Aristotle considered *common sensibles* to be perceptible in their own right by more than one sensory modality, but need not necessarily be perceptible by all five of the commonly accepted senses.[46] Based on such a generalised view of synaesthetic perception, some researchers have suggested that the same dimension, such as intensity, brightness, or even 'thickness' should be considered as amodal dimensions, given that these perceptual attributes can be associated to different senses. Spence and Di Stefano (2023), for example, suggest that amodal sensory dimensions might provide a robust basis for connecting the senses. For example, several developmental psychologists have suggested that *amodal stimulus features* play a crucial role in scaffolding multisensory

[42] cf. Mroczko-Wąsowicz 2016; Deroy 2017; Merleau-Ponty 2002; Waldenfels 2012.
[43] Due to a limited scope of this research only a few selected milestones can be discussed here.
[44] Note that Jewanski (2013) und Gruß (2017) argue that it is wrong to link synaesthesia to antiquity since the real birth of synaesthesia only dates back to the 19th century. Two arguments against this view can be taken into consideration: First, April Flakne (2005, 2022) convincingly shows that the origin of synaesthetic perception and experience goes back to Aristotle (see this chapter). Second, given the enactive account of synaesthetic perception defended by Abath (2017) or Froese (2014) synaesthesia remains an arbitrary phenomenon which is best described as a spectrum which includes rare and more common types of synaesthetic perception (see graph on p. I can't add a comment for some reason, but which page is this graph on?
[45] ibid, p.19.
[46] Some commentators have suggested that the same dimension, such as sensory intensity, sensory brightness, or even sensory 'thickness' should be considered as amodal dimensions, given that these perceptual attributes/dimensions can be associated to different senses (Spence and Di Stefano 2023). Also see Johnstone (2021) on this topic.

integration throughout human development.[47] Note here, that the synaesthetic in this amodal view stands for structural features such as connection and commonality between synaesthetes and non-synaesthetes. Following Robertson and Sagiv (2005), synaesthetes are people who experience synesthesia but point out that 'cross-sensory associations' (brightness and pitch) and the use of synaesthetic metaphors (for instance, 'sharp cheese' or 'blue note') are experienced by non-synaesthetes as well.[48] Hence, the common sense operates via crossmodal communication between the senses and our embodied being is characterised by variety of sensorimotor and sensory channels that provide for our movement and orientation in the world.

Furthermore, Aristotle had declared synaesthesia or better 'sunaisthanestai' to be the energy ('energeia') of social life and friendship, in which the synaesthetic self arises when encountering another person.[49] Hence, in this sense, sunaisthesis stands for intercorporeality, which is to be understood as 'the interrelation between self-sufficiency and friendship in their possibilities'.[50] There is no self-sufficiency without friends. This ancient interpretation and social form of a *sensorium commune*, was taken up later by Herder although he focussed on the sense of touch, while Aristotle interpreted synaisthesis primarily as a social phenomenon.[51]

This latter idea resembles the concept of *shared perception* and *empathy* that has been framed by phenomenologists such as Edmund Husserl, Max Scheler, Edith Stein, or more recently by Dan Zahavi and Shaun Gallagher.[52] To move further, 'kinesthetic empathy'[53] or 'interkinesthetic affectivity'[54] are concepts to distinctively explain how we share perceptual structures and agencies with others. In team sports, for instance, players often engage in kinesthetic empathy when anticipating their teammates' actions. A skilled handball player, for instance, might 'feel' where a teammate is going to pass the ball even before it happens. Given this type of embodied attunement which allows for fluid coordination and synchronization without explicit verbal communication, we may hypothesise that the kinaesthetic and proprioceptive sense which cooperate in movement operate on synaesthetic grounds. By emphasising the foundational character of synaesthetic experience in shared experiences or

[47] Stern 1985; for an overview see Spence and Di Stefano 2023.
[48] Robertson and Sagiv 2005, p.12.
[49] Flakne 2005, p.35.
[50] ibid.
[51] See chapter 1.1.
[52] For critical remarks on the compatibility and congruency between mirror-neuron theories of direct perception or simulation as presented in Goldman and Gallese (1998) or Gallese (2003, 2009) and Husserl's or Stein's concept of empathy see Zahavi (2012). It remains questionable whether Gallese's notion of embodied simulation is in line with Husserl's account of empathy and, if so, only on a modest scale. Consequently, empathy is often divided into low-level (elementary) empathy and high-level empathy with a focus on higher-order processes questioning whether empathy is direct perception or relies on cognitive processes like simulation or inference (cf. Gallagher 2017). Whereas proponents of high-level empathy state that it involves imagination, simulation, narrative understanding and sometimes equate it with mindreading, others argue it requires distinct criteria beyond ordinary social cognition. Narrative theories emphasize contextual attuning. Gallagher (2017) affirms that direct perception, intrinsically, is neither empathic nor non-empathic, since even lower-level empathy depends on the particulars of circumstance.
[53] Reynolds and Reason 2012.
[54] Hoffding 2018.

joint attention, I locate my interpretation of a *Synaesthetic-We* between Fuchs' notion of 'interbodily resonance' and 'interkinesthetic affectivity' introduced by Høffding (2018) as well as Salice, Høffding, and Gallagher (2019). They have analysed intercorporeality in the context of musical interaction, which frames this type of interbodily affectivity as the strongest possible sense of we-agency. This points to more than an embodied structure, but also an overarching sphere of experience with an affective and emotional component. Similarly, Fuchs (2018) calls this type of affective interplay 'interbodily resonance', which he defines in the following manner:

> 'Bodily expressed emotions of one subject affect the bodily (interoceptive and proprioceptive) experience of the other and vice versa. Generally speaking, this mode of intersubjective temporality is i) pre-phenomenal, as it precedes the emergence of temporal objects and shapes the temporal form in which they appear; ii) interbodily, as it emerges as a result of resonance between my and the other's body; iii) polyrhythmical, as it is based on rhythmical patterns experienced and expressed; and iv) lived, as it is an experience of duration as felt'[55]

Thus, we will see how philosophical reflections by Aristotle, Husserl (at least in part), Merleau-Ponty, Waldenfels, Schmitz and Fuchs on the topic of synaesthesia allude to the intersubjective, that is, the social and ethical dimensions of perception of and engagement with the world.

Synesthesia has received a number of different names throughout history. Variants of the same lexical term (e.g. *sunaisthesis*) had been used by ancient Greek and Latin scholars in a variety of unrelated contexts (including some medical contexts), but not to refer to the phenomenon of synesthesia as we understand it today. In a historical overview, Jewanski et al (2020), considered the period between 1772 - 1892 in which the term synesthesia was used for the first time in a way we would recognize it today. The most common example of synaesthesia during this period involved the involuntary connection of colours with sounds – or more precisely, with alphabetical letters that express particular sounds: a famous example is the sonnet *Voyelles* ('Vowels'), composed by the French poet Arthur Rimbaud (1854–91) in 1871. Today's most widespread form of synaesthesia – to be found among more than 160 different types - , is the grapheme-colour synaesthesia, which does not even involve multiple senses but just one, namely, vision to perceive the letter 'A' in the colour 'red', for instance.[56] These very different concepts of synaesthesia between antiquity, modernity, and contemporary concepts have led to a discourse in which synaesthesia turns out to be framed as 'a figure of longing and thought between art, media and science'.[57] Following her research theory, synaesthesia research

[55] Fuchs 2018.
[56] I will return to these variants in subchapter (1.1.1) in more detail to fill a research gap and to discuss the importance of understanding synaesthesia in its social dimensions.
[57] Gruß 2017, my transl.

was part of a 19th century fascination with different states of perception, psyche, and consciousness, including dreams, hysteria, aura, delirium or migraine, which fluctuated between genius and madness and were taken up by science and art alike.[58] Perceptual research and synaesthetic-artistic practices were directly related and intertwined. If the physiological-psychological attempts at description and explanation provided an anchorage of the synaesthetic in the human psyche and the physically based nervous processes, their failure stimulated the mystification, occupation and artistic shaping of the phenomenon as a hidden system of correspondences. The scientifically oriented research into synaesthesia therefore played a significant role in the physiologisation of art, which updated and recombined its means and techniques under the premise of an effect on the senses and the body. Science and art approached each other through practices and mental operations of analysis and synthesis. For artists of all genres, the theatre became a field of experimentation for a synaesthetic linking of the senses and the arts in the line of flight of the *Gesamtkunstwerk*.[59]

In addition to being chosen as an aesthetic means of expression and style, synaesthesia is also a mnemonic memory aid. For example, to learn languages in general in an audio-visual way ('tickertape')[60] or, as in the particular case of Luria's patient S or Daniel Tammet, who are able to memorise complex, multi-digit sequences of numbers.[61] Furthermore, synaesthesia in the 'mirror-touch' variant has been revitalised for neuropsychology and neurophilosophy, not least with the discovery of *mirror neurons* (Gallese and Goldmann 1998). As mentioned above, synaesthesia appears to be a phenomenon that clearly illustrates the normative shifts and socio-historical interpretative sovereignty of perception. The very categorisation of the senses as separate categories of perception already contributes to sensualism, which is preloaded with categories and therefore not free of prejudice. The question of the extent to which a separation of the senses corresponds to a reduced conception of perception remains subject to debate and further analysis.

In the various discourses on synaesthetic perception, a diffused and partly dualistic picture of the phenomenon emerges. The idea, however, that synaesthesia is a rare and isolated condition is now being reconsidered. Marks (2013) argues that synaesthesia is not separate from typical perception and thought, but rather a strong, cross-modal expression of sensory meaning. As it is far more common in children, with estimates of 40–50%, the conclusion that we are all

[58] ibid.
[59] ibid., p.58.
[60] Ticker-tape synaesthesia is a rare form of synaesthesia in which a person involuntarily visualizes written words or subtitles (like on a news ticker or karaoke screen) as they hear speech whether their own or others. This visualization often appears in their mind's eye or, for some, as an overlay on their actual field of vision. Simner and Hubbard (2013) included ticker-tape synaesthesia in their comprehensive review of synaesthetic types, noting it as a subtype of lexical-gustatory and grapheme-colour synaesthesias and associating it with strong literacy networks.
[61] cf. Luria (1968), and Tammet (2005). For more details on the variety of their synaesthetic capacities, see chapter 5.

synaesthetes to some degree is at hand, but as children grow, they shift meaning from perceptual-synaesthetic experiences to verbal concepts, making synaesthesia largely 'vestigial' in adulthood (ibid., p.89). When discussing phylogenetic dimension of synaesthesia, neuroscientist Hinderk Emrich stresses that for the investigation of synesthesia, the 'phenomenon of transmodality' is important. Synesthesia means 'creating processes' – and this is 'never mono, always trans, inter, syn'.[62]

Furthermore, neurologists continue to link synaesthesia with emotion, situating it in the limbic brain, which processes emotion, memory, and attention, often overpowering rational thought (Cytowic 1997). They also emphasize its idiosyncratic nature, as individual synaesthetes form unique associations between letters, colours, and sounds.

From a cultural-historical perspective, synaesthesia fluctuates on a disparate spectrum between the poles of a neuronal dysfunction (atypical neuronal condition) and an aesthetic-political figure of longing.[63] From a social semiotic perspective, these scientific findings align with artistic explorations and broader trends in public communication since the 1920's–marked by increasing multimodality, emotional appeal over reason, and heightened aesthetic emphasis.[64] Synaesthesia, though grounded in multimodal perception, is also a social phenomenon, deeply tied to identity, aesthetic appreciation ('taste'), and emotional investment. In neuropsychological and to some extent also in aesthetic debates, the inclusive and thus broadly defined approach of synaesthesia tends to be understood as an intermodal correspondence that, unlike 'genuine synaesthesia', is not manifest but variable in its form of experience.[65] This shift has led to radically different estimates of its prevalence. Initially thought to affect only 1 in 100,000 people. Cytowic later revised the figure to 1 in 25,000.[66]

More recent studies suggest ratios as high as 1 in 500, 1 in 200, or even 1 in 100.[67] According to Jewanski (1995), new results from history of art (especially the history of colour systems) and neurophysiology, as well as new interpretations of the sources and the discoveries of new documents - independent of Wellek's theories - reduce the signification of synesthesia and lead to new definitions and demarcations since the 1980's.[68] He concludes that synaesthesia research has been limited in recent years, affirming that

[62] Emrich, H. (2013) 'Synaesthesia, Synaisthesis and the Enhancement of Coherence', Keynote speech at Synaesthesia. Discussing a Phenomenon in the Arts, Humanities and (Neuro-)Science, Berlin, July 2013. Accessed January 30, 2025. http://artlaboratory-berlin.org/html/de-event-17.htm.
[63] cf. Gruß 2017.
[64] cf. Van Leeuwen 2015.
[65] Emrich 2012
[66] Cytowic 1997, p.33.
[67] Van Campen 2008, p.128.
[68] Jewanski 1995, p.144.

> ‘By limiting synaesthesia to a pure perceptual phenomenon, research is back to square one. At the moment, two fundamental perspectives are emerging: either everything is synaesthesia or nothing is.’[69]

Responding to this disparate picture, I propose a more unbiased and delimiting research direction by adopting an inclusive position, as found in Aristotle, Merleau-Ponty, Straus, Waldenfels and Fuchs, among others. My position contradicts a purely cognitivist interpretation of the phenomenon, according to which synaesthesia is more than the possibility of combining two sensations. Rather, it corresponds to the broad and discursive understanding of synaesthesia as a concept of ‘syn-aisthesis’ which also can be found in phenomenological and anthropological debates such as those of Plessner (1929) or Straus (1956).[70]

A reductionist view misses the essence of human perception because it is based on an idea of sensibility that cannot be read directly from everyday perception because no sensory datum occurs in isolation. The appropriate description of perceptual processes must therefore go beyond the mere recording of their representation. Even the individual object (whose diverse sensory qualities such as colour, surface, size and shape can be identified but are nevertheless not perceived in isolation) only acquires its actual quality in the comprehensive context of the living world in which it is encountered by the perceiving subject. For Waldenfels, synaesthesia is a threshold experience because it has no clearly identifiable location - neither in the brain nor in the body. He speaks of sensory thresholds, places of transition and limbo, because the senses are never established or secured. On the contrary, synaesthetic perception as all perception is a dynamic endeavour. Thus, synaesthesia should be thought of as a threshold phenomenon, as there are ‘no sensory boundaries without transgressions, no seeing that is not mistaken, no hearing that is not misheard, no grasping that is not mistaken’.[71] In a broader sense, a threshold phenomenon occurs when a small change triggers a significant, often qualitative shift once a critical point is reached. Thresholds also help amplify meaningful signals while reducing noise, making them essential in fields like neuroscience, medicine, climate science, and social behaviour.

The historical-phenomenological context of the problem of synaesthesia is the experience of a multimodal aesthetic transposition from one sensory modality to another. In them, the stimulation of one sense (hearing, taste, sight, touch, etc.) leads to a percept in another sensory modality that was not originally stimulated. Most cases of synaesthesia involve auditory or written-visual stimuli, which can trigger colour perceptions, for example. Scientific interest in synaesthetic experiences reached another peak in the twenties of the twentieth century, and this

[69] Jewanski 1995, p.143, my transl.
[70] See, for instance, Flakne 2022; Welsch 1987; Wohler 2010.
[71] Waldenfels 1997, p.14.

in a broad field ranging from perceptual psychology and phenomenology, to psychiatry and medicine. In the medical field, this research boom may have been due to the massive trials of synthetically produced mescaline undertaken at the time.[72]

The preliminary result of my investigations is firstly the scientific spectral perspective of the phenomenon, whereby the spectrum here signals that the different forms and varieties of synaesthesia according to their commonalities, can be distinguished from one another. Secondly, the invariant structures and the social aspect of synaesthesia have come to the fore because there are types of synaesthetic perceptions and experiences that we are more commonly shared than others. To discern therefore what synaesthesia is and what it is not is not only a matter of putting forward a new definition and questioning the existing one, but also of identifying meaningful measures and practical implementations of synaesthesia as well as intersections with related or neighbouring phenomena such as bodily affective responsivities and resonances or atmospheres. In both body memory and atmospheric perception, the synaesthetic characters and mechanisms are constitutive and constituting.

From the perspective of phenomenology, it is important to understand how synaesthesia can be read in Husserl's theory of perception, in contrast to Merleau-Ponty, who interprets it as an omnipresent phenomenon. Erwin Straus and Werner have also undertaken experiments and thought experiments on this subject, as more recently Liliana Albertazzi et al. 2013.[73] The different, sometimes diametrically opposed positions on the nature, role and meaning of synaesthesia already make it clear that they are historically constructed and must be analysed according to their specific contexts and meanings. The variability of the respective controversial definitions, each of which endeavours to provide a narrow and open interpretation of the term in order to be able to depict the structure and genesis of the perceptual phenomenon more precisely, and the associated sovereignty of interpretation, remains a controversial, or at least open, situation. However, phenomenology and in particular, body phenomenology or embodiment theories, contribute to a more differentiated and therefore adequate understanding of the phenomenon. This is unlike theories of mind and or mere cognitive explanations which, rather than expanding and at the same time including variants of synaesthesia into a ‘synaesthetic field’ (Gallagher 1986), exclude them and hold on to a hierarchical view promoting and repeating the same procedures in philosophical discourses that have prevailed and dominated the last 2000 years.

In view of the aforementioned controversial positions on synaesthesia, the spectral perspective seems to be an appropriate view to provide sufficient scope for related phenomena,

[72] cf. Gruß 2017.
[73] Albertazzi et al. (2013) 'The Hue of Shapes', *Journal of Experimental Psychology – Human Perception and Performance*. 39 (1), 37 - 47.

such as that of the cross-modal perceptions, affective memories, and atmospheres.[74] However, the neuropsychological perspective also provides decisive indications of the possibilities of interpretation and meaning of the phenomenon.[75] For instance, neurologist Richard E. Cytowic (1995) foregrounds the embodied theoretical possibilities evoked by the syndrome. The stakes for understanding this condition, he writes, are directly related to the way synaesthesia gestures to questions of 'consciousness, the nature of reality, and the relationship between reason and emotion'.[76] According to Cytowic, synaesthesia is the

> 'most immediate and direct kind of experience' he has ever encountered as '[i]t is sensual and concrete, not some intellectualized concept pregnant with meaning. It emphasizes limbic processes which break through to consciousness. It's about feeling and being, something more immediate than analyzing what is happening and talking about it. The immediacy and simplicity of it go directly to the heart of the matter'.[77]

These observations hint at the pre-reflective and affective nature of synaesthetic perception and experiences, to which I will turn in the next chapters. It is worth noting that Cytowic has also set up the criteria of a synaesthesia framework that lead to its distinctive forms, or better, to the distinction between what are genuine (stable, automatic, arbitrary) synaesthesias and what are common crossmodal associations. To Spence and Deroy (2013), we are not all able to taste shapes like portrayed in th*e The Man Who Tasted Shapes* (1995), nor do we see coloured letters or hear coloured music as some of us do.

The manifold accounts of synaesthesia and their definitions

Synaesthesia is most commonly recognized as the condition where individuals experience one type of sensory stimulus as another, and they generally see this unique perception as a gift rather than a disadvantage.[78] The most prevalent form of synaesthesia links specific sounds with specific colours, a phenomenon known by the French term 'audition colorée'. Interest in different kinds of synaesthesia has its roots in the seventeenth and eighteenth centuries, which saw an explosion of philosophical and scientific enquiry into the nature of sensation, cognition and aesthetic pleasure. The term '*aesthetic'* in its modern meaning first appeared the 18th century, it was introduced by the philosopher Alexander Baumgarten attemping to explain our sensual experience of a work of art, something which, he argued, both preceded and transcended our mental or 'noetic' appreciation of the same.[79]

[74] Thomas Fuchs, Bernhard Waldenfels and Hermann Schmitz in particular should be mentioned here, who have addressed both phenomena in part (see chapters 2.4 and 2.5).
[75] cf. Cytowic 2005, Emrich 2002, 2012, Ramachandran 2005.
[76] Cytowic 2005, p.17.
[77] ibid., p.176.
[78] cf. Wohler 2010, Cytowicz 1995, Emrich 2002.
[79] Baumgarten (1735: §116) and (1750).

A quick glance at the *Oxford English Dictionary* (OED) conveys that, in everyday use, the term has at least two rather distinct meanings which succumb fluctuations, which makes it an ambiguous term according to the corresponding research area.[80] The following is a selection of historical research entries in the fields of psychology, literature, and linguistics.

Synesthesia has been described across psychology, literature, and linguistics in strikingly different yet complementary ways. In psychology, early accounts framed it as a bodily or sensory reflex, for instance in the 1891 definition of synesthesia as 'a sensation in one part of the body produced by a stimulus applied to another part.' This view was expanded by Théodule Ribot (1897), who described synaesthesia as part of the evolution of sympathy, distinguishing a physiological phase of motor attunement (synergia), a psychological phase of shared emotions (synæsthesia), and an intellectual phase of shared ideas. Around the same period, Flournoy (1895) approached synaesthesia as an 'abnormal association' of the senses, while F. W. H. Myers (1903) saw it as a vestige of 'primitive undifferentiated sensitivity,' where sounds might evoke colours or forms. Case studies in the early twentieth century described individuals who remembered acquaintances in terms of colour associations, such as 'seeing the features of people in different colours'.[81] Although synaesthesia has not been classified as a psychiatric symptom in diagnostic manuals such as the DSM-V or ICD-10, contemporary studies suggest links between synesthesia and autism, indicating patterns of comorbidity and overlapping sensory processing traits, though no shared genetic basis has yet been confirmed.[82]

In literature and aesthetics, synaesthesia has long served as a technique of intensifying expression by allowing sensory domains to overlap. It appears most commonly with adjectives but also with nouns, as in the poetic image of 'the sound and light of sweeter songs.' Certain schools of poetry, particularly in the late nineteenth and early twentieth centuries, even elevated synaesthetic imagery into a defining stylistic feature. E. H. Gombrich (1960) famously remarked that synaesthesia, understood as 'the splashing over of impressions from one sense modality to another,' is attested by every language.[83]

Linguistics, meanwhile, has used the term to describe intersensory transfer in language itself. Synaesthesia in this domain refers to the expression of more than one sensory quality within a single word or the shifting of meaning from one sensory register to another. Wundt spoke of "complicative change of meaning," while other scholars simply called it synaesthesia. The phenomenon is also evident in phonosemantics, where certain sound clusters evoke particular

[80] accessible at: https://www.oed.com/dictionary/synaesthesia_n?tl=true.
[81] Oxford English Dictionary.
[82] ibid.
[83] ibid.

sensory impressions: for instance, the cluster ‘fl’ in words like flare, flicker, flame suggests brightness or flickering light.[84]

Taken together, these perspectives reveal synesthesia as more than a neurological curiosity or poetic ornament. Across psychology, literature, and linguistics, it consistently points to a deep resonance among the senses, a reminder that perception is not a set of isolated channels but a multisensory, embodied, and communicative field.

The most recent definition in philosophy of mind includes the view that synaesthesia research spans various disciplines, resulting in a wide range of models and explanatory gaps. Mroczko-Wasowicz and Werning (2012) argue that comparing different forms of synaesthesia can challenge traditional interpretations and support a broader sensory-motor model that includes semantic and emulative processes.[85] This perspective questions the purely perceptual view and emphasizes top-down associations over fixed neural connections. They propose that synaesthesia may result from hyperbinding–the excessive integration of multiple semantic domains. Alongside other researchers, they advocate for moving beyond the classical notion of synaesthesia as merely cross-sensory perception. Nikolic (2009) introduce the concept of ideaesthesia, where concepts, rather than sensory inputs alone, trigger perceptual experiences–suggesting high-level semantics play a crucial role in the phenomenon.[86]

In view of this multitude of readings, I will stick to two broader ways of defining and using the term synaesthesia. These two interpretations can be read roughly as inclusive and exclusive approach. The inclusive and exclusive approaches to synaesthesia reflect two different ways of defining and understanding the phenomenon, particularly in relation to how broadly or narrowly it is interpreted across disciplines like neuroscience, psychology, and philosophy.

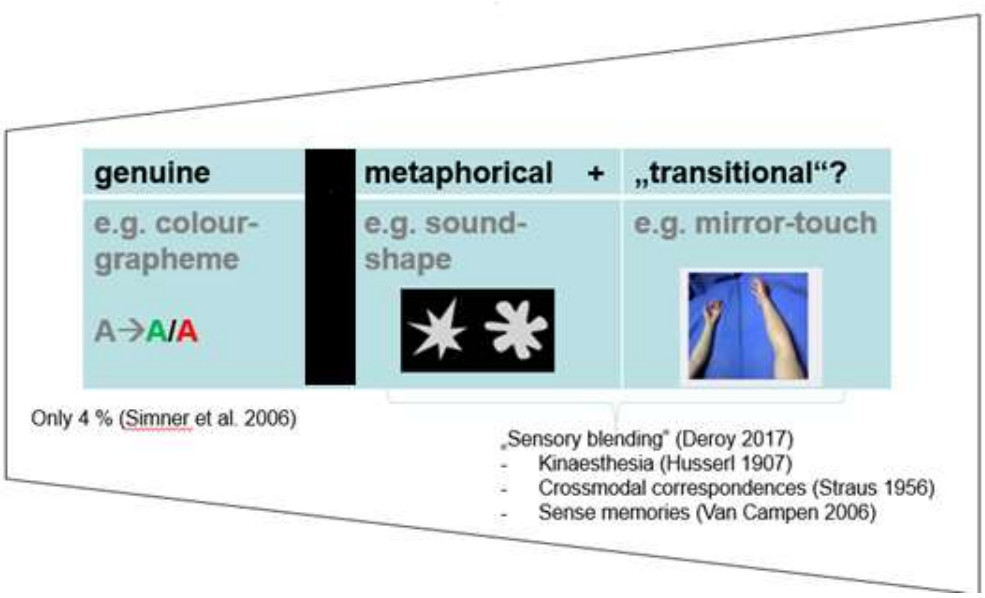
(1) An inclusive approach adopts a broader, more flexible understanding and:
- includes non-perceptual forms of synaesthesia (e.g., ideaesthesia), where conceptual or semantic content (ideas, emotions, numbers, time units) can trigger sensory-like experiences.
- considers developmental, cultural, artistic, and even phenomenological aspects of synaesthetic-like experiences.
- emphasizes interdisciplinary insights and recognizes that the boundaries between “true” synaesthesia and other forms of cross-modal or imaginative experience are often blurred, and
- is more open to variability and individual differences in experience.

[84] ibid.
[85] Mroczko-Wąsowicz, A., and Werning, M. (2012) ‘Synesthesia, sensory-motor contingency, and semantic emulation: how swimming style-color synesthesia challenges the traditional view of synesthesia’, *Frontiers in psychology*, *3*, 279, 1-12.
[86] Nikolić, D. (2009) ‘Is synaesthesia actually ideaesthesia? An inquiry into the nature of the phenomenon.’, *Consciousness and Cognition, 18*(3), 849–857.

(2) An exclusive approach defines synaesthesia in a strict, classical sense as it typically:

- focuses on perceptual synaesthesia–where a specific sensory stimulus (inducer) reliably triggers an additional, involuntary sensory experience (concurrent), such as seeing colours when hearing music or reading letters (e.g., grapheme-colour synaesthesia).
- emphasizes consistency, automaticity, and unidirectionality of the experiences over time.
- seeks neural or structural correlates as explanatory model (e.g., cross-activation or disinhibited feedback theories), and
- often excludes metaphorical or learned associations, (e.g., creative synaesthetic metaphors, or phenomena lacking a clear sensory basis).

Throughout the 1st and 2nd chapters of this thesis, I touch upon the dilemma and different ways of how to understand what synaesthesia is, and what it is not, all while proposing a model that integrates the disparate positions between different strands and different disciplines to let a synaesthetic field of perception emerge that demonstrates exclusive and inclusive tendencies alike. To illustrate the diverse positions and expressions of synaesthesia, I have proposed a spectrum schema (see graph below)[87] that encompasses its polar structure, highlighting the continuum between natural or 'genuine' synaesthesias and 'synaesthetic variations'[88] as well as the gap or missing link between these two poles.



While genuine synaesthesia involves consistent and involuntary cross-modal perceptions, such as the experience of colour upon hearing specific sounds, the emotional recall elicited by a familiar smell (e.g., the scent of a perfume evoking the memory of a person or place as in the

[87] This graph stems from a presentation I have given at the a.r.t.e.s. Graduate School for the Humanities Cologne in June 2021.
[88] Schwartzmann et al. 2019; Simner 2012.

'Proust-effect') is more accurately understood as an associative, memory-based response rather than an instance of synaesthesia proper.[89] These experiences are typically explained in neuroscientific terms through the close connection between the olfactory system and limbic structures involved in memory and emotion. It seems, however, overly reductive to explain synaesthesia purely in terms of neurological wiring, particularly in light of Schwartzmann et al.'s (2019) argument that synaesthetic experiences can be artificially induced, for example, through hallucinogenic substances. This suggests that synaesthesia is not solely a fixed neurobiological condition but can also be experimentally evoked, challenging strict biological determinism. However, a crucial distinction remains between artificially induced synaesthesia and genuine synaesthetic perception: individuals with genuine synaesthesia experience their cross-modal perceptions involuntarily and persistently, unable to suppress phenomena such as seeing the letter "A" consistently colored in red or green amidst normally black text. In contrast, while olfactory memory shares some phenomenological features with synaesthesia, such as the difficulty in suppressing perceptual impressions and the intense affective responses they elicit, it differs in its underlying mechanisms and experiential consistency.

Olfactory-triggered memories, although powerful and immersive, are generally not experienced as automatic cross-sensory associations but rather as vivid recollections that fluctuate in intensity. Although they may appear involuntary or vivid, such associations lack the stable, automatic mappings characteristic of neurodevelopmental synaesthesia and are better situated within the broader category of synaesthetic-like or cross-modal affective experiences shaped by context and personal history. With regard to the often-overlooked subjective dimension of 'perceptual presence' (Seth 2014), training-induced synaesthesia-like experiences also appear to lack this quality, much like in natural synaesthesia. However, this similarity alone does not imply phenomenological equivalence between the two.[90] Further analysis is expected to shed more light on this issue. Perceptual presence may be even more pronounced in drug-induced synaesthetic experiences.[91]

Further investigation into the phenomenology of both induced and genuine synaesthetic experiences, particularly through the lens of sensorimotor theory (O'Regan and Noë 2001), holds significant promise for uncovering the unique characteristics of synaesthesia and related experiential states.[92] The remarkable shifts in perceptual phenomenology observed in various cases of induced synaesthesia, especially given the rapid onset of some of these changes,

[89] Van Campen 2016.
[90] Schwartzmann et al. 2019.
[91] Seth 2014.
[92] See chapter 2.2.1.

underscore the considerable plasticity of adult perceptual experience. Such findings support the view of neuroplascticity, that is, the cortical perceptual representations in adulthood are not fixed, but rather dynamic and continuously shaped by lived experience.

From a phenomenological perspective, then, this form of explanation does not necessitate reductionism. While accepting the insights of neuroscience, phenomenology foregrounds the first-person, lived dimension of such experiences. The reappearance of a world through scent is not merely a biochemical event but a meaningful phenomenon in which memory, embodiment, and affective life are reactivated. Rather than seeking causal mechanisms alone, a phenomenological account attends to how such experiences disclose the intertwining of self and world, revealing the situated and temporal structure of consciousness and identity in its encounter with familiar sensory cues.

In sum, depending on which specific variation one considers, different dimensions of synaesthesia emerge to varying degrees. This raises the question of whether synaesthetic perception should be understood not as a categorical phenomenon, but rather as one that exists along a continuum. On this basis, I propose a preliminary conclusion: synaesthesia is an ambivalent perceptual phenomenon–one that resists reduction to strictly physical, organic, or conceptual explanations. It persistently slips between established categories, blurring the boundaries between perception, imagination, and memory, and thereby reveals the inherently fluid and integrative character of sensory experience. As both an intermediate and bridging phenomenon, synaesthesia appears rare and exceptional when viewed through a narrow, clinical lens, yet ubiquitous and foundational when approached from a broader, phenomenological or aesthetic perspective. As O'Callaghan (2017) succinctly puts it,

> 'Given the contrast with typical crossmodal perceptual illusions (or even merely potential reliable synaesthetic effects), synesthesia pales. Just as visual illusions illuminate the principles of vision and the structure of visual awareness, crossmodal illusions help us to elucidate intermodal organizing principles and the structure of multisensory awareness. Plain crossmodal perceptual illusions and recalibrations teach us more about the nature, character, and function of perceptual awareness than their more attention-grabbing relatives with the wild qualia.'[93]

As I have mentioned before, one of my aims with this thesis is to present the variety but also the disparity and mis(understandings) in definitions we find when dealing with synaesthesia and synaesthetic variations. In the following subchapter, I will examine the Aristotelian concept of synaesthesia in order to highlight its inherent ethical and interpersonal dimensions. I propose that this aspect constitutes the foundational value of synaesthesia–one that has been largely

[93] O'Callaghan 2017, p.56.

overlooked in contemporary accounts. Accordingly, I will offer a working definition that serves as the conceptual starting point for the remainder of the thesis.

1.1 Koine Aisthesis and Synaisthesis

> 'Common sense has yet to yield its golden promise: robust selves, a stable sense of reality, and bonds of solidarity.'[94]

Etymologically, both *synaesthesia* and *aesthetic(s)* can be traced back to the Greek verb *aisthanomai*, meaning "to perceive" or "to experience," along with its cognates and compounds. Among these are the verb *sunaisthanomai* and the noun *sunaesthēsis*, which were used, most notably by Aristotle, to denote either a shared experience among several individuals or the composite of perceptions that constitutes a living being's engagement with the world and with itself.[95] Yet, despite this etymological proximity, Aristotle's philosophy is often regarded as *anti-synaesthetic* in the modern sense, since he assigned each sense a distinct domain and organized them into a hierarchical order with sight and hearing, respectively, at the top.[96]

Given the so far outlined arbitrariness in definition, synaesthesia can be declared as a phenomenon that has contradictory and. at the same time, mediating effects for our structure of experience. It stands for the relation between pre-thematic or unthematic and thematic consciousness, the link between perception and cognition, implicit and explicit memory and the individual and social experience of our being-in-the-world.

To explain the simultaneously unitary and manifold nature of the common sense (koine aisthesis), one may say that it is neither identical with the particular senses nor entirely distinct from them. Rather, it is that faculty through which the individual senses "revert back into" their indivisible and original principle.[97] Where they are corporeal, it is incorporeal; where they are separated, it is undivided; and where they are by definition multiple, it is by essence unitary. The concept of the central sense is the power in the soul that 'jointly perceives itself (*sunaisthesetai*), not as a 'self" but as a faculty in which the multiple activities of the senses, all felt at once, reach their 'indivisible unity.'[98] Similarly, Charles Kahn (1981) has shown that 'aisthesis' frequently refers not merely to sense-perception, but also to 'consciousness' or

[94] Flakne 2022.
[95] Aristotle, *On the Soul* 2.6–12 (418a–424b). Not all, however, have accepted this hierarchy, and even Aristotle himself is not consistent in its application: see for instance Johansen 1997 or Jütte 2005, pp.54–71.
[96] Butler and Purves 2014, p.1.
[97] cf. Heller-Roazen 2005.
[98] Flakne 2022, p.210.

‘awareness’ in a wider sense. Kahn's point is that consciousness qua aisthesis should be taken as a function of sensory experience - not as an internal landscape like the reflexive, Cartesian ‘self-consciousness’. It is important to keep the sensory and intentional/transitive as opposed to reflexive connotation of ‘sun-aisthesis’ alive even where we accept the translation of aisthesis as ‘consciousness’.[99]

Common sense (Latin: *sensus communis*, Greek: *koinê aisthêsis*) was a term used to describe an intermediary between the sensory activity of the individual senses and the mind. Aristotle, in *De Anima* III, 2, referred to it as a kind of inner sense that holds common sensory experience (*tôn koinôn echomen aisthêsin koinên*). Galenus (131-200) divided the inner sense into several senses, while Augustine (353-461) noted that it perceives both the sensations of the senses and their non-sensations (*De Libero Arbitrio* II, 4). Thomas Aquinas (1225-1274) ascribed to it all modes of perception that do not fall to the individual senses and the intellect, such as imagination, memory, and apperception. Descartes (1596-1650) also posited the existence of two inner senses (hunger and thirst), making a total of seven inner senses (*Principia Philosophiae* IV). Sensualists like Hobbes, Locke, and Condillac also retained the concept of the inner sense.[100] In Kant’s philosophy, the *sensus communis* serves as a transcendental principle that enables intersubjective agreement in aesthetic judgment, as outlined in the *Critique of Judgment* (1790). Unlike empirical common sense, it functions as a universal subjective faculty, allowing individuals to expect others to share their aesthetic evaluations without relying on objective rules. This principle underlies the harmony of cognitive faculties, where imagination and understanding engage in free play, ensuring that aesthetic experience is not purely individual but resonates across human cognition. Moreover, Kant extends the concept to moral and political realms, suggesting that *sensus communis* fosters communicability, openness, and shared rationality, which are crucial for public reasoning and democratic discourse. Ultimately, it highlights the intersubjective nature of perception and judgment, forming a foundational link between aesthetic experience and rational consideration.

In *The Affection in Between* April Flakne argues for a new ‘common sense’ which needs to link to the actual ways we make sense in common, that his to say, how we value bodies, the affective environments they create. She refers to this process as the *sunaisthetic self* through which others emerge and thrive.[101] Before elaborating more details on how the synaesthetic self is constituted, we need to mention two intractable philosophical puzzles concerning identity or personhood to reframe an alternative way of common sense: Since our conscious experiences are intimately tied to our perceptions, thoughts, and emotions, the problem of sensory

[99] Kahn, C. (1981) ‘Aristotle and Altruism.’ *Mind,* no. 90, pp.20–40.
[100] cf. Kirchner and Michaëlis 1907.
[101] Flakne 2022, p.229.

integration and the problem of 'other minds' ought to be explained.[102] Following this line of thought, it is important to note that the two most debated classic philosophical challenges can be roughly explained as *The Problem of Consciousnes* and *The Mind-Body-Problem* which involve the problems of other minds in a larger frame.[103] Whereas the first revolves around understanding how subjective experiences, or qualia, arise from physical processes in the brain*s,* the nature of consciousness nonetheless remains elusive despite advancements in neuroscience. If we take, for instance, the contemporary emphasis on personal identity within philosophical discourse it mirrors the intensified focus on the "hard problem" of consciousness.[104] These discussions underscore the ongoing quest to reconcile our understanding of consciousness with the enduring enigma of personal identity.

The second challenge is another traditional line of thought which concerns the relationship between the mind (mental processes) and the body (physical processes). Common sense theories often view the mind as distinct from the body, yet intimately connected in shaping our experiences and behaviours. Following Cartesian Dualism, the mind-body problem concerns the relationship between mental and physical properties or in other words, how consciousness, intentionality, and the self relates to bodily and brain states. Whereas mental properties are private and subjective, physical ones are public and observable. No consensus has resolved the tension between the mental and the physical in theories of mind. Thus, responses range from materialism (mental states are physical), idealism (physical states are mental), to dualism (both are distinct). Phenomenology further reinforces this perspective by exploring the first-person structure of experience and highlighting how consciousness is embedded within broader bodily, environmental, and social contexts. According to Husserl, "subjectivity" and "mind" stem from Descartes' cogito but reflect divergent interpretations, leading to distinct traditions: transcendental philosophy and Anglo-American empiricism, respectively.[105] By integrating insights from neuroscience, psychology, and philosophy, an applied phenomenological approach offers a more comprehensive account of how subjective experience emerges through embodied interactions, thereby challenging traditional mind-body dichotomies. Beyond the limitations of strict materialist or dualist frameworks, a more integrative perspective recognizes

[102] cf. Szanto, T., Moran, D. (2015) 'Empathy and Collective Intentionality—The Social Philosophy of Edith Stein'. *Hum Stud* 38, 445–461., Szanto, T., and Krueger, J. (2019) 'Empathy, Shared Emotions, and Social Identity'. *Topoi*, 38(1).

[103] Robinson, H., (2023) 'Dualism', *The Stanford Encyclopaedia of Philosophy,* accessed at URL = <https://plato.stanford.edu/archives/spr2023/entries/dualism/>.

[104] cf. Chalmers 1996. This challenge pertains to explaining how and why subjective experiences arise from neural processes. The increasing prevalence of self-scepticism, wherein individuals question the continuity and coherence of their own identities, reflects broader philosophical inquiries into the nature of consciousness and selfhood.

[105] Descartes 'Doubting' first disclosed 'transcendental subjectivity,' and his 'Ego Cogito' was its first conceptual handling. But the Cartesian transcendental 'Mens' became the 'Human Mind,' which Locke explored; Locke's exploration turned into a psychology of the internal experience (Husserl 1997, p.187). Moreover, as Husserl underlines, the double sense of 'subjectivity' finds its roots in the same distinction, one leading to psychological and the other to transcendental clarification (cf. Kozyreva 2017, p.22).

both the distinctiveness and interconnectedness of mental and physical processes. Rather than reducing consciousness to mere neural activity, this approach considers the mind as an irreducible yet relational aspect of reality. Such a perspective bridges the gap between subjective experience and objective analysis, acknowledging that consciousness cannot be fully captured through third-person methodologies alone. Whether framed through an enriched phenomenological account or a nuanced form of dualism, this reconceptualization of common sense seeks to preserve the complexity of human experience while maintaining conceptual and empirical rigor.

The above observations align with Merleau-Ponty's critique of traditional accounts of consciousness and the unconscious, particularly those grounded in representational models. Asserting that subjective experience can never be fully transparent to itself he notes: the body 'is neither tangible nor visible insofar as it is what sees and touches.'[106]. Rather, it is fundamentally characterised by self-opacity and inherent ambiguity. In this regard, Merleau-Ponty clearly departs from both the Cartesian and Husserlian ideals of certainty, which maintain that self-consciousness offers a privileged vantage point from which to access the inner workings of the mind. In contrast, Merleau-Ponty foregrounds the bodily structure of perception, whereby the body is simultaneously the locus of perception and, paradoxically, remains partially hidden from itself. This ambiguity at the heart of bodily experience–and the non-representational character of bodily awareness and perception–forms the basis of his account of subjectivity. These ideas underpin not only his notion of synaesthetic perception, wherein the senses are interwoven and mutually constitutive, but also his concept of *intercorporeality*, which considers how bodily resonance between individuals gives rise to ethical relations. Through these concepts, Merleau-Ponty offers a profoundly relational and embodied vision of subjectivity that extends phenomenology into new ethical and existential dimensions.

Before turning to these in more detail I will emphasize the historical, and as I will show, intrinsically ethical dimension of the Aristotelian thought of (syn)aesthesis which has been largely neglected.[107] This becomes apparent, for instance, when opening the *Oxford Handbook of Synaesthesia*, edited by Simner and Hubbard (2013). Surprisingly, this 1000 pages long compendium does not touch upon nor does it refer to the Aristotelian concept of synaisthesis, not even in the 'contemporary and historical approaches' section, since the few historical

[106] Merleau-Ponty 2012, p.94.

[107] There are only very few philosophical interpretations and analysis of synaesthesia that go against the prevailing definition to be found in contemporary neuro- or cognitive sciences - being a rare phenomenon - and which invite for reinvigoration of the Aristetolian understanding of aesthesis (cf. Welsch 1981; Flakne 2005, 2022, Diaconu 2019) instead. There are only a few who investigate its phenomenological structure of experience (Kluck 2014, Bulka 2015, Grohmann, 2019) whereas others argue against an artificially constructed line of historical tradition and connection of the concept of (syn)aesthesis (cf. Gruß 2017, Jewanski 2013).

contributions dedicate their attention to 18th and 21st century. In general, the handbook seems to be mainly concerned with prevalence and inheritance; in other words, with the biological origins and distribution, the neurological bases, and with 'costs and benefits' of the phenomenon. Apparently, this excludes aspects of creativity, memory, and imagery which I will address, in more detail, in the following chapters.

For now, I shall turn to the under researched aspect of the ethical dimension of a synaesthetic self.[108] As mentioned earlier, Flakne (2022) offers a novel interpretation of the neglected Aristotelian concept of *sunaisthesis,* which she frames *as* an embodied, interactive capacity to create overlapping meaning through the cultivation of a sensibility that is *neither individual nor communal* but unfolds between bodies in movement. In the following, I shall explain why I share and support Flakne's understanding of *co-sensation* which she frames as 'a felt cohesion between bodies interacting in shared, expressive spaces' which are cocreated by these bodies, 'to be the primordial condition from which all differentiation and distinction springs'.[109] This definition of the Aristotelian concept of *sunaisthanestai* (to perceive in conjunction with) as *felt cohesion between bodies* is important in four ways: First, it explores the concept of a fundamental, shared connection or unity among entities that interact within a space they collectively create and define. Second, it posits that the initial condition of *interconnectedness* and *shared creation* among interacting entities is the basis from which individuality and variety evolve. In other words, it is a call for a profound sense of unity among interacting entities within vibrant, collaboratively crafted expressive spaces to serve as the primordial foundation from which plurality, i.e. all individual differences and unique distinctions emerge. When breaking down the key elements of this latter idea, we obtain the following three dimensions to consider when we talk about the concept of *shared plurality*[110]:

> (a) *felt cohesion* suggests an intrinsic, perhaps emotional or intuitive, sense of unity among the bodies involved. It's not just a physical or structural connection but one that is deeply felt and experienced.
>
> (b) *dynamic, shared, and expressive spaces* describe environments or contexts that are not just common to the interacting bodies but are also characterized by expression, meaning, and communication. Such spaces are dynamic and shaped by the interactions that occur within them. In chapter 9, I introduce the notion of synaesthetic spaces which to my understanding are shared spaces which are not pre-existing but are continuously created and redefined by our interactions and

[108] The focus of the *Oxford Handbook of Synaesthesia* is not on bodily, social or ethical implications of synaesthetic perception, although it offers 'thoughts from a wide range of different scholars and artists because, perhaps more than any other topic of study, synesthesia is multidisciplinary' since it unites different facets of experience as a *sine qua non*. Synesthesia with more than 150 different manifestations reported depending on what is 'merged' (sound with colour, taste with shape, touch with smell, and so on)' has been described as a 'merging of the senses' (Simner and Hubbard 2013, xix).
[109] Flakne 2022, p.2.
[110] See also chapters 1.2 and 8.4 for more details on this issue.

perceptions. Such an understanding of space points to a process of mutual influence and construction.

(c) *differentiation and distinction* describe processes of individual characteristics, identities, and differences which develop from a unified state. The emergence of diversity is thus seen as a natural progression from a more unified origin.

Third, a dialectical perspective can be applied to various fields such as social theory, philosophy, and even biology, where the interaction within a communal space leads to the emergence of distinct identities and roles. Fourth, by underlining the cohesive aspect of bodily perception and existential being, a polar structure of argumentation in philosophy and politics that too often omits what is connecting the two poles is questioned. A point that Flakne (2022) criticizes:

> 'Yet too often [they] swing between the ones (particulars, individuals) and a One or Ones (universal, communal), missing this middle distance, the unfolding and recombination of bodies irrevocably linked and linking within space and the possibilities to which this merging and emerging give rise.'[111]

To focus on that intermediate position and mutual alignment in theoretical concepts means aiming to recover a manifold between bodies, and their possibilities. A first step into such a direction can be achieved by *uncovering events of co-sensation* while acknowledging that such events are both 'prosaic, pervasive, elusive, and . . .startlingly overlooked', according to Flakne.[112] Alternatively, a *sensus communis* may provide a grid of interpretation allowing individual members of the community to orient their sensibilities, creating an overlap with which to confront emerging events. We must then address the question of what is sunaisthanestai? For Aristotle, it captured the cross-over point – the chiasm as Merleau-Ponty would say - between the intra-organism and the inter-organism. In humans, this means the chiasm between the natural and the normative, the *zoon* and the *logon*. As a bios deeply connected to community of context-making interactors. A proper understanding (and arguably, the original understanding of sunaisthesis) might scratch the itch raised by Aristotle's complexly embodied, extended, enactive, and embedded agents on the way to ethics in a manner that neither *koine aisthesis* nor *endoxa* could do.

Following Merleau-Ponty's concept and term of *intercorporeity*[113] I understand it as the enactive interlacing of constituting, lived bodies all while allowing for a refreshing and

[111] Flakne 2022, p.2.
[112] ibid., p.3.
[113] In following Merleau-Ponty's concept of intercorporeality Thomas Fuchs considers the unconscious as "a horizontal dimension of the lived body, lived space, and intercorporeality" (Fuchs 2012a). Similarly, according to Walsh (2019)

nuancing interpretation of Aristotle's sunaisthanesthai. At the same time, and reciprocally, sunaisthanestai lends an ethical significance to Merleau-Ponty' s intercorporeality, thereby allowing for its processual development towards a virtuously formed character. In sensing in common, I sense your pleasurable attention not as an object of perception but as pleasurably arousing my own attention, a lived-body to lived-body connection. I feel your attention as my own attention; attention in company is first and foremost 'our' attention.

> 'My *eidetic experience* is of actualization itself ('yours'), and I, qua actualized by sensing you in the act of sensing me, am part of that *eidos*. In sensing your *energeia* I experience the pleasure of my own activated intentionality, *energeia*, toward you in our dynamic but shared milieu of co-perception.'[114]

Sunaisthesis, then begins in the moment of convertibility being at the same time an awareness of heightened pleasure and an indistinction between self and other within the joint experience or action. Such a convertibility can always lead to controvert-ability; the shared 'now' actualized of actualized attention, awareness, and pleasure, can give way to lapsed attention, elapsed time, a falling apart of the ends and attention. 'Mineness' emerges in this lapse from 'our-ness', as my attention moves on or remains after yours disperses. In Aristotle's work, sunaisthesis turns to be a term for self-relation and which ought to be understood as 'the interrelationship between self-sufficiency and friendship in their potentialities' as there is no self-sufficiency without friends.[115]

Aristotle offers two kinds of common sense that correspond to two kinds of coherent self, i.e. the perceptual or knowing self, which is the *embodied self* that possesses common sense as koine aisthesis, and assembles the sense organs into an organism. In late antiquity, sunaisthesis becomes a term for self-relation in a twofold sense: First, *sunaisthesis* holds as a reference to the interaction between the senses, superseding Aristotle's ('koine aisthesis') and giving it a particular twist; this notion of synaisthesis continues today in literary tropes that point to the contradictory nature of sense data (e.g., 'he could taste the blue of the sky') and in psychological studies of pathologies of 'exchanged' senses.[116] Second, *sunaisthesis* counts as a consciousness of one's own body in its negotiation of space. This latter idea has intriguing resonances with Flakne's (2005) interpretation, which I am following here, whereby one claims one's aisthetic experiences through synaisthesis, thereby forming a body-image.

"intercorporeality" designates a bodily openness to others that is not fundamentally different in kind from the general style of bodily comportment found in Merleau-Ponty's rich analyses of perceptual life.

[114] Flakne 2022, p.55.

[115] ibid.

[116] see Kluck 2014.

> ‘We ought to sunaisthanesthai because sunaisthesis allows us to have a coherent sense of self in harmony with our pratical world. Sunaistheisis initially provides us with a sense of self allowing us to choose ourselves as ethical’[117]

The *social self*, on the other hand, possesses common sense as endoxa, the shared beliefs and practices held either by the many or by those considered wise by a relevant group (including the many). However, we can argue that neither of these two kinds of self is sufficient for the ethical task Aristotle requires of them.[118] Based on the above section, I argue that the synaesthetic self as conceived in Aristotle’s N.E. is the ethical and existential basis for building the structure or scaffold of synaesthetic-we experiences understood as pre-reflective and particular bodily resonant ways of we-experiences and can be linked to contemporary debates in phenomenology. The analysis of such we-experiences entails also some general distinctions to be made within the debate on selfhood and social ontology and their complex intertwinement.

1.2 From Synaesthetic Self to Synaesthetic-We

Following Zahavi (2025), our conception of the ‘we’ depends on how we understand mind, selfhood, and social cognition and whether the self is seen as pre-reflectively grounded, socially constructed, or even non-existent; whether consciousness is private or shared; and whether intersubjectivity arises from cognitive inference, embodied interaction, or shared norms. Yet the influence is reciprocal: recognising we-perspectives and we-experiences as genuine phenomena challenges overly disembodied or reductively social accounts of subjectivity, calling instead for a *view that integrates embodiment, experience, and relationality*.[119]

The question at stake is how, and to what extent, we can phenomenologically account for the ways in which experiences and agency are shared.[120] Particularly, in view of potential disruptive we-experiences we might encounter in illnesses, or when caring for instance for someone in their advanced stages of dementia or other neuro-cognitive diseases, these distinctions become valuable as they allow to clarify how such interactions can still constitute a we-experience. It has been argued that in cases of pathologies such as dementia, shizophrenia, or depression the structure of shared experiences may be disrupted in different ways (Summa 2014, Osler 2022b).[121] To make this more precise, it is useful to distinguish between different types of shared experiences: *practical* – involving coordinated intentions and actions, i.e.,

[117] Flakne 2005, p.57.
[118] ibid., p.60.
[119] Zahavi 2025, p.2.
[120] Traditionally, agency has been understood primarily as a rational capacity, involving deliberation, decision-making, and foresight. More recently, however, scholars have emphasised the close interrelation between agency and emotions. Exploring the emotional dimension of agency highlights how emotions can both reflect and shape agential capacities, while also at times constraining them (cf. van der Byl and Zeilig 2022).
[121] For more details on disruptive we-experiences in pathologies, see chapter 7.5.

cooperative activity; *affective* – involving the sharing or resonance of emotions and values; and *cognitive* – involving the alignment or communication of perceptions and beliefs (De Vecchi 2014). Beyond these, we must also consider empathy and intersubjective intentionality, which I consider as related to but conceptually distinct from the general theme of shared experiences. Within this framework, it is then possible to specify which form of intentionality is most central to the embodied and relational perspective being advanced here, depending on whether the emphasis is on cooperative action, affective resonance, or epistemic alignment.

Consider the example of two people cooking together in a kitchen. Their engagement is not limited to parallel individual actions but is situated in a mutually experienced affective environment: the warmth of the stove, the aroma of ingredients, the rhythm of chopping and stirring, and the subtle emotional cues–frustration, delight, anticipation–emanating from each other. Through intentional feeling, they perceive and respond to these affective qualities, participating in a shared atmosphere that shapes their experience of the task (Osler and Szanto 2021; Vendrell-Ferran 2021).[122] At the same time, their actions demonstrate shared or coordinated agency. Decisions about timing, sequencing, or seasoning are negotiated in real time, with each participant adjusting their movements and choices in response to the other. Agency is exercised relationally: each person's capacity to act is intertwined with the other's, producing outcomes that neither could achieve in isolation (Zahavi 2025, De Vecchi 2014). In this way, the cooking example illustrates how shared experiences–embodied, affective, and intentional–intersect with shared agency, showing that sociality is both felt and enacted, and that interpersonal atmospheres provide the medium through which collaborative action is experienced and coordinated.

From a social-ontological perspective, De Vecchi (2014) provides a framework for understanding how individual intentions are shaped by, and respond to, others. The *taxonomy of heterotropic intentionality – responsive*, *coordinated*, and *institutional* – illustrates the relational nature of agency and sociality, showing that our engagement with each other is not merely passive. Rather, the perception of environmental or interpersonal affective qualities is intertwined with our intentional orientation toward others and the norms, expectations, and practices that structure collective life. Thus, experiencing and responding to others involves both embodied resonance and a form of socially situated intentionality, bridging subjective experience and social interaction.

Max Scheler, in *The Nature of Sympathy* (1923/1954), offers a nuanced phenomenology of empathy, distinguishing several forms that are often conflated under the general term. Scheler distinguishes between emotional contagion (*Gefühlsansteckung*), a primitive, involuntary

[122] I will explain in more details how we should intend shared atmospheres in chapters 2.4, 2.5, 7.5, and 8.

sharing of affect, as when a baby cries upon hearing another baby cry, without any clear distinction between self and other. Next, emotional identification (*Einsfühlung*) involves a fusion in which the boundary between self and other collapses, exemplified by collective enthusiasm or panic in a crowd. In contrast, projection (*Hineinversetzen*) entails imaginatively placing oneself in another's situation by analogy with one's own experiences; while this can help understand others, Scheler does not regard it as genuine empathy, as it relies on the observer's own standpoint. Fellow-feeling (*Mitfühlen*), by contrast, is a direct grasp of another's lived experience while maintaining the self–other distinction, such as grieving with a friend without confusing their grief with one's own. Finally, sympathy (*Sympathie*) extends this further into active, intentional participation in another's emotional life, often involving benevolence or ethical concern. Scheler's insight lies in emphasizing that we can perceive others' emotions directly through gestures, posture, and embodied presence, rather than merely inferring them or projecting our own, a view that has profoundly influenced later phenomenologists and contemporary enactivist accounts of social cognition.

Following the Schelerian distinctions of empathy, Breyer (2021b) further enriches this account by exploring the phenomenology of empathy, sympathy, and compassion. Empathy involves directly experiencing or perceiving another's emotional state while maintaining awareness of its otherness, whereas sympathy entails a more affectively resonant response that does not require fully sharing the other's perspective. Compassion, in turn, is a motivationally charged form of concern arising from recognizing another's suffering, accompanied by a desire to alleviate it. Breyer situates these phenomena within embodied, intersubjective experience, emphasizing how they shape understanding of others, guide moral responsiveness, and structure social interaction. Integrating this with the concept of atmospheres highlights that our engagement with affective environments is not merely sensory or cognitive but also ethically and relationally significant, influencing how we respond to, care for, and navigate the social world.

Proceeding from the premise that sunaisthesis should be regarded as social energy and pre-reflective form of interaction, I introduce *sunaisthesis* as a conceptual part of interembodied attunement, interpersonal atmospheres or intercorporeal choreography which all point towards a 'Synaesthetic-We'.

My proposal of a *synaesthetic-we* aligns with the approach to interpersonal atmospheres advanced by Osler and Szanto (2021) – namely, an affective, perceptual, and fundamentally social model of atmosphere. Interpersonal atmospheres, then, as well as the synaesthetic-we refer to a relational, bodily mode of experience through which the emotions, moods, or affective dispositions of others become perceptually and affectively manifest; it thus constitutes a distinct

way of encountering others and their affective states.[123] While on a practical level, we are able to share, that is perceive and understand, such subtle layers of affective experiences through our expressive bodies, some conceptual distinctions might help in how far we are able to share feelings or emotions and atmospheres.[124]

My claim is based on the assumption that we are both multisensorially and synaesthetically embodied beings whose epistemic capacities and bodily knowledge should not be reduced and limited to just a few of the senses we are provided with. Ultimately, this would mean to limit precisely the above capacities. Above and before all, we are interpersonally, that is to say, socially and bodily connected beings. Think of the beginning and end of life, where vision are underdeveloped but the senses of touch, smell, and sound orient us towards the other and help us to discern which subjects and what objects are familiar and trustworthy or not. It almost comes with little surprise that studies of infant imitation (Trevarthen 2005; Meltzoff and Moore 1989) demonstrate a strong intracorporeal and intercorporeal link. However, there is no reason to suppose that either the intracorporeal or the intercorporeal has priority over the other – they instead interpenetrate. The studies of early imitation support the idea that intercorporeal encounters are phenomenolically rich and complex, implying that the achievement of a coherent perception requires the cooperation of both intracorporeal and intercorporeal aspects.[125] This kind of cooperation resembles the aforementioned concept of *sunaisthesis*. Furthermore, this kind of cooperation entails shared moments and behaviours. During the past thirty years, the concept of 'sharing' perception, action, or agency has been a central topic of debate within the fields of collective intentionality and social ontology, particularly focusing on 'shared actions', which encompass, but are not limited to, shared perceptions. Following Schutz and Luckmann our self-experience is constituted through others, thus they argue that

> '[w]ithin this intersubjective field, selfhood is not given in isolation but is mediated through the experience of the other. In the we-relation, I do not simply coordinate my actions with those of my consociate; rather, I experience myself through them, just as they experience themselves through me. This mirroring, or reflexive structure, is fundamental to the constitution of shared subjectivity.'[126]

Likewise, among contemporary phenomenologists, the discussion of we-related experiences is an ongoing one that contributes and extends explanations of the nuanced ways of experiencing ourselves and others in joint activities, that is, whether and how we should distinguish between empathy and sharing.[127] Empathy, as an intuitive and quasi-perceptual mode of access to

[123] cf. Osler 2021a.
[124] Also see chapters 2.4, 7.5 and 8.
[125] cf. Flakne (2005, 2022). Maurer et al. (2013) argue that neonatal form of synaesthesia applies to everyone of us (see chapter 3.3).
[126] Schutz and Luckmann 1973, p.67.
[127] cf. Breyer 2020, 2021b; Zahavi and Rochat 2015; Zahavi and Salice 2017; De Vecchi 2014, 2015, 2022.

another's experience, entails neither a detached inference from external behaviour nor a mere projection of one's own affective states. Rather, it is a direct, lived engagement with the other's emotions, wherein their sadness, for instance, is given to me as present, though not as my own.[128] This givenness of the other's experience underscores both the depth and the limitation of empathy in emotional sharing: while it grants access to the affective life of another, it does not dissolve the fundamental distinction between self and other.[129]

Beyond empathy, the we-relation involves a mode of being-together in which subjectivities are not merely co-present but interwoven through reciprocal sense-making. When two individuals engage in a shared practice - be it dancing the rumba or engaging in dialogue - what unfolds is not the parallel execution of two distinct actions but the emergence of a singular, intersubjectively constituted act. Each contribution gains its meaning only within the relational totality of the joint activity, in which the other's intentionality is not external but co-constitutive of one's own.[130] These observations are in line with what Husserl has suggested, namely, that selfhood is embedded within a 'we-community', that is, a horizon of mutual recognition and participation.[131] In this sense, emotions are not merely felt but co-experienced, calling for a socially mediated self-experience in which one apprehends oneself through the gaze of the other.

To be more precise about what constitutes a *self* and a *we* one needs to recognize that sociality is not an external or instrumental addition to an already-constituted subject, but a formative and co-constitutive dimension of subjectivity itself. Our relations with others are not merely means to fulfil pre-given, individual goals; rather, our very sense of what matters–our values, aims, and modes of expression–emerges through our belonging to and participation in shared worlds of meaning. The self does not precede the social but unfolds within it, through lived encounters of responsivity, empathy, and mutual recognition. Yet, this interdependence does not erase the singularity of first-personal experience. The "I" remains the experiential ground from which any "we" or "you" can be meaningfully grasped. To be part of a community is not to dissolve into it, but to experience oneself as *with others*–to inhabit a shared horizon that both shapes and is shaped by individual perspectives.

Gerda Walther's notion of a *habitual and subconscious growing together* (*von einem habituellen unterbewussten Zusammengewachsensein*) deepens this account of intersubjective formation. For Walther, communal life is not merely a conscious act of association but a gradual, pre-reflective intertwining of lived experiences, emotions, and habitual comportments.

[128] Stein 1989, p.27.
[129] For further discussion of a pre-reflexive type of collective intentionality understood as scaffolded Plural-We in dementia care, see chapter 8.2.
[130] Zahavi 2023, p.20. Also see Zahavi 2025.
[131] Husserl 1973a, p.468.

This "growing together" underlies the affective and bodily attunement that sustains a sense of belonging–an undercurrent of shared sensibility through which individuals are silently bound to one another. It is in this dimension that community becomes sedimented in our bodily memory and habitual being, shaping our responsiveness long before explicit reflection or choice.[132]

Against both atomistic individualism and reductive collectivism, such a view reveals that neither individuals nor groups exist in isolation or simple priority. Communal existence transforms those who partake in it, creating new forms of being-together that cannot be reduced to aggregates of individuals or to the dictates of social roles. The self and the social are dynamically intertwined: we are constituted by our social world, yet also participate in its ongoing constitution. In this habitual, embodied reciprocity lies both our rootedness in, and our freedom to transform, the shared lifeworld.

While many theories of collective intentionality focus on complex cooperative activities that require planning and coordination, emotional sharing operates on a different level. For instance, joint action such as when a surgical team is performing an operation together, involves shared agentive intentions, but the collective grief felt by mourners at a funeral cannot be analyzed in the same way. Zahavi (2023) and León (2021) seek to clarify the nature of emotional sharing between individuals in direct perceptual co-presence. They question whether such sharing entails a phenomenal fusion or the sharing of a single token experience, ultimately rejecting both positions. Instead, emotional sharing is best understood as a process of emotional integration, constituted by interdependent dynamics of empathy, second-personal address, and identification. However, the question remains as to how *joint attention provides for an arena for shared action***.**

For Aristotle, the ethical and social character in joint attention is apparent and seems to be connected to a kind of *social attentionality.*[133] By perceiving your engagement with a particular object, I am attuned to your empirical aisthetic history–the experiences that have shaped your capacity for attention. All of this is grasped through your embodied self in its environment, your practical eidos, as it comes to appearance in your being-in-the-world. Flakne (2005; 2022) points to what can be framed as the act of joint attention establishing a field for shared action.

> 'In synaisthesis arises the dual birth of self and ethical world. The History of Animals makes it clear that all gregarious animals engage in sunaisthesis; [...]

[132] Walther 1923. I will return to some challenges regarding we-experiences in chapter 7.5 touching upon disrupted we-experiences and ways of re-establishing interbodily bonds (also see chapter 8).
[133] For an in-depth analysis of attentionality in it phenomenological and neuroscientific interpretations, see Breyer (2011). For an anthropologocial interpretation see Ingold (2021).

> being the 'common sense' that not only orients the five peculiar senses toward an environment as a practically informed milieu, an arena for shared action.'[134]

By pointing to a fundamental but forgotten capacity to sense with others, Flakne provides an ethical approach to synaisthesis that centres on expressive, moving bodies in everyday affective encounters**.** For Flakne, this encounter with others consists in part of merged and mirrored selves and mineness.[135] However, one needs to note that her account of merged and mirrored selves does not involve the pathological problems or risks of a decrease in self-other-distinction.[136] Her account of sunaisthanesthai criticises that '*scholarship on sunaisthanesthai has been thin, perhaps because anti-individualist tendencies strike many interpreters as strange at best and pernicious or self-defeating at worst*'.[137] In tracking some of the controversies around Aristotle's central texts, we can argue that they neglect the fundamental ways our bodies are intertwined with each other while we navigate a shared environment. Flakne argues as follows:

> 'If we understand sunaisthanesthai as the word Aristotle uses to get at the awareness involved in the collaborative project of existence as creating a common sense through engaged, embodied interaction within an environment that comes to be explicitly shared, we can avoid some of these concerns. Understanding that sunaisthanesthai is at the root of anything like ethical self-awareness and therefore need not conflict with it, we can come to see how we-awareness can alone birth self-awareness. World-Others-Self coemerge; but self as an other to others who together actively constitute worlds and can choose in some sense how to do so is a gift of the self-other exchange in mutual, embodied awareness.'[138]

It becomes apparent that the Aristotelian concept of sunaisthesis is fundamental for understanding the interrelationship between self-sufficiency and friendship. It highlights the embodied, interactive capacity to create overlapping meanings through shared sensibility, challenging the scepticism surrounding selfhood and ethics in life. Given these theses, we can understand why 'sharing our friend's consciousness of his existence' is essential, both as a natural part of participating in a biological species and, for humans, as a precondition for ethical life.

In sunaisthesis, we adopt the sensible form of a friend's life, a life organized around ends that integrate past, present, and future capacities for determination. In Aristotle's advanced theory of pleasure, the self is thrown back on itself as a functioning organism. This 'wholeness'

[134] Flakne 2005, p.57.
[135] Flakne 2022, p.53.
[136] For a good overview on the pathological modes of self-other distinction from an enactive perspective see Gallagher S. (2024) *The Self and its Disorders*, Oxford: OUP or Haan, S. d. (2020). Enactive psychiatry. Cambridge: Cambridge University Press.
[137] Flakne 2022, p.53.
[138] ibid.

detached from the moment-to-moment neediness of appetitive life, is associated with the pure activity of living. Here, the soul's divisive nature is harmonized under the guidance of the rational faculty, or true self. Contemplation brings the most pleasure because it activates the rational part consistently.

Friendship and self-sufficiency are interconnected in their potentialities, not because self-sufficiency precedes friendship, but because it is actualized through it. The 'more pleasure' friendship provides stems from the shared perception, sunaisthesis, which enlivens the reflexive experience of each participant.

Sunaisthesis as the Energeia of Social Life

In the sunaisthesis described in Aristotle's *History of Animals* (534b18), two or more organisms simultaneously actualize their entire sense apparatus. For instance, bees can both smell and see honey. The difference between this species-wide sunaisthesis and koine aisthesis in *De Anima* lies in the scope: the former concerns a species capacity, while the latter pertains to individual perception. In sunaisthesis, our entire sense apparatus is enlivened by the life of another organism, whose practical engagement with the world we take on. We experience this as pleasure within ourselves (cf. Flakne 2022). It seems like an ironic twist that, in contemporary debates, koine aisthesis refers to a common species capacity, while sunaisthesis is seen as a rare individual phenomenon. Exceptions, such as Maurer's hypothesis on neonatal synaesthesia suggest that this distinction is not absolute. [139]

Sunaisthesis gives rise to a pleasurable actualization that moves in two directions: toward the other and toward myself. This bi-directionality creates a paradoxical wish to be both one with and separate from the friend. *Diairesis* emerges as the threshold between the exposed organism responding through *hairesis* and the *prohairesis* of the fully ethical self. Only after *diairesis* can one truly say 'mine'.[140]

> 'Sunaisthetic speech transforms a perceptive environment into a world shaped by ethical concepts. Self-sufficiency arises when our perceptions are shaped by internal ethical concepts, which provide integrity to our otherwise dispersed selves. Ethical concepts that remain external lead to self-dissonance and akrasia, but autarkeia is achieved when our internalized perceptions give us authority over ourselves'[141]

Flakne's novel interpretation of the often-overlooked Aristotelian concept of sunaisthesis is an important and critical contribution to synaesthesia research as it stresses the embodied,

[139] There are a few exceptions besides Flakne's ethical approach to synaisthesis. The psychologist Daphne Maurer starts from the premises that we are all born with the capacity to feel, think, and orientate ourselves synaesthetically. I will explain this in more detail in chapter 3.3.
[140] Flakne 2005, p.53.
[141] ibid., p.57.

interactive capacity that creates overlapping meanings through the cultivation of a sensibility that is neither purely individual nor communal, but emerges between bodies in motion. By integrating Aristotle's concept with both classical and contemporary phenomenology, including critical phenomenology, empirical theories of social cognition, and affect theory, we obtain insightful responses to pressing questions about selfhood and the ethical synaesthesia can play in countering disorientation and manufactured division. Exploring intimate experiences such as birth, death, caregiving, and mourning, Flakne brings the ethical and political dimensions of inter-embodied interaction into focus, grounding them in lived experience.

One objection or pre-requisite is, normatively speaking, that shared perceptual responsiveness is founded on a shared sense of time. This is, however, precisely jeopardized in illnesses such as depressive disorders or schizophrenia as well as in later stages of dementia, for example.[142] These pathological cases seem to indicate that certain social and cognitive capacities are very limited or foreclosed and thus the lived experiences of those suffering from such disorders seems to be difficult to be shared explicitly. However, on the basis of our body memory which is certainly fed by the past bodily resonances in the here and now can be invoked and become inter-bodily resonances and perhaps even potential prospects of the future self.[143]

The synaesthetic-self is revealed in the body memory. For instance, in the *Proust-effect* when our bodily olfactive memory has a strong impact on how and what we remember of our experiences from the past and how they make us feel.[144] In the first volume of *In Search of Lost Time*, it was the taste of madeleines previously dipped in lime blossom tea, which brought back pleasant memories and feelings connected to the familiar place of the narrator's childhood in Combray.[145] These memories can evoke feelings of well-being if they establish connections to positive experiences in the past.[146] Likewise they offer a form of re-orientation for the self in dementia, as I have argued elsewhere[147]. I will return to this aspect in chapter 5 but for now, I turn to the significance of synaesthesia within phenomenological and psychopathological accounts in the 20th century.

[142] For a wider discussion of how 'we-experiences' become disturbed in mental illnesses such as schizophrenia or depressive disorders see for instance, Salice, A. and Henriksen, M.G. 2015: "The Disrupted 'We': Schizophrenia and Collective Intentionality", *Journal of Consciousness Studies*, 22 (7-8), 145-171. Osler, L. (2022b) '"An illness of isolation, a disease of disconnection": Depression and the erosion of we-experiences', *Frontiers in Psychology*.
[143] I will return to this issue, in more detail, in chapter 7.1.
[144] Cf. Van Campen 2016.
[145] Proust 2013, 'Du côté de chez Swan', p. 46–51.
[146] Note that Fuchs counts also the traumatic memory as part of the implicit memory and therefore body memory is not only provoking positive feelings or well-being, but can generate much of the opposite. It remains upon the synaesthetic self in dementia and carers to know what kind of situations and sensory effects stimulate those negative feelings. Consequently, Researchers and therapists alike therefore distinguish between benign and malign (therapeutic) atmospheres (cf. Sonntag 2016; Fuchs 2012, Griffero 2020).
[147] Winniewski 2025a, b, 2024.

2. The Idea of a Unity of the Senses in Embodiment

In this chapter, I will present different positions on synaesthesia within phenomenology, anthropology, and psychology throughout the 20th century. I will show how they differ in their accentuations and identify the weaknesses and strengths of these diverging concepts. In the realm of embodiment, two of the most important representatives of the 20th century phenomenology movement, Husserl (as founder) and Merleau-Ponty (as disciple), are philosophers of embodiment par excellence. Both Husserl and Merleau-Ponty have shown how much perception is an embodied activity and how it interweaves with other cognitive states such as imagination, memory, and intentional action generally.[148] Contemporary phenomenological accounts by thinkers such as Shaun Gallagher, Dan Zahavi, and Thomas Fuchs, building on the foundational work of Edmund Husserl and Maurice Merleau-Ponty, emphasise the lived body and its pre-reflective dimensions of self-experience, which precede explicit memory and narrative self-attribution. Their approaches highlight our multisensory embeddedness in the world and foreground bodily perception as an existential mode of relational, intercorporeal, and synaesthetic being.

Following Merleau-Ponty, perception is understood as inherently synaesthetic–an integrated, layered mode of experiencing in which the senses are interwoven. However, this mode of perception is often 'unlearned' or suppressed, as modern thought tends to privilege either intellectualist or empiricist conceptions of perception. In doing so, it neglects a vital dimension of our lived experience, one that is deeply embodied and relational at its core.[149] Synaesthesia, conceived as a social phenomenon of bodily resonance and bodily integrity, pertains to a broad definition addressing a variety of synaesthetic perceptions and thereby accounts for the fact that each of our senses is modularised and likewise connected to the other senses.[150] Hence, synaesthetic responsivity can be considered as a complementary and diverse way of meaning-making.

From a phenomenological and psychological point of view, sensory intermodal experiences were dealt with as early as 1910 by Wilhelm Schapp in *Contributions to the Phenomenology of Perception* and then in 1925 by David Katz in *The Structure of the Tactile World*. The same problem was later addressed by Paul Schilder in *The Image and the Appearance of the Human Body* (1935) and ten years later by Merleau-Ponty in the *Phenomenology of Perception* (1945). These phenomenologists argue that the body opens up to the world with the totality of its

[148] cf. Jensen and Moran 2013.
[149] cf. Merleau-Ponty 2012.
[150] Among proponents of this wider definition are Maurice Merleau-Ponty, Erwin Straus, Shaun Gallagher, Bernhard Waldenfels and Thomas Fuchs. To disentangle the debate between a narrow definition of synaesthesia pertaining to only 3 % of the population and general crossmodal associations, see Deroy (2017).

sensory modalities. Transpositions between the various fields of sense are in fact constant bodily occurrences.[151] Only a 'synaesthetically' structured body is able to perceive an object through different senses simultaneously and thus different sensory aspects of one and the same object. This is because, according to the phenomenologists, synaesthetic mediation is too immediate to be produced by a subsequent performance of thought, so to speak, mentally-associative, hence none of this is merely 'added'. Instead, we are emersed and connected to our material and personal environment. As Schapp (1910) vividly describes, we hear something of the materiality of the iron itself, its heaviness and consistency, in the rattling of the iron bars in a loaded truck driving past us. Imagine, you ride your bike over cobblestone. You do not only control your balance, using your proprioceptive and kinaesthetic senses while pedalling forward but you are simultaneously either severely shakenor gently moved, depending on the suspensions of your bike and the speed you take. This act of navigating your environment safely is multisensory in nature. In other words, perceptual unification of the sensory world takes place on a bodily level, below thinking and in the direct communication of the bodily sensory modalities with one another. Yet, synaesthesia is a threshold phenomenon that cannot merely be attributed to the sensorial or pre-reflective domain as it involves previous experience we have made with our senses, mind and environment. Perception is thus an entangled and overlapping process that spans different kinds of impressions we encounter throughout our life.

In an anthropological framework, particularly from the 1920s onward, synaesthesia - as part of its anthropologization - was actively integrated into holistic concepts of perception within psychology, philosophy, and phenomenology. By incorporating synaesthesia, key figures in these intellectual movements–Ludwig Klages, Helmuth Plessner, Ernst Cassirer, Erwin Straus and Maurice Merleau-Ponty–established a conceptual framework in which perception, communication, and knowledge were fundamentally embodied. On the other hand, psychologists like Heinz Werner, David Katz, and gestalt psychologists like Kurt Koffka, Max Wertheimer et al conducted experiments on the structure and integration of multisensory perception.

In this section, I aim to reveal how philosophy and psychology influenced each other and established a dialogue as I have indicated in the introduction. As an example, we can take the references which Merleau-Ponty and Cassirer made towards Heinz Werner or Kurt Goldstein.[152] If the lived and living body (or in Merleau-Pontyian terms the *phenomenal* and *objective body*) emerged as the crucial interface and mediator between interior and exterior

[151] See law of transposition in Werner (1930).

[152] Merleau-Ponty cites Werner and Goldstein. Goldstein, *Über die Abhängigkeit der Bewegungen von optischen Vorgängen*, Monatschrift für Psychiatrie und Neurologie, Festschrift Liepmann, 1923. – *Zeigen und Greifen*, Nervenarzt, 1931.

realms, between the human and the world, and between nature and culture, then synaesthesia signified an 'original' unity of the senses within bodily experience.

Considering the psychological framework, particularly significant for the philosophical discourse was the work of psychologist Heinz Werner, who systematically incorporated synaesthesia into developmental psychology. In *Einführung in die Entwicklungspsychologie (1926)* Heinz Werner conceptualized synaesthesia as a central component of human development, employing it to formulate an organismic theory of perception.[153] He argued that 'the spheres of sight, taste, smell, etc. [...] on primitive mental levels a much closer community', which suggests 'that in primitive people these synaesthesias play a greater role than in the culturally developed human being'[154]. The presence of such correspondences in all cultures, according to Werner, confirmed his thesis of a general synaesthetic basis of perception, which had disappeared in the objective-factual perception of industrialised man.[155] Accordingly, the psychologist's view:

> 'Synaesthesia is [...] by no means a merely strange, curious way of perceiving, but is central to the problem of the development of perception in general. [...] because it can be shown that synaesthesia is closely related to the basic character of the original mode of perception, [...] as well as to the rootedness of perception in primary layers – even in the elevated human being, insofar as he experiences synaesthetically'[156]

In a generalist manual on psychology, we can find further hints on what 'synaesthetes' and 'non-synaesthetes' might share when Werner reports that the discovery of a surprisingly large number of intermodal qualities suggests that the perhaps most general condition for the emergence of both universal and individual synaesthetic couplings consists in the commonality of properties that are more or less attributed to all senses.[157]

> 'The more we immerse ourselves in the vitality of life, the closer the sensory areas come to each other, and the more the unity of the senses and the transposability of content into different sensory spheres become apparent. One can see how much the question of the unity of the senses is a genetic problem, how much the conception of a sensory area as an independent part in one case and as a functional area merged with other senses in another case depends on the level of the layer of merged functional areas in which the experience takes place'[158]

[153] Werner, H. 1926. *Einführung in die Entwicklungspsychologie*, Developmental psychology emerged in the 1920s and 1930s as an independent sub-discipline of psychology, which compared ethnological findings with child development and used this to draft pedagogical concepts and a cultural history. Cf. Dann (1998), p.96.
[154] Werner 1926, p.62.
[155] In his argumentation, Werner relied mainly on ethnological studies and explained synaesthesias of primitive people in Egypt, Babylonia, China or Mexico.
[156] Werner 1926, p.67, my transl.
[157] cf. Werner 1966, p.296.
[158] Werner 1930, p.154, my transl.

In turn, Werner's interpretation of synaesthesia was particularly significant for the epistemological and ontological questions of phenomenology. Ernst Cassirer, together with Heinz Werner and the Frankfurt neurologist Kurt Goldstein, developed the synaesthetic as a general character of perceptual consciousness and integrated it into his *Phenomenology of Knowledge*, the third volume of his *Philosophy of Symbolic Forms* in 1929. Cassirer distinguished between a perception of a thing, in which, for example, colour can be seen as a property of an object, and a preceding expressive perception of a colour as warm or cold would emerge. Understood as a pre-reflective and pre-cognitive phenomenon then, the synaesthetic constitutes the emotional and subjective dimension at an early level of consciousness, as Cassirer frames it:

> 'In all these worlds, the spheres of visual and auditory sensations, of smell and taste, show a far closer involvement than in our perception with its tendency to isolate the 'qualities' of things. However, this interrelation is by no means limited to the primitive consciousness, but is retained far beyond it. Even in highly developed consciousness, phenomena of so called 'synesthesia' – for example, of colored tones, numbers, and smells, or words – are by no means mere anomalies but reveal a fundamental behaviour and character of the perceptive consciousness.'[159]

Given this state, there is neither a discernible separation of the senses nor a distinction between the sensual existence of a phenomenon and its meaning. However, through a fundamental semiotic process, it can be focused as the perception of an object, thereby attributing meaning to it. Cassirer referred to this process as 'symbolic pregnancy' (originally: symbolische Prägnanz), which in turn leads to 'symbolic forms'.[160] Meaning is thus created by attributing a meaning to the sensual, and is thus the embodiment of the sensual, which in principle can have more than one meaning. For Cassirer, the synaesthetic aspect of the corporeal-sensual perception of expression significantly influenced the process of generating meaning. In this way, Cassirer described the relationship between body and mind, the sensual and meaning, as a symbolic one that could be understood neither causally nor as a relationship between things.[161] Interestingly, Kurt Goldstein, a cousin of Ernst Cassirer and one of the founders of a neuropsychology, actually considered it a mistake to speak of synaesthesia at all due to it presupposing a starting point in which the senses are separate and experiences are objectified.[162] Similarly, Helmuth Plessner contrasted synaesthesia with an idealistic conception of the mind that had forgotten the senses. In *Die Einheit der Sinne: Grundlinien einer Ästhesiologie des Geistes* (1923), he understood, with reference to Gestalt psychologist

[159] Cassirer cit. in Krois 2007, p.157.
[160] Cassirer 1910.
[161] Gruß 2017, p.171.
[162] Goldstein 1928, pp.116ff.

Erich Moritz von Hornborstel's research on the intermodality of the senses, that the fusion of the senses inherent in synaesthesia must be contrasted with a passive unity, to which a positive unity (based on the achievements of the senses in human culture) must be contrasted.[163] For in the various dimensions of culture, specific assignments between the senses arise that each constitute meaning, such as the eye-hand field in science or hearing, sight and expressive movements of the body in language. In this context, the body played a special role in Plessner's philosophy, which he tried to grasp with the concept of 'eccentric positionality'[164] This describes a threefold positionality of the human being: if he is an organic body and a body, he simultaneously experiences being outside of himself as his own experience beyond the boundaries of the body. Both levels, in turn, are connected in the knowledge of the double existence of being simultaneously inside and outside the body.

Being-in-the-body as a body in absolute time and space and having-a-body in a relative frame of reference of time and space would, in their dialectical simultaneity, constitute the mind, which brings the external and internal world together in a shared world.[165] As a passive unity of the senses in the body, the synaesthetic is transformed in this way via the threefold positionality as the basis of human culture in all its forms of appearance, whereby specific sensory combinations become effective in each case.

In the next sections I will address arguments and reasons revealing why it is worthwhile to have a closer look on the connections between phenomenology and synaesthesia. This will help to frame synaesthetic perception within an embodied lifeworld approach and to uncover its implied potential resources.[166] Both Plessner and Merleau-Ponty employ synaesthesia to challenge an idealistic conception of the mind that marginalizes sensory experience, thereby reaffirming the foundational role of perception in aesthetics. For Merleau-Ponty, synaesthesia functions as a methodological framework that reveals the bodily synthesis underlying aesthetic experience. This synthesis, he argues, is grounded in the unity of the senses rather than in discursive, conceptual thought. Synaesthesia thus serves as evidence of a distinctive form of bodily integration and a concealed interplay between sensory modalities. Plessner, in contrast, develops an anthropological perspective on sensory experience, examining the role of the senses in shaping human culture. His approach emphasizes both the unity and the modal diversity of sensory perception. Similarly, Ernst Cassirer engages with synaesthesia, asserting that it reveals a fundamental characteristic of perceptual consciousness.

[163] Paetzold 2003, p.856.
[164] Plessner 1928, 1982, p.10f.
[165] Plessner 1982, p.14
[166] cf. Flakne 2022, Rodemeyer 2023, Grohmann 2019, Fuchs 2012, Gallagher 1986.

2.1 The Affective and Intersubjective Foundation of Consciousness

Husserl's *genetic phenomenology*, as outlined in his *Cartesian Meditations* (Husserl 1982), begins with a transcendental theory of subjectivity that explores how things appear to human consciousness. Through the process of *phenomenological epoché*, that is, a methodological "bracketing" of assumptions about the external world to investigate the structures of experience, Husserl reduces the foundations of philosophy to the transcendental and Cartesian *"I think, therefore I am"* as the sole evident basis for knowledge.[167] From this starting point, he reconstructs how the world appears to the transcendental ego, concluding that things only appear to consciousness through bodily impressions.[168] This implies that the transcendental ego cannot be conceived without embodiment.[169]

The body thus emerges as the *medium* through which consciousness engages with the world. Our body is the foundation for all interaction and sense-making; it is through our bodily organs and movements that we see, hear, touch, and act.[170] Husserl distinguishes between the body as lived and experienced from the first-person perspective (*Leib*, "lived body") and the body as observed from an external or scientific standpoint (*Körper*, "physical body"). The *Leib* is central to his analyses of self-awareness, intersubjectivity, and perception. Through its *kinaesthetic* (movement-based) structures, the lived body shapes how subjects can come into perceptual contact with objects, framing the *horizons* (*Horizonte) as* implicit background or field of possible experiences through which any perception gains meaning and in which things are given.

To overcome the Cartesian dualism between *res extensa* (extended matter) and *res cogitans* (thinking substance), Husserl rejects the notion of the ego as a purely mental substance. Instead, the ego is inherently embodied and embedded in lived experience. Experience always has both passive and active dimensions, which are interwoven; the unity of the self arises immanently from this dynamic interplay rather than being imposed from outside. Although Husserl often speaks of the "pure I" (*reines Ich*), he already anticipates a move toward a more relational and embodied notion of selfhood which is described as the *pre-reflective self* by later thinkers. As Gallagher and Zahavi (2020) observe,

> 'We should not think of the self, in this most basic sense, as a substance, or as some kind of ineffable transcendental precondition, or as a social construct that gets generated

[167] Husserl 1982, p.7–26.
[168] ibid., p.27.
[169] ibid., pp.96–99.
[170] cf. Merleau-Ponty 2002, p.167; Waldenfels 2000, p.293.

> through time; rather it is an integral part of conscious life, with an immediate experiential character.'[171]

It is worth noting that various conceptions of the minimal or core self, along with pre-reflective self-awareness, not only occupy a central place in contemporary phenomenology, but also hold significant positions within the philosophy of mind, neuroscience, and psychopathology.[172] From the standpoint of *genetic phenomenology*, which explores how meaning and sense develop over time within experience, it becomes clear that the unity of an object is created by the body itself, which passively functions as a unifying instance for perception. The body synthesizes sensory input in three interrelated ways.

First, it unifies experiences as they flow, stabilizing perception through bodily continuity. Second, it shapes *fields of meaning* (*Sinnfelder*) by determining the sensory and motor "direction" of sense; the *hyletic data* (raw sensory material) receive a *morphé* (form) through bodily mediation, so that what is perceived is already organized before any active judgment by the "I can". Gallagher (1986), however, rejects the notion of independent "hyletic data," developing instead a Merleau-Pontyan account of perception grounded in the lived body. Zahavi (2003) counters that Husserl had already integrated embodiment into his transcendental phenomenology, showing that later interpretations deepen, rather than overturn, Husserl's project.

Third, the body mediates between different sensory domains. Appearances in one modality (e.g., sight) evoke anticipations in others (e.g., touch or sound), allowing a cross-sensory synthesis. D'Angelo (2020) identifies this as a *synaesthetic* structure of perception: each sense implies others in a dynamic interplay. Thus, bodily "matching" between modalities is the precondition for the unity of perception itself.

The experience of encountering another person necessarily involves their embodiment. Empathy, in Husserl's sense, depends upon the recognition of the other's *Leib*, which allows one to perceive both similarity and difference between self and other. Without embodiment, such constitutive empathy could not arise. In this light, the *phenomenological epoché* may be extended toward what can be called a pathic epoché (from the Greek *pathos*, meaning "to suffer" or "to be affected"), which suspends not only theoretical assumptions but also habitual cognitive grasp and interpretative control, allowing the affective and receptive dimensions of experience to come to the fore.[173] Whereas Husserl's reduction sought the conditions of possibility for objective knowledge, the pathic epoché draws attention to our fundamental

[171] Gallagher and Zahavi 2015.
[172] Gallagher 2000; Zahavi 2005; Parnas & Zahavi 2002; Fuchs 2017.
[173] See Iubei (2024). Similar concepts area the 'pathic response' by Waldenfels (2006) and 'pathic attunement' by Fuchs (2014).

being-affected, that is, our bodily openness and sensitivity to the world revealing perception as a relational and responsive event rather than a purely mental act.

A *pathic epoché* frames perception as pathically grounded, as being touched *by* the world rather than grasping it. Above, it resonates with the idea of affective synaesthesia, where perception and feeling intertwine and contrasts sharply with sensory deprivation as the pathic epoché presupposes that we can be touched: physically, emotionally, and existentially.
Having so far discussed the unifying act of consciousness, along with its ethical and intersubjective dimensions, we can now turn to Husserl's conception of kinaesthetic and synaesthetic perception in both phenomenological and ethical terms.

2.1.1 The lived body as foundational of the kinaesthetic and synaesthetic unity

From the 1907 lecture course *Thing and Space*, Husserl claims that perception includes a self-reference that contains kinaesthetic information about my bodily situation that registers self-consciously in the form of the 'I can' against a certain background or horizon of possibilties. Husserl's fundamental insight is that the implicit self-awareness of the actual and possible movement of my body contributes to shaping perceptual experience by generating expectations, which will then be fulfilled or unfulfilled within experience. For perception gains its normative character within this horizonal structure, as it is only in relation to these met or unmet expectations that perceptual content can be judged as accurate or inaccurate, correct or incorrect, better or worse, adequate or optimal. Whereas Husserl uses the term 'kinaesthesis' to refer exclusively to the *sensations* of one's own bodily *movement* (direction, speed, rhythm, etc.), proprioception registers our own self-movement by collecting 'information from kinetic, muscular, articular, and cutaneous sources' and the contributions of our 'vestibular and equilibrial functions'.[174]

Our proprioceptive system thus *includes* kinaesthetic sensations but is not limited to them. An everyday example will illustrate what our pre-reflective bodily self-awareness consists of and why a distinction between proprioceptive information (PI) and proprioceptive awareness (PA), as proposed by Gallagher (2005) seems useful: when I am walking through a crowded room, I don't consciously focus on every step I take or the precise movement of my legs and feet. I might be aware of the direction I'm heading and the people around me, but I don't need to consciously track the exact position of my feet or how my body is balancing itself. My body's movements are automatic and efficient, guided by an implicit sense of coordination, without requiring detailed awareness of each individual movement. Gallagher's criticism on and redefinition of hyletic experience as bodily experience, that goes beyond mere consciousness

[174] Gallagher 2005, p.45.

shows that, it is rather a bodily experience that conditions the conscious and unconscious experience of the meaningful world. Gallagher (1986) explains:

> 'Hyletic experience is experience lived by the body; it is the body's non-conscious experience of itself and its environment. The accounts provided by Husserl and his critics misconstrue hyletic experience precisely because they try to locate it within consciousness. Hyletic experience cannot be reduced to either material data for noetic interpretation or objective qualities of the intentional object.'[175]

Stressing an enactive perspective in which the lived body is the zero point and the mediator between different realities of meaning manifesting itself in the relation between the creation of meaning and the world through action, Gallagher has underlined the implicit organisation of the body schema allowing for a kinaesthic and synaesthetic organisation of experiences. He puts this succinctly to the point:

> 'Noetic apprehension is no longer needed as organizer of the perceptual field. Kinaesthetic organization operating through the body schema now provides for the organized unity of the synaesthetic field. The visual field, the tactile field, etc., do not become united noetically or consciously; they are already united for consciousness by the lived body, i.e., they have precisely the hyletic unity that Husserl had earlier denied to them. Moreover, it is the lived body in its holistic performance, rather than any conscious apprehension, that gives meaning to various kinaesthetic situations. If one can still speak of a hylomorphic schema, the morphe must now be understood as the Gestalt or organization that is bestowed on the world through the body's hyletic experience. Thus consciousness finds itself already surrounded by a meaningful world, one that is organized by the lived body.'[176]

Gallagher takes up Merleau-Ponty's concept of body schema to explain the implicitedness of the integration between action and perception which should not be understood as a process to form conscious unity in the sense that it adds up a sum of both but that these processes are intricately interlinked and entangled.

> 'Kinaesthetic organization operating through the body schema now provides for the organized unity of the synaesthetic field. The visual field, the tactile field, etc., do not become united noetically or consciously; they are already united for consciousness by the lived body […]. Thus consciousness finds itself already surrounded by a meaningful world, one that is organized by the lived body.'[177]

While action and perception are accompanied by pre-reflective bodily self-awareness, not all relevant mechanisms enter conscious awareness. We don't need to consciously monitor bodily processes like posture or position for them to influence our perception. Proprioception, although

[175] ibid. 1986, p.161f.
[176] ibid, p.154.
[177] ibid. I agree with Gallagher's view that there is no isolated datum. He argues that 'primarily, before any reflection, there is always a field or *Gestalt,* and the field is always a synaesthetic one' (Gallagher 1986, p.141). To signify this unitary and synaesthetic field, he proposes the term 'hyletic experience' rather than 'hyletic data' or 'sensations' as opposed to Husserl's concept of hyletic perception.

largely non-conscious, is crucial for perception, as it helps us understand our relationship to the world and modulate our actions. This pre-reflective awareness allows us to adapt our movements and perceptions to optimize our experiences. Merleau-Ponty emphasizes that our body schema connects us to the world, enabling us to respond to affordances, adjust our posture, and feel a 'tension' toward the optimal perception of our surroundings. Thanks to the bodily capacities that make up our body schema, we remain intentionally connected to the world around us: 'I experience my body as the power for certain behaviours and for a certain world, and I am only given to myself as a certain hold upon the world'.[178] As perception unfolds, bodily postures and positions are constantly regulated and adjusted, and this integration allows the perceptual agent to respond appropriately to the affordances in the surrounding world. I can adapt my perceptual agency based on the information the perceptual field provides. This adaptive capacity shows up in everyday actions, such as when we adjust our position in bed to improve comfort or when we shift our body during a concert without seating to find a better view of the stage. In these situations, we feel a 'tension'.[179] toward the norm or optimum that Merleau-Ponty describes–we literally feel it in our bodies. It encompasses the conditions for the success of one's perceptual experience. What Merleau-Ponty refers to as a *'privileged perception*' or the 'point of maturity of perception' is something we bodily experience when the perceptual meaning aligns with what was expected or anticipated.[180] Merleau-Ponty articulates this idea as follows:

> 'My body is geared into the world when my perception provides me with the most varied and the most clearly articulated spectacle possible, and when my motor intentions, as they unfold, receive the responses they anticipate from the world. This maximum of clarity in perception and action specifies a perceptual ground, a background for my life, a general milieu for the coexistence of my body and the world'.[181]

The human ability to position one's body in space according to certain acoustic, speech-like signals indicates kinaesthetic concepts that are co-activated in the cognitive system by such signals. Such kinaesthetic concepts are then, one can assume, available to the person for a controlled physical movement. Attention is directed towards these concepts by the request to take up appropriate physical positions in response to certain acoustic signals. The assumption that a specific kinaesthetic concept is activated by specific articulated sounds, which is then converted into a physical movement or positioning in a controlled manner and thus quasi 'realised', would fulfil the criterion of synaesthesia, which is to arise involuntarily. We could

[178] Merleau-Ponty 2012, p.370.
[179] ibid., pp.315-316.
[180] ibid.
[181] ibid., p.261.

then speak of an audiomotor variant of synaesthesia that presents kinaesthesia as synaesthesia.[182] While the kinaesthetic concept is triggered reflexively by a key stimulus, the physical realisation of this concept is subject to more or less conscious control. The more the synaesthetically perceiving person surrenders to the reproduction of the synaesthetically triggered kinaesthetic concept, the more concentrated he will pursue or 'feel' this concept, similar to the way in which the genuine colour listener must consciously turn to the synaesthetic percept in order to observe and represent it artistically. But they can also, where the (conversational) situation demands it – and this will probably be the case in everyday situations, because otherwise the sound of a running conversation would have to be constantly translated into dance – devote his attention to the implementation of the kinaesthetic concepts triggered synaesthetically by word sounds and focus his attention on a socially mediated level of content in this sense. It follows that this particular form of synaesthesia as a sound-kinaesthesia synaesthesia once again illustrates the criterion of the constancy of associations as one of the definitions of synaesthesia. For here, too, it seems quite conceivable that a non-synaesthete might be able to associate certain word sounds with certain positions of the body on the basis of intermodal analogies and to execute them. In this way, the ability to spontaneously visualise a sound event in the form of adopting selected positions of the physical body in space can also be understood as an aspect of a general creative ability of the cognitive system. It is also conceivable that the synaesthetically perceiving person allows the kinaesthetic concepts triggered by the sounds of words to flow imperceptibly into the gestural movements of his body and, in conversation, to implement them in a quasi 'minimalist' way as a general expression of the body.[183] We can thus conclude that haptic imagery is able to provoke synaesthetic responses from visual sense data that emerge from the 'chiasm' between sense modalities. This kind of audiomotor form of synaesthetic perception is explored in different research projects and concepts. For instance, the 'haptic aurality' in soundscape composition, introduced by North (2024), develops an aesthetic and perceptual model derived from visual art theory, media studies and phenomenology that extends the haptic beyond its common association to vibroacoustic phenomena in the sonic art.[184]

Another example of how kinaesthesia and synaesthesia might intermingle is referred to by Domingues et al. (2014) in an enactive-affective based research using *Bioart* and *Biomedical Engineering*. In exploring how body actions, gestures, and movements in rituals like Candomblé and Brazilian Carnival are connected to kinesthetic and synaesthetic experiences, they measured electrical signals and body patterns during rituals in a virtual setting to better

[182] Wohler 2010, p.171.
[183] cf. Wohler 2010, p.172f.
[184] North K. (2024) 'The Haptic in Soundscape Composition. *Organised Sound*.';29(3):292-302.

understand the body's behaviour and responses in ecstatic states in dance.[185] This example hints at the fact that our perception is multisensory and synaesthetic since cross-modal associations are primordially affective. In chapter 8, I will further address the connection between affective modes of being, atmospheres, and architecture, given that in this nexus our situated and related existence becomes most evident in a commonsensical way.

Given the above examples put in a broader context, we can see that the structures of consciousness are not to be merely attributed to a phenomenology of association but rather to a phenomenology of action, perception, and affection. Indeed, a phenomenology of affection is necessarily prior to a phenomenology of association.[186] The displays that are determined by affection open the space for association, which of course has a similar structure, but without the transcendental character that belongs to display as affection. In fact, *association* is based on laws *(contiguity, similarity, and contrast)* that can only be meaningful if they are embedded in a context of action, which must therefore be primary. The possibility of such a context is again granted by the fact that the individual affections do not stand for themselves, but always occur in a horizon context and point to further possibilities of experience. Just as in the chapter on *Ideas II*, the primacy of the horizon structure over association was emphasized, so here the opening of a space of movement and possibility through the content-empty and definite indications -as simple strivings for something - is a condition for two phenomena to be associated. Through the *laws of association*, the content of what is only associated but not itself present is determined. But that something can associate at all - that goes back to indications, which affect the consciousness and stimulate the body to do something.

2.1.2 Potentials and Limitations of Synaesthesia within a Husserlian Approach

Exploring synaesthesia in the context of phenomenology, particularly through a Husserlian lens, raises questions about shared sensory experiences. While synaesthesia specifically involves sensory perception and meaning–often characterized by associations unique to individuals– I argue that its study can contribute to a phenomenology of engaged bodies as well as an engaged phenomenology.[187] Whether Husserlian structures are capable of accommodating synaesthetic experiences and ideally contribute insights to both synaesthesia and phenomenology it is, following Rodemeyer (2022), crucial to remain 'sensitive to different types of experience,' allowing for a 'fair representation of synaesthetic and non-synaesthetic

[185] Domingues, D. et al. (2014) 'Embodiments, Visualizations, and Immersion with Enactive Affective Systems.' Edited by Margaret Dolinsky and Ian E. McDowall. *The Engineering Reality of Virtual Reality*. By using enactive systems within a virtual "CAVE" environment, they analyse synchronized physiological signals, such as ECG, respiratory flow, galvanic skin response, plantar pressures, and pulse, to provide immediate feedback based on participants' actions.
[186] cf. D'Angelo (2019) or Kozyreva (2017).
[187] For an introduction to the idea of an engaged phenomenology, see Stanier (2022) and chapters 10 and 12.

experiences' (ibid., p.42). This open stance could reveal both the potentials and the limitations of a Husserlian approach as he emphasized the separation of distinct sensory fields, making a distinction between internal and external sensory heterogeneity (e.g., contrasting visual data such as red and white patches vs. auditory data like bright or dark noise). Husserl writes:

> 'To be sure, in every contrast there also remains something on the order of affinity and blending; the red patches and the white surface are originally related to each other as visual data. And this homogeneity is different from the heterogeneity of data of another kind, e.g., acoustical data'[188]

This division poses a challenge to the inclusion of synaesthetic experience, but it can still be explored through affectivity and association, as Rodemeyer (2023) points out. Husserl's idea of primordial association–the basic connection between differing sensory experiences occurring together–seems to allow for heterogeneous associations, especially when they appear contemporaneously. In *The Living Present*, Husserl describes how different sensory fields are unified:

> 'Viewed as a whole, the [living present] is an affective unity, has accordingly a unitary vivacity into which all special affections that belong to the affective unity are integrated as moments, as moments that are unified synthetically within it.'[189]

Thus, despite Husserl's emphasis on sensory distinctions, the notion of a 'living present' indicates that different sensory experiences are integrated into a cohesive whole. Here, Rodemeyer's analysis overlaps with Flakne's interpretation of the Aristotelian concept of sunaisthesis, focusing on the ethical dimensions of intersubjective lifeworlds. While synaesthetic experiences are unique to individuals and only partially shareable, they can contribute to ideas of 'relational autonomy' and 'collective intentionality.' This raises the broader question, namely, how are experiences in an intersubjective lifeworld constituted, and what are the inherent challenges?

Even though Husserl's analyses often stem from an individual perspective, especially after a phenomenological reduction, he acknowledges that our logical, conceptual, and scientific judgments are grounded in perceptual experiences we share with others. Despite concerns about solipsism, Husserl posits that predicative self-evidence resides in shared experiences communicated through education, tradition, and cultural exchange. He asserts:

> 'The world is never given to us as other than the world in which we or others, whose store of experience we take over by communication, education, and tradition, have already been logically active, in judgment and cognition.'[190]

[188] Husserl 1973, p.74.
[189] ibid. 2001, p.216.
[190] ibid., p.42.

For Husserl, intersubjectivity is fundamental: subjectivity realizes its full relation to itself and to the world only through its interaction with others. The self gains access to both itself and the world within intersubjectivity, which exists and develops through the reciprocal relations between subjects who are always already oriented toward a shared, public field of experience – a *common world*. The very possibility of sociality thus presupposes intersubjectivity, which can only be achieved through the body. As the *Nullpunkt* (zero point), the body serves as the anchor of perception and orientation in the world (Husserl 1989). Everything is perceived and experienced in relation to the lived body (*Leib*), which localizes kinaesthetic, tactile, and proprioceptive sensations. Self-understanding arises through the other's perception of one's body (), situating the body as the foundational link of intersubjectivity.[191] The body, then, is not only what enables encounters with the other but also the very condition of *open intersubjectivity*, that is, the possibility of encounter itself.

Diversity in an Intersubjective Lifeworld

Husserl's phenomenology recognizes that experiences, while originating from a shared world, are never identical across individuals. Perception is dynamic, influenced by temporal and cultural shifts. This raises the question: how do we account for conflicting interpretations? Synaesthetic experiences, following Rodemeyer (2022), can be understood through primordial association according to Husserl and they could be described adequately through affectivity and association.[192] The synaesthetic experience, then, is an experience with primordial associations beyond affinity; as it includes primordial associations through *heterogeneity*. Husserl allows for heterogeneous association, especially when things appear contemporaneously. Husserl is describing the living present as its own unity, one that connects all of the unities -such as visual and auditory experiences that are happening at that same time - within it. Primordial association, then, includes the basic connection between sensory experiences from differing sense fields that occur together.

Similarly, to Flakne's concept of the Aristotelian sunaisthesis, Rodemeyer, when referring to synaesthetic experiences in the intersubjective lifeworld, emphasizes the ethical dimension within synaesthesia. Even if one's lifeworld experience is unique in that sense that this individual and situated experience is only shareable to a certain extent with others, we can assume that synaesthesia adds a new dimension to 'relational autonomy' and 'collective intentionality'.[193] The question then is: how is experience in an intersubjective lifeworld constituted and what might be problematic about it?

[191] Zahavi 2003, pp. 104–105.
[192] Rodemeyer 2023, p.45-46.
[193] ibid., p.46.

Furthermore, we can identify two different levels from which the conflicting meanings can be looked at and which have different implications for the overall experience of a thing, practice, or situation.

On the *individual level*, when I have conflicting experiences, I would examine the object, situation, or meaning further; I would perhaps study it in detail to find out more about its properties and functional meaning in order to understand and overcome the conflicting evidence. Occasionally, I become aware that my initial perception was misleading, and there was no conflict as initially thought. In other instances, I find connecting moments or a way to make sense of conflicting aspects related to the object. Furthermore, there are cases where I realize that I was actually dealing with two distinct objects, situations, or meanings rather than a single entity. In other words, I am able to sort my confusions here. In dementia, however, I may not have these rational and analytical tools fully at hand anymore which makes it challenging for me to overcome conflicting information and experience in communication. On the *intersubjective level* then, we can carry out the same process, but this time with more individual experiences and with the mediation of communication between those who are studying the object. We learn not only about our different perspectives, but also about the objects we share–or the objects that we thought we shared. In either case, we find that our experiences are 'adequate' rather than 'apodictic' since we can always gain more experiences that challenge the conclusions we have already drawn.[194]

Rodemeyer (2023) proposes a dual approach to diversity within intersubjective lifeworlds that is characterised by aspects of *commonality* and *autonomy* alike: While synaesthesia is often considered unique, elements of sensory crossover exist universally. Examples include the warmth felt near a fire, the reflexive wincing at the sight of pain, or synaesthetic metaphors in language (e.g., 'bright' music, 'sweet' smiles). Synaesthetic experiences differ significantly, such as perceiving letters as coloured or associating emotions with days of the week. These experiences may enrich perception but can also be disruptive. Studies show that synaesthetic tendencies can even be induced in non-synaesthetes, reinforcing that relational experiences are part of a shared lifeworld.[195] However, when understood in a broad sense, synaesthetic experiences are not exclusive to synaesthetes, as Rodemeyer puts it:

> 'We all share the tendency for "cross talk" between the different parts of our brain, or in phenomenological terms, for meaningful intersections across the senses. And even more impressive is the fact that synaesthetic experiences can be induced in nonsynaesthetes–whether in stronger or weaker ways–through training, psychedelic drugs, hypnosis, sensory deprivation, and brain injury […]. This demonstrates that we are all open in a very fundamental way–whether understood through physiology

[194] ibid.
[195] cf. Schwartzman et al. 2019; Curwen et al. 2023.

> or phenomenological structures–to synaesthetic experience. We are all starting on the same page, even if we eventually end up disagreeing.'[196]

Consequently, synaesthetic experiences provide valuable insights into phenomenological structures and intersubjective relations. To navigate commonalities and autonomy, Rodemeyer (2023) argues for a conjunctivist–not binary–approach to commonality and diversity. While synaesthetic experiences may differ, they exist within a shared phenomenological framework.

We can conclude that Husserl's notion of the lifeworld ensures that differences are not unbridgeable but rather contribute to mutual understanding. Synaesthetes and non-synaesthetes together can make claims about numbers and their calculations, for example, or about the audio perception of sounds, about conceptual meanings, etc. In general, the conclusions will be agreed upon; some might even be recognized as universal (1+1=2, for example). Our ability to express our experiences through language adds to this foundation of a shared lifeworld–even if we use that language to strongly disagree with one another. Simply put, in many ways, from overlapping synaesthetic tendencies to a core sense of the lifeworld, we share a mutual ground from which we can explore our differences. Rodemeyer (2023) affirms this by stating that we are 'relational'– always–even while expressing our 'autonomy' (ibid., p.48). As mentioned before, Husserl's concept of the lifeworld supports the idea that differences among individuals are not unbridgeable, and shared experiences–whether synaesthetic or not–form the ground from which our diverse perspectives emerge. Conversely, autonomy highlights the distinctions that make synaesthetic experiences unique.

Synaesthetes perceive the world differently–perhaps seeing the letter 'A' as red or experiencing days of the week with emotional qualities. These differences can enhance one's interaction with the world, but they can also be disruptive.[197] Nevertheless, these distinctive perceptions provide valuable insights into phenomenological structures and open up new ways to understand the shared world.

Diversity within the lifeworld broadens our understanding, even when experiences are not fully reciprocal. Rodemeyer (2023) uses the example of a white woman learning about the experiences of a Black person in the U.S., highlighting that while their experiences remain distinct, shared stories can deepen understanding. This dynamic applies to encountering individuals with cognitive impairments or disabilities. Similarly, synaesthetic experiences offer

[196] Schwartzman et al. 2019, p.

[197] Synaesthesia may inhibit the pop-out mechanism in visual perception because synaesthetic concurrents ─ such as colours triggered by letters ─ are subjective and not physically present in the visual array. In classic pop-out effects (e.g., a red dot among green dots), attention is captured pre-attentively by distinct physical features. However, synaesthetic colours do not produce the same effect: they neither pop out for non-synaesthetes nor reliably for synaesthetes themselves. Studies (e.g., Ward et al. 2010) show that synaesthetic colours do not guide attention like real colours, suggesting they are not processed in early visual stages or strong enough to drive bottom-up attention.

new perspectives on the world, contributing to both relational autonomy and collective intersubjectivity as demonstrated by forms of kinaesthetic empathy or mirror-touch experiences to which I will turn in chapter 3. The ways these experiences contribute to nonverbal communication and embodied therapy will be explored in chapters 9 and 10.

In conclusion, synaesthetic experiences understood in the exclusive manner, while unique, have the potential to enrich our understanding of the lifeworld, fostering a more nuanced and shared sense of reality. I would follow Rodemeyer (2023), who suggests to remain 'sensitive to different types of experience', and to allow for 'fair representation of synaesthetic and non-synaesthetic experiences' in order to understand whether Husserlian structures can accommodate synaesthetic experience to ideally speaking provide insights to synaesthesia and to phenomenology. A Husserlian approach to synaesthesia is limited insofar as he a) insisted on non- homogenous, i.e. separated or distinct sensory fields and therefore distinguishes between an internal and external sensory-immanent heterogeneity (e.g. red and white patches vs. dark or bright noise). In addition to the Aristotelian conception of sunaistheis, Gallagher's interpretation of how the synaesthetic field is constituted in Husserl's work (namely as foundational for the lived body's experience), and with Rodemeyer (2023) framing synaesthesia on the intersubjective level, my phenomenological approach beyond dualistic assumptions and exclusions with focus on the intra- and intersubjective entanglements in synaesthetic perception, affective communication, and motivated action receives its theoretical foundation. The premises laid out in this chapter serve as theoretical ground for all further analysis of concepts and practices of synaesthesia in the present study. To further elaborate on these theoretical insights, I will turn to Merleau-Ponty's philosophical programme in the following sections. As a successor to Husserl, who has worked out corporeality in its intersubjectivity in even more detail, we will now turn to Merleau-Ponty and his most important ideas on synaesthetic perception.

2.2 Synaesthesia as a Rule and as Exception

> 'My body is the fabric into which all objects are woven, and it is, at least in relation to the perceived world, the general instrument of my comprehension' (Merleau-Ponty 2012, p.273)
>
> 'My body is not only an object among all other objects, a nexus of sensible qualities among others, but an object which is *sensitive to* all the rest, which reverberates to all sounds, vibrates to all colours, and provides words with their primordial significance through the way in which it receives them' (Merleau-Ponty 2012, p.275)

2.2.1 An embodied and pre-reflective account of synaesthesia

Merleau-Ponty's philosophical thoughts – reframing philosophical questions regarding subjectivity and perception as questions regarding situated embodiment – are not only insightful and original within the philosophical and phenomenological traditions within which they are situated, but have increasing significance for a multitude of disciplines where the lived body is central, such as biomedicine, cognitive science, architecture, women's studies, gender studies, anthropology, disability studies, psychology, sociology and more.[198] Affect and emotion are intricately related to the privileged position that Merleau-Ponty granted the phenomenological body. Hinting at structural dimensions like originality, vitality, contingency and complexity, he states that the 'body cannot be compared to the physical object, but rather to the work of art'.[199] In fact, when Merleau-Ponty developed his account of the body-subject, he did so in opposition to what he named 'intellectualist' and 'empiricist' accounts and instead argued for a view where the body is a 'knot of living signification' in the sense that the body secretes meaning immanent to its own organization.[200] With its chiastic structure the body can be considered as a 'between'-concept', indicating that a body is neither strictly object nor strictly subject, but falls somewhere *between* these two poles: 'I am my body, and yet I am not: there is 'another subject beneath me which is my body'.[201] Framing the lived body as a "between"-concept preserves the understanding that the body is simultaneously the *seer* and the *seen*, the *visible* and the *invisible*, an inherent ambiguity that Merleau-Ponty elaborates and deepens in his later writings.[202]

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[198] Dolezal 2013, p.625.
[199] Merleau-Ponty 2012, p.152.
[200] cf. Roald et al. 2018.
[201] Merleau-Ponty 2012, p.93.
[202] With the notion of the flesh (VI) or the double sensation experiment of the hands touching each other the aspect of the chiastic structure are emphasized. Similarly, speaking of the phenomenal body and the object body, or 'to have a body and to be body' indicates the eccentric positionality of the human being, as analysed by Plessner (1928). These distinctions all revolve around this unescapable ambiguous character of how we are able to perceive our own bodies compared to others and the world.

For Merleau-Ponty, meaning is first and foremost affective, arising through the body's lived, experiential unity. The body is not a mere object among others but an open, responsive field of experience, always already engaged in an affective relation with the world. This privileged position of the body is exemplified in Merleau-Ponty's critique of the objectivist, empiricist account of the body of which we can find countless examples. What he criticizes is the tendency to reduce the body to an object in space, causally linked to our behaviour and consciousness through a simple stimulus-response mechanism, often showed in the sciences as for example in *behaviourism*. Already in the *Structure of Behaviour* he wrote:

> 'The constant error of empiricist and intellectualist psychologists is to reason [about the body] as if a tree branch, since, as a physical reality, it has in itself the properties of length, breadth, and rigidity which will make it usable as a rod, also possesses these characteristics as a stimulus, and so much so that their intervention in behavior would follow automatically.'[203]

This criticism is amplified in *Phenomenology of Perception*, in the passage referring to 'attention' and 'judgement', here he writes:

> 'An object is an organism of colors, odors, sounds, and tactile appearances that symbolize and modify each other, and that harmonize with each other according to a real logic – science's function is to make this logic explicit and it is far from having completed the analysis. Intellectualism falls short when it comes to this perceptual life, either by lack or by excess: it evokes, as a limit, the multiple qualities that are but the envelope of the object, and from there it passes to a consciousness of the object that would possess its law or its secret, and that as a result strips the development of experience of its contingency and the object of its perceptual style. […] We pass from an absolute objectivity to an absolute subjectivity, but this second idea is worth only as much as the first, and only finds support in contrast to the first, which is to say, through it. […] the survival of the notion of sensation in intellectualism is but a sign of this dogmatism.'[204]

To overcome this kind of dogmatism, Merleau-Ponty considers perception to be an act of synthesis of the lived body. In chapter 1 ('*Sensation" as unit of experience*') in *Phenomenology of Perception* (1945/2002) Merleau-Ponty addresses the 'sensation' as a unit of experience. Here, he refutes the sensationalist thesis that the basic unit of perceptual experience is the simple sensation of a quality. In criticizing this thesis, Merleau-Ponty examines three different conceptions of sensation – sensation as impression, as quality, and as the immediate consequence of stimulation – arguing that all three are fundamentally confused because they rest on the mistaken idea that perceptual experience can be analysed into separate qualitative

[203] Merleau-Ponty 1963, p.114.
[204] Merleau-Ponty 2012, p.41.

and intentional components. He then further advances the idea that synaesthesia is the normal, primordial condition of human perception. According to Merleau-Ponty, it is shattered only

> 'because scientific knowledge shifts the centre of gravity of experience, so that we have unlearned how to see, hear, and generally speaking, feel, in order to deduce, from our bodily organization and the world as the physicist conceives it, what we are to see, hear and feel'[205]

In order to comprehend texture, he assumes a synaesthetic correspondence between the senses that unify an embodied experience as follows:

> 'The senses intercommunicate by opening onto the structure of the thing. One sees the hardness and brittleness of glass, and when, with a tinkling sound, it breaks, this sound is conveyed by the visible glass. One sees the springiness of steel, the ductility of red-hot steel, the hardness of a plane blade, the softness of shavings. In the jerk of the twig from which a bird has just flown, we read its flexibility or elasticity, and it is thus that a branch of an apple-tree or a birch are immediately distinguishable. One sees the weight of a block of cast iron which sinks in the sand, the fluidity of water and the viscosity of syrup. In the same way, I hear the hardness and unevenness of cobbles in the rattle of a carriage, and we speak appropriately of a 'soft', 'dull' or 'sharp' sound.'[206]

These sensory associations are confirmed when, in the case of the glass, its brittleness causes it to shatter, and the sharp sound of breaking accompanies the visual experience. That texture, colour, light, and sound are interwoven into the fabric of perception – when forming a continuous synthesis of sensory modalities – is an unremarkable everyday occurrence for the sensing body. It is not just sight alone that informs us about the surface, volume, and mass of a material but it is 'sight synthesized with memories of tactual, auditory and kinaesthetic perceptions'.[207] Hence, it is a multiple relation of touch, kinaesthesia, sound and memory evoked through the body and its situatedness in space and time hat determines our perception of the material and sensational world.

Following Merleau-Ponty's understanding, synaesthesia can be regarded as the normative mode of perception. It is a fundamental, cross-modal integration through which we encounter the world as meaningful and affectively charged. This synaesthetic intertwining of the senses constitutes the most basic form of our embodied, value-laden engagement with the environment. Accordingly, such approaches treat synaesthesia as a *productive* phenomenon, one that enriches our cognitive life and underlies the texture of everyday experience. Yet, there is a problematic aspect when it comes to describe and universally share synaesthetical

[205] Merleau-Ponty 2012, p.266.
[206] ibid., pp.266–7. Merleau-Ponty takes these examples from Schapp, W. (1910/2004) *Beiträge zur Phänomenologie der Wahrnehmung*, 4th ed., p.21 f.
[207] Paterson 2007, p.94.

experiences. Within phenomenological analysis of bodily experience, the description and redescription of felt meanings, emotions, and sensations, rest on the ability to signify them, i.e. on the ability to express such experiences**.** The language of touch, smell and taste to describe scientific, psychological or philosophical phenomena seldom correlates with our actual embodied experiences. In Merleau-Ponty's view, our bodies are at once phenomenal bodies and lived bodies. It then becomes apparent that one of the bigger challenges for a phenomenology of lived, bodily experience is the question of how to dissociate touch, smell and taste as measurable, psychological or sensory phenomena from the manifold meanings and implications of touching, smelling, and tasting within everyday experiences. In many examples, Merleau-Ponty refers to the unity or integration of the senses through the body or body schema, so he finally comes to the conclusion that synaesthesia must be the rule.

> 'The vision of sounds or the hearing of colours comes about in the same way as the unity of the gaze through the two eyes, insofar as my body is not a sum of juxtaposed organs, but a synergetic system of which all of the functions are taken up and tied together in the general movement of being in the world, and insofar as it is the congealed figure of existence.'[208]

The discussion on synaesthesia brings back an old dilemma: the mind-body problem and the resulting rivalry between empiricism and intellectualism. Phenomenological methods offer rich descriptions of the manifold contents of sensory experience. Unlike other areas of philosophy which could be described as 'hostile to the senses' (i.e. degradation or mis-appreciation of their epistemological significance), phenomenology takes our sensory presentations to consciousness seriously. 'In particular, the phenomenology of perception derived through Edmund Husserl and Maurice Merleau-Ponty provides a framework and a language through which the immediacy of embodied sensations may be articulated in their presence and absence', as Paterson (2007) has remarked.[209] This immediacy of embodied sensations is mediated in a perceptual, cognitive, and affective way to us. The seemingly disparate debate on synaesthesia clearly pushes the boundaries within normative strands of perception but it also reveals commonalities between synaesthetic and normal perception.[210] In the following passage, I will clarify to which kinds or types of synaesthesia Merleau-Ponty is referring when he claims for synaesthetic perception to be normative or a rule.

A sensorimotor crossmodality account

As pointed out before, in *Phenomenology of Perception (1945)*, Merleau-Ponty considers the body as the primary personal experience before all knowledge and all science forms the starting

[208] Merleau-Ponty 2002, p.272.
[209] Paterson 2007, p.23.
[210] cf. Cohen 2017, Marks 2011, Deroy et al. 2017, Waldenfels 1999, 2002.

point of his considerations. He places particular emphasis on our pre-reflective experience that is shaped historically and culturally. If the world is given to the subject in perception, then this itself is merely a construction of the subject. Accordingly, perception denotes an integration process in which the context of the external world is first established. This is because every sensation, as an experience of a state of the self, already has meaning for the subject and already exists within a horizon of meaning.[211] Only a scientific theory of perception declares stimuli and their sensation as something objective, although they already belong to the world produced by consciousness.[212] Within the framework of this fundamental constitution of perception, Merleau- Ponty also refers to synaesthetic experiences. He interpreted the isolation of individual senses as an operation of a scientific-observational and fixating attitude that is not grounded in experience. By citing Heinz Werner, he describes the 'natural unity of the perceiving subject' as a synaesthetic 'primal layer' that 'predates the division of the senses'.[213] If the synaesthetic remains paradoxical from the perspective of an objective world, the synthetic unity of the senses, however, should be viewed as the fundamental principle of perception, from which an objectification of individual sensory experiences becomes possible. He states:

> 'There is a sense in saying that I see sounds or hear colours so long as sight or hearing is not the mere possession of an opaque *quale*, but the experience of a modality of existence, the synchronisation of my body with it, and the problem of forms of synaesthetic experience begins to look like being solved if the experience of quality is that of a certain mode of movement or of a form of conduct. When I say that I see a sound, I mean that I echo the vibration of the sound with my whole sensory being, and particularly with that sector of myself which is susceptible to colours'[214]

Experiencing therefore occurs in a holistic sensory-motor existence, from which individual acts of seeing or hearing can emerge, but which always remain anchored in the one body and refer to it and thus also to all other senses. In this respect, the synaesthetic in Merleau-Ponty not only bridged the gap between the senses, but also between the sentient subject and the objects of perception. Another important aspect was added, because, according to Merleau-Ponty, 'the foundation of the unity of the senses is movement, [...] the draft of movement or virtual movement'. This grounds his observations on *motor intentionality*:

> 'Movement, understood not as objective movement and transference in space, but as a project towards movement or 'potential movement' forms the basis for the unity of the senses.'[215]

[211] Merleau-Ponty 2012, p.18.
[212] ibid., p.35.
[213] ibid. p.182.
[214] ibid., p.272.
[215] Merleau-Ponty 2012, p.272.

This is what brings to another aspect of synaesthesia which we do share, namely the sensorimotor crossmodal perception. As we have seen, Merleau-Ponty's aim is to present a phenomenological, personal-level account of synaesthesia in its including sense, and he succeeds insofar as he is not making any restrictions to the term of synaesthesia he uses in *Phenomenology of Perception*, unlike the differentiations are made in current synaesthesia research I have been pointing out above.[216]

In the *Problem of Synaesthesia*, A. J. Abath explains why it is not synaesthesia in its narrow sense, i.e. synaesthesia proper, that Merleau-Ponty is referring to and suggests to name the phenomenon to which Merleau-Ponty is referring differently, that is, sensorimotor crossmodality.[217] For explanatory purposes, Abath maintains a distinction between synaesthesia proper and cross-modal correspondences, which is suitable for the example he is giving. He criticizes Merleau-Ponty for mixing those two notions and phenomena when he first gives a correct description of a case of synaesthesia proper, i.e. one that corresponds to subjects' reports would be 'the subject does not say only that he has the sensation both of a sound and a colour: it is the sound itself that he sees where colours are formed'.[218] These cases, for Merleau-Ponty, are ones in which we have an 'an opening on to the structure of the thing'.[219]

Consider again the earlier example of perceiving the hardness and brittleness of glass. What Merleau-Ponty suggests is that, in merely seeing a piece of glass, one can somehow *feel* its hardness and fragility which are qualities typically disclosed through touch. In such moments, vision alone seems to evoke a quasi-tactile experience: a sensory intertwining in which sight carries the sense of touch, allowing us to *see* the brittleness and resistance of the glass as if we were physically handling it. According to Merleau-Ponty, in perceptual experience, the subject might be presented not only with objects themselves, but objects as offering opportunities for action, according to Abath (2017).

The problem of different forms of synaesthetic experience begins to look like being solved if the experience of quality is that of a certain mode of movement or of a form of conduct. In being mobilized for action, or in preparation for action, our bodies are in a state of potential movement, or are involved in a project towards movement. If we assume that a 'synaesthetic perception of a letter as being green, when in fact it is black, is, for the synaesthete, phenomenologically just like the perception of a green letter'.[220] Then it would make sense

[216] Although it is not wrong to assume that he refers to synaesthesia as a concept in its wider sense, many representationalist or functionalist theorists would object and criticize this weak interpretation and lack of distinction. Indeed, Merleau-Ponty refers to cases of drug-induced synaesthesia, as have been described by Mayer-Gross (PP 2002, xxx). (this reference is unfinished, just noting in case you missed it!)
[217] Abath 2017.
[218] Merleau-Ponty 2012, p.266.
[219] ibid., p.266.
[220] Abath 2017, p.158.

from the subject's point of view, to experience a concurrent in synaesthesia proper as phenomenologically just like experiencing the real thing. The problem with Abath's phenomenological description is that it does not correspond to other sources and reports from synaesthetes in which they report to see the original black-inked 'A' (inducer) as well as the green coloured letter 'A' (concurrent) which is sometimes described as seeing the concurrent colour as kind of shade to the original letter depending on whether the subject is a projector or associator synesthete.[221]

With his controversial quote 'Synaesthetic perception is the rule[…]' Merleau-Ponty means that we are all synaesthetes, at least potentially so.[222] However, here are slight distinctions to be made, in that this claim pertains what has been termed *weak synaesthesia* (Marks 2017) or *crossmodal correspondences* (Werner 1930; Spence and Di Stefano 2023, Deroy et al. 2017). By naming it *sensorimotor crossmodality*, Abath (2017) points to an enactive interpretation and thereby manages to show that Merleau-Ponty was right to claim that synaesthesia is the rule or norm of perception. He affirms that Merleau-Ponty certainly did not intend that synaesthesia proper to be the rule but one can take Merleau-Ponty's quote as offering a normative account of synaesthetic perception in the sense of sensorimotor crossmodality.[223]

Hence, we can then affirm perception as an act of synthesis in which sensorimotor crossmodality becomes the rule. Abath, however leaves us with another puzzle to solve. By putting into question what kind of mechanisms underlie sensorimotor cross-modality, one would have to reveal how the activation of subpersonal or pre-reflective motor representations might lead to quasi-sensory experiences related to a given modality in the absence of a corresponding stimulus–for instance, how the mere imagination of moving one's fingers across a piano can evoke the felt texture of the keys or even a faint auditory impression of tones without any actual sound being produced. We can then go on asking whether such an account would be in harmony with Merleau-Ponty's account of synaesthesia. The answer to this question, according to Abath, seems to depend on whether one takes him as being averse to any concept of representations when discussing perceiving objects as offering opportunities for action. This entails whether one understands embodiment as the body's readiness to take up opportunities for action, which is a reading favoured by Dreyfus (2002) or whether one focuses solely on personal-level, phenomenological descriptions of such experiences, and therefore remains silent about the underlying mechanisms, which is a position associated with thinkers such as Romdenh-Romluc (2013). If one adopts the latter interpretation, Merleau-Ponty would be keen to emphasize that perceiving objects as offering opportunities for action - and having one's

[221] Matthen 2017.
[222] Merleau-Ponty 2012, p.266.
[223] Abath 2017, p.163.

body poised to take up these opportunities - does not require any personal-level, explicit representations. However, he would remain deliberately silent on the question of whether subpersonal representations are involved in the mechanisms underlying such experiences.[224] As Abath (2017) concludes:

> '[a]lthough I myself tend to favour the latter reading, we need not engage this debate here. I only wish to point out that there are stories available regarding the mechanisms that underlie perceiving objects as offering opportunities for action and having the body in preparation for taking up these opportunities, and these stories can in principle be developed to deal with the mechanisms that underlie sensorimotor crossmodality, opening up a new avenue of empirical research.'[225]

First, I do think that Merleau-Ponty's account of synaesthetic perception in the sense of sensorimotor crossmodalities stretches beyond any form of representationalism and so do central claims of *Phenomenology of Perception* and his later ontological concepts of the intertwined body (*intercorporeality*) as the flesh of the world. Hence, I would like to comment on Abath's objection arguing against his suspicion of silence in Merleau-Ponty regarding potential pre-reflectively underlying mechanisms. In doing so, I offer a third possible implication of Merleau-Ponty's understanding of synaesthesia, that is, sensorimotor crossmodality as being present in the implicitness of one's body memory. To explain this, I turn to the key phenomena of attention, habit, and body memory in the next section.

Let us return to Abath's explanation of sensorimotor crossmodality by taking up his example of John who is looking at the window of a vintage store spotting the glass cups that provide him with a sense of tactile impression of what their surface feels like. This is certainly mediated through the body schema, as being a collector of glasses, he is familiar with the looks and haptics of different or similar types of these glasses.[226] We assume that he has a certain expertise or routine to attend to this kind of material which becomes salient through his inter- or multisensory presentation. By observing this material in a certain attentive manner, it has been inscribed into John's body memory or motor skills how to handle it. It is not that Merleau-Ponty would want to remain silence on the aspect of subpersonal representations (unconscious, implicit) but in fact, he gives a lot of examples. When routine movements become problematic, as for instance in the case of Schneider, who shows motor inhibition and struggles with abstract or voluntary movements, which could be seen as movements that are detached from an immediate, concrete goal. For example, when asked to 'point to your nose,' he finds it difficult, but he can scratch his nose if it itches. This suggests that he has difficulty with movements that require conceptual representation rather than direct bodily engagement.

[224] ibid.
[225] ibid., p.163.
[226] For a more detailed explanation of body schema, see chapters 6.6 and 6.7.

Let's turn to another example. We might think, for instance, of a particular form of embodied memory, that is, our procedural memory which involves motor skills, as in how to ride a bike in general or as in how to ride a bike to work every day. This passively present type of body knowledge gets (re)activated when being presented with certain objects offering opportunities for action, or in other words, appeal to our potential perceptual agency (Doyon, 2024). This kind of implicit perceptual agency (Doyon 2024) has initially been described as body schema by Schilder, Merleau-Ponty (2002), and Gallagher (2005), or as bodily dis-appearance by Leder (1987), indicating that part of our bodily knowledge resides silently in the background, forming our implicit body memory.

2.2.2 Embodied Habits: Bodily Knowledge, Memory and Sedimentation

Merleau-Ponty maintains that perceived opportunities for action can elicit an agent's behaviour directly, without the mediation of mental states representing that behaviour. The agent's action is instead initiated and guided by those affordances possessing the greatest *attractive power*. This is made possible by the possession of motor skills and habits, or in other words, by our procedural body memory.[227.] Motor skills are physical abilities that range from simple actions– such as reaching to scratch one's back–to highly complex competencies, like performing a ballet routine or playing a musical instrument. These skills are acquired through repeated practice, a process by which the body gradually becomes attuned to specific movements until they can be performed with fluidity and without conscious effort–what is often described as becoming 'second nature'.

Importantly, motor skills are twofold in nature. In acquiring a motor skill, one not only learns a pattern of behaviour but also develops the perceptual capacity to recognise when and how that behaviour can be appropriately enacted. For example, in learning to play tennis, one masters specific bodily techniques such as footwork, grip, and timing. But one also learns to perceive the environment differently: a moving ball is no longer merely an object in motion, but an opportunity for a forehand or a backhand return, depending on its trajectory and speed. The environment, in this sense, becomes structured by one's embodied skill–a dynamic interplay between action and perception.[228.] On Merleau-Ponty's account, once one has acquired a motor skill, one can perceive opportunities to engage in the relevant form of behaviour, and then immediately respond to this perception by acting, without the need for any intervening mental states that represent one engaging in that activity.[229] For an optimal grip on

[227] For further distinctions of body memory, see chapter 7, and Fuchs 2012.
[228] Romdenh-Romluc 2013, p.11.
[229] Similar accounts are given by Noe (2005), Mroczko-Wasowicz (2016) argues that to omit the influence of the motor system on the structure of perceptual objects is to have an incomplete account of object perception as motor action is often required to drive the integration of sensory features into corresponding perceptual objects.

perceiving such affordances – i.e. opportunities to engage – at least two conditions should be fulfilled. First, the lived body needs to be in the prepared or anticipating state of perceiving these opportunities, that is, one needs to be prepared on certain bodily levels to attend to these opportunities. This includes not only a state of balance of relative relaxation but also for instance to be in a state to access one's own habitual resources and consequently one's implicit memory structures. We shall see now; what these implicit memory structures consist of.

Memory encompasses not only our explicit recollections of the past but also the acquired dispositions, skills, and habits that subtly shape our present experiences and behaviors. This form of implicit memory is grounded in the habitual structure of the lived body, which engages with the world through its operative intentionality.[230] The embodied knowledge then becomes corporeal knowledge, and the body memory functions as the 'storage' or 'location' of the corporeal knowledge, whereby corporeal knowledge and body memory are inseparably linked like two sides of the same coin. This knowledge is corporeal because it belongs neither to the body in the scientific sense nor to the soul in the psychological (or theological) sense. Memory is corporeal because it is also located neither in the unconscious or subconscious, nor in a specific part of the body, nor in the brain. The psychiatrist and philosopher Thomas Fuchs says: 'Our memory is [...] not located in a hidden interior or in an anatomical substrate. Its original phenomenal location is the body, indeed even the outside world, insofar as it is part of our corporeality as something familiar and habitual. Only explication leads to the imaginative, body-free realisation of the memory content. But even explicit, reflective memory must still possess an ego-tinged, "warm" and familiar quality in order to be experienced as personal.'[231] The implicit, embodied knowledge that enables you to ride a bike without thinking or to have a sense of the socially appropriate form of greeting is no more located in a muscle, organ or soul than is the implicit, bodily memory of a past experience that is triggered by a familiar but forgotten smell, voice or gesture.

In *Phenomenology of Perception*, Merleau-Ponty describes the habitual body (*corps habituel*) as the foundation of our being-towards-the-world (*être au monde*). The body establishes itself in every situation and connects us to the world through the invisible threads of its distinctive *operative intentionality.*[232] These threads are formed in our earliest encounters with the world. Merleau-Ponty develops his account of body memory particularly by examining the role of operative intentionality in the formation of habitualities.[233] Considering examples such as a typist and an organist, he highlights the unique kind of "knowledge" that allows them

[230] cf. Bergson 1911; Merlau-Ponty 2012; Fuchs 2012 or Al-Saji 2001, 2010.
[231] Fuchs 2000, p.25.
[232] Merleau-Ponty 2012, p.114.
[233] ibid. 112ff.

to perform their tasks. Initially, they must consciously accustom their bodies to the instrument by attending to each key; yet, with practice, both typist and musician ultimately accomplish their tasks spontaneously, without consciously recalling the series of movements involved.[234]

The lifelong plasticity of body memory enables us to adapt to both natural and social environments, allowing us, in particular, to become rooted and feel at home in social and cultural spaces. Following Merleau-Ponty, we can understand the body not merely as a visible, tangible, and moving physical object, but foremost as our capacity to see, touch, move, and act in the world. The totality of these bodily capacities, habits, and dispositions, developed over the course of one's life, constitutes what he calls body memory.[235]

It is not the brain that stores knowledge, such as how to type. The brain could 'never activate what has been learned without the presence of the body [...]; it belongs much more to the whole organism'[236] The 'store' of physical knowledge and memory is also not the unconscious. However, this cannot be taken literally. Rather, the unconscious is a metaphor for the tacit forgetting of a formerly explicit knowledge. This forgetting is 'tacit' in the literal, phenomenological sense, since the explicit knowledge is imperceptible, yet existent. Think of the difference between a person who is skilled in a movement and a beginner in a movement. The skilled person is characterised by the fact that he or she has forgotten the consciously learned movements and integrated them into his or her motor body schema, that is, stored them in the body's memory.[237] Take the body memory of ballet dancers, for example. It is built up by the fact that they have forgotten the mechanical movements they have consciously learned through repeated training and practice in such a way that these have become a bodily disposition for them, which is expressed in their physical skills. Bodily memory updates a bodily knowledge of movement according to situational requirements, without the dancers having to think about it. 'The "ability" consists precisely in forgetting the explicit knowledge again, that is, in allowing it to enter into the implicit bodily memory. Paradoxically, forgetting can thus be a form of retention, namely as the implication or melting of the experienced and the known into the unconscious corporeality'[238] The embodied knowledge anchored in the body memory is, as the dance example shows, a social knowledge in the sense that it results from 'repeated motor, perceptual, and interactive experiences', which are specific to culture, society, or milieu.[239] Of

[234] Fuchs 2012, p.10.
[235] ibid., p.9.
[236] Fuchs 2000, p.392.
[237] Herrmann Schmitz has commented on the inability of presenting and perhaps sharing this kind of bodily knowledge immediately in a reflexive, i.e. verbal manner: 'Everywhere that the expert in a specialised activity "swims" to full virtuoso competence – in sports, dancing, playing music, learning and mastering a language – he loses the ability to give a step-by-step account of his accomplishment: he succeeds in the work holistically, he no longer assembles it step by step like awkward beginners.' (Schmitz quoted in Uzarewicz 2011, p.164)
[238] Fuchs 2000, p.317.
[239] Fuchs 2008, p.38.

course, body memory and bodily knowledge do not only mean movement memory and movement knowledge. The corporeality of memory and knowledge is socially formed and socially effective in a general sense: one becomes a socially capable person by acquiring social skills in social, inter-corporeal processes in such a way that one knows, as a matter of course, what is appropriate and what is not, what one should do and what one should leave alone, without having to visualise this anew in every situation or negotiate it interactively. The social knowledge and skills are incorporated. Otherwise, it is also one's own body that draws attention to the lack of social knowledge or skills, for example as a noticeable embarrassment due to a faux pas that has just been committed. The body can thus be understood as an ensemble of organically developed predispositions and capacities; not only to perceive and act, but also to desire, relate, and communicate. These capacities are rooted in what has been termed *body memory*, through which experience extends outward and forms a kind of invisible network connecting us with our environment, other people, and the world at large. As Merleau-Ponty puts it, the body is "our permanent means of taking up attitudes" and thereby of constructing "virtual presents." [240] In this way, bodily memory allows us to draw upon past experiences to feel 'at home' in present situations. The uniqueness and personal history of each individual is thus expressed not only through language or conscious reflection, but also through bodily habits, gestures, and patterns of behaviour. These embodied structures form a foundational layer of our sense of self and identity. Moreover, sensations or situations encountered by the lived body can serve as implicit memory cores–latent experiential fragments that may resurface under the right conditions, releasing their emotional and narrative content, as illustrated in Proust's famous madeleine episode.

Body memory, then, is more than a repository of learned behaviours; it is the silent, enduring carrier of our life history, underpinning our entire *being-in-the-world*. It encompasses both our habitual ways of perceiving and acting, and the affectively charged memories that bind us to our biographical past in the most intimate of ways.

If, one of the most central symptoms mentioned in the general definition of dementia (WHO) is permanent loss of memory skills, then this presupposes a concept of memory that by no means encompasses all memory abilities: an embodied, implicit memory, which differs from the explicit or declarative memory, is largely ignored. Such a distinction is discussed above all in current phenomenological (e.g. Casey 2000; Fuchs 2010, 2012; Summa 2011) as well as cognitive and neuroscientific research (e.g. Eldrige et al. 2002; Maddox and Ashby 2004; Fleischman et al. 2005; Harrison et al. 2007).[241]

[240] Merleau-Ponty 2002, p.181.
[241] Meer 2018, p.22.

Even when dementia robs a person of all explicit recollections, she can still retain her bodily memory. The history of her life remains alive in the familiar sights, smells, textures, and ways of handling things, persisting even when she can no longer explain the origin of this familiarity or recount her life story.[242] Fuchs (2008, 2019, 2020) has provided an important structural framework of body memory. The memory of the body appears in different forms, which are classified as procedural, situational, intercorporeal, incorporative, pain, and traumatic memory.[243] This subtle and sometimes sudden unfolding of body memory is of particular importance in relation to therapeutic approaches working with certain kinds of cognitive and bodily disorientations (e.g. amnesia, dementia, or ruptures in the continuity of our bodily experience due to traumatic events and the resulting disorders from thereon such as PTSD, anxiety, depression, etc.). It gives important cues to remain connected to someone whose explicit memory remains almost inaccessible and inactive.[244]

Embodied and Habitual Identities

The importance of the motivational context also plays a central role in Merleau-Ponty's analysis of the process of habit acquisition. *Habits* are neither acquired through a fixed series of repeated physical movements (a view that corresponds to the empiricist approach that he rejects) nor the product of a rational decision or of an intellectual grasp of the movement (which corresponds to the intellectualist explanation that he also discards). Habit development, rather, implies a form of understanding of the meaning or significance of the situation in which it is deployed. For example, if we have developed a habit of walking in a particular way, we should be able to adapt that habit to walking on different surfaces or in different environments. Similarly, if we have developed a habit of sitting in a particular way, we should be able to adapt that habit to different chairs or postures. The same point holds *mutatis mutandis* with respect to skills. *Perceptual skills* involve the ability to interpret and make sense of sensory information from the environment by enacting the right kind of response. For example, learning to play a musical instrument involves developing perceptual skills in order to coordinate the movements of the hands and fingers with the sounds produced by the instrument. Here again, flexibility and adaptability go hand-in-hand. Acquiring a skill involves comprehending the context's meaning or importance in which it is applied, such that mastering the art of playing an instrument comes with the ability to flexibly apply this skill to diverse settings.[245]

[242] cf. Fuchs 2020.
[243] For a more detailed exploration of body memory in dementia see chapter 8 and 9.
[244] I suggest the idea of a *cultural body memory* ("Kulturelles Leibgedächtnis") to further develop and connect Assmann's concept of *cultural memory* and Fuchs's *body memory*.
[245] cf. Doyon 2024.

Husserl transformed the geological metaphor of sedimentation into a philosophical concept.[246] Husserl's distinctive approach lies in his preoccupation with the question concerning the origins of sedimentations. Depending on the respective framework or horizon of his analysis, Husserl understood these origins in significantly different ways. In his phenomenology of time consciousness, Husserl located the origins of sedimentation within the sphere of subjective experience, specifically in time consciousness, where the flow of temporal experience retains traces of what has just passed. In his later, historically oriented works, however, he shifted this perspective, proposing that the roots of sedimentation lie instead within the historical past, extending beyond the bounds of individual experience into the collective and intersubjective domain of history itself.

Following these different dimensions, the Husserlian concept of sedimentation turns out to have three distinct aspect of senses: *static, genetic, and generative*. In the static sense, one can argue that sedimentations are modifications of retentions and necessary conditions of recollection. In the genetic sense, sedimentations are necessary to form types, habits and moods and therefore shape present experiences. In the generative sense, sedimentations refer to what consciousness inherits from the historical tradition. In Husserl's later writings from the 1930s, we encounter a *generative* account of sedimentation, which expands upon and contrasts with his earlier *genetic* approach. Whereas the genetic account focuses on how the meaning attributed to phenomena is shaped by the individual's own past experiences, the generative perspective emphasises that meaning is also shaped by the sedimentations of a broader historical and cultural tradition to which subjectivity belongs. As Husserl notes, "Our human existence moves within innumerable traditions. The whole cultural world, in all its forms, exists through tradition.[247]

Within this framework, sedimentation and reawakening are inseparably linked. Reawakening can be understood in various ways: as an act of intuitive recollection; as a form of schematisation; or as the reactivation of a dormant tradition. Accordingly, we may distinguish three fundamental conceptions of sedimentation in Husserlian phenomenology: the *static*, the *genetic*, and the *generative*. Husserl's phenomenology is particularly attentive to the tensions between these three dimensions of sedimentation. Crucially, it recognises that any account of sedimented consciousness remains incomplete if it fails to address the historical dimension–that is, the role of tradition and cultural inheritance in shaping the structures of experience. This realisation marks a pivotal development in Husserl's thought and signals a turn toward a more historically situated phenomenology.

[246] Geniusas 2024.
[247] Husserl 1970, p.354.

If consciousness itself inherits sedimentations from a living tradition, should the task not shift from an exploration of the *origins of sedimentation* to an inquiry into the *sedimentation of origins? Following* Geniusas (2023, 2024), this question stands at the centre of Alfred Schutz's, Merleau-Ponty's, Paul Ricœur's, and Jacques Derrida's reflections on the concept of sedimentation. Despite their significant differences, these thinkers share the conviction that Husserl's project of uncovering the origins of sedimentation cannot be fully sustained without further examining how those very origins become sedimented over time. While a comprehensive discussion of the complex issues involved in this transformation lies beyond the present scope, it is important to underline that the concern with the *origins of sedimentation* remains the most characteristic and distinctive feature of Husserl's phenomenology of sedimentation.

In the framework of Merleau-Ponty's phenomenology, the concept of sedimentation shifts from Husserl's constitutional approach to an emphasis on existential sedimentation. This analysis illustrates how Merleau-Ponty merges Husserl's notion of sedimentation with Heidegger's idea of facticity. Central to this transition is Merleau-Ponty's distinction between primary and secondary sedimentations, which reveals that all experiences are sedimented. This allows for a reinterpretation of Merleau-Ponty's cryptic remarks in *Phenomenology of Perception* about the 'original past' referred to as 'a past that has never been a present'. With Geniusas (2023) we can argue that these serve as metaphors for primary sedimentations and a universalization of sedimentation which highlights its inherently paradoxical nature. Ultimately, sedimentation emerges not only as a generative concept but also as a limit problem and limit phenomenon.

'Sedimentation' is a concept that exists at the boundaries of phenomenological reflection, characterized by its inherent paradoxes. It involves a unique blend of memory and forgetfulness, creating an unstable balance between the present and the past. Sedimentation speaks to both who I am and what I cannot fully grasp, to what shapes me and what escapes my understanding. It relates to what I am meant to recall but cannot fully retrieve, to what obscures evidence and what makes it possible. Although I am my past, I can never completely comprehend what that entails.[248]

The concept of 'sedimentation' embodies a paradox, blending memory and forgetfulness, balancing present and past, shaping who I am while eluding full comprehension. It both conceals and enables evidence, representing what I should reactivate but can never fully retrieve. Like other central phenomenological paradoxes, the aim is not to resolve but to understand them. It is this ongoing pursuit of understanding sedimentation's paradoxical nature

[248] Think of ancestors and their role, epigenetic trauma transmissions (intergenerational etc.)

that has driven phenomenology to explore its own limits. Thus, sedimentation is not merely a genetic concept but also a limit phenomenon–challenging the extent of our understanding and pushing phenomenology to expand and transcend its own methodological boundaries.

Body memory – conceptually related to implicit memory – contains all past bodily experiences that imprint on the present situation, highlighting the *how* (quality) rather than the *what* (content) of the experience.[249] The body is a situated and embodied phenomenon that is constitutive of our subjective uniqueness–of who we are as persons. Body memory is constrained by our embodiment: it is anatomically tied to the shape and capacities of our bodies, and to their embeddedness within the environment. As embodied beings, we are always situated within a natural, cultural, and intersubjective lifeworld. Accordingly, body memory encompasses structural and universal components, alongside those that are culturally mediated and strictly individual.

The *Proust effect* exemplifies how sedimented memory can emerge from embodied experience. Fuchs (2020) describes body memory as a kind of memory that remains preserved even in the advanced stages of dementia, where it continues to manifest the biographical history of the individual.

Body memory encompasses the totality of our subjective, perceptual, and behavioural dispositions as they are mediated through the body. Distinct from the notion of a "memory *of* the body," the concept of "body memory" refers precisely to its non-representational nature. It does not explicitly recall past events, but rather enacts past experience in a habitual, embodied manner. As Casey notes, this form of memory is "intrinsic to the body, to its own ways of remembering: how we remember in and by and through the body" (Casey, 2000, p. 147). More specifically, body memory enables us to become familiar with perceptual and experiential patterns, to gain confidence in our bodily capabilities, and to develop a personal style of experiencing. It thus plays a key role in typological meaning-formation and forms the basis for the bodily *I can*.

Moreover, it is responsible for the development of an individual style of perceiving and moving, and generally of experiencing the world. As such, it is the condition for the bodily 'I can'.[250] Building on the phenomenological understanding of embodiment, recent research, particularly the work of Thomas Fuchs, has offered a nuanced typology of body memory. This typology provides a descriptive framework for understanding how past experiences are sedimented and enacted through the body in various forms. Rather than being stored as explicit recollections, these embodied memories shape our perceptual, affective, and behavioural

[249] Polanyi, 1967; Schacter, 1987, 1996.
[250] Husserl 1952.

engagement with the world. The following outlines key forms of body memory that reflect the multidimensional nature of embodied experience, and which have also served as a conceptual basis for the empirical study presented later in this thesis.

Habitual memory refers to the sedimentation of sensorimotor capacities in the lived body. It enables the acquisition of bodily skills and attitudes, as well as familiarity with perceptual and movement patterns, leading to the development of an individual style of engaging with the world. Examples include learning to play an instrument, ride a bicycle, or drive a car. Importantly, such kinaesthetic and perceptual habits both enable and constrain experience, shaping a person's unique style of being. These habits are contextually enacted and can be partially adapted within the context of their performance.

Situational body memory involves the implicit memory of spatio-temporal contexts in which we are bodily embedded. It includes the involuntary emergence of images, atmospheres, and sensory impressions that are typically affectively charged. This form of memory underlies feelings of familiarity or alienation in specific environments, allowing us to feel at ease, threatened, or emotionally moved by certain situations. It also leads to the pre-reflective adoption of bodily attitudes in response to contextual cues, illustrating how body memory operates implicitly to guide behaviour.

Intercorporeal memory pertains to our most basic, pre-reflective bodily interactions with others. It forms the basis for mutual bodily understanding and is shaped through early affective interactions. Developmental psychological studies show how emotional, social, and motor skills are co-formed in early childhood through repeated experiences with significant others. These become what Stern (1985) refers to as "schemes of being with," which are internalised into patterns of *implicit relational knowing*–operative forms of intersubjective knowledge that shape relational styles and personal identity. These patterns, akin to acquired skills, are activated in real-life contexts and correspond to what Fuchs (2006, 2012) describes as *embodied personality structures*, highly relevant to both psychopathology and psychotherapy.[251]

Incorporative memory is based on bodily imitation and identification, involving the internal reshaping of one's own expressive and behavioural schemas in social contexts. It supports the development of bodily attitudes and the assumption of social roles. Emerging developmentally after intercorporeal memory, it is particularly shaped by the interiorisation of the gaze of the other. As children begin to orient their behaviour towards the norms and expectations of their social environment–primarily within the family–they physically and emotionally embody these roles. Over time, incorporative memory becomes the carrier of what Bourdieu (1980) calls

[251] Koch, Fuchs and Summa 2014, p.276.

habitus: a form of collective memory composed of embodied social conventions, learned dispositions, and ways of acting that often operate below the level of conscious awareness.

Pain memory refers to the enduring impact of physically or emotionally painful experiences on present behaviour. Such memories are often implicit, influencing our actions through unreflected bodily caution–for instance, hesitating when handling sharp objects after a past injury. Pain memory is bodily inscribed and can manifest in psychosomatic symptoms.[252] Many individuals suffering from somatoform pain disorders have a history of early trauma, which can resurface after long periods of latency, triggered by specific bodily experiences.

Traumatic memory reflects the lasting influence of trauma on the body and psyche. Unlike other forms of memory, it often resists explicit representation. Under the intense stress of traumatic events, cognition, affect, and bodily sensation may become dissociated.[253] Later, traumatic memories may return as physical symptoms or be triggered by specific stimuli–bodily sensations, emotions, anniversaries, or situations reminiscent of the trauma–often without the person's explicit awareness of the connection to past events. Such memories illustrate the general principle of body memory: present bodily states (postures, movements, environments) can reawaken past affective and experiential content. As famously portrayed in Proust's *madeleine episode* in *In Search of Lost Time* (1934), a bodily sensation can open the door to biographical memory, bridging the implicit and the explicit, the bodily and the narrative.

Thus, body memory may serve as a gateway to accessing declarative or biographical memory, as is famously described in the 'madeleine episode' of Proust's '*In Search of Lost Time*' (1934). It alludes to the fact that we always respond to events and the world according to our perceptual and cognitive capacities as well as our embodied memories and habit as this section has revealed. I will return to the significance and importance of body memory for dementia in chapter 6.2. Next I will address the idea of synaesthesia as forms of responsivity.

2.3 Modes of Synaesthesia as Co-Responsivities

Waldenfels' analysis of synaesthesia in *Sinnesschwellen* (1995) and *Das leibliche Selbst* (2006) hints at the differences and the dilemma of the opposing views which are held in science and philosophy respectively. In line with Merleau-Ponty's remarks and criticism on synaesthesia research, Waldenfels states that the search for an order of the senses–guided by the concept of *syn*–has led to two fundamental approaches in modern thought and research. First, the empirical approach assumes that sensory impressions are diverse and heterogeneous but naturally form an order. For instance, a particular shade of red may consistently be accompanied by specific

[252] ibid., pp.477-78.
[253] ibid.

olfactory, gustatory, or tactile qualities, leading to stable associations over time. Whereas, second, the intellectualist approach also acknowledges sensory diversity but sees it as arbitrary unless structured by a unifying framework.

Likewise, in a key passage from the *Critique of Pure Reason* (1956), Kant asserts that the connection (*conjunctio*) of sensory multiplicity cannot arise from the senses alone. Instead, it is the result of synthesis–an act of self-activity performed by the subject rather than given by the objects themselves. However, this imposed synthesis reduces sensory multiplicity to, as Waldenfels frames it, a *difference négligeable* (1999, p.56f.). Kant, influenced by Hume and Hobbes, viewed sensory impressions and instinctual impulses as chaotic, thereby granting reason and understanding a dominant role in synthesizing them. According to Max Scheler (1966), Kant fully acknowledges the unique nature of the senses only in his anthropology, where he treats the unity of reason and the multiplicity of the senses separately.[254]

Apparently, a shift occurs when the order of the senses is sought within sensory experience itself. This perspective, evident in the concept of aisthesis– leading back to Aristotle, Baumgarten, Husserl, Plessner, Gurwitsch, Merleau-Ponty, and Gestalt theory–transforms the discussion into one of aesthetics. From a dynamic perspective, this means that sensory order emerges through a process of self-organization (*autopoiesis*). However, this form of organization is not about unifying or identifying a predetermined diversity. Instead, it involves an inherent paradox of self-reference that can only be resolved through differentiation rather than synthesis. In this sense, *self-organization* is fundamentally a process of *self-differentiation* rather than the construction of a *unified whole*, according to Waldenfels.[255]

Furthermore, Waldenfels refers to Erwin Straus' theoretical concepts on synaesthesia or intermodal perception and follows his criticism on the dualistic either or positioning.[256] If one assumes a multitude of sensory qualities that are only associatively linked, then, strictly speaking, one should only speak of secondary sensations and not of co-sensations.[257] Since in this case the various sensory modalities have nothing to do with each other, only explanations such as the induction of electro-chemical changes in a heteromodality sector or the assumption of vibrational frequencies that can be attributed to all external stimuli without distinction and thus cause the same brightness pressure for all sensory areas in regards to synaesthetic phenomena. Such purely physiological explanations may come close to the borderline case of

[254] Scheler 1966, p.84f. See also Husserl's concept of passive synthesis, which refers back to Kant's *Critique of Judgment.*
[255] Waldenfels 1999, p.57, my transl.
[256] In *Vom Sinn der Sinne* (1935, 1956), physician and psychiatrist Erwin Straus, a co-founder of phenomenological psychiatry, examined the historical and epistemological roots of this conceptual mix, including its ties to early modern thought and Pavlov's experiments. From this, he developed his own aesthetics of perception, distinguishing between physical sensation and perception itself. Criticizing the separation of perception from reality, he introduced a concept of perception as a communicative structure that moves beyond the traditional subject-object divide.
[257] Straus 1956, p.222.

shock experiences, but they are in any case too unspecific to grasp the specific brightness character of the individual sense qualities and their *perceptual ambivalence* in any way.[258]

As is often the case, the inadequate bottom-up explanation is met with an equally inadequate top-down explanation, in which synaesthesia is attributed to perceptual judgments and a general symbolic mode of expression.[259] The causal attempts at explanation, which are close to empiricism, operate on an inframodal level, while the symbolic attempts at explanation operate on a supramodal level. The intermodality that is at issue in synaesthesia is neglected either way.[260]

The term 'responsive' is something that escapes from the intentions of subjects and from the matrices of given orders; nevertheless, it is more than a simple disturbance or noise, according to Waldenfels.[261] In general, we can say that Waldenfels insists on the passive and unconscious character of response processes.[262] However, there are different modes of responsivity to be distinguished. Thus, one needs to differentiate between normal and extraordinary answers. They are *extraordinary* insofar as they transgress normal conditions surpassing the normal or the limits of what is considered to be standard. These limit situations occur when we are confronted with a change in our personal life. This could be for instance, a change of jobs, the choice or the loss of a partner, an illness or accident. Often in such cases we are forced to rethink our situation and to invent new answers.

In his medical studies, Kurt Goldstein often refers to events that threaten the balance of life and provoke 'catastrophic reactions'.[263] I become who I am by responding in a certain way. An elementary form of bodily response already appears with the spontaneous reflex that makes somebody wince, writhe, or burst out in cries of pleasure or pain. Goldstein (2014) insists that even an elementary reflex assumes a certain sense, considering the fact that it joins in the debate between the organism and the environment, e.g., by warding off what seems to be harmful. In following the idea of such catastrophic reactions, we may think of further emergency situations, for instance, someone's call for help, beginning with the helplessness of a vulnerable person, and returning in the state of refugees. For Waldenfels (2020) something similar happens in the case of anomalies that escape from the routine of institutional regulations– for instance, a new legal case, an unknown virus, or a peculiar pathological behaviour.[264] In such extraordinary or – to borrow a term from Karl Jaspers – *limit situations* the pathic and pathological response

[258] Merleau-Ponty 2012, p.266.
[259] Straus 1956, p.221.
[260] Waldenfels 1999, p.59, my transl.
[261] Waldenfels 2020, p.342, my transl.
[262] Griffero's atmospherological aesthetics adhere to Waldenfels' idea of a passive and unconscious dominance in a situative presence. See for reference Griffero 2021, p.704. I will explain Griffero's atmospherological concept from a phenomenological standpoint in chapter 9.2.1.
[263] cf. Goldstein 1940, 2014.
[264] Waldenfels 2020, p.345.

heads into two possible directions or tendencies.[265] On the one hand, the patient's experience can resemble an extreme form of *pathos without response*. This occurs when a sudden shock disrupts the natural flow of life, causing rigidity or paralysis which may stem from deeply unsettling events or traumas that trap the patient in the past. Freud, analyzing this through the bodily language of symptoms, emphasizes the delayed impact (*Nachträglichkeit*) of trauma– where its full effect emerges only retrospectively. On the other hand, the patient's experience can take the form of *a response without pathos*. Here, rigid ideas, stereotypes, and ideological constraints override genuine experience. Instead of engaging with the present, the individual is caught in a cycle of repetition (*Wiederholungszwang*), where the future is stifled by compulsive re-enactment.[266] What we understand by pathos shows *sym-pathetic* and *anti-pathetic* aspects from the outset and leaves no room for ontological or methodological forms of *individualism* centred on one's own ego. However, according to Waldenfels, there is also no more room for the *collectivistic* idea of an all-encompassing 'we' exempt from any fissure.[267] In other words, singularity has an extraordinary dimension; which finds its place neither on the macro- nor on the micro-level of society, but in its abysses, and from there it needs to find its way to a form of *co-affectivity* and *co-responsivity*. To explain and to get closer to the phenomena of co-affection and co-responsivity, we need to imagine a performative kind of sociality that emerges from responsivity.

This community of experience is located not only on a *prepredicative*, but also on a *pre-normal level*. Husserl's insistence on passivity or later references to implicit knowledge are to be transferred to social experience. Our seeing, hearing, and feeling take place with others as a 'seeing with, hearing with, feeling with' (*Mitsehen*, *Mithören*, *Mitfühlen)*, precisely as our doing appears as a doing with others, as *shared agency*. For to share attention and action, it does not suffice to assume that we are referring to the same thing; instead, this means that we are referring to something that only *becomes the same* through our mutual experience. We see how familiar concepts are socially loaded in course of our social experience. The explanation of performative forms of sociality, based on pathos and response, requires a special categorical framework. The community of experience results from processes of intersection and overlapping through which the own and the alien pass into each other, forming an *Ineinander*. The co-affection implies an extended sort of syn-aisthesis, which integrates not only the different senses, but also everything that affects me and everything that affects the other.

[265] For a more detailed analysis of limit situations in illness see Fuchs (2013) and chapter 10.1.
[266] Also known as Obsessive Compulsive Disorders (OCD). Scheler (1956) observed how this leads to *ressentiment*, that is, a degeneration of authentic emotions into bitterness and hostility.
[267] Waldenfels 2020, p.349, my transl.

In *The crisis of European sciences and transcendental phenomenology. An introduction to phenomenological philosophy*, Husserl admits that 'even what is straightforwardly perceptual is communalized.'[268] This process of communalization has the effect 'that in the consciousness of each individual, and in the overarching community consciousness which has grown up through [social] contact, one and the same world achieves and continuously maintains constant validity [...] for all'.[269]In his posthumous book *Le Visible et L'invisible*, Merleau-Ponty takes a further step. He shows how our common experience is embodied in a sphere of *intercorporéité*, which functions like a chiasmus or chiasma and opens up paths to an *intermonde.*[270] On the whole, the interplay between co-affection, co-responsivity, and co-intentionality is embedded in an intermediary sphere that may be characterised in the following way. First, there is no responsive *we* without a pathic and dative form of *to us*. Second, there is no *we* without an *ego* and a *thou* who cooperate with the *we.*[271] Waldenfels is thus returning to the aforementioned Synasthetic-We in which co-affection and co-responsivity are at stake.

Now that the concept or understanding of synaesthesia with its social and interbodily implication that allude towards a holistic, i.e. bodily and affective, mode of perception has been elaborated, a theoretical approach to the phenomenon of atmospheres follows on the assumption that synaesthesias co-constitute atmospheres and can therefore best be explained in relation to each other.

2.4 Interpersonal Atmospheres and Synaesthetic Qualities

Philosophical interest in atmospheres has grown steadily in recent decades. Atmospheres have been described as notoriously "slippery" phenomena (Böhme 1993)–something both felt inwardly and encountered as "out there" in the world, occupying a space that is at once subjective and objective. Some scholars have variously defined them as a "felt co-presence between subject and object" (Böhme 2017a, p.10), as "feelings poured out spatially" (Schmitz 2019, 97), as "tuned spaces" (Binswanger 1933, p.174), "spatialized feeling" (Lipps 1935, p.187), "tangible, forceful, qualitative presences in experiential space" (Slaby 2020, p.275), and as "quasi-things" (Griffero 2014, p.1). The ambiguous ontological status of atmosphere has therefore become central to philosophical debate, often serving to challenge and unsettle dualistic divisions between subjectivity and objectivity (e.g. Griffero 2014, 2017; Böhme 2017a, b; Schmitz 2019; Slaby 2020).[272] Whereas dualism draws a boundary between inner

[268] Husserl 1970, p.163f.
[269] ibid.
[270] Merleau-Ponty 1964, pp.73, 116, 185, 314f., 322.
[271] Waldenfels 2022, p.351.f.
[272] Osler and Szanto 2021, p.165.

experience and the external world, the notion of a "spatialised feeling" or affectivity "out in the world" troubles this distinction.[273]

For Hermann Schmitz normal perception is not just the reception and processing of signals, as suggested by the physiology and psychology based on it, but primarily internalisation. A simple observation of vision makes this clear. When the rapid, threatening approach of an object is seen, the observer is usually able to avoid it by means of appropriate body movements, often very skilfully and without thinking, whether by jumping to the side or simply turning their head away from a striking hand, etc.[274] Mutual incorporation as a fundamental principle and basis of social contact between humans and animals.[275]

In his neo-phenomenological approach of atmospheres, Schmitz argues that bodily communication functions as a basic form of perception or as a 'mediator' between the 'objective' atmosphere and a perceptible bodily state. That is to say that our body not only translates perceptual experiences from one sensory modality into another, but also directly grasps the dynamic structure of an organism and its typical environment. In his body-phenomenological theory of atmospheres, Hermann Schmitz emphasizes that atmospheres are 'supra-personal' and at the same time 'trans- or rather pre-objective'. The quality of the 'atmospheric feeling' is to be understood as a 'wholeness encompassing subject and object', whereby the bodily dynamics of the synaesthetic characters hold together sensory qualities, movements, the affection of the vital drive (zeal) and feelings as bodily gripping powers.[276] This approach is particularly important for the dimension of the *bodily-affective self* in dementia, as bodily communication as a form of non-linguistic expression becomes increasingly important as the disease progresses. Although we experience the basal layer of meaning of our relationship to the world bodily through the body, Hermann Schmitz's view that the synaesthetic appearance characters are themselves nothing more than experiences of the body that are merely 'mixed in' with the sensory world cannot be fully defended:

> 'According to my theory of synaesthetic characters, there interpenetrate in the chaotic relation in every sensuous datum a sensuous quality, not of itself bodily, and a synaesthetic character of the same name, which corresponds to a type of bodily state and represents in the datum the portion of corporeality that is mixed into the sensuousness of colors, sounds, smells pp. because in simple, distancelessly devoted perception the perceptible bodily state and the perceived are neither identical nor different, but are in a chaotic relationship.'[277]

[273] ibid.
[274] Schmitz 1989, p.56.
[275] ibid., p.57.
[276] Schmitz 1981, p.102f.
[277] Schmitz 1977, p. 633, my transl.

Hauskeller (1995) rightly criticizes that a sound that is perceived as heavy, for example, should not be understood as an 'imprint of corporeality in sound' or as a 'bridge for corporeal communication that makes the perceived and the perceptible corporeal state comparable'.[278] For Schmitz, synaesthetic characters would therefore not be something essentially belonging to the sensory datum, but rather an addition of the perceiving subject qua body, which carries the perception of itself into the datum in the first place. Thus, in the subject-object difference of simple perception, a 'bridge' of comparability arises between the bodily self and the perceived world. Gernot Böhme has rightly criticized this as a relapse into the 'monadic subjectivism' that Schmitz initially argued against.[279] Perception is more than bodily communication, it is above all not monological, as Schmitz suggests here, but dialogical in its essence. The heaviness of a vocal sound that I feel is not my own heaviness, but the heaviness of the sound. At best, I perceive the sound as something that weighs me down, although it is still the sound that weighs me down and not the other way round.

Böhme takes a differentiating view, according to which bodily sensing is already too reflexive, a sensing of oneself, "whereas in the perception of the atmosphere, the atmosphere is what is perceived"[280]. Atmospheres can neither be reduced to the realm of human emotional life, nor can they be adequately captured by a (simple) object ontology that strips them of all qualities.[281] Rather, their understanding presupposes a comprehensive description of the human being that grants them a fundamental openness. For Gernot Böhme, who is oriented towards Schmitz's body phenomenology and atmospheric concept, atmospheres are therefore "spatial carriers of moods"; as an intermediate phenomenon, they are something between subject and object, but not something relational, but the relation itself.[282] In the expression "a room has a certain atmosphere", the ascribed quasi-objectivity of atmospheres in everyday understanding becomes clear. Atmospheric perception is therefore both an everyday and an extraordinary event, a form of basic, primordial perception of environmental offers, which are understood as affectively rich and variable, ecological prompts (affordances), which, however, go beyond the purely visual or pragmatic-behavioural dimension. Griffero (2020a, 2020c) aptly draws a comparison here to climatic conditions, which precede the subject-object distinction and, like atmospheres, significantly modulate the lived and pre-dimensional space whose presence we sense and which, consequently, also influences our personal mood. Consider, for example, the phenomenon of *weather sensitivity*.

[278] Hauskeller 1995, p.77.
[279] ibid. 2002, p.78.
[280] Böhme 1991, p.13 quoted in Hauskeller 1995, p.79, my transl.
[281] Bulka 2015, p.265.
[282] Böhme 2006, p.29.

The dynamics of atmospheric experience are particularly evident in experiences of *discrepancy* or *ingression*, which are usually explained in terms of contrasting moods. If I am sad at a party surrounded by a crowd of happy people, the prevailing mood can either sweep me away and make me forget my sadness for the moment, or it may even be accentuated by the contrast between my sad mood and the happy mood of the others. Tellenbach (1968) and Hauskeller (1995) describe the atmospheric approach to home and attribute the feeling of being at home in an atmosphere as well as the opposite feeling of being foreign to the sense of smell, among other things. The corresponding olfactory experience thus offers a space for orientation and can have a direct effect on mood in an amodal (whole-body) way. Based on Daniel Stern's research on the inter-bodily understanding of the world (1992) and on vitality effects (2011), the perception or feeling of atmospheres can also be considered a perceptual competence in which an ontogenetically early developed overall sensory-amodal perception takes effect and perceptible moments of pre-reflective knowledge are discovered.

Atmospheres are characterized equally by their profanity and their effectiveness. Wherever we look, listen or feel, they are a defining, perhaps even the most important element of human experience.[283] Both atmospheric and synaesthetic experiences are part of our everyday experiences as holistic modes of perception, even though they largely elude our consciousness. The example of the icy winter wind makes it clear why we occasionally speak of 'bone-chilling', 'blue', or 'deaf' cold when we use these expressions to emphasize the intensity of the sensation of cold and the multidimensionality of our perception hidden within it. The wind or the air that it transports and that touches our skin is perceived as cold and perhaps even as threatening, insofar as we hear and see the stormy wind in the swaying and creaking of the branches; perhaps our breath stops for a short time or the feeling of cold on our skin turns into pain or numbness in the long term. As such a form of cross-connection between the senses, synaesthesia poses the fundamental question to science as to how the unity of consciousness can come about at all through the integration of different stimuli. For this reason, phenomenologists, anthropologists and neuropsychologists in particular are showing a growing interest in the phenomenon of synaesthesia.

Although synaesthetic perceptions appear so strange and different, the boundaries between synaesthetic and non-synaesthetic perception are fluid. However, the multitude of possible combinations of perceptions makes it difficult to clearly classify synaesthesia. For example, if a certain taste evokes positive or negative childhood memories, this would be a form of associated synaesthesia. In any case, the sense of taste is synaesthetic because several senses are involved.

[283] Wolf and Julmi 2020, p.11

A distinction is made according to the way in which the stimulation arises: mentally or sensory. For example, a distinction can be made between synaesthetic perception and synaesthetic conception, whereby the first is evoked by sensory means.[284] This is the case, for example, with sound-colour synesthesia, when a musical tone or sound evokes a certain colour tone. In contrast, in the synaesthetic concept, the co-perception is triggered by a firmly associated thought, i.e. an abstract content of consciousness. This happens, for example, when the days of the week have a certain colour, i.e. when Monday is blue. The neuropsychologist Hinderk M. Emrich distinguishes between genuine, metaphorical and associative synaesthesia.[285] Metaphorical synaesthesia, also known as emotional synaesthesia, involves a meta-representation of emotional states which, as it is not necessarily triggered by a specific stimulus, can occur more frequently and more randomly. Associative synaesthesia can be triggered by conscious conditioning, which is why it is also referred to as *pseudo-synaesthesia*. In this case, the trigger is that someone has actively learned in childhood to associate letters with colours, for example.

Synaesthesia as a multisensory, metaphorical and overall sensory phenomenon is therefore not such an extreme rarity, as everyone lives to a certain extent with coupled senses. High-pitched sounds, for example, are perceived as bright, while low-pitched sounds tend to be dark. Synaesthetic concepts can also be recognized in linguistic usage: typical examples of this are terms such as 'bone-chilling cold', 'golden autumn', 'ice-blue eyes' or 'warm tone'.[286]

Such a synaesthetic experience as the icy cold winter wind may evoke an uncomfortable atmosphere and an uneasy physical feeling in us, but at the same time it appeals to our existential physicality and vitality. These kinds of experiences are synaesthetic in nature and can be experienced in the local as well as the physical and affective space. If we continue to think of perception and sensation in the Aristotelian-aesthetic sense, as Merleau-Ponty did in *Phenomenology of Perception* (1966) or Erwin Straus in *The Sense of the Senses* (1956), then the synaesthetic experience is revealed to us primarily through sensory access to the world. This access to the world via sensory perception (sight, hearing, touch, smell, taste) changes in the course of dementia and becomes impaired. This includes, for example, limitations in important aspects of body perception (e.g. movement, balance, orientation, etc.). These dimensions of sensitivity are, on the one hand, a typical subject of phenomenological (i.e. bodily and life-world) research, and, on the other hand, they are an important part of therapeutic practice: lack of stimulation and movement, or the urge to move and overstimulation, as well as disorientation

[284] Wohler 2010, p.137.
[285] Emrich et al. 2002, p.33f.
[286] ibid.

and depression are just some of the numerous challenges that people with dementia and therapists face on a daily basis.

While reconceptualising emotions as phenomena belonging to the surrounding space rather than being confined to the interior of the individual Schmitz captures a *pre-personal* sphere of affectivity (Schmitz 2019, 97). Griffero (2014, 2017), building on Schmitz, develops this idea further, treating atmospheres as a distinct ontological category of "quasi-things." Slaby (2020), by contrast, integrates Schmitz's neo-phenomenology with Massumi's (2002, 2015) affect theory, seeking to decentre human embodiment and expand the scope of affect beyond individual experience.[287]

While these perspectives are philosophically rich, they often overlook how the experience of atmosphere itself affords social understanding–how it arises *through* the expressive gestures, voices, and movements of people in interaction. This neglect may partly stem from the aesthetic orientation of early atmosphere research, where the focus lay on the atmospheres of spaces, artworks, or environments rather than on those emerging interpersonally (Böhme 2017b, 97). The lack of the social dimension likewise accounts to synaesthesia research, as I have shown in chapter 1, argueing for a synaesthetic-we.

Since we experience interpersonal atmospheres when we bodily apprehend not only the emotions or moods of others, but also the shifting web of affective relations that unfolds between them we can say that social situations are imbued with atmospheres. One can think of the charged stillness of a hospital waiting room, the subdued attentiveness of a seminar, the exuberant buzz of a concert crowd, or the uneasy tension of a workplace meeting after a disagreement. These are instances of what Osler and Szanto (2021) call *interpersonal atmospheres*. We sense these atmospheres as emanating from and between people through our own felt bodies, perceiving their affective tone or texture–a tense meeting feels altogether different from the collective elation of a standing ovation. The quality of an atmosphere conveys something about those to whom it pertains; our attunement to it guides social understanding and behaviour, while a lack of sensitivity can lead to misjudgement, awkwardness, or social friction.[288]

An *interpersonal* approach instead understands atmosphere as a way of *experiencing others*. When we sense the quiet concentration in a library, the electric anticipation before a theatre performance, or the solidarity of a protest march, we are affectively attuned to others' expressive behaviour through our own embodied presence. Atmosphere, then, is not a *what* but a *how*–a mode of relational perception and affective participation. As the expressive conduct

[287] Osler and Szanto 2021, pp.164-166.
[288] ibid.

and interactions of those present evolve, so too does the atmosphere. It is dynamic, co-constituted, and sustained by mutual affective responsiveness. In this regard, Fuchs's (2016) dyadic account of *interaffective situations* illuminates how atmosphere emerges not as one individual's grasp of another's private feeling, but as a bodily apprehension of the interactional field *between* them. This stands in contrast to Schmitz's conception of atmosphere as a pre-personal realm detached from persons and things. As Böhme (2017a, 17) notes, "Schmitz's approach suffers above all from the fact that he credits atmospheres with too great an independence from things.[289]

Interpersonal atmospheres extend this framework to social contexts, highlighting how affective qualities of spaces and interactions shape emotional experience and well-being. Calm, aesthetically attuned environments may foster psychological ease, while chaotic or tense settings can heighten anxiety or discomfort. Therapeutic and reflective practices–such as engagement with nature, art, or deliberately designed sensory spaces–modulate both mood and atmosphere, demonstrating the mutual entanglement of subjective affect and environmental qualities. Promoting well-being thus requires attention not only to internal states but also to the affective conditions of our surroundings, with implications for mental health, architecture, education, and social care.

2.5 Resonance or Responsivity? Atmospheres and Synaesthesia as Threshold Phenomena

As pointed out in the previous sections, in everyday life, the atmospheric appears closely linked to the synaesthetic. For example, when our spatial and interbodily awareness is addressed through many different sensory modes and their communication and stimulation between each other. In the theoretical canon, however, both phenomena and their interconnectedness were mostly marginalized until the 20th century due to their objective vagueness. For some time now, however, they have received increasing attention within neophenomenological debates (Schmitz 1981; Heibach 2012; Bulka 2015), in theories of embodied cognition (Merleau-Ponty 1966; Varela et al. 1991; Gallagher 2012) or in the field of the phenomenology of moods and feelings (Slaby 2008; Ratcliffe 2008a; Fuchs 2013). Grohmann (2019), for instance, has individuated synaesthesia as a resonance phenomenon that provides an ontoaesthetic foundation for people with autism.[290] For a comprehensive understanding of human affectivity, there is therefore a research desideratum to clarify the connection between synaesthetically induced atmospheres and those that have a social dimension, both theoretically and practically.

[289] For a more integrative approach of atmospheres and their social dimension, also see chapter 9.2.
[290] For more details, see chapters 6.4 and 6.5.

Synaesthesia shares the characteristic of being a threshold, limit and resonance phenomenon with atmospheres. This is because the phenomenon of atmosphere cannot be attributed solely to the place or the feeling, or either only to external or internal perception, but is to be understood as a correlative element, or in Schmitz's terminology as a *bridging quality, bodily emotion or suggestion of movement* (Kazig 2020). The term and concept of synaesthesia, as well as that of atmosphere, seem to ignore the body-mind dualism and disciplinary boundaries on the one hand, but on the other hand they address precisely these, question them and thus also transcend them. Furthermore, synaesthetic perception constitutes, if not exclusively, the experience of atmospheres.

The body can not only translate perceptual experiences from one sensory modality into another, but is also able to directly grasp the dynamic structure of an organism and its typical environment. For Merleau-Ponty, perception is a unified act whose overall form is predetermined in relation to its individual contents, be they sensory, affective, volitional or conceptual. In particular, the phenomenology of perception provides a framework and a language through which the immediacy of embodied sensations can be articulated in their presence and absence.[291] This immediacy of embodied sensations is simultaneously conveyed corporeally, perceptively and affectively. For both Merleau-Ponty and Waldenfels, the unspeakable is made sayable through the expressive qualities of the body. However, before I go into more specific detail about atmospheric sensitivity in dementia patients and the genesis of *therapeutic atmospheres* (Sonntag 2016), I will first elaborate on the stability-creating aspect of bodily traces of memory in view of the fragility and volatility of self-perception in dementia.

As outlined in the previous two chapters, it can be argued that multisensory representations of both the body and the external world, when viewed from an embodied perspective, play a fundamental role in all mental processes by providing a reference point for our interactions with the environment.[292] Multisensory perception of the body is essential for navigating and engaging with our surroundings in a physically competent and adaptive manner. Nevertheless, traditional conceptualizations and classifications of the senses tend to obscure the complexity and diversity of perceptual experience. Historically, philosophers and scientists have assumed that the senses function as independent channels of information, with perception conceived as the sum of their discrete contributions. Yet, as the phenomenon of synaesthesia demonstrates, perceptual experience exceeds the mere aggregation of separate sensory modalities.

While Merleau-Ponty sees synaesthesia as the original state of perception, Schmitz refers to atmospheres with their synaesthetic qualities as supra-personal and pre-objective, bridging

[291] Paterson 2007, p.23
[292] Also pertaining to a view associated with *embodied cognition*; see Varela et al., 1991; Gallagher, 2005.

subject and object. In contrast to this slightly metaphysical approach, Böhme (2006) considers atmospheres as spatial carriers of moods, influencing personal experiences and interactions. All three philosophers do seem to stress, a pre-reflective, a- or transmodal understanding of synaesthesia and atmospheres supporting a holistic, that is non-binary view of our affective bodily responsivity. They take interpersonal perceptions and relations including the aforementioned abysses of experiences or unconscious parts thereof into consideration, although not explicitly.[293] As we have seen, for Merleau-Ponty, perception is a unified act whose overall form is predetermined in relation to its individual contents: be they sensory, affective, volitional or conceptual. This immediacy of embodied sensations is simultaneously conveyed corporeally, that is, perceptively and affectively. The unspeakable becomes then expressible through the expressive qualities of the body.[294] In fact, I argue that body memory and bodily responsivity are important examples in which modes of synaesthetic and atmospheric perception meet, stressing our interbodily and affective nature. An amodal approach to perception seems particularly important when impairments of bodily capacities occur. For example, in dementia bodily communication as a form of non-linguistic expression becomes increasingly important for a genesis of supportive therapeutic encounters in later stages.[295] In recent years, theories of resonance and responsivity have gained considerable traction, especially under the influence of the so-called "affective turn" in the humanities and social sciences.

As we have seen in the preceding sections, among the central figures in this debate are Thomas Fuchs, who emphasizes the embodied, pre-reflective dimensions of self and identity in contexts like dementia; Bernhard Waldenfels, who develops a phenomenology of responsivity; Hartmut Rosa, whose sociological theory of resonance critiques modern acceleration; and Hermann Schmitz, whose neophenomenological work focuses on felt, bodily (leiblich) communication.[296] Thomas Fuchs has developed a phenomenological and psychopathological account of resonance, describing it as the bodily basis of intersubjectivity, where 'self and other are coupled through mutual bodily affection and movement'.[297] Resonance, for Fuchs, is primarily mutual attunement: the bodily dimension of empathic co-presence. Bernhard Waldenfels, however, prefers the notion of responsivity (2011, 2015). Responsivity emphasizes the asymmetry of encounters: the self is always already addressed by the Other and only secondarily responds. While resonance risks implying harmony or symmetry, responsivity

[293] Based on Daniel Stern's research on the inter-bodily understanding of the world (1992) and on vitality effects (2011), the perception or feeling of atmospheres can be considered a perceptual competence in which an ontogenetically early developed overall sensory-amodal perception takes effect and perceptible moments of pre-reflective knowledge are discovered.
[294] cf. Fuchs 2018a; Finke 2019; Weiss 2017.
[295] cf. Sonntag 2016, Fuchs 2020.
[296] See sections of chapter 2 above.
[297] Fuchs 2018, p. 219.

foregrounds interruption, the intrusion of alterity, and the ethical demand that follows. Thus, while both frameworks underline the embodied relationality of human existence, Fuchs' resonance privileges continuity, Waldenfels' responsivity insists on rupture.

In sociology, Hartmut Rosa (2016; 2019) radicalizes resonance into a critical concept of modernity. Resonance for Rosa is a mode of being-in-the-world antithetical to alienation: it emerges in relations where subjects are affected and, in turn, responsive. Yet Rosa's model remains at a high level of abstraction, risking neglect of the corporeal and affective ground that phenomenologists insist upon. Hermann Schmitz's (1965, 2019) (neo-)phenomenology of *Leib* provides precisely such grounding: his account of "felt-bodily communication" (*leibliche Kommunikation*) frames resonance as a pre-linguistic, affective vibration that passes through atmospheres and reverberates within the *Leib*.

As Griffero (2021) shows, resonance and responsivity need not be treated as opposed but rather as complementary. Responsivity preserves the asymmetry and alterity inherent in relations, while resonance describes the mutual vibrational dimension that sustains shared worlds. The interplay of the two suggests that any adequate analysis of social and existential experience must attend both to the calls that disrupt us and to the vibrations that bind us. Drawing on Tonino Griffero's comparison of these approaches, one can see both convergence and divergence in how these thinkers treat the interplay between being affected by the world and responding to it. Potentially, a neophenomenological orientation toward atmospheres demonstrates how resonance is more than metaphor. Resonance describes an affective, pre-reflective form of bodily communication that carries diagnostic and therapeutic significance. At the same time, it shows the potential for convergence: a sociology attentive to embodiment and a phenomenology attentive to situative, historical, and collective dimensions may meet in their shared concern for affective vulnerability in everyday life.

Resonance on an intrabodily level refers to the ways in which bodily processes, sensations, and modalities interact, amplify, and modulate each other. In this sense, resonance is not only interpersonal or social but also internal: a dynamic coupling within the body's sensory and affective systems. Synaesthesia provides a striking example of such intrabodily resonance. Here, a stimulus in one sensory modality (e.g., sound) involuntarily evokes experiences in another (e.g., colour, shape, or taste). Rather than being mere "cross-wiring," synaesthesia can be understood as a resonant amplification across perceptual fields, where the *Leib* becomes a vibrating medium through which sensory domains overlap and reinforce one another.

As laid out in the previous chapter, atmospheres can be understood as affective tonalities that pervade a space, shaping how we experience environments and social settings. They are not merely subjective projections, nor are they simply properties of objects; rather, they exist

as qualities that we perceive through intentional feeling. Drawing on phenomenological perspectives, particularly Scheler's notion of *Wertfühlen* (value-feeling), atmospheres are experienced via a form of intentional affectivity: we perceive qualitative saliences in the world – qualities of value, significance, or affective resonance – and respond by experiencing corresponding emotions or feelings (Vendrell-Ferran 2021). This approach accounts for the observation that atmospheres can sometimes be apprehended without fully resonating within us: for instance, one may perceive the vibrancy of a spring landscape while remaining personally sad, perceiving the liveliness without embodying it. Vendrell-Ferran (2021) clarifies the relationship between moods and atmospheres, noting that while both are often described with similar emotional language (e.g., a "melancholic person" versus a "melancholic landscape"), they are structurally distinct. Moods are affective states of sentient beings with intentionality, whereas atmospheres are affective qualities of environments or situations, experienced as emanating from the world. These domains are linked through "affective colouration," whereby moods shape the qualitative feel of experience, and environments can evoke affective tones reminiscent of moods. Her "Similarity Explanation" suggests that we describe atmospheres using familiar emotional concepts because our prior mood experiences provide reference points, without implying that environments themselves possess emotions.

The relevance of atmospheres becomes especially pronounced when considering disrupted or disoriented self-experience, as in dementia or schizophrenia. Summa (2014) shows that in these conditions, cognitive, affective, and embodied layers of selfhood can become desynchronised, leading to disorientation in time, space, and social interaction, as well as disturbances in agency and self-awareness. Atmospheres, insofar as they provide affective and relational cues, can either exacerbate this disorientation or serve as stabilising elements that anchor self-experience.[298]

Taken together, these perspectives suggest that atmospheres operate at the intersection of individual affect, relational dynamics, and socio-cultural structures. They provide a lens for understanding how subjective well-being, self-experience, and social agency are co-constituted, highlighting the importance of affective environments for everyday life, clinical practice, and broader social, educational, and architectural intervention

To generate a comprehensive understanding of our bodily interconnectedness and situatedness, it is important to note that synaesthesia potentially co-constitutes the perception of atmospheres and therefore the affective sharing potentialities implied herein. That is why we have to consider the connection between synaesthetically induced atmospheres and those that have a social dimension, both theoretically and practically.

[298] Also see chapters 7.5 and 8.

By bringing synaesthesia and atmospheres together, inter- and intrabodily resonance can thus be described as a pre-reflective, multisensory "sounding board" effect of the body, where different sensory and affective modalities reverberate in relation to one another. This view shifts focus from linear causality (stimulus → response) to a field-like dynamic of *mutual amplification* and *transmodal coupling*. It underscores how the lived body (*Leib*) is not a passive receiver but an active medium of resonant interplay that shapes both perception and affectivity.

Importantly, responsivity and resonance should not be seen as mutually exclusive. While responsivity stresses alterity and asymmetry, resonance emphasizes mutuality and vibrational connectedness. Together, they provide complementary lenses for analysing how human beings remain both open and vulnerable, embedded and responsive.

3. Gestalt-Psychology and Synaesthesia

Gestalt psychology, with its principle that 'the whole is greater than the sum of its parts,' provides an intriguing framework for understanding synaesthesia.[299] Synaesthetic experiences often involve the automatic integration of sensory elements that would normally be perceived separately. This aligns with Gestalt principles of perceptual organization, where the mind imposes structure on sensory input to create coherent wholes. For instance, synaesthetes who experience grapheme-colour synaesthesia may not just see individual letters in specific colours but also perceive entire words or sentences as having an overarching hue. Similarly, musical synaesthetes often experience whole chords or melodies as unified colour patterns rather than a mere collection of individual notes. This suggests that synaesthetic perception operates not just at the level of isolated stimuli but also at the level of gestalt grouping–where individual elements (letters, sounds, tastes) contribute to an integrated, meaningful whole. From a Gestalt perspective, synaesthesia challenges traditional views of perception by demonstrating alternative ways of binding sensory information. While Gestalt laws such as proximity, similarity, and closure explain how neurotypical perception organizes visual and auditory stimuli, synaesthetes may extend these principles across modalities. This could imply that synaesthesia is a form of hyper-binding, where perceptual elements from different senses become inseparably linked, forming stable, cross-modal gestalts. Such a perspective also raises questions about how the we construct unity from disparate sensory inputs. If Gestalt principles apply across sensory domains in synaesthesia, then synaesthetes might embody an expanded

[299] Köhler, W Wertheimer, Michotte, Koffka, Kurt, *Principles Of Gestalt Psychology*, 1935, http://www.new.dli.ernet.in/handle/2015/7888, (accessed 18 March 2020)

model of perceptual organization–one where the boundaries between senses are more fluid, and wholes emerge from multisensory rather than unimodal integration.[300]

Heinz Werner directed a series of experiments during 1920s which point definitively to synaesthesia of all forms as the original type of sensory functioning; supporting the view that the restriction of synaesthesia is a wrong supposition. He emphasizes that '... under suitable circumstances every cultured person is open to synaesthetic influences...'.[301] At the same time, however, he lets the reader know that this influence depends on the 'personality of the subjects' and thus requires a genetic disposition, and in this sense he explains: '... observers are open to influence to varying degrees. One fifth of our subjects showed no synaesthetic effect...' (ibid.). A further condition that must be fulfilled and that is likely to be related to 'personality' for synaesthetic influence to take place is that '... the influencing stimuli (...) are not objectively recorded, but (...) are more or less experienced by the observer as subjective 'vital sensations'...'. Interestingly, the other way around, the synaesthetically 'influenced perceptions (...) must be relatively unstable...'. Werner explains that unstable phenomena of this kind '[...] are afterimages, briefly exposed tones or colours, apparent movements, tones and colours close to the threshold, etc. ...'. For the experiment at that time, this meant that the colours whose perception is influenced by the simultaneous reception of high or low tones were presented 'tachistoscopically'. Therefore, in Werner's opinion, optical afterimages are particularly responsive phenomena due to their instability to acoustic stimuli. Furthermorethey can be easily influenced intersensorily. Thus, tone beats '... often cause the optical afterimage to vibrate; high tones intensify and low tones blur the contours of the afterimage, etc. A gradual change in the pitch of the tone is able to (...) alter the apparent brightness of an optical '*ganzfeld*' in a corresponding manner...'. Conversely, auditory and tactile perceptions, which are caused by vibrations on the skin, can influence visual perception. The fact of an intersensory influence of submodalities of one sensory system by sensory stimulation of another sensory system is basically very close to the fact of 'synaesthesia'. Thus, the crucial difference between intersensory influence, which involves the qualitative modification of already presupposed sense-specific impressions, and synaesthesia, which involves the production of precisely such sense-specific impressions, can be relativized by asking whether and to what extent the perception of an optical afterimage does not fulfill the criterion of synaesthesia itself. The perception of a quasi-synaesthetically represented afterimage of the complementary colour of a colour previously fixated on with the eyes proves to be modifiable in its intensity and quality by external stimulation of other sensory systems. It is also interesting to note that coloured

[300] cf. Coessens 2012.
[301] Werner H. (1966) 'Intermodale Qualitäten (Synästhesien)', *Handbuch der Psychologi*e, pp.282-283. Here p.282, my transl.

afterimages show a proportionality of activities of the visual center in the brain that is similar to synaesthesia. In view of these parallels, it seems justified to speak of the heteromodality influence on the submodalities as a 'potentially synaesthetic factor of perception' as a whole because, in line with the concept of synaesthesia, a sensory input within a specific sensory modality can change or modify the mode of aisthesis within another sensory modality.

Merleau-Ponty reinterprets Gestalt psychology as a dynamic, embodied process rather than a set of static, objective principles. He views 'Gestalt' as the spontaneous organization of the sensory field where elements depend on integrated wholes. He emphasizes that spatial organization is not merely imposed by intellectual constructs, but emerges from lived experience, defined by anchoring points and tension lines that confer depth and structure. In his framework, perceptual constancy is presupposed by our engagement with the world rather than derived from external conditions. This perspective extends to contemporary phenomena such as synaesthesia, challenging the dichotomy between objective stimuli and subjective experience. Ultimately, Merleau-Ponty's approach calls for a holistic account of perception that unifies dynamic sensory information with bodily experience.

3.1 Experimental Phenomenology and Crossmodality

Evidence of auditory-visual correspondences appeared already in the first half of the twentieth century, one of the best known examples being the pair of abstract figures created by Wolfgang Köhler (1947): the rounded, lobular figure he called 'maluma' (originally named 'baluma' by Köhler in 1929), and the straight-edged, acutely angled figure he called 'takete'.

maluma and takete shapes, reproduced from Wolfgang Köhler (1929).

Köhler reported that subjects readily identified which name matched which figure–a finding subsequently confirmed in non-Western as well as Western cultures and in children as well as adults. In a more recent demonstration, Ramachandran and Hubbard (2001) reported that most subjects matched the names 'bouba' and 'kiki' to rounded and angular figures, respectively, that were constructed as analogs to Köhler's maluma and takete figures.

It has generally been assumed that these cross-modal matches arise from correspondences between the auditory attributes of the words and the visual features of the figures, that is, from correspondences between the low-pitched, temporally extended vowel sounds of maluma/bouba and the softly rounded figures, and between the high-pitched, brief vowel

sounds of takete/kiki and the angular figures (e.g., Marks 1978; Ramachandran and Hubbard 2001). But sound may be only part of the story, as Ramachandran and Hubbard point out the potentially important role of phoneme-specific motor acts in the oral cavity and their concomitant kinesthetic signals.[302] Perhaps the cross-modal equivalences between the words and visual figures are strongly embedded in, and largely mediated through, the implicit or explicit motor activity and kinesthetic feedback associated with speaking the words. Along these lines, Vladimir Nabokov (1949) made a pertinent observation with regard to his own strong letter-colour synesthesia: 'On top of all this, I present a fine case of "coloured hearing." Perhaps "hearing" is not quite accurate, since the colour sensation seems to be produced by the physiological act of my orally forming a given letter while I imagine its outline'.[303]

Synaesthetes, like everyone else, make cross-modal connections, but these associations operate at a qualitatively different level. While non-synaesthetes might intuitively link certain sounds with particular shapes, synaesthetes literally perceive these associations as for example, 'seeing' colors when encountering letters or numbers. These synaesthetic experiences are stronger, more temporally stable, and often idiosyncratic, yet certain patterns emerge across individuals. Grapheme-colour synaesthetes, for instance, frequently perceive the letter 'A' as red, and similar letter shapes evoke similar colors. Interestingly, these tendencies mirror trends in the general population's cross-modal associations, such as links between pitch and lightness or touch and vision, suggesting that synaesthesia reflects an amplification of typical cross-modal tendencies. Experimentally, cross-modal associations have been documented across numerous sensory domains, including taste-touch, vowel quality, and touch-colour pairings.[304] From an evolutionary perspective, such cross-modal connections likely had adaptive value, for instance, visual-motor coupling enabling complex actions like reaching for a branch while swinging. In this sense, synaesthesia can be understood as an extreme manifestation of a fundamental cognitive capacity for cross-modal integration, positioning it at one end of a spectrum of perceptual and associative abilities.

While pursuing this line of thought, I will go into more detail regarding the nature of synesthesia and its various varieties in chapter 5.

[302] Marks, L. E., 'Weak Synesthesia in Perception and Language', in Julia Simner, and Edward Hubbard (eds), *Oxford Handbook of Synesthesia* (2013; online edn, Oxford Academic, 16 Dec. 2013), https://doi.org/10.1093/oxfordhb/9780199603329.013.0038 , accessed 26 Jan. 2024.
[303] Nabokov cit. in Marks 2013, p.33.
[304] Cuskley, C., and S. Kirby (2013) 'Synesthesia, Cross-Modality, and Language Evolution', in Julia Simner, and Edward Hubbard (eds), *Oxford Handbook of Synesthesia* (Oxford Academic), https://doi.org/10.1093/oxfordhb/9780199603329.013.0043, accessed 26 Jan. 2024.

3.2 Cross-Modality and the Non-Arbitrary Origins of Language

The idea that cross-modality plays a key role in this process is more recent. Early theories proposed that language developed through direct imitation of sounds. However, linguistic theory, particularly following Saussure (1959), has largely rejected such views, emphasizing the arbitrary relationship between linguistic signs and their meanings. Consequently, evolutionary approaches that challenge the principle of arbitrariness have not been widely accepted. Gestalt psychologists challenged this view by demonstrating that certain sounds might naturally correspond to certain referents. Köhler's (1929, 1947) classic experiment asked participants to match nonsense words (*maluma* and *takete*) to abstract shapes. Consistently, *maluma* was associated with a curved shape, while *takete* was linked to an angular one. This cross-modal bias has been confirmed in studies with children (Maurer et al. 2013) and across cultures (Davis 1961), indicating a shared perceptual tendency to link linguistic sounds with visual forms. Ramachandran and Hubbard (2001) expanded on these findings with their 'synaesthetic bootstrapping' theory, arguing that cross-modal mappings between visual and auditory processing contributed to the emergence of language. This perspective suggests that language evolution was not solely based on auditory imitation but also involved broader cross-sensory connections, allowing linguistic sounds to represent a variety of sensory experiences beyond the auditory domain.

Recent research highlights that language is not purely spoken but also incorporates gestures as an integral component (Brown, 2010; McNeill, 2005; Tomasello, 2008). This dual-channel speech-gesture system, combined with cross-modal biases, could have provided a perceptual foundation for an early protolanguage. Over time, this system matured into the complex, arbitrary linguistic structures we see today. Rather than being entirely arbitrary, language may have originated from *natural cross-modal associations* that facilitated early communication. These biases likely played a crucial role in structuring an initial lexicon, providing an evolutionary stepping stone toward the development of fully conventionalized language.[305]

3.3 Synesthesia-like perception in infants

The modality-specific separation of incoming sensory data from the environment occurs to the extent that the developmental and environmental differentiation of the brain progresses. Scientists suspect that in some people, such early pathways in the brain have been preserved, making them synaesthetes.[306] American psychologist Daphne Maurer, for instance, postulates such an early childhood synaesthesia, when stating:

[305] cf. Cuskley and Kirby 2013.
[306] cf. Maurer et al. 2013.

> '...During his first six months, a newborn perceives merely sensations and nothing more. He does not perceive anything other than himself and his sensations exists. (...) The newborn does not keep his sensations separate from one another. He mixes sights, sounds, feelings, and smells into a sensual bouillabaisse. Sights have sounds, feelings have tastes, and smells can make him dizzy. The wildest of 1960s' psychedelia could not begin to compare with the everyday experience of a baby's entry into the world …'.[307]

Their body of research supports the neonatal synesthesia hypothesis, which posits that all infants experience cross-sensory associations due to early functional hyper-connectivity between sensory modalities. Studies have demonstrated that infants as young as 3 - 4 months old systematically relate pitch to shape, size, and spatial position, mirroring common synaesthetic associations found in adults with audiovisual synesthesia. For example, higher pitches tend to be associated with smaller, sharper shapes positioned higher in space, while lower pitches correspond to larger, rounder shapes positioned lower. Similarly, infants exhibit sound-symbolic associations akin to those found in synaesthetic adults and non-synaesthetic adults' implicit cross-modal correspondences, such as linking rounded vowels to round shapes and unrounded vowels to angular shapes. These findings suggest that early cross-modal associations arise from an initial state of exuberant neural connectivity, which is gradually refined through neural pruning and inhibition as the brain develops. In typical adults, remnants of these early cross-modal connections persist as implicit biases, influencing behaviour and perception, though they do not usually reach conscious awareness. However, in synaesthetes, genetic predispositions may result in incomplete pruning or reduced inhibition, allowing these cross-modal connections to remain functionally active.

The idea that synesthesia is a fundamental feature of perception is further supported by the role of cultural learning in shaping cross-modal associations. For instance, while grapheme-colour synesthesia develops postnatally through learned associations, the brain appears to recycle pre-existing neural architecture for colour and shape processing to accommodate culturally acquired stimuli such as letters and numbers. This suggests that synesthesia may emerge from a broader principle of neural organization rather than being an anomalous phenomenon. Furthermore, remnants of neonatal synesthesia may resurface in altered states of consciousness, such as under the influence of hallucinogenic substances or hypnosis. While non-synaesthetic adults can be trained to form strong colour-number associations, these learned correspondences do not typically elicit genuine synaesthetic percepts, suggesting that true synesthesia arises from innate neural connectivity rather than mere associative learning. The debate over synesthesia's role in perception also raises fundamental questions about cognitive

[307] Maurer, D. and Maurer, C. (1988) *The World of the Newborn*. New York: Basic Books. Here: p.151.

processing. If perception is modular and assembled like a model, synesthesia might reflect an atypical integration of sensory modules. Alternatively, if perception is holistic, unfolding through constraints imposed by sensation, synesthesia could represent an early, unfiltered stage of perception–an awareness of sensory integration before it reaches its final, conventional form. If this latter view is correct, then synesthesia may not be an anomaly but rather a latent aspect of perception that remains hidden in most individuals:

> 'Do the elemental qualities of synesthesia, as partially represented by the form constants, represent 'building blocks' or 'modules' of cognitive science in which perception is assembled like modeling a statue from bits of clay? Or is perception holistic, constrained by sensation as it unfolds from within? If so, then perception is like sculpting from a block of marble, exposing the statue within it by removing extraneous bits. In this view, synesthesia is the conscious awareness of a normally holistic process of perception that is prematurely displayed. That is, it is awareness before the terminal target, before the final stage of neural transformation and mental mediation. If this is correct, then we are all unknowingly synaesthetic'[308]

In essence, the passage suggests that synesthesia could be an early or raw form of perception–an insight into the way sensory information is integrated before it is refined into conventional conscious experience. This implies that synaesthetic experiences might not be unique to synaesthetes but rather a glimpse into a fundamental aspect of human perception. The focus here is to determine how this synaesthetic connection has a function in the transition from the individual and private realm to common perceptions and social understandings inherent in language.[309] In this sense, synaesthesia appears to serve as an individually conditioned, meta-conceptual organising mechanism that underpins one's capacity to participate in shared, conventional frameworks of meaning.

Conclusion

As we have seen in the preceding chapters, when doing research into the topic of synaesthesia one is not only presented with a vast array of studies that pertain to neuropsychological realm but also, media studies, aesthetics, and more. Given the historical overview and the short summary of the state of the art in synaesthesia research, we can only but come to conclude that synaesthesia is yet to be defined or each type of research has to pick from the conundrum situation and range of interpretations that exist so far. What we then know is perhaps less certain than many researchers so far have thought, or we should simply go with a kind of minimum or slow-scale definition as a common ground to start from that I have proposed here. It would allow to explain and account for similar limit phenomena in perception such as atmospheres,

[308] Cytowic 1995, p.25.
[309] Klempe 2022, p.160.

body memory, embodied habits, and bodily responsivities, thereby broadening our awareness of our bodily styles of communication, perception, and interaction. To what extend these can differ and deviate from normative stances of perception, interaction, and communication, I shall address in the second part. I will begin, however, by addressing some persistent misconceptions and recent paradigm shifts in synaesthesia research, which help to highlight the ongoing challenges of defining - and thereby including or excluding - what counts as synaesthetic perception.

II. Plurality and Variety of Synaesthetic Experiences

> 'If we succeed in understanding the subject, this will not be in its pure form, but rather by looking for the subject at the intersection of its various dimensions.' (Merleau-Ponty 2012, p.433)

4. Scientific paradigm shifts and Misconceptions: Future Research

In *An Essay Concerning Human Understanding* (1690) John Locke gives one of the earliest known references to synaesthesia-like perception. He described a blind man who, when asked to describe the colour scarlet, replied that it is 'like the sound of a trumpet' [310]. Locke's essay does not deal with synaesthesia in its neurological sense but with how sensory perception in the absence of one faculty can be imagined in a metaphoric or analogical way.[311] In fact, the example seems somewhat nonsensical because it does not comply with the definition, according to which a stimulus of one sense activates another additionally within another or the same sense modularity. Yet, the most common forms of synaesthesia involve seeing colours when listening to sounds or words, or when reading letters or numbers.[312] Interestingly, Lynall and Blakemore (2013) state that just as 'schizophrenia and dementia, synaesthesia is often described as a singular phenotype' which implies that 'this extraordinary condition is a well-defined 'pathological' form of perception with a distinct neurological basis'.[313]They suspect that like schizophrenia and dementia, convenient terminology and minimal definition might hide a variety of conditions, with different etiologies and manifestations.

Synaesthesia, often considered an innate or ancient human experience, only emerged as a formal concept through the scientific and technological developments of the 19th century.[314] It was through the isolation and analysis of individual senses–enabled by physiological research and technical media–that the interconnectedness of sensory experience became visible. The modern discourse on synaesthesia retrospectively constructed a historical lineage, elevating figures like Aristotle, Locke, Herder, and Goethe as precursors, despite the fact that the concept – as it is understood today – did not exist in their time. This retrospective tradition has largely gone unchallenged in research, with many contemporary accounts still beginning with Aristotle.

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[310] Locke, John. 1690. *An Essay Concerning Human Understanding*. London: T. Basset.

[311] For a critical review cf. Kevin T. Dann, *Bright Colors Falsely Seen: Synaesthesia and the Search for Transcendental Knowledge* (New Haven: Yale University Press, 1998), 8–9. The example of the blind man, which comes up several times in Locke's essay, is used within the scope of a question related to perception theory known as Molyneux's question. Following an empirical approach, Locke argues that mental pictures are necessarily based on sensory-specific perceptions. A blind man who has never experienced the sensory quality of scarlet red has no notion of this colour whatsoever and accordingly attempts to understand it by forming a linguistic analogy (sound of the trumpet).

[312] Lynall, M.-E., and C. Blakemore (2013) 'What Synaesthesia isn't', in Julia Simner, and Edward Hubbard (eds), *Oxford Handbook of Synaesthesia,* 959–998.

[313] Lynall and Blakemore 2013, p.559.

[314] cf. Gruß 2017, pp.9-12.

However, a crucial distinction must be made between the *phenomenal level* (actual perceptual experience) and the *discursive level* (conceptual and cultural framing) of synaesthesia. While the perceptual phenomenon may have always existed, the discourse around it only emerged with the coining of the term and has evolved in tandem with broader cultural and technological shifts.

Synaesthesia serves as a cultural imaginary–an adaptable figure of thought that absorbs desires, utopias, and anxieties. It reflects historically contingent constructs and resonates particularly during times of media upheaval, such as around 1900 and the late 20th century. In these periods, radical shifts in media technologies prompted new negotiations of perception, embodiment, and knowledge, creating fertile ground for renewed interest in synaesthesia.[315] Despite consistent descriptions of synesthetic experience from the 1860s to the present, synaesthetes often only recognize their unique perception through language and conceptual framing–paralleling the cultural process of naming and recognizing synaesthesia as a distinct phenomenon. These subjective accounts not only illustrate the perceptual experience but also respond to broader cultural shifts and help individuals adapt to changing media environments. As a discursive construct, synaesthesia reflects changing knowledge regimes shaped by media technologies. It functions as both a critique of modern sensory fragmentation and a utopian vision of perceptual unity. This duality helps explain its enduring fascination and its expansive influence across disciplines–from neurology and psychology to aesthetics, literature, architecture, and the arts. Even as its neurological basis remains unresolved, synaesthesia continues to evolve as a powerful cultural and intellectual concept.[316]

As I have shown in the preceding chapters, there are several paradigm shifts in prevalence of types throughout the centuries of synaesthesia research. While in the 18th and 19th century, the most reported cases were the *audition colorée* whereas the newly revived and extensive research at the end of the 20th century and beginning of the 21st century focusses on the neurological explanations and mappings within the *colour-grapheme* synaesthesia. That is to say that the prevalence has changed from the intermodal to the intramodal form of synaesthesia. This example returns us to the question what are natural or genuine forms of synaesthesia and how shall we distinguish them from synaesthetic effects that we occasionally all might be able to perceive when associating, for instance, certain colours with heat (red, yellow, orange) or cold (blue, green, purple).[317] To answer the question "what is the right kind of phenomenological differentiation and scientific discourse", we need a different approach to which I will turn in the following pages.

[315] ibid.
[316] ibid.
[317] cf. Gruß 2017 and Jewanski 2013.

Gruß (2017) has further argued that it is solely the emergence of technical media which led to the idea and concept of synaesthesia at all, by linking media techniques and human sensation in perception techniques in an intermediate position. In particular, from the perspective of a digital culture, a discourse on synaesthesia that emerged in the 19th century and encompasses all areas of interpretation of the synaesthetic becomes visible as a cultural discourse linked to the development of technical media capturing the connection between processes of perception and knowledge, and their change in connection with media upheavals, according Gruß (2017).[318] As mentioned earlier, before the 19th century, synaesthesia existed neither in thinking nor in philosophical and scientific discourses or artistic practices, according to Gruß (2017). While this idea holds interesting dualistic aspects, I would yet slightly object to its rather limited view as it is not just due to a technologisation process that we are able to perceive in a synaesthetic way or debate about it. A dialectic position of a *synaesthetic turn* thus consists of two modes: visions of the future of new sensual abilities in the light of innovative media techniques; and mystified holistic forms of perception that criticises the mechanisation and medialisation of the human being.[319]

With yet another shift, one might argue, that any kind of synaesthesia discourse therefore describes a tension and an interrelationship between humans, technology, and science promoting at the same time new human-machine interactions. As a kind of imagination, the synaesthetic in turn stimulates models, whether at the level of conceptions of the brain, new media techniques or aesthetics and art theory, which are reflected in cultural practices.[320] Indeed, these processes are already present at the level of individual synaesthetic experiences, which make the phenomenon suitable for instrumentalisation and as a space for negotiating media perception practices in the first place.

Turning to the phenomenological level of synaesthesia might offer a clearer perspective. Furthermore, with regards to a link of synaesthetic experiences and how they can provide support in dementia care, one such example would be the use of virtual reality which can be applied and directed in two ways in dementia, that is, towards the carer and towards the person with dementia. For instance, Tan et al. (2025) examined the effects of using the *Experience Dementia in Singapore* (EDIS) virtual reality app on undergraduate nursing students' empathy, attitudes, and sensitivity toward person-centred dementia care. Through thematic analysis of anonymized in-class learning activities, findings from 89 students showed that the VR experience shifted their focus from theoretical knowledge to empathetic and care-oriented

[318] Gruß 2017, pp.9-10.
[319] See chapter 1 for a broader and historical approach to synaesthesia that has been included in philosophical thinking from Aristotle onwards.
[320] cf. Gruß 2017, Wohler 2010.

perspectives. Students gained insights into dementia patients' needs, enhancing their ability to communicate care, make environmental modifications, and adopt a person-centred approach. The analysis identified four key themes: immersive learning, emotional responses, small actions with significant impact, and effective care communication. The study concluded that the EDIS app is an effective tool for fostering empathy and positive attitudes in dementia care training.

Another study conducted by Jonathan et al. (2024) involved 80 senior participants to test a VR recreation therapy programme, which was perceived to positively impact their overall health and well-being. Caregivers reported improvements in cognitive, social, and emotional functioning of the participants. These positive effects extended to caregivers and facilitators, with renewed relationships and enhanced skills, respectively.[321]

A third example for this insight is *Krefeld im Wirtschaftswunder*: together with the Virtual Reality Studio *Weltenweber* and the therapists of the *Helios Klinikum Hüls*, patients in the early stages of AD were able to reconstruct and virtually explore the city of their childhood by positional movements within the simulation, reactivating their home-identity. In this way, attention, memory, and orientation were stimulated and even the social dimension of affectivity was activated through participatory design.[322] The idea of grasping synaesthesia as a collective imaginary comes into play, which can absorb longings and utopias that determine the synaesthesia discourse as attributions to the phenomenon. At the same time, this implies historically and culturally changeable constructs in which specific problems materialise.

Running parallel to this are the personal accounts and descriptions of synaesthetes, which have shown remarkable consistency from the 1860s to the present day. These narratives continue to enrich the discourse by emphasizing both the inherent subjectivity of perception and the cognitive dimensions embedded within their experiences.[323]

> ‘About 3 days ago, I discovered that synaesthesia is the name for the way I have been thinking my whole life. My mother clipped an article from the Washington Jewish Week […] for me […] and the article mentioned that a[n] […] subset of people are synaesthetes and see colors for every musical tone. Well, it was like a thousand Hallelujah choruses in my head at once. It has a name! Though I know that only one in so many people have synaesthesia, I honestly can’t imagine what it must be like NOT to see the world in a series of colors. Everything in my mind is color-coded. For me, what I now know to be synaesthesia is not just a cute or freakish talent‘, it is the manner in which I organize my thoughts and understand the world around me. I don’t know why I see the colors that I do. I don’t know why Biology is green, Chemistry is red, and Physics is yellow.’[324]

[321] Foo et al. (2024) 'Using Virtual Reality Recreation Therapy to Enhance Social Interaction and Well-Being in Homebound Seniors', *Journal of Ageing and Longevity*. 4 (4), 373 - 393.
[322] cf. Winniewski and Dzwiza-Ohlsen, 2024.
[323] See chapter 4.4.1 for detailed first-person perspective descriptions.
[324] A synaesthete cit. in Day (2004), p.30.

As a subjective perceptual experience, synaesthesia must first be discovered and then appears as a specific way of thinking based on sensory experience. This process of self-discovery and identity formation can be found at the level of cultural history as a kind of symptom.[325] At the same time, the subjective statements of synaesthetes function as answers to cultural disruptions and problems of the time and open up a way for the subject to adapt to environments that are changing in terms of the media. In particular, phases of cultural upheaval, in which drastic social changes motivated by radical media transformations require a renegotiation of the senses, the body, and practices of perception and knowledge. This coincides with an increased interest in synaesthesia, which we have seen around 1900 or at the end of the 20th century. Synaesthesia is able to address the role of the subject in the context of complex media worlds, while stimulating discursive formulations of the synaesthetic. Thus, ruptures in synaesthesia discourse and the transformation of synaesthesia concepts serve at the same time as indications of changes in collective patterns of perception and forms of knowledge in the context of media development. The transformation of synaesthesia concepts, i.e. the breaks in the synaesthesia discourse itself, are thus also an expression of the changing forms of knowledge brought about by technical media. The synaesthetic offers itself as a projection surface, both as a counter-model to the process of civilisation and as a utopian vision of the future, and furthermore as both at the same time. How else can we explain the enduring fascination with the phenomenon and the expansion of the term across disciplines such as medicine, neurology, psychology, philosophy, aesthetics, literature, music, art and architecture, or artistic genres, movements and practices? And although – or perhaps precisely because – it is still neurologically unclear what causes synaesthesia, it continues to make new connections on a discursive level. These constant paradigm shifts are typical for science in general, and adhere to the phenomenon of synaesthesia, in particular. On a phenomenal level, synaesthesia retains an openness and flexibility for new agents that make the synaesthetic adaptable and connectable as a figure of thought in cultural discourse and in technological progress.

Despite the flurry of research on synaesthesia in the past 20 years, nurtured by the advent of neuroimaging, many of these fundamental issues remain unresolved. We are left with more certainty about what synaesthesia is not, than about what it is according to Lynall and Blakemore (2013). Following from this observation, one is tempted to ask: If we cannot say what synaesthesia is, then can we say what it isn't? To answer this question which involves questions on whether it takes one or many forms, and whether it is a highly aberrant condition or merely the extreme end of a continuum of perceptual function, a critical overview put

[325] cf. Gruß 2017, p.11, my transl.

forward by Lynall and Blakemore (2013) and others might help tentatively suggesting the following:

(1) Synaesthesia cannot be defined purely by the stability of the concurrent sensation. The 'Test of Genuineness' does not test the genuineness of synaesthesia: it is only a 'test of consistency'. Future experiments should tease apart the differential correlates of consistency and subjectivity of percepts.

(2) Normal perceptual experience often includes aspects (especially emotional) that are not directly attributable to the physical stimulus. Moreover, extraneous sensory association is not unique to synaesthetes: it is universal. The *sine qua non* of synaesthesia is the explicit conscious experience of concurrents[326]. We recommend referring to reproducible associations that do not elicit conscious concurrents as 'implicit sensory association'; and we argue against the classification of people who know that they have reliable associations but do not actually experience concurrents ('know associators') as synaesthetes.

(3) Synaesthesia is neither rare nor simply inherited. 'Sporadic' (non-familial) synaesthesia, which might be quite common, and deserves particular attention.

(4) Labelling individual synaesthetes as 'projectors' or 'associators' is inappropriate. Although three forms of concurrent experience can be distinguished (we suggest the names 'internalized', 'bound externalized' and 'unbound externalized', individuals can exhibit more than one class or different classes for different sensory modalities, and may change over time.

(5) The level of analysis at which an inducer triggers a concurrent sensation can differ from one synaesthetic association to another, even within an individual. Therefore, it is not synaesthetes but particular synaesthetic inducers that are 'higher' or 'lower'.

(6) There is no simple relationship between the level of analysis of the inducer and the tendency to externalize the concurrent. This compromises any attempt to explain all synaesthetic associations in terms of local connectivity in the cortex.

(7) Synaesthetic associations are not equally common in all modalities. Explanations of synaesthesia must account for the apparently idiosyncratic but overwhelming incidence of coloured concurrents.

(8) Although synaesthetic associations bear a striking resemblance to the rare examples of 'unitization' of features in normal vision (e.g., yellow banana shapes), synaesthesia cannot be viewed simply as an exaggerated form of binding. However, the relationship between synaesthesia and unitization deserves further attention.

(9) The widespread structural and functional hyper-connectivity in the cortex of synaesthetes seems disproportionate to the specific, idiosyncratic nature of the perceptual experiences. The magnitude and widespread nature of hyper-connectivity are an embarrassment of riches. Perhaps the 'synaesthetic brain' has a wider cognitive phenotype, beyond the synaesthetic precepts.

(10) The initial evidence that synaesthetic concurrents could provide an advantage in object detection has not been confirmed. Nevertheless, the familial clustering and high prevalence of synaesthesia suggest that it conveys some advantage, yet to be defined, and not necessarily related to the conscious experience of concurrents.

[326] *Concurrents* are understood as accompanying sensations, such as if a bright musical tone evoques a certain coloured tone simil.

What becomes apparent with these critical remarks is that there are a lot of ambivalences and entangled layers that need to be considered when analysing synaesthesia and synaesthetic experiences. Supporting these critical observations Ward and Simner (2022) state that it is unclear whether synaesthesia is one condition or many, and this has implications for whether theories should postulate a single cause or multiple independent causes.[327] In the same critical vein, Ward (2021) asks for a shift in synaesthesia research as the question remains if synaesthetes are not the same as everyone else, then how can studying them shed light on neurotypical cognition.[328] In fact, using synaesthesia as a model system may not seem ideal when approached from this perspective. Framing the issue in this way, however, establishes a rigid concept of 'normal' cognition to which all research must adhere.

Alternatively, considering the *spectrum of variation in neurotypical cognition* allows us to view synaesthesia as 'one particular shade or variety within the spectrum of normal cognitive experiences'.[329] Therefore, it still remains that synaesthesia research should focus efforts on the multi-dimensional distribution of cognitive abilities rather than the central tendency, that is, the typical. Following Ward, synaesthesia can shed light on neurotypical cognition because, by its nature, it is a 'kind of alt-normal' which can be considered among the possible, albeit rare, versions of a normal cognitive system.[330]

With this change in perspective we can account for the heterogeneity of synaesthesia by placing synaesthesia and variations in neurotypical cognition within the same framework. The assumption in Ward's contribution is that cross-modal correspondences are an essential ingredient for explaining why synaesthesia takes on the particular characteristics that it does, for instance, why the letter 'A' tends to be green. However, it has little relevance when explaining the causal mechanisms of synaesthesia, that is to say, why some people have it and other people do not. Following Ward's ideas (2021), we can suggest a reconceptualization of synaesthesia, not merely as a phenomenon of exceptional experiences but as the result of an unusual neurodevelopmental cascade–spanning genes, brain, and cognition–of which synaesthesia is just one outcome. The differences in the brains of synaesthetes reflect a distinctive cognitive profile, and it is these neurocognitive differences, rather than synaesthesia itself, that should be the focus of future research in neurocognitive studies. According to Ward, research on the altered reality of synaesthesia should attempt to explain this different way of

[327] Ward J. and J. Simner (2022) 'How do Different Types of Synaesthesia Cluster Together? Implications for Causal Mechanisms', Perception. 51(2):91-113. They analysed data from a large sample of self-referred synaesthetes (N = 2,925), who answered a questionnaire about N = 164 potential types of synaesthesia. Clustering and factor analysis methods identified around seven coherent groupings of synaesthesia, as well as showing that some common types of synaesthesia do not fall into any grouping at all (mirror-touch, hearing-motion, tickertape).
[328] Ward, J. (2021) 'Synaesthesia as a model system for understanding variation in the human mind and brain', *Cognitive Neuropsychology*, 38:4, 259-278.
[329] Ward 2021, p.29-30.
[330] ibid.

perceiving in terms of a wider pattern of altered cognition which applies to *neurodiversity research* in general.[331] Based on this perspective, four key premises can be proposed for future synaesthesia research:

(1) Synaesthesia is a Dichotomous Phenomenon:

While synaesthesia is dichotomous in its phenomenology–people either have it or they do not–the underlying causes, referred to as the synaesthetic disposition, may vary continuously across the population. These causes include genetic variations that lead to differences in brain architecture, suggesting a spectrum of synaesthetic potential rather than an all-or-nothing phenomenon. That is why synaesthesia should be understood as a product of broader neurodevelopmental variations, which influence brain structure and function, and not merely as an isolated phenomenon.

(2) Focus on Cognitive Differences and Synaesthetic Disposition:

The synaesthetic disposition itself presents a meaningful avenue for research, prompting a re-evaluation of traditional approaches. Rather than attributing neurocognitive differences to the presence of synaesthesia, it is plausible that synaesthesia is merely one outcome of broader neurocognitive variations. For many research questions, these underlying neurocognitive differences, rather than synaesthesia alone, should be the primary focus of study. That is why research should prioritize investigating the distinctive cognitive and perceptual processes in synaesthetes, rather than concentrating solely on the pairing of inducers and concurrents.

(3) Probabilistic Nature of the Synaesthetic Disposition:

The synaesthetic disposition is probabilistic rather than deterministic, meaning a high synaesthetic disposition increases the likelihood of synaesthesia but does not guarantee it. This has significant implications. Firstly, individuals with a high synaesthetic disposition may experience multiple forms of synaesthesia if these probabilities manifest across different brain regions. Additionally, since synaesthesia is just one possible outcome of this neurodevelopmental trajectory, such individuals may also exhibit more extreme traits in other areas (e.g., cognitive abilities, clinical vulnerabilities). Secondly, the probabilistic nature suggests that some individuals may resemble synaesthetes (in terms of genetics, brain structure, cognition) without actually having synaesthesia.

(4) Synaesthesia as a Spectrum:

Synaesthesia can be viewed as part of a continuum of cognitive diversity, with neurocognitive differences that may share underlying mechanisms with other forms of atypical cognition.

[331] I discuss this in more detail in chapter 6.5.

In alignment with criticism on a too narrow line of synaesthesia research, Hupé and Dojat (2015) criticize that there is no clear-cut empirical evidence so far about the neural correlates of the subjective experience of synaesthesia. Hence, they did not find any structural or functional anomaly in the brain of synaesthetes that could explain synaesthesia and therefore defend the view that most published studies to date show, in fact, that the brains of synaesthetes are functionally and structurally similar to the brains of non-synaesthetes.[332] It seems indeed problematic, that most publications on synaesthesia claim to have found neural correlates of synaesthesia but remain unsupported due to statistical errors, questionable methodological choices, or low statistical power, who have reported detailed explanations for each study. These problems are not just specific to synaesthesia research, and several studies have warned that misuse of statistical inference based on null hypothesis significance tests (NHSTs), low power, publication bias and pressure for rapid publication, are endemic to psychology and neuroscience, according to the authors.[333]

To sum up, synaesthesia challenges several key assumptions and what seems problematic is the approach often taken in synaesthesia research. The focus has tended to remain superficial, concentrating on where and how inducers and concurrents are paired, rather than considering synaesthesia as one of several outcomes of a distinct neurodevelopmental trajectory. While Ward maintains that synaesthesia is a dichotomous trait–either present or absent–we should note that certain forms of synaesthesia exhibit gradational characteristics, undermining a strict categorical distinction. Additionally, we should question whether core features such as automaticity, consistency, and perceptual nature are truly definitive, given their variability across different synaesthetic experiences.

Within the plethora of synaesthesia research, depending on the discipline according to which the phenomenon is analysed, there is a vast range of explanatory models and gaps. I will therefore present only an incomplete selection and the currently prevailing theories in the table below:

Claim	Literature	Model Theory
Direct informational benefits of synaesthesia are limited; concurrents do not convey novel information about the world	Simner & Bain (Review: *Synesthesia and learning: a critical review and novel theory*)	small learning benefits, context-dependent; synaesthesia is not inherently adaptive for novel information.
‘’	Rothen, N. (2012). *Enhanced memory ability: Insights from synaesthesia*	specific memory advantages (e.g. colour-linked), but not broad intelligence gains.

[332] Hupé JM. and Dojat M. (2015) ‘A critical review of the neuroimaging literature on synaesthesia. *Front Hum Neurosci*. 31; 9:103.
[333] ibid.

Claim	Literature	Model Theory
Synaesthesia may develop as a by-product of perceptual/neural design features (not because concurrents are informationally novel)	Spector & Maurer (2009). Neonatal/pruning hypothesis	widespread early cross-modal connectivity; incomplete pruning – a developmental by-product.
	Ramachandran, V. S. & Hubbard, E. M. (2001). *Synaesthesia – a window into perception, thought and language*	perceptual reality of concurrents (pop-out, grouping); architecture of perception rather than novel information.
	Grossenbacher, P. G. & Lovelace, C. T. (2001). *Mechanisms of synesthesia: Cognitive and physiological constraints*. Trends in Cognitive Sciences.	*disinhibition feedback theory*: higher-order feedback connections fail to inhibit cross-activation, releasing latent connections that normally remain suppressed. Explains cases of acquired or transient synaesthesia (e.g. brain damage, intoxication).
Indirect adaptive effects: enhanced perception/memory	Lunke et al. (2020)	enhanced perceptual/memory performance, but specific rather than general.
	Ovalle-Fresa et al. (2021)	selective memory advantages tied to synaesthetic associations.
	Ward (2019). *Synaesthesia: a distinct entity that is an emergent feature of adaptive neurocognitive differences*	evidence on structural/functional brain differences, synaesthesia as co-emerging with adaptive traits.

An alternative approach positions synaesthesia as a variation in cognition, rather than as merely an idiosyncratic connectivity between stimuli. The latter view risks being a mere redescription of synaesthesia in neural terms, rather than offering a true explanation. Framing synaesthesia as fundamentally different from neurotypical cognition suggests it may not serve as a useful model for understanding typical brain function. This assumes a rigid definition of 'normal' cognition to which all studies must adhere. However, if we view neurotypical cognition as a spectrum of variations, synaesthesia represents just one variant of that spectrum– a different expression of normalcy, rather than an exception. Studying synaesthesia, therefore, redirects research toward understanding the broad range of cognitive abilities, rather than focusing exclusively on a presumed central norm. I will turn to this point throughout the remainder of this thesis. Consequently, synaesthesia should be viewed as a distinctive phenomenon with its own cognitive profile and clinical vulnerabilities, stemming from variations in brain structure and function, which are at least partly genetically determined. This

perspective allows us to frame synaesthesia as a product of an atypical mind and brain, with the degree of atypicality increasing in a graded fashion. Such an approach is already applied in other domains; hallucinations in schizophrenia, for example, are understood in relation to broader cognitive differences, such as self-monitoring and perceptual decision-making.[334] However, synaesthesia research has often not taken this more nuanced perspective. In order to reveal the potentialities which, bear with the varieties of synaesthetic experiences; I shall address the affective and associative character of synaesthetic perception in the next two chapters.[335]

5. Normative Accounts of Perception and their Social Dimensions

Perceptual norms shape how individuals and groups understand and interpret sensory information, influencing both everyday perception and scientific theories of cognition. They refer to the implicit or explicit standards that determine what is considered correct, typical, or reliable perception within biological, epistemological, and social frameworks. Thus, perceptual norms shape philosophical debates on knowledge, embodiment, cognition, and normativity itself. Philosophers such as Kant, Husserl, and Merleau-Ponty have long examined the unity of experience, seeking to determine the conditions that make perception possible. They view perception not as a mere sensory encounter with the external world, but as a continuous and meaningful engagement with reality. Unlike Kant, however, neither Husserl nor Merleau-Ponty equated these conditions solely with cognitive or epistemic criteria. For both phenomenologists, perception possesses its own inherent standards. Essentially speaking, perception comes into being when it unfolds harmoniously or coherently. Moreover, if the perceptual process aligns with one's goals or interests, it is considered optimal. Consequently, from a phenomenological standpoint, *congruence* (Übereinstimmung) and *optimality* (Optimalität) are the fundamental norms governing perceptual experience.[336] Thus, we can say that perceptual norms are constitutive and enabling; they define what perception is.

Synaesthesia presents a unique challenge to traditional theories of perception by crossing sensory modalities and domains, thereby questioning rigid distinctions between sensory systems and cognitive faculties and the unity of experience in a commonsensical way.[337] We can say that synaesthesia exemplifies phenomenal unity, wherein multiple sensory features are experienced simultaneously, either as co-present or as constituting a unified object. Hence, this phenomenon blurs the boundaries between perception, action, and cognition, highlighting the

[334] Sterzer et al. 2018 cit. in Ward 2021, p.29.
[335] For a more a detailed insight of how synaesthesia challenges the canonical criteria, that is, *constancy hypothesis*, *coherence hypothesis*, and *constitution hypothesis* see Kluck 2019, or Doyon 2024.
[336] cf. Doyon 2024. Also see Wehrle 2022b.
[337] cf. Mroczko-Wąsowicz 2016, Deroy et al. 2017. Also see part I and its subchapters (1 to 3) of this thesis.

complexity of conscious experience. The diversity of synaesthetic experiences suggests a spectral model rather than a fixed categorization.[338] Furthermore, debates in multisensory perception, particularly those informed by Husserl and Merleau-Ponty, emphasize the constitutively multisensory nature of normal perception and call for a broader understanding that incorporates bodily self-experience and normative dimensions of *perceptual agency*.[339] Thus, following an inclusive approach to synaesthesia, that is, one which accounts for cross-modal perceptions such as in our kinaesthetic perceptions or in the bodily and sensory synchronisation of speech via auditory-visual integrations, we can only but frame synaesthesia in its plural and normative nature.

Mroczko-Wasowicz and Werning (2012) argue that comparing various forms of synaesthesia has the potential to challenge conventional understandings of the phenomenon and support a broader, sensorimotor account–one that incorporates cases driven by semantic associations or emulation, rather than relying solely on direct sensory or motor representations.[340] Such an interpretation allows for the inclusion of top-down associative processes and calls into question explanations based purely on hard-wired structural connectivity. In their paper, they develop the hypothesis that the wide-ranging nature of synaesthesia may stem from a process of *hyper-binding*–a tendency to bind attributes across 'too many' semantic domains. Alongside other scholars, such as Dixon et al. (2006), they suggest that a comprehensive understanding of synaesthesia must go beyond the traditional perspective.

This traditional view, embedded in the etymology of the term 'syn-aesthesia' – meaning a 'union of the senses' – construes synaesthesia primarily as a perceptual phenomenon, whereby a stimulus in one sensory modality automatically triggers an additional perception in the same or another modality.[341] However, a more nuanced understanding must also account for phenomena that involve not only sensations but also conceptual processing. To that end, Nikolić et al. (2011) introduced the concept of *ideaesthesia*, meaning the sensing of ideas or concepts. This term captures instances in which perceptual concurrents are triggered by conceptual inducers.

A prime example is grapheme–colour ideaesthesia, in which the colour experience is evoked not by the visual shape of a character, but by the concept it represents. For instance, the symbol "5/S" may appear green when interpreted as the number "5" but blue when read as the letter "S", illustrating that it is the *meaning*, rather than the sensory input, that gives rise to the

[338] See schema for varieties of synaesthetic experiences, p.33.
[339] Doyon 2024.
[340] Similarly, Abath (2017) has argued for a sensorimotor account of synaesthesia. See chapter 2.2, p.73.
[341] e.g., Baron-Cohen and Harrison 1997; Ramachandran and Hubbard 2001; Cytowic 2002a, b.

perceptual experience.[342] This challenges the notion of synaesthesia as a strictly bottom-up sensory integration and supports a broader view incorporating cognitive and semantic dimensions. This means that such a phenomenon can be explained by high-level semantic mechanisms which guide the assignment and evocation of low-level sensory concurrents.

Consequently, Mroczko-Wąsowicz and Werning (2012) define synaesthesia as follows:

> '[Synaesthesia] relates to the unity of cognition and demonstrates that this phenomenon exhibits certain holistic epistemic ability integrating different mental faculties into a hypercoherently unified conscious experience.'[343]

Their analysis relates synaesthesia to the unity of cognition and demonstrates that this phenomenon exhibits certain holistic epistemic ability integrating different mental faculties into a hyper-coherently unified conscious experience. I propose to amend this definition as follows:

> Synaesthesia relates to the *unity of bodily perception and cognition* and demonstrates that this phenomenon exhibits certain holistic epistemic ability integrating different mental faculties into a hypercoherently unified conscious experience.

The latter definition allows for a more integrative and inclusive perspective of synaesthetic experiences.

Put differently, synaesthesia is constituted by a type of sensor-cognitive fluidity enhancing creative processes and constituents thereof: imagination, association, and perhaps even hallucination. Assuming an implicit and explicit connection between creativity and synaesthesia, Daily et al. (1997) for instance, have argued that there is evidence which suggests that creative individuals have a more direct access to primary process modes of thought.[344] This kind of associative thinking is believed to enhance the likelihood of a creative insight. Synaesthesia and physiognomic perception are aspects of primary process thinking. Whereas synaesthesia involves a unity between or among different sensory modalities, physiognomic perception involves a fusion of affect and perception. Using the *Remote Associates Test*[345] to measure creative potential, Daily et al. (1997) investigated the relation between creativity and synaesthetic tendencies and physiognomic perception with the following results: similarity judgments were made between auditory stimuli (pure tones and pure vowel sounds) and colours to measure synaesthetic-like phenomena. Colours were rated using adjectives with emotional or evaluative connotations to measure physiognomic perception. More creative participants differed significantly from less creative participants on their ratings, with more creative

[342] cf. Nikolić 2009; Mroczko-Wąsowicz and Nikolić 2014.
[343] Wąsowicz and Werning 2012.
[344] Dailey, A., Martindale, C., and Borkum, J. (1997). 'Creativity, Synaesthesia, and Physiognomic Perception', *Creativity Research Journal*, 10(1), 1–8.
[345] Mednick and Mednick 1967.

participants exhibiting stronger associations between colours and pure tones, vowels, and emotional terms.

Creativity - based on the above observations - seems to be typical for synaesthetic processes as it produces a relation among imagination, perception, remembrance and expression. The 'images' used, be they visual, verbal, auditory or haptic, are much more than images. They concentrate in themselves layers of subjective and intersubjective perceptual, cognitive and emotive experiences. Similarly, Coessens (2012) argues that imagination relies upon sensory fluidity to allow us on the one hand to integrate sensorial experiences from different perceptual origins and on the other to link past, present and future by way of sensorial and embodied patterns of remembrance, that is, embodied sedimentation. Thirdly, imagination helps us to share intersubjective patterns of affect and effect, bridging idiosyncratic and universal human experiences.[346]

Perception can be understood as a cognitive disposition that concerns our conceptual capacity to represent *what there is*; the second is bodily informed and includes the set of motor activities relevant for *orienting and guiding* perception. The implicit dimension of our experience of the world is most clearly revealed in our habitual movements. For instance, when I reach for a cup of coffee, I do not need to calculate the angle of my arm or consciously monitor the trajectory of my hand. My body already 'knows' how to perform this action, drawing upon a tacit reservoir of postural and kinesthetic orientation. This pre-reflective bodily know-how– what Merleau-Ponty terms the *body schema*–anchors my perceptual openness to the world and provides the normative background against which new actions and perceptions can emerge.

A distinction between *kinaesthesis* and proprioception needs to be introduced: whereas Husserl uses the term 'kinaesthesis' to refer exclusively to the *sensations* of one's own bodily *movement* (direction, speed, rhythm, etc.), proprioception registers our own self-movement by collecting 'information from kinetic, muscular, articular, and cutaneous sources' and the contributions of our 'vestibular and equilibrial functions'.[347] Our proprioceptive system thus includes kinaesthetic sensations but is not limited to them.[348] Gallagher (2005) defines the body schema as 'the system of sensory-motor capacities that function without awareness or the necessity of perceptual monitoring' and which comprises 'certain motor capacities, abilities, and habits that both enable and constrain movement and the maintenance of posture'[349]. As

[346] Coessens, K. (2012). Sensory Fluidity: Dialogues of Imagination in Art. Essays Philos (2012) 13: 453-470.
[347] Gallagher 2005, p.45.
[348] A similar distinction is made that by Sheets-Johnstone (2011): 'Proprioception refers generally to a sense of movement and position. It thus includes an awareness of movement and position through tactility as well as kinaesthesia, is, through surface as well as internal events, including also a sense of gravitational orientation through vestibular sensory organs. Kinaesthesia refers specifically to a sense of movement through muscular effort' (p.73).
It should be noted that, for Merleau-Ponty, the answer to the solicitation is not just sensorimotor. There's an affective, and especially an *existential*, component too: it is the significance of the perceptual world that matters to me.
[349] Gallagher 2005, p.24.

mentioned before, a good example to demonstrate how bodily self-awareness exactly works and what it involves could be the following: When I am reaching for a cup or bottle, I am apparently neither conscious of the position of my eyes, nor of the shape of my grasp or the angle of my arm. I may be conscious *that* I am reaching, and *that* the thing I'm seeing and trying to grasp is off to the side–but reaching for my cup or bottle does not require a detailed awareness of the precise movements of my body. To make the structure of our bodily self-awareness clearer, Gallagher (2005) suggests that we distinguish between proprioceptive information (PI) and proprioceptive awareness (PA):

> [P]roprioception can be understood as having a twofold function. First, it consists of non-conscious, physiological information that updates the motor system with respect to the body's posture and movement. Proprioceptive information (PI) is processed on the subpersonal, non-conscious physiological level that subtends and operates as the basis for proprioceptive awareness (PA), a self-referential, but normally pre-reflective, awareness of one's own body. PI…contributes to the body-schematic control of posture and movement, and plays an essential role in the operations of body schemas. [But] the physiological processing of PI always involves more than PA. If I jump to catch a ball, I am not aware of the 'calibrations' that register in and between proprioceptors and neural structures and that allow me to maintain balance among a number of muscle groups; nor am I necessarily aware of the actual muscle adjustments. The calibrations and adjustments are carried out without the mediation of PA. Postural control and movement are normally governed by the more automatic processes of the body schema, and the majority of normal adult movements do not require anything like an explicit monitoring, although PA may be used to monitor and assist motor activity in certain instances.[350]

If action and perception are always accompanied by pre-reflective bodily self-awareness, Gallagher holds that not every relevant mechanism enters phenomenal consciousness (even marginally). This is to say that I don't have to be aware of myself as a zero point for my body to function as a zero point; I don't have to be conscious of my bodily posture or condition or skill level for such things to influence my perception of the world. Although much of our proprioceptive activity stays non-conscious or 'prenoetic' this does not mean that the processing of perceptual information has no impact on perceptual consciousness.[351] Although we don't consciously attend to the underlying bodily processes, we remain pre-reflectively and implicitly aware of our perceptual situation and our relation to our sensory environment, that is, our perceptual milieu.[352]

Supporting Husserl's position Gallagher affirms that we possess an awareness of our position in relation to the perceived object that includes elements of the *'I can'*–a practical sense

[350] ibid., p.73f.
[351] ibid.
[352] Doyon (2024) rightly distinguishes between normal or habitual situations when we reach for a daily object and extraordinary situations, e.g., when you go to a concert with general admission, we are in *constant* revaluation of your posture and position. Throughout the evening, we adjust to the multiple comings and goings of the people standing in front of us to feel comfortable and have a *good* look at the stage.

of how we might move to achieve a goal–and this awareness is shaped, in part, by the affordances provided through perceptual interaction (PI).[353] Cues from our kinaesthetic and proprioceptive systems–regarding bodily position and posture–are essential for perception, since effectively acting and adjusting the quality of our perceptual experience requires an ongoing awareness of how things are situated in relation to our own body. I know, because I am bodily self-aware of my perceptual situation, that I am currently not having an optimal perspective on my monitor because I am aware (now in a more explicit way) of its relative position to my eyes. That's why, at the same time, I have a practical sense of what I need to do–at least roughly–to optimize my experience (e.g., bringing an object a few centimetres closer). This is not to say that perception is impossible without proprioceptive awareness. Rather, the point is that without the bodily self-relation afforded by proprioception, one might still move bodily organs, but not in a coordinated or purposive way. Without this embodied skill, perception would lack the normatively structured richness that characterizes our everyday perceptual experience.[354]

Taking Husserl's, Merleau-Ponty's and Gallagher's insights, we can say that bodily self-awareness enables sensitivity to one's own perceptual situation. Though not always explicitly framed as such, this is a fundamental aspect of a phenomenological account. In other words, the phenomenological model provides the best alternative to account for the normative character of perception. Perceptions are not objectively accurate, deficient, optimal, or suboptimal from a detached, third-person perspective; rather, they can only be evaluated in relation to a specific goal or aim while achieving such a goal presupposes the ability to assess one's own perceptual performances in evaluative terms.[355] This kind of pervasive self-referential sensitivity structures our being-in-the-world on continuous and pre-reflective grounds. Thus, bodily self-awareness plays a key role in establishing the normative character of perception, as it enables perception to be goal- or norm-sensitive and allows for self-correction when it deviates from its intended trajectory. Simply put, if I am not attuned to what I am doing as I do it, I cannot be sensitive to the relative merits of my performance either–thus losing my grip on the normative altogether. One possible objection concerns the problem of reflexivity, which can disrupt fluent performance.[356] Athletes, for instance, often perform best when they are *not* consciously monitoring their movements; reflecting on the normative aspects of one's actions can interfere with their natural flow. In this state of hyper-reflexivity, self-observation replaces embodied engagement, causing a loss of grip on optimal performance.

[353] Gallagher, 2005.
[354] cf. Doyon 2024. Further evidence is provided by the case of Ian Waterman, who lost his proprioceptive sense but developed compensatory strategies.
[355] cf. Doyon 2024.
[356] ibid.

The phenomenological analysis sketched out in the previous section took a more elaborate turn in Merleau-Ponty's *Phenomenology of Perception*. Whereas Husserl was especially concerned with kinaesthetic sensations and their motivational role in the unfolding of perception, Merleau-Ponty enlarged the scope of the analysis and investigated what he calls the body schema, which is typically understood in the contemporary philosophical landscape as comprising the set of motor skills and control mechanisms enabling posture and movement. In the work of Merleau-Ponty, the expression 'body schema' is used somewhat more loosely to refer to the performing body in its dynamical relation to its milieu.[357] Habit is central to this endeavour. The schema functions as a set of active motor patterns that primarily belong to the domain of habitual behaviour rather than conscious decision-making.[358] Again, this does not mean that the schema itself is completely non-conscious. For Merleau-Ponty, 'the body schema is also a certain structure of the perceived world'[359], which means that even if the body schema remains in the background, it still furnishes us with an 'implicit notion of the relation between our body and things'.[360] Hence, even if we are not aware of it as such, the body schema is not absent from consciousness *tout court* since it is integrated in intentional experience; that's incidentally how it can support intentional activity (including perception). Thanks to the way the body schema structures our practical relation to the world, we have a constant pre-reflective and operative form of awareness of ourselves as perceptually engaged bodies.[361]

The idea that the *body schema* has normative significance is well established. It not only guides prospective postural adjustments but, as Merleau-Ponty argues, also measures its surroundings normatively by registering our attitudes as right or wrong in relation to intentional activity. This is not a temporary or isolated process but an ongoing one. Through the bodily capacities that constitute the body schema, we are intentionally connected to our environment: 'I experience my body as the power for certain behaviours and for a certain world, and I am only given to myself as a certain hold upon the world'.[362] As perception unfolds, bodily postures constantly adjust, integrating sensory input to allow for appropriate responses to environmental affordances.[363] This is evident in everyday actions–shifting position during sleep for comfort or craning one's neck at a concert to improve one's view. In such moments, one *feels* the bodily 'tension' toward the norm or the optimal state.[364]

[357] Merleau-Ponty 2012, p.103.
[358] ibid., p.143.
[359] Merleau-Ponty 2021, p.104.
[360] Merleau-Ponty 1964, p.5.
[361] Heinämaa 2015.
[362] Merleau-Ponty 2012, p.370.
[363] Doyon 2024a, chapter
[364] ibid., p.316.

In the 1953 lecture course *Le monde sensible et le monde de l'expression*, Merleau-Ponty sought to clarify some of these ideas and explicitly came to describe the relation between the body schema and its surrounding environment through the prism of *Gestaltpsychologie*.[365] As Halák (2021) points out, for Merleau-Ponty, 'our motor projects, and the perceived objects targeted by them, stand out as explicit figures against this implicit background.'[366] In this setting, Merleau-Ponty conceives of the body schema 'as norm, as zero point of divergence, as privileged level or attitude' in relation to which only specific objects and particular motor projects can consciously appear.[367] As figures, they manifest themselves as 'divergence' from the norm incarnated by the body schema.[368]

This natural *attunement* to affordances arises partly from bodily facticity–our upright posture, forward-facing eyes–but also from a phenomenological dimension: being attuned to the world means responding to its demands in meaningful ways. A kind of bodily intelligence is at work, manifesting in unreflective, yet appropriate, actions, like instinctively adopting the right hand posture to open a door. In such moments, our embodied nature seamlessly aligns with the world around us.

For Merleau-Ponty, action requires no prior deliberation because perceptual experience is inherently meaningful. We perceive the world not as neutral but as rich with practical significance, directly shaping our ability to navigate it. The capacity to recognize and respond to opportunities for action depends on possessing the right motor skills–ranging from basic reflexes, like turning one's head to avoid an object, to complex activities like playing tennis or dancing. A key insight from Merleau-Ponty is that exercising a motor skill requires the appropriate setting. One must not only possess the skill but also perceive the environment as suitable for enacting it. Crucially, this recognition is not a matter of conscious judgment; rather, the body immediately *experiences* the world as affording certain possibilities because *Leib* and world are deeply intertwined within the body schema. Once internalized, these skills operate pre-reflectively in the right conditions.[369] Merleau-Ponty's fundamental insight is that we are bodily attuned to our environment in virtue of the meaningful relationships that the self sustains with the world, which are themselves inscribed in the system of sensorimotor capacities, abilities, and habits that constitute our body schema. So even if 'the body schema is not itself a form of consciousness', we must still acknowledge that it is not totally unconscious either.[370]

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[365] Merleau-Ponty 2021.
[366] Halák 2021, p.36; see also Merleau-Ponty 2021, p.36.
[367] Merleau-Ponty 2021, p.90.
[368] Merleau-Ponty 2021, p.103.
[369] Romdenh-Romluc 2011.
[370] Gallagher 2005, p.26. As Gallagher (2005) rightly observes, Merleau-Ponty acknowledged that 'the schema works along with a marginal awareness of the body,' yet 'left the relation between the schema and the marginal awareness unexplained' (20). While this may hold for *Phenomenology of Perception* (1945), he began to address the gap in his 1953 lecture *The Sensible World and the World of Expression* (published in French in 2011 and in English in 2021). By foregrounding the normative role

Since the body schema serves as the medium through which the world becomes available for us, perceptual experience is best understood as a two-way relation: the various functions of the body schema shape my perceptual experience; but, in turn, the environment contributes to form these functions by providing certain intersubjectively shaped affordances. The body schema proves to be responsive (in a normative way) to these affordances, while these are in turn 'defined as such only on the possibilities projected by body schemas'.[371] In short, the kind of meaning that consciousness receives is the result of the interaction of the body and its surroundings.

> 'My body is geared into the world when my perception provides me with the most varied and the most clearly articulated spectacle possible, and when my motor intentions, as they unfold, receive the responses they anticipate from the world. This maximum of clarity in perception and action specifies a perceptual ground, a background for my life, a general milieu for the coexistence of my body and the world'.[372]

Thanks to our body schema and the habituated patterns, it has absorbed, we can anticipate what the world offers. Perception is considered 'optimal' when our intentions align seamlessly with what the world presents. For Merleau-Ponty, this gives rise to a felt sense of appropriateness: just as we can sense that our perspective suits a given aim, we can also experience the *harmony* of our actions in relation to the intentional projects that drive us.[373] This does not preclude the possibility of encountering something new or unexpected. Rather, surprise itself is only meaningful against the backdrop of prior expectations–it emerges as a deviation from them. When such disruptions occur, they prompt a reconfiguration of our horizon of anticipation.

The phenomenological analyses of *kinaesthesis*, proprioception, and the body schema surveyed in the previous two sections suggest that, in perception, the flow of incoming bodily signals allows agents to keep track of the relative success of their own experience. Fundamentally, the idea is that these bodily functions build a fundamental aspect of intentionality and are thus constitutive of both inner and outer perception. While Husserl, who saw in the law of motivation that ties together perceptual appearances and kinaesthetic sensations the matrix for the constitution of objectivity and the establishment of objective reference, might be one of the first to have articulated this idea, more recent work in neuroscience shows how perception unfolds. This is by steadily updating incoming kinetic,

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of different bodily modes of self-relation in their dynamic interplay, the account I develop in this work seeks to elaborate what remained underdetermined in the 1945 work, in a way that continues the trajectory opened in 1953. Since all action unfolds within a shared world, the presence of others can never be bracketed. Others shape both the demands to which I am exposed and the manner in which I respond. The omission of this social dimension of perception remains a significant limitation in McDowell's account and, more broadly, in much contemporary Anglo-American philosophy of perception (cf. Doyon 2024a, pp. 67–95.

[371] Gallagher 2005, p.141.

[372] Merleau-Ponty 2012, p.261.

[373] ibid. p.167.

postural, articular, vestibular, and equilibrial information. Since perception is standardly action-oriented, it is not decoupled from the movement and the proprioceptive/kinaesthetic feedback it generates. As I have argued so far, these channels have a normative function in perception for it is precisely through them that perceptual agents can keep track of objects and of their own actions.

In alignment with Doyon (2024) I argue that Husserl and Merleau-Ponty view normal perception as fundamentally multisensory, involving multiple senses simultaneously. This chapter suggests we should expand our understanding of perceptual consciousness to include bodily self-experience and felt action possibilities. I thus argue that Husserl and Merleau-Ponty's classical accounts offer valuable, yet underexplored, insights into the normative nature of multisensory perception.[374]

5.1 Multisensory Perception

Perceptual consciousness is fundamentally characterized by both awareness–the conscious grasp that enables recognition, conceptualization, and action–and phenomenality, the intrinsic 'what it is like' quality of experience as presented in Nagel (1974). Traditionally, philosophy of perception has focused on vision, treating each sense in isolation. However, recent cognitive science has revealed that sensory modalities interact significantly.[375] Phenomena such as synaesthesia and cross-modal illusions, such as for instance the the McGurk effect, ventriloquism, and sound-induced flash, demonstrate that one sense can alter another, challenging the assumptions of explanatory independence and completeness in unisensory theories. Furthermore, multisensory integration often produces novel perceptual experiences that cannot be explained by the simple addition of individual sensory inputs, thereby necessitating a more comprehensive account of perceptual consciousness.

Within a broader framework, O' Callaghan (2019) argues that human perception and perceptual consciousness are richly multisensory. The coordinated use of multiple senses enhances and extends human perceptual capacities and consciousness in three crucial ways.

First, cross-modal perceptual illusions reveal hidden multisensory interactions that usually serve to make the senses more coherent and reliable as sources of evidence about the environment. Second, the joint use of multiple senses discloses more of the world including novel features and qualities, thereby enabling new forms of perceptual experience. Third, through cross-modal dependency, plasticity, and perceptual learning, each sense is reshaped by the influence of the others, both in the moment and over time. The implication is that no sense

[374] cf. Doyon 2024a, chapter 4 'Multisensory Perception', pp. 96-127. Also see Doyon 2024b.
[375] cf. O'Callaghan 2019.

- not even vision - can be properly understood in isolation from the others. This undermines the dominant sense-by-sense approach to perception and paves the way for a revisionist multisensory framework that better illuminates the nature, scope, and character of sensory perception.

In defending a multisensory view of perception, that is in part synaesthetic in its nature, I want to challenge traditional unisensory paradigms in science and philosophy, arguing that they fail to capture the full complexity of perception. If perception is inherently multisensory, approaches focusing solely and predominantly on individual senses such as vision undermine this view. My thesis posits that coordinated multisensory integration not only enhances the coherence, reliability, and reach of perceptual capacities but also gives rise to novel forms of perceptual consciousness. While unisensory methods may yield incomplete or distorted views, multisensory coordination improves environmental navigation, enriches epistemic understanding, and offers practical and aesthetic benefits. By examining how our senses interact and cooperate, this chapter provides a nuanced account of perception that both resolves existing puzzles and raises new questions, paving the way for a comprehensive multisensory philosophy of perception. By drawing on conceptual resources in the classical phenomenological repertoire of Edmund Husserl and Maurice Merleau-Ponty, Doyon (2024) looks at a blind spot in this discussion and argues that a vast array of bodily cues makes a fundamental, but still largely underestimated, contribution to the experiential make-up of our conscious lives. Consequently, the phenomenology of multisensory experience not only includes various forms of *bodily self-experiences* but often also contains *felt possibilities of actions and behaviours,* both being irreducible to any 'raw feels'.[376] If successful, the argument concerning the widening of phenomenal consciousness will intimate that *all* forms of perceptual experiences constitutively depend on the interplay of two or more senses, thus providing a further, stronger reason to believe that Husserl and Merleau-Ponty would, too, reject the thesis of Minimal Multimodality and endorse the *Constitutive Thesis* that O'Callaghan (2021) rightly defend(s).[377]

Whereas the impact of sense cooperation on *perceptual judgments* is already well documented in psychology and briefly alluded to in O'Callaghan's work, the argument I am defending here concerns the impact of multisensory perception on *agency.* In this sense, the following analyses strengthen the argument developed in the previous chapter. Deroy and Spence (2013) defend the *separatist view*, arguing that these cases are likely to form distinct kinds of phenomena despite their superficial similarities. The authors believe that cross-modal correspondences should be studied in their own right and not assimilated, either in terms of the

[376] Doyon 2024a, pp.96-127.
[377] ibid.

name used or in terms of the explanation given, to synaesthesia. To conflate these two phenomena is both inappropriate and potentially misleading. By critically evaluating evidence concerning the descriptive and constitutive features of cross-modal correspondences and synaesthesia, they highlight how they differ. Ultimately, they wish to provide a general definition of crossmodal correspondences as acquired, malleable, relative, and transitive pairings between sensory dimensions and to provide a framework in which to integrate the non-systematic cataloguing of new cases of cross-modal correspondences, a tendency that has increased in recent years.[378]

5.2 Phenomenal Object Unity of Consciousness

Generally speaking, synaesthesia can be used as a test case for philosophical theories of perception. Because it crosses sensory modalities and cognitive domains, synaesthesia challenges traditional frameworks that draw clear-cut boundaries between distinct sensory modalities or separate various mental faculties and levels of processing. Research on synaesthesia thus holds profound implications for philosophy of mind and philosophy of perception, particularly on issues such as the unity of consciousness, cross-modal experiences, sensory integration, the binding problem, and debates surrounding mental architecture, modularity of mind, and the cognitive penetrability of perception.[379]

A robust theory of perception must account both for typical functioning and for deviations from it. Synaesthesia exemplifies a rich diversity of phenomenal contents that are permanently and perceptually bound together within a single unified conscious experience.[380] These contents encompass both high- and low-level properties.[381] In this respect, synaesthesia transgresses traditional boundaries between perception, action, and cognition, capacities often treated as independently operating domains within philosophy, psychology, and cognitive science. The conscious experiences it produces are typically synchronically unified, meaning that all sub-experiences present at a given moment are experienced simultaneously, forming a comprehensive phenomenal perspective: a single, encompassing phenomenal state.

Examining the relationship between synaesthetic and non-synaesthetic perception invites us to reconsider conventional definitions of perceptual experience, which often appear too narrow or rigid. These definitions frequently neglect or underestimate individual differences and tend

[378] For two opposing views see Marks, L. E., and Mulvenna, C. M. (2013) 'Synaesthesia, at and near its borders.', *Frontiers in Psychology*. 4. As well as Deroy, O., Spence, C. (2013) 'Why we are not all synaesthetes (not even weakly so)', *Psychon Bull Rev* 20, 643–664.
[379] cf. Fodor 1983; Pylyshyn 1999; Baron-Cohen et al. 1993; Macpherson 2012; Siegel 2012, Newen 2021.
[380] Mroczko-Wąsowicz, A. (2016) 'A Philosophical Perspective on Unified Conscious Experience in Synaesthesia: Insights from Philosophy of Perception and Aesthetics', *Digital Synaesthesia: A Model for the Aesthetics of Digital Art*, edited by K. Gsöllpointner, R. Schnell and R. K. Schuler, Berlin, Boston: De Gruyter, 35-40.
[381] Mroczko-Wąsowicz and Werning 2012.

to limit perception to sensory-based veridical representations. A thorough understanding of perception should encompass a broad spectrum of top-down influences and their interactions with bottom-up sensory features. As a clearly cogno-sensory phenomenon, synaesthesia poses challenges to conservative theories of perception that exclude high-level representational properties from perceptual content. Overall, synaesthesia encourages us to conceive of perception as a more complex and diversified phenomenon than traditionally assumed.[382]

When we experience different sensory features simultaneously–even if they belong to distinct objects–we still perceive them as co-present or unified in our experience, a phenomenon known as the *phenomenal unity of consciousness*.[383] When those features pertain to a single object, they are experienced not merely as co-present but as constituting one and the same object–known as object unity. We often shift between these types and degrees of unity through attention and multisensory integration processes.[384] In synaesthetic perception, these unities coexist as a phenomenal object unity of consciousness, enabling synaesthetes to attribute additional phenomenal properties to specific objects.

Synaesthesia thus exhibits multiple experiential levels driven by sensory, motor, bodily, emotional, and conceptual systems. It combines a rich variety of phenomenal contents that are permanently and perceptually bound together within a unified conscious experience. These contents include both high- and low-level properties, thereby transcending traditional disciplinary boundaries between perception, action, and cognition. The resulting conscious experiences in synaesthesia are typically synchronically unified, with all sub-experiences present simultaneously, creating a singular, overarching phenomenal state.[385]

Overall, synaesthesia encourages the thought of perception as a more diversified phenomenon than is generally assumed.

The phenomenal object unity experienced at a particular point in time (e.g., when enjoying synaesthetic inducer–concurrent couplings like hearing a musical note that elicits a vivid experience of deep blue or seeing the grapheme "A" and simultaneously perceiving it as intense is a functional property, multi-realizable by a variety of synaesthetic conditions. It is also not a binary feature of conscious experience, either fully present or not at all. The gradual instantiation of the unity becomes evident when comparing the experiences of two main groups of synaesthetes (*associators* and *projectors*) and their different spatial frame of reference, including different perceptual salience as well as when contrasting synaesthesia with *synchronesthesia*, i.e., common multisensory perception of non-synaesthetes. This suggests that

[382] ibid.
[383] Mroczko-Wąsowicz 2016.
[384] cf. Deroy 2014; Bayne 2010; Mroczko-Wąsowicz 2016.
[385] Mroczko-Wąsowicz and Werning 2012; Mroczko-Wąsowicz 2016.

such a phenomenal coherence/ qualitative congruence comes in degrees which may correspond to various degrees of cross-modal binding.[386]

Synaesthesia may arise under specific conditions when certain sensory sub-modalities receive additional stimulation due to an emotional response, leading to hyperactivation. This heightened state amplifies typically subliminal cross-modal influences, allowing them to enter conscious awareness as synaesthetic experiences. This aligns with Hinderk M. Emrich's concept of *emotive synaesthesia*, where emotional processes, potentially triggered by cognitive representations of sensory stimuli, play a central role. According to Emrich's three-component model, a 'censor system' usually suppresses certain neural connections from reaching consciousness.[387] However, in synaesthesia, the unique structure of perceptual construction allows these connections to emerge, suggesting that synaesthesia is not merely an associative addition to perception but an integral aspect of how stimuli are represented. This implies that synaesthetes' cognitive frameworks are uniquely structured, influencing how reality is constructed at a neural level. Unlike mental imagery, synaesthesia involves direct sensory impressions that blend with the cognitive and emotional structures of stimuli. In colour-hearing synaesthesia, auditory stimuli evoke visual experiences of colour and shape, while the reverse–tone vision, where visual stimuli trigger auditory sensations–is rarer. Moreover, synaesthesia can occur within the same sensory modality, as seen in cases where different sub-modalities of a single sense interact, such as experiencing letters or numbers in specific colours (*grapheme-colour synaesthesia*). This is to say that, the intensity, complexity, and functional role of synaesthetic experiences vary, influencing whether they resemble imagination or direct sensory perception. Different types of synaesthesia have been classified based on how they manifest and are understood, including *audition colorée* (colour hearing), *synopsy*, *notational synaesthesia*, *affective synaesthesia*, and *constitutional synaesthesia*. These distinctions reflect the diverse ways synaesthesia has been studied and conceptualized over time.

Following O' Callaghan's characterization (2017), such *synaesthetic cross-modal enhancements* would not count as synaesthesia. Instead, he recommends that we go further and distinguish *synaesthesia* from *synaesthetic effects*.[388] Any cross-sensory synaesthetic effect is one in which stimulation to one sense modality suffices to cause or to generate an experience with phenomenal character that is associated with a perceptual experience typical of another sense modality. Synaesthesia, however, is a condition in which this type of process occurs consistently and counter-normatively, and which systematic illusion that is only ever accidentally veridical. Thus, there could be synaesthetic effects without synaesthesia. It remains

[386] Mroczko-Wąsowicz 2016.
[387] Emrich 2012.
[388] cf. O'Callaghan 2017, p.50.

highly speculative to claim that outside synaesthesia there actually exist robust synaesthetic effects that impact the phenomenal character of experience in a manner that is associated with the affected sensory modality. Induced imagery currently provides the most intriguing examples.[389] One question remains unanswered: Do we have to bracket in synaesthesia or not? Is it the easy and safe way to exclude synaesthesia from the multisensory perception spectrum, or has the questions more to do with what is normal and normative or typical and atypical in perception? O' Callaghan (2017) offers a distinction that reads as follows. Synaesthetic experiences display remarkable variability in both their intensity and qualitative character. A long-standing debate contrasts researchers who distinguish between *projectors* and *associators* with those who prefer the terms *localizers* and *nonlocalizers*. While differing in terminology, both views acknowledge that some synaesthetes experience their concurrent sensations as externally located in space, whereas others do not. Given this diversity, we can introduce what might be called "philosophical synaesthesia"–cases in which a synaesthetically induced experience is *qualitatively indistinguishable* from a standard perceptual experience of the same feature. For example, a case of philosophical grapheme–colour synaesthesia would involve an experience phenomenologically indistinguishable from actually seeing a red "8".Not all forms of synaesthesia meet this condition; in many instances, the experience may instead resemble mental imagery, whether vivid or diffuse.[390]

A view according to which perceptual experience has representational content assumes that in it something is represented to the perceiver as so. On this view, a perceptual experience has a face value at which it may be taken, or which may be rejected. Travis (2024) argues that that view is mistaken: there is nothing in perceptual experience which makes it so that in it anything is represented as so (except insofar as the perceiver represents things to himself as so). In that sense, the senses are silent and perceptual experience is not as such either veridical or delusive.[391]

In Cartesian terms, sensory experience is simply another instance where I am confronted with 'ideas'. I cannot be confronted correctly or incorrectly, veridically or deceptively; I merely encounter whatever is presented. Perception only misleads me when I make a mistaken judgement, failing to correctly interpret what I perceive. The possibility of error therefore arises solely at the stage of self-representation (auto-representation). If this is the only stage at which error can occur, then there is no role for other-representation (allo-representation) in perception; veridicality applies only to auto-representation. The key point here is that perception provides unmediated awareness. I will term awareness of X as mediated if it depends on awareness of

[389] ibid., p.56.
[390] ibid., p.47.
[391] Travis 2024, p.57.

something else–that additional awareness being part of what justifies the belief that X is present. In contrast, unmediated awareness entails that one's justification for believing that X is present relies solely on some form of direct awareness of X itself, such as simply seeing it.[392]

5.3 Hallucinations, Illusions, Associations

In turning to the problem of perception, Antich (2023) explains how Merleau-Ponty's view handles cases of illusion and hallucination while arguing against disjunctivist solutions.[393] [394] In philosophy of perception, disjunctivists assert that veridical perceptions and hallucinations differ mentally, with hallucinations and illusions classified as *perceptual errors*. Illusions are standardly held to be false perceptions in the sense that they bear on real objects whose properties we fail to correctly grasp. For instance, you might think of a straight straw that looks bend in a glass of water or the *Müller-Lyer-illusion* in which the outer arrows of two identical lines pointing to contrasting directions inward and outward making one line seem longer and the other line shorter. The key idea is that, when viewed holistically, and in terms of its ultimate rather than proximate objects, perception's openness to the world is inalienable, even in cases of hallucination and illusion.

Whereas hallucinations are usually conceived as perceptual-like experiences that involve a reference to something that is not present or non-existent, as for example a Fata Morgana or a pink elephant. Both types of experiences are held to be false because they involve a certain gap with respect to the fabric of reality. They are, for this reason, commonly called 'the bad cases', whereas veridical perceptual experience represents 'the good case'. Following from the (apparent) indiscriminability of veridical and non-veridical experiences, the urge to account for the commonsensical distinction between the good and the bad case and thereby to guarantee judicative access to facts, which would correspondingly be true or false, is symptomatic of most of twentieth-century analytic philosophy of perception.[395] Hallucinations are experiences referring to non-existent objects, while illusions misinterpret the properties of real objects. Both are considered 'bad cases' in contrast to veridical, 'good' perceptual experiences.[396] Given these

[392] ibid.
[393] cf. Antich 2023: 'The Problem of Perception' (pp.164-197).
[394] Disjunctivism is a philosophical position in the theory of perception and epistemology which asserts that veridical perception (e.g., seeing a real tree) and hallucination (e.g., merely seeming to see a tree) are fundamentally different in nature, despite their subjective indistinguishability. Motivated by naïve realism, disjunctivism holds that in genuine perception we are directly aware of the external world, instead of internal representations. It also offers a strategy for resisting scepticism by emphasizing the epistemic superiority of real perception and draws on phenomenological distinctions to argue that hallucinations lack the ontological and epistemic status of true perceptions. However, disjunctivism struggles to explain how hallucinations can seem perceptually indistinguishable from real experiences. (cf. Antich 2023; Doyon 2024a)
[395] Doyon 2024, p.234.
[396] This distinction has driven much of 20th-century analytic philosophy of perception, focusing on epistemic issues (cf. Doyon 2024a and Siegel 1973).

distinctions, synaesthesia may be seen as perceptual error which accounts for both, illusion and hallucination, and as such as a non-veridical perception.

We may assume that *all* perceptual phenomena–be they illusory, hallucinatory, or not–presuppose a relation to the world. For Husserl, illusions and hallucinations are 'unmasked phenomena'–conscious corrections of conflicting beliefs rather than challenges to the existence of the world.[397] From a phenomenological perspective, the possibility of global illusions or hallucinations is irrelevant because the world's existence is an unquestionable fact, even if it is an 'irrational fact'. Perceptions, illusions, and hallucinations all presuppose an underlying belief in the world's existence. Husserl argues that anomalous experiences, such as illusions and hallucinations, only make sense within the stable background of a continuously valid and believed reality. Ultimately, the 'non-being' of a hallucination derives its meaning from its opposition to the pre-given reality of being. Whereas for Jaspers (1945), synaesthesia is predominantly an anomaly of perception; for Lohmar (2006), in interpreting Husserl, synaesthesia might be a form of weak fantasy. Hence, we can say that in the phenomenology of hallucinations, illusions and associations synaesthesia plays a decisive yet unclear role as well. Jaspers' interpretation recalls the questions whether synaesthesia is a type of limit situation and if so, with which kind of valence. Among states of perceptual anomalies, we can count memory hallucinations and states of intoxication which might cause *confabulations*[398]. Jaspers illustrates these types as follows:

a) Memory hallucinations

> 'A patient (dementia praecox) recounts: she noticed that she had seen faces here in the clinic that she had seen at home a few weeks ago, e.g. a witch-like figure who walked around here in the ward at night as a guard. She had also seen the matron before in a black dress in Pforzheim.'[399]

b) States of intoxication

> 'One believes one hears noises and sees faces, and yet everything is one... What I see, I hear; what I smell, I think... I am music, I am a groping grid, everything is the same... Then the auditory hallucinations, which were at the same time visual perceptions, jagged, angular, oriental ornamentation... I did not think all these things, but felt, smelled and saw them, and my movements were them... Everything was clear, absolutely certain. All criticism is nonsense in the face of the experience of the impossible (Beringer).'[400]

[397] cf. Bower 2020 and Husserl (1973) on illusion and hallucination.
[398] Confabulations are understood as false or distorted memories that a person produces without intending to deceive. They often occur when someone's memory is impaired - such as after brain injury, dementia, or certain psychiatric or neurological conditions - and the mind unconsciously fills in missing information to create a coherent story. In phenomenological or cognitive terms, confabulations reveal how deeply humans rely on narrative coherence and body memory - the drive to maintain a continuous sense of self and world, even when actual recollection fails.
[399] Jaspers 1924, p.64 my transl.
[400] ibid.

Taken together, these examples illustrate that anomalous experiences–whether illusions, hallucinations, memory confabulations, or states of intoxication–do not undermine but rather presuppose the world's pre-given reality. Their very possibility depends on the contrast between appearance and a tacit background of stable being. Synaesthesia, situated at the margins of these discussions, occupies a particularly ambiguous position. While Jaspers construes it as a pathological anomaly and Lohmar reads it as a weak form of fantasy, it may be better understood as a phenomenon that both destabilizes and enriches the normative structures of perception. In this sense, synaesthesia functions as a limit case that exposes the boundaries of perceptual experience while simultaneously testifying to its rootedness in the world. Far from being a mere deviation, it reveals how even the most extraordinary perceptions rely on the silent certainty of a shared, embodied reality.

6. Varieties of Synaesthesia

There are several key types of synaesthesia, detailing their distinctive characteristics and examining whether they arise from a common underlying cause or reflect diverse mechanisms following Ward (2021b).[401] In psychology there are the following main key types of synaesthesia: (1) *grapheme–colour synaesthesia*, which is the most extensively studied form, can be further distinguished noting its heterogeneity– since some individuals experience externally projected colours (*projectors*) while others perceive them internally (*associators*), distinguishing the specific manner in which colours are associated with letters or words. (2) *lexical–gustatory synaesthesia*, a rarer form, which elicits complex taste experiences in response to words, with evidence suggesting that its characteristics reflect the neuroanatomical proximity between linguistic and gustatory processing areas. (3) *sequence–space synaesthesia*, where sequences such as days, months, or numbers are spatially arranged; this form can manifest in simple or complex configurations and may serve as a cognitive tool for organizing information. Visualized sensations extend beyond colour to include shape, movement, and texture, often co-occurring with other forms, as seen in sound–colour synaesthesia – where auditory properties such as timbre or pitch influence colour perception – and in ordinal linguistic personification, where personalities or genders are attributed to letters and numbers. (4) another form includes *hearing–motion synaesthesia*, in which visual motion stimuli evoke auditory experiences, and 5) *mirror–touch synaesthesia*, where observing touch on others triggers corresponding tactile sensations, a phenomenon linked to heightened empathic responses. Ward (2021a, b) concludes that by exploring whether these diverse manifestations of synaesthesia share a common etiology, there is evidence from co-occurrence patterns,

[401] Also see Dann 1998, who counts about 56 different types of synaesthesia.

familial studies, and associated cognitive and personality profiles which suggests that while there are overarching commonalities, specific differences also emerge, indicating a blend of shared tendencies and distinct features across synaesthetic experiences.

As we have seen so far, the relationship between the body and the self raises a number of major issues in philosophy. First, one could ask what the body is for the self. For instance, the rather dichotomous questions, is the self-embodied or purely mental? From an epistemological and axiological point of view one could ask: Does the body guarantee personal identity? In what kind of relation do body and self connect? One could further inquire about the ethical and legal implications of one's relation to the body. What proprietary rights does one have towards one's body, for example in illness when being treated or being optimised by choice?

The idea that our perceptual openness to the world is normative can mean different things. In the Kantian tradition, it is tied to *epistemic justification*–to our readiness to provide *reasons* for our actions and our beliefs. In the phenomenological tradition of Husserl and Merleau-Ponty, the notion of norm-responsiveness relevant to perceptual experience has more to do with perception's capacity to guide action or elicit certain behaviours. While both camps agree on the connection between perceptual consciousness and self-consciousness, there is disagreement about the nature of this relation. At stake are two conceptions of intentionality: the first is understood as a cognitive disposition that concerns our conceptual capacity to represent what there is; the second is bodily informed and includes the set of motor activities relevant for orienting and guiding perception. Doyon (2024a) argues that the phenomenological model provides the best alternative to account for the normative character of perception.[402] Thanks to our body schema and the habituated lifestyle, it has incorporated, we have the ability to expect what the world has to offer; and our perception is deemed 'optimal' when our intentions receive from the world precisely what they had anticipated. In Merleau-Ponty's view, this experience translates into a feeling of appropriateness: just as we may feel the appropriateness of our point of view with regard to our goal or aim, we can feel the 'harmony' of our action and behaviours in relation to the intentional project that motivates us.[403] This does not mean that we can't experience anything 'new'. It suggests, however, that experiences of surprise are only possible against the background of such expectations, from which they diverge, that is from that what seems normal to us. In case of illness, for instance, a reconfiguration of our horizon of expectations is triggered. In other words, the way we perceive of our field of affordances is altered. Particularly, in the case of psychological disturbances such as depression or obsessive compulsive disorder (OCD) The horizons and homeworld come to alter in an essential way and

[402] Doyon 2024a, pp.67-95.
[403] Merleau-Ponty 2012, p.167.

we need other scaffolds, our field of affordances do change in the sense that we might encounter difficulties in accessing the opportunities of action offered.[404] Following from this experience of rupture and brokenness an important question of interpersonal sense-making would be what kind of cues are capable of offering a rich field of affordances that solicits interaction.[405]

6.1 The potentials of affective synaesthesia

Neurologists continue to link synaesthesia with emotion, situating it in the limbic brain, which processes emotion, memory, and attention, often overpowering rational thought.[406] They also emphasize its idiosyncratic nature, as individual synaesthetes form unique associations between letters, colours, and sounds. From a social semiotic perspective, however, these scientific findings align with artistic explorations and broader trends in public communication and technological progress since the 1920s–marked by increasing multimodality, emotional appeal over reason, and heightened aesthetic emphasis.[407] Synaesthesia, though grounded in multimodal perception, is also a social phenomenon, deeply tied to identity, aesthetic appreciation ('taste'), and emotional investment.

For instance, Hinderk M. Emrich, a German psychiatrist, psychoanalyst, and philosopher, viewed synaesthesia as a form of hyper-binding which allows for an intensified integration of cognitive and emotional elements. His approach aligns with enactive and constructivist theories, such as those of Humberto Maturana and Niklas Luhmann, which emphasize perception as an active process that generates reality. According to Emrich, conscious perception emerges from an interactive cycle between sensory input and pre-existing neural representations, which are continuously revised through a perceptual filtering system. This process, he argued, creates a complex illusion of the world, typically masked by everyday naïve realism. When this system malfunctions, conditions like delusions or hallucinations may arise. However, unlike in psychotic disorders, synaesthesia does not cause internal conflict; instead, it is experienced as emotionally positive and aligned with reality. At the core of Emrich's theory is the concept of binding, where disparate sensory and cognitive elements–such as colour and form–are integrated across different brain regions with slight temporal delays to produce a unified perception. He proposed that synaesthesia results from integration occurring at an atypical stage in the perceptual system, forming a limbic bridge that links cortical areas. This process plays a fundamental role in shaping consciousness and personal identity. Emrich (2012) also introduced the idea of synaesthesia as a form of life.

[404] de Haan 2020.
[405] For further details on the significance of a varied multisensory field of affordances in dementia care, see chapter 10.
[406] Cytowic 1997, p.32.
[407] cf. Van Leeuwen 2015 and Gruß 2017.

So called affective synaesthetes are individuals who lack fixed sensory associations but experience vivid emotional imagery in response to stimuli such as music. Emrich et al. (2002) suggest that although excluding these individuals from standard synaesthesia tests they revealed distinct psychological traits, including emotional resilience, self-reflexivity, and even purported clairvoyant abilities. Drawing from historical synaesthesia research, he frames synaesthesia as a unique capacity to not only experience emotions but also consciously engage with, modify, and represent them. This view challenges mechanistic models of the mind, proposing that consciousness and selfhood arise from the dynamic interplay of perception, cognition, and emotion rather than from fixed, repeatable processes.

Affective synaesthesia, thus, could be described as a concept for self-discovery and as a way of life. Emrich et al. (2002) distinguish between *genuine perceptual synaesthesia* and *emotional synaesthesia*, or 'metaphorical synaesthesia' which names the cognitive processes of people who '... have distinct pictorial geometric and coloured experiences – for example, when listening to music, in meditation, in exceptional situations in their lives, etc. ...' paired with instant feelings.[408] For instance, there are people who claim that they perceive '[...] Dvorak's Symphony from the New World in a special form of 'greenness' or certain literature as 'violet-like' while these '[...] perceptions of the inner eye [...] are associated with strong emotions [...].'[409]. It can be said of this group that, like genuine colour listeners do in relation to auditory processes, they perceive colours synaesthetically in relation to emotional processes. However, the distinction between genuine and metaphorical synaesthetes is not as clearcut as has been shown since a certain group of synaesthetes can clearly be assigned to both categories – these people thus have both genuine and emotional synaesthetic properties, according to Emrich. That is why, usually, such persons are excluded from synaesthesia studies. The emergence of affective synaesthesia seems to be associated with 'undirected attention', a process that increases the spontaneous willingness to associate. Experience shows that 'undirected attention' blurs the visual percept of an object, which indicates the 'detachment' of the percept from the construct of that object. This could be the interface at which the cognitive process of an affective synaesthesia starts. On speculative grounds, at the moment of the 'detachment' of the percept from its original carrier, the emotion takes over the function previously fulfilled by the construct, namely to be the carrier of the percept. In its place comes a free-associated construct that increasingly integrates emotional moments in order to enable the penetration of specific qualia into the synaesthetically perceiving consciousness.[410] As an example of how this undirected attention is combined with a synaesthetic percept, Wohler (2010) refers to one of

[408] Emrich et al. 2002, p.37, my transl.
[409] ibid., p.40.
[410] Wohler 2010, p.136.

his interviewees – an artist with synaesthesia - who describes her synaesthesia as a process similar to a camera focusing to 'infinity'. When she does this, the tree outside her window transforms into a 'green mat', indicating that the visual appearance of the tree has become independent as a colour event. When she looks 'through the tree, (...) the colours change' – but then, she emphasises, she 'no longer perceives the tree as a tree'.[411] Similar things could be said about affective synaesthesia, as defined by Emrich, since individual objects that define a situation are not fixed by directed attention. On the contrary, undirected attention causes these individual objects within the field of perception to fade into the background, thus clearing the stage, as it were, for the appearance of perceptions of affective synaesthesia.

While the genuinely synaesthetic type is more concerned with the synaesthetic perception of cognitive-semantic structures, the metaphorically synaesthetic type is more concerned with emotional processes or states which are synaesthetically depicted. Since every emotional state is a singular state, i.e., a state that is never completely identical to another, but at most similar to it, what is depicted within affective synaesthesia is always different. While the 'genuine synaesthete' tends to perceive synaesthesias in relation to physical quantities of external stimuli, the emotional synaesthete perceives synaesthesias in relation to emotional states, which in turn can be triggered by physical factors. Such triggered emotional states, however, vary from situation to situation, so that a structural correlation (an analogy) between triggering stimulus and synaesthesia within the feeling synaesthesia cannot be established in the same way as it can within the genuine synaesthesia. The correlation within the emotional synaesthesia, however, concerns the quality of the arising affect as an affect perceived or observed in the sense of Damasio on the one hand and that of the synaesthetic impression on the other.[412] Just as the metaphorical synaesthesia corresponds to a meta-representation of a specifically emotional, so the genuine synaesthesia corresponds to a *meta-representation* of a specifically cognitive-semantic state. According to Emrich, this state resembles a type of 'metamood' that bestows certain people with the ability to control their feelings. They do not just feel emotions, but see them again in an inner schema in front of them; they can become aware of their emotions and thus have the opportunity to behave in a certain way again – to change them, reject them,

[411] ibid., p.167.

[412] Damasio, A. R. (1995). *Descartes' error. emotion, reason and the human brain***.** London: Picador. Note that the distinction between emotion and feeling according to Antonio R. Damasio, suggesting that '[...] the term feeling should be reserved for the private, mental experience of an emotion, while the term emotion should be used to describe all those reactions that can largely be observed publicly...' is important but not sufficient to explain affective states of being as they could be both visible and accessible from one's inner perspective and through the outer perspective in joint activities. Hence, to say that feelings cannot be perceived from the 'outside', but only from the 'inside', is a limited view, which phenomenologists try to overcome. Applied to the situation of affective synaesthesia, this would mean that within affective synaesthesia, an emotion or feeling is fed into consciousness via parallel 'channels of observation', namely as an emotion or feeling on the one hand and as a synaesthesia in the sense of a 'co-observation' of the emotion on the other – for example via the visual system, which would correspond more to a 'feeling of colour' than to an "hearing of colours".

reinforce them or engage with them more strongly...'.[413] Applied to emotional or affective synaesthesia, this means that a mood is created that accompanies the perception. The perception enriched in this way by affective synaesthesia implies psychological particularities that are associated with feelings in general and with affective synaesthesia in particular. On the one hand, this concerns a self-relationship correlated with the feeling in the sense of a special self-contact of consciousness. In the case of the feeling synaesthete, this is laid out in a way corresponding to the synaesthesia, from which '[...] a special inner strength, freedom from fear and an almost imposing consistency and inner anchoring of their personality [...]' is derived.[414] On the other hand, one can observe a quasi-intensification of an ability correlated with feeling for intuitive knowledge in the case of the feeling synaesthetes: one finds among them, as Emrich explains this state of affairs, '[...] mediumistic properties, deja-vu experiences, precognitive dreams (foreseeing future events), the ability to enter into waking dreams, and even telepathy and clairvoyance [...]'.[415] Such properties, which also have been described by the psychologist C.G. Jung in his works on acausal connections, seem to remain inaccessible for investigations applying usual scientific methods, since the experiments cannot be repeated. A feeling is never exactly the same as before or after. Finally, in contrast to genuine synaesthesia, metaphorical synaesthesia can be learned within certain limits.[416] While Emrich et al. (2002) confirm that synaesthesia in the actual 'neurobiological' and thus genuine sense cannot be learned, synaesthesia in the broader sense, as a form of inner alertness with regard to the mutual references between perceptual systems and, in particular, the ability to vividly perceive one's own emotional states, can certainly be acquired.

Similarly, with regards to atmosphere, Böhme (2002, 2006) discusses how atmospheres influence perception by modifying one's mood, which in turn affects cognitive processes. In this framework, attention in atmospheres operates differently from traditional object-focused attention. Instead of directing awareness toward specific objects, atmospheric attention involves a more diffuse, immersive awareness where the overall spatial quality of an environment is perceived holistically. Following Böhme's concept, attention in atmospheres is characterized by *ingressive experience*, meaning that individuals do not actively focus on distinct elements within a scene but are instead enveloped by an overall sensory impression. This contrasts with directed attention, where specific stimuli (such as a particular sound or object) are isolated for cognitive processing. In atmospheric perception, attention becomes absorbed in the interplay of sensory elements – such as lighting, temperature, and spatial arrangement–without

[413] Emrich et al. 2002, p.40.
[414] ibid., p.40.
[415] ibid., p.41.
[416] cf. Schwartzmann et al., 2019.

distinguishing between them in a structured, analytical manner. Furthermore, this type of attention aligns with affective synaesthesia because moods and feelings become integral to how an atmosphere is experienced. For example, if a room is dimly lit with cold colours, the perceiver does not simply register these as separate features but rather experiences them as a unified, affective whole. This attentional shift means that *how* one feels in a space becomes just as important as *what* is in the space.

Wohler (2010) identifies synaesthesia and particular Emrich's affective synaesthesia as central to engaging with when teaching art. Art would be predestined to not only allow 'synaesthesia as a way of life' within the institution of school, but to firmly establish 'synaesthesia as a form of teaching' that guarantees space for free experimentation using the means of art. Such art teaching, which, like any other teaching, has a learning process as a process of adjusting cognitive systems in mind, would, with regard to the learning process or the process of adjusting the social system of art, by and large be analogous. Such art teaching would be a model for a practice by which cognitive systems of themselves as sensual beings and to enter into contact with themselves by articulating themselves aesthetically with the help of sensual material and in this form to mutually understand and recognise each other as that which we humans are, namely '… a series, a sum of unique features, of non-reproducibility'.[417] This is precisely what also characterises the work of art itself, whereby it unfolds or is bestowed with its 'aura' as the '... unique appearance of a distance, however close it may be...'.[418] The above observations can be transferred to therapeutic atmospheres in dementia, as has been done by Sonntag (2016). With regards to the effect of music or inter-affective kinaesthesia in shared activities, I argue, that both have the potential to form an inter-affective Synaesthetic-We. Furthermore, based on the foregoing analysis I argue that emotional or affective synaesthesia can provide creative scaffolds which we will explore next, and which are central to engaging in creative practice in dementia care.

Unlike genuine synaesthetes, emotional synaesthetes, for example, associate places, situations or even people firmly and for a lifetime with additional sensory impressions that do not simply depict characteristics of what they have heard or read, but the emotional states associated with them. As a result, affective synaesthesia can provide new access to the world of emotions. The neuropsychologist Hinderk Emrich, who conducts research in the field of synaesthesia, argues that people with emotional synaesthesia show 'a particular inner stability, freedom from anxiety, an inner anchoring of the personality'.[419] This obviously intense self-

[417] Wohler 2010, p.28.
[418] Benjamin, W. (1977) *Das Kunstwerk im Zeitalter seiner technischen Reproduzierbarkeit*. Frankfurt am Main: Suhrkamp. Here: Benjamin 1977, p.15, my transl.
[419] Emrich 2012, p.207.

relationship indicates a highly developed ability to make contact with one's own self. In contrast to classical synaesthesia, this ability, which can be learned, enables artists, for example, to find images or special forms of expression for inner states. Seen in this light, the potential of synaesthesia may lie in the fact that it affirms a way of life that avoids 'hyper-reductionisms' by allowing the experience of self and things a form of multidimensionality, ambiguity and complexity.[420]

Interviewing synaesthetes provides insight into the creative process of reconstructing the past as a sensory collage. Interviews conducted by Cretien Van Campen, a sociologist and synaesthesia researcher in the Netherlands, provide insights of the experience of genuine synaesthetes. For example, Clara Froger's remarks read as follows: 'I see letters, words, days of the week and above all numbers in colour. I also see colours around people and objects, and I can also surround myself in colours, for example to make myself feel better'[421]. Her colour-grapheme synaesthesia can be seen as a *creative memory scaffold* for her to remember texts she needs to learn as an actress. Thanks to her synaesthesia she never had any difficulty remembering scripts, because they appeared as coloured subtitles in her mind's eye. Her synaesthesia also means she has a good memory for conversations because she can see the same coloured subtitling of those exchanges. She also spent some time working for a newspaper and remembers that she only needed to write three words when reporting an interview; the rest of the conversation then simply unfolded as if by itself. Martina Strusny, another interviewee, describes how her mind rearranges and recolours memory collages, illustrating how sensory memories contribute to shaping one's autobiographical narrative. She explains that month evoke a different collage of images and emotions for her:

> 'April is yellow and green and also a little bit grey, because there are still frequent winter storms with cold rain showers. The letter 'a' is yellow; there is sun and there are also yellow flowers in this month. The months become clearer from March onwards, and from the autumn they start becoming darker again. I see the written names of the months in colour. But it's more a collage of memory fragments mixed with the coloured names of the months. They are mainly images, not sound or tastes or smells […] June is pink and light blue; July is the colour of brambles and tall grass, and August is yellowy orange-brown, like the fields at that time of year. In July and August, I can even hear the heat (hot summer air and silence). The memories in images are very intense; I'm present in them and I even feel heartbeats.'[422]

This interviewee can step into a memory, as it were, helped by her synaesthesia:

> 'My memories are situated on a long timeline. I can follow that timeline in my mind and go to a particular branch, which then becomes more prominent, and then I can see

[420] ibid.
[421] Froger cit. in Van Campen 2009, p.123.
[422] Strusny cit. in Van Campen 2009, p.124.

> everything from that time. I experience it like the day before yesterday…intense, and some details are clear. I can literally sit there, be there and look around.'[423]

These first-person perspective narratives of synaesthetes reveal a distinctive and vivid recollection of their past experiences. While most individuals can describe personal events using sensory descriptors, synaesthetes actually perceive these sensory qualities–such as colours–during both memories and current perceptions. These sensory experiences are so tangible that synaesthetes can often detail or artistically render them. Moreover, synaesthetic perceptions seem to organize and unify sensory fragments of the past. The scent of wheat, for instance, transports Janneke back to her childhood fields, evoking a multitude of sensory impressions. She feels that without her synaesthesia, her memories would be incomplete.

The integration of senses through synaesthesia brings the past to life, facilitating a deeper identification with past events. This empathic experience can be so profound that synaesthetes feel physically present in their memories. Elsbeth Rabus, for instance, experiences a return to her two-year-old self, sensing her body's movements and actions as if reliving them.[424] Additionally, synaesthetic colours can serve as coping mechanisms for traumatic events. Both Clara Froger and Nelleke van den Oever sought emotional refuge by immersing themselves in these colours. These coloured memories offer a unique perspective on autobiographical narrative construction, extending beyond verbal accounts to encompass sensory experiences that aid in understanding and processing emotional challenges.[425] For non-synaesthetes, the 'coloured past' is a figurative concept, but for synaesthetes, it is a literal and physically tangible experience. This phenomenon prompts the question: can non-synaesthetes become more aware of the sensory aspects of their own past? Are sensory memories merely spontaneous occurrences, as Proust suggested, or can they be consciously harnessed to enhance our connection with personal history?[426] As we have seen before, for Merleau-Ponty, synaesthesia is the normal, original state of human perception:

> 'Synaesthetic perception is rather the rule, and if we are rarely aware of it, because the knowledge of science has shifted our experience and we have forgotten how to see, hear and feel in general, we rather deduce what we must see, hear and feel from the organization of our body and the world as physics understands it'[427]

I understand this quote as a provocative thesis with which Merleau-Ponty criticizes the mutually exclusive attitudes of intellectualism and empiricism. On the other hand, it is also a critique of the hierarchization and modular separation of the senses, which leave no room for holistic

[423] ibid., p.124.
[424] cf. Van Campen, 2009, p.98.
[425] ibid., p.99.
[426] Exploring this question is the focus of the final chapter.
[427] Merleau-Ponty 2002, p.268.

sensory experiences in the theoretical canon and therefore marginalizes them. The nature of an object and the world is revealed to us by means of a manifold embodied experience in which we assume a synaesthetic correspondence between the senses:

> ‘The senses communicate with each other by opening up to the structure of the thing. One sees the hardness and brittleness of glass, and when it breaks with a clinking sound, this sound is mediated by the visible glass. [...] In the same way, I hear and feel the hardness and unevenness of cobblestones in the rattling of a car, and we speak accordingly of a 'soft', 'dull' or 'sharp' sound’.[428]

In line with the embodied and enactive paradigm presented in Varela et al. (1991) or Gallagher (2005), Merleau-Ponty's broad view of synaesthesia can be interpreted as a sensorimotor-intermodal mode of perception in which quasi-sensory acts of perception occur in a sensory modality that is only indirectly addressed, as is the case, for example, when I can already see the weight or viscosity of an object from a distance without having actually touched it beforehand. The problem of synaesthesia appears to be partially solved when we realize that subjects could be in a state of physical preparation to perceive these possibilities (affordances) when perceiving objects that offer them possibilities for action. For Merleau-Ponty, seeing sounds or hearing colours are examples of existential modalities, i.e. they are synchronizations of the body, since every experience of a quality is an experience of a certain way of moving and behaving. ‘By saying that I see a sound, I mean to say that the sound vibration finds an echo in my entire sensory being, and in particular in that part of myself that is receptive to colours. The foundation of the unity of the senses is movement, not objective movement and change of place, but the draft of movement or 'virtual movement'.[429] Something that moves me can be a feeling or a mood that is triggered by an encounter with something or someone.

In addition to the rediscovery of the bodily dimension of the synaesthetic, the artistic-aesthetic significance of this phenomenon should be emphasized above all in its political dimension. Particularly in aesthetic-theoretical discourse, the synaesthetic is emphasized as a figure of longing and utopia, which is based on an absolute origin of humanity. Synaesthesia holds the potential to ‘redefine the relationship between sense and sensory experience, knowledge and ability, experience and cognition in a world that not only affects the subject but also constitutes it’.[430] The reformulation of the synaesthetic no longer refers to a unity and wholeness lying outside the subject, but is understood as a performatively generated linking of the senses in the form of an individual category of experience in the process of subjective perceptual experience. Against the background of multiple possible worlds, the synaesthetic

[428] ibid., p.266f.
[429] Merleau-Ponty 2002, p.273f.
[430] Gruß 2017, p.170f.

utopia of wholeness is reformulated into a unity of consciousness that the subject creates in a constructive process of perception, experience and memory. Thus, involuntary memory (*memoire involontaire*), as it appears in the aforementioned Proust effect, can be interpreted as a synaesthetic experience in which certain smells or tastes evoke the memory of the experience (e.g. a certain feeling or an idea at a certain time in a certain place). Furthermore, these synaesthetic forms of sensory perception and memory harbour a high potential for creativity, which is not only productive in an artistic sense, but also in the perception of the self in general.

Although it is not itself directly perceived, it shapes every action and interaction with others without requiring explicit attention. It comprises abilities and dispositions that are neither representations nor formal rules but are enacted tacitly in everyday life, prior to reflective thought. This pre-reflective engagement enables us to understand our environment as a field of possibilities, where objects are encountered as 'ready-to-hand' to be grasped, cut, eaten, written with, or worn. In this way, the lived body constitutes the foundation of unquestioned certainties, or what might be called 'common sense,' a pre-reflective know-how that attunes us to the world and to others.[431] We can identify the tacit and un-reflected assumptions of our actions, on which the attuning that makes intersubjectivity possible is based, with 'common sense'. However, at this point the problem returns once again to whether this common sense is only codified at a social level, or if it includes a further more original level.

Personal life stories are meaningful in medicine not just in a theoretical sense, but also as part of the diagnosis of a certain disease or medical condition (e.g. conditions can often be traced back to the life stories of patients as in childhood trauma for example). The idea of narrative medicine has been around for several decades now (see for example Charon 2006, Charon et al. 2016). This is because medicine as a profession is in favour of the idea that different narratives and narrative techniques are useful in medical practice and health care. In fact, as bioethicists, philosophers and health care providers have pointed out, health care does not only include healing physical disease, but also requires for health care providers to listen to the personal narratives of the parties involved (patients and often also relatives). Narratives can also be part of medical treatment or therapy, as in sessions between patients who share their stories with health care providers.[432] For example, an open dialogue between health care providers and patients may help them to better understand the condition they are facing and come to terms with how this feels in their bodies. In this context, the role and nature of empathy

[431] Fuchs and Schlimme 2009, p.571.
[432] Zahavi and Martiny 2019.

in care strategies have also been explored, at the crossroads of phenomenology, the philosophy of cognition and embodiment, and ethics.

6.1 The Emotional Binding System in Synaesthesia

The study of synaesthesia has undergone a significant transformation in recent decades, moving beyond the traditional focus on perceptual anomalies to consider its deeper cognitive and affective dimensions. Melero (2013) argues for a reconceptualization of synaesthesia through the lens of neurophenomenology, emphasizing the emotional component as a key to understanding the phenomenon's binding mechanisms. This perspective revitalizes a line of thought originally proposed by Calkins (1895), who identified emotion as central to the link between inducers and concurrents in synaesthetic experience.

Recent neuroscientific research supports this view by identifying structural and functional anomalies in regions of the brain associated with emotional processing, including the insula and retrosplenial cortex.[433] These findings have culminated in the proposal of the *Emotional Binding System* (EBS) hypothesis, which suggests that the hyperconnectivity observed in synaesthetes may involve not only sensory cortices but also limbic and subcortical structures implicated in affective processing.[434] The EBS thus posits that emotional resonance serves as a fundamental mechanism for the integration of disparate sensory modalities.

This hypothesis aligns with broader developments in cognitive neuroscience that reject the Cartesian separation of cognition and emotion. Varela's enactive model of consciousness posits that cognition is inherently affective and embodied, a view echoed by Damasio (1998), who demonstrates that decision-making processes are rooted in unconscious, somatically generated affective responses. From this standpoint, synaesthesia exemplifies an embodied mode of perception wherein affective responses are not ancillary but constitutive of conscious experience.

The temporal dynamics of synaesthetic processing further reinforce this view. Studies on the time course of synaesthetic activation have shown early and simultaneous engagement of both high and low-level brain regions, suggesting a distributed and integrative processing system rather than a localized or modular one.[435] This supports Varela's (2001) emphasis on large- and short-scale integration in the emergence of consciousness and underscores the need to consider emotional and temporal dimensions in models of synaesthesia.[436]

[433] Melero 2013.
[434] ibid.
[435] ibid.
[436] Varela 2021.

Moreover, Melero (2013) calls attention to the diversity of synaesthetic modalities that extend beyond lexical inducers. While grapheme-colour synaesthesia remains the most widely studied, recent research has begun to explore affectively charged forms such as emotion-colour, pain-colour, and orgasm-colour synaesthesia.[437] These forms reveal an intrinsic relationship between affect and sensory perception, exemplified by cases in which the most painful and most pleasurable experiences elicit identical synaesthetic concurrents. Such phenomena not only highlight the complexity of synaesthetic experience but also suggest potential clinical applications, for instance in the treatment of chronic pain by modulating emotional-sensory associations.

Synaesthesia, therefore, offers a unique window into the dynamic interplay between perception, emotion, and consciousness.[438] As Melero (2013) emphasizes, its study has implications not only for clinical and technological applications–such as sensory substitution devices –but also for the philosophical understanding of embodied cognition. By foregrounding emotion as a central organizing principle, the neurophenomenological approach repositions synaesthesia from a perceptual curiosity to a paradigmatic case of how the human brain integrates affective and sensory information into meaningful experience. Given the highly idiosyncratic nature of a synaesthete's inducer-concurrent mappings, the concurrent can be understood as a faithful "translation" or direct correlate of the inducer, but only for that individual synaesthete. In contrast, sensory translation in non-synaesthetes operates according to idiomatic or more universally accessible criteria, which can be shared across perceivers. This implies that synaesthetes cannot, for example, hear the sound of a trumpet without simultaneously experiencing the color scarlet, just as an English speaker cannot conceive of the terms "happy" and "joyful" as entirely unrelated. By contrast, non-synaesthetes can experience roundness as unrelated to sweetness, just as an English speaker can conceive the term happy without necessarily thinking at the Italian translation 'felice'.[439]

[437] Day 2013.
[438] See also Ramachandran and Hubbard 2001, 2003, 2005. Ramachandran, Vilayanur S. and Edward M. Hubbard. 2003. "The phenomenology of synaesthesia." *Journal of Consciousness Studies* 10: 49–57. Ramachandran, Vilayanur S. and Edward M. Hubbard. 2001. "Synaesthesia – A window into perception, thought and language." *Journal of Consciousness Studies* 8: 3–34.
[439] Spence and Di Stefano 2023

6.2 Affective body memory

'there is no memory without body memory' (Casey 1987, p.172*)*

Edward Casey attributes a central role to body memory and describes its paradox as while being marginal it is yet pervasive. A look at the historical trajectory of philosophical thought, clinical observations, and experimental research on implicit memory reveals that theories in this field have been shaped by consistently distinguishing it from memory as self-knowledge and by incorporating various phenomena in an ad hoc manner. Early conceptions of what is now understood as implicit memory primarily focused on aspects of cognition beyond the influence of rational and self-reflective thought–specifically, the body's autonomous functions and organization. In this view, implicit memory was initially conceived as body memory (*mémoire corporelle*), retained within the physical body.[440] One of the earliest references to this form of memory appears in Descartes, who, in a letter to Mersenne, suggested that memory could be preserved in the muscles and nerves–exemplified by a lute player who 'has a part of memory in his hands'.[441] This notion of body memory was later elaborated upon by philosophers such as Maine de Biran (1954) and Henri Bergson (1946), both of whom significantly advanced the concept of habitual memory, distinguishing it from representational forms of recollection. Their insights played a crucial role in the philosophical exploration of implicit memory, laying the groundwork for phenomenological theories of body memory, later developed by Maurice Merleau-Ponty (Merleau-Ponty 2010, 2012), Thomas Fuchs (Fuchs 2000, 2012a, 2012b), Edward Casey (Casey 1984, 1987), or Michela Summa (Summa 2011, 2014b).[442] For a long time, the predominant focus of philosophical inquiry into implicit memory remained on bodily enactment and habitual movement. This type of memory is exemplified by the execution of bodily skills such as walking, cycling, or swimming. In psychological research, this category is typically referred to as procedural memory or 'knowing how,' in contrast to 'knowing that.' While procedural memory has been central to psychological models and habitual body memory to philosophical accounts of implicit memory, a major breakthrough in the field arose from the recognition of its broader implications.

In phenomenology, a significant shift occurred with the development of the concept of the lived body, which expanded the notion of body memory to include situational, intercorporeal, and traumatic memory (Fuchs 2012b). Similarly, cognitive psychology has demonstrated that implicit memory influences not only bodily and perceptual experiences but also emotions,

[440] Summa 2014b, p.296.
[441] Casey 1987, p.146.
[442] Maurice Merleau-Ponty (Merleau-Ponty 2010, 2012), Thomas Fuchs (Fuchs 2000, 2012a, 2012b), Edward Casey (Casey 1984, 1987), or Michela Summa (Summa 2011, 2014b).

behaviour, conceptual thought, and interpersonal interactions. This perspective underscores implicit memory as a fundamental aspect of pre-reflective self-experience, situating it at the core of contemporary research.[443] Most empirical research on implicit memory comes from studies on and observations of amnesic patients. One of the first documented cases of implicit memory was recorded in 1889 by Russian psychiatrist, Sergei Korsakoff, in his paper *Étude médico-psychologique sur une forme des maladies de la mémoire*.[444] As Korsakoff states:

> 'Often, a rather interesting phenomenon occurs, when it seems all external perceptions and intellectual processes that took place in the brain have disappeared, some of the patients nevertheless seem to remember feelings that were evoked. When we observe how a patient conceives of a given object, we realize that the image of the object has disappeared from memory and that seeing the object does not remind the patient that he has seen it before. Instead the patient experiences an echo of the feeling first aroused by the object. This phenomenon also takes place with patients' treatment of people encountered during their illness. They do not recognize them and always think that they are meeting them for the first time; nevertheless, some people always seem to be sympathetic, and others not. The same thing applies to objects; one patient hated 'electrolysis' sessions, and as soon as he saw an electrical machine, he was momentarily in a bad mood, even though he insisted that it was the first time that I was to treat him with it. I think that the only way to explain this phenomenon is to say that the memory of emotions lasts much longer than that of images.'[445]

Multiple investigations have demonstrated that individuals with Alzheimer's disease can form emotional memories, with these memories exerting an influence even in the absence of explicit recollection.[446] These findings, along with similar evidence, significantly impact our grasp of personal identity and selfhood in conditions such as dementia and other amnesias by showing that one's dispositions, emotions, and personal history can remain intact despite a decline in declarative memory functions.

Psychological research on implicit memory suggests that priming and skill learning are central to this phenomenon. Although emotional memory is related, it occupies a somewhat separate niche. This ambiguous status likely reflects the challenge of clearly distinguishing between different types of memory: while not all emotional memory is implicit, a considerable portion of implicit memory does involve the retention of emotions and feelings. As a result, three distinct categories of phenomena within implicit memory can be identified: (1) procedural memory ('knowing how') which involves the preservation of bodily skills and implicit learning; (2) Priming, defined as the facilitation of memory performance based on previous experiences without the need for explicit recall; and (3) Emotional memory without conscious recollection.

[443] cf. Kozyreva 2017, p.173.
[444] Korsakoff 1889.
[445] Korsakoff 1996, pp.9-10.
[446] Sabath 2006; Guzmán-Vélez et al. 2014; Fuchs 2018, 2020; Brockmeyer 2014.

Although each of these functions is relatively independent and tied to distinct brain regions, they are unified under a common conceptual definition. Further conceptual refinement in this area of psychological research would be highly beneficial. Returning to Proust's involuntary memory, as mentioned before, we can observe how in a bodily state of aesthetic pleasure and surprise Marcel Proust starts his novel *Remembrance of Things Past* and the author's search for the times past.

> '[. . .] I raised to my lips a spoonful of the tea in which I had soaked a morsel of the cake. No sooner had the warm liquid, and the crumbs with it, touched my palate than a shudder ran through my whole body, and I stopped, intent upon the extraordinary changes that were taking place. An exquisite pleasure had invaded my senses, but individual, detached, with no suggestion of its origin. [. . .] it was a real state in whose presence other states of consciousness melted and vanished. I decide to attempt to make it reappear. I retrace my thoughts to the moment at which I drank the first spoonful of tea. I find again the same state, illumined by no fresh light'.[447]

This is the start and is based on what generally is called an 'involuntary' memory bringing back past memories that are tainted in specific affective colour. Eating the cake soaked in tea resonated bodily with the protagonist; his state changed, he felt 'invaded' by experiences that he could not place at first, but then decided to search for the past.

As I have laid out in part I of this thesis, the concept of body memory (*Leibgedächtnis*) offers a counter-concept to cognitivist approaches to the person. Understood as a phenomenological approach that emphasizes embodiment it combines the aspects of corporeality and aliveness with basal self-experience and habitus. The body memory is formed from experiences and habits as well as skills that have been practiced and established since earliest childhood. It points to 'a continuity of the person that is not anchored in their biographical memories, but in an experience sedimented in the body'.[448] Body memory is a form of memory that is retained even in the latest stages of illnesses such as dementia. 'We are always familiar with ourselves, and this self-confidence is something that is felt in the body, not something that is known'.[449] Thus, the knowledge of the 'self-as-object' is preceded by the experience of the 'self-as-subject', which is a continuous pre-reflective self-experience that does not have to be made explicit or put into words. Most of the time in everyday life, we are not aware of who we are, we do not think about ourselves and we do not need to call up autobiographical memories in order to be aware of and present to ourselves in a self-evident way. On the one hand, the possible access to this knowledge seems particularly significant for our narrative identity; on the other hand, 'selfhood in a fundamental sense [...] is not bound to biographical memory or knowledge about

[447] Proust 1923, pp.48 -51.
[448] Fuchs 2021, p.202; see also Fuchs 2018a; 2020; Koch et al. 2012.
[449] Fuchs 2018a, p.50, my transl.

one's own person'.[450] Basal self-experience is therefore rather an intrinsic quality of every experience, a property of the continuous stream of consciousness itself. The pre-reflectively lived corporeality thus conveys a continuity of selfhood that ultimately represents the subjective side of the life process itself and does not require a reflexive form of self-identification.[451] It is precisely this self-awareness that remains intact even in the later stages of dementia.[452]

With the phenomenological concept of body memory, Fuchs contrasts explicit memory (memory of recollection) with implicit memory (body memory). Continuity in a person's experience is more often generated via the habitual body memory, as most of what we have experienced and learned becomes accessible to us not only in retrospect, but rather in the practical course of life. Through repetition and practice, habits have formed that are activated by themselves; well-rehearsed movement sequences - such as walking upright, speaking or writing, handling objects such as a bicycle or a piano. Fuchs defines implicit or bodily memory as 'the totality of sedimented experiences', 'which are updated via the medium of the body without us having to remember previous situations' (ibid.). Bodily memory in its holistic manifestation (manifestations) is made up of different levels (procedural, situational, inter-bodily, habitual).

With the embodied personhood approach, the image of dementia can be redefined in contrast to utilitarian and cognitivist approaches, because a brain- and cognition-centred perspective is replaced by the view of the patient in their individual corporeality, which in turn is embedded in the social and environmental context.

> 'More important than the cognitive performance and the mostly reduced or fragmented linguistic expressions are the bodily modes of expression and behaviour. This also applies to physical memory. The progressive loss of autobiographical and semantic memory is one of the earliest and most prominent symptoms of Alzheimer's disease. On the other hand, large areas of the physical memory remain unimpaired even in the later stages of the disease; this can be demonstrated by corresponding motor or visual learning tasks, for example. Even waltz dancing and similar skills can still be acquired by dementia patients.'[453]

For example, the procedural handling of objects (cutlery, toothbrush, etc.) remains possible for a long time, even though their name and function can no longer be verbally named. Specific personal parts of implicit memory also remain accessible - familiar surroundings, voices, melodies, smells with their connotations and atmospheres.[454] They not only evoke

[450] ibid. p.51.
[451] cf. Summa and Fuchs, 2015. Fuchs 2018a, 2020.
[452] Building on the theory of embodied memory as proposed by Bergson, Husserl and Merleau-Ponty contemporary scholars like Michaela Summa, Pia Kontos, Christian Tewes, Jens Brockmeier, Lars Christer Hydén, Erik Norman Dziwza Ohlsen, or Danielle Petherbridge all refer to the idea of a concept of personhood and bodily identity or self that is maintained in dementia.
[453] Fuchs 2018a, p.55, my transl.
[454] cf. ibid.

corresponding emotions, but often also associated autobiographical memories that otherwise elude direct access, as has already been shown in the example of olfactory memory. When meeting people with dementia it is therefore particularly important to generate meaningful or memorable moments through interpersonal and creative scaffolds and to use them as affective qualities to build supporting atmospheres of care. The statement made by an Alzheimer's patient quoted by American neuropsychiatrist Steven Sabath (2021) illustrates this importance and the role of affective body memory in dementia:

> 'People will forget what you have said but they will never forget how you made them feel.'[455]

Nonetheless, the progress of dementia presents itself with an ambiguous situation and development: On the one hand, people become more and more dependent on external care and support or change their personality as might occur in fronto-temporal dementia. On the other hand, they still thrive for autonomy which should be supported in care services and care plans. That is why a combination of biographical work and new creative approaches of activity is of utmost importance when providing care.

Since the dilemma of losing oneself and as such also one's identity on the one hand, and changing during one's course of life on the other, I argue to conceive of the lived body as inherent of multiple identities *generaliter*.[456] If understood as many identities within one community but also as many identities within one lived body over one's course of life, the term 'fragmented identity' seems appropriate to in a two-fold manner here: First, it serves to subsume transformative experiences inherent to our lives which we may undergo or have undergone due to illness, trauma, migration etc. in order to de-stigmatize the sense of self-alienation or the struggle of re-finding one's identity and to re-integrate sometimes inherent clashing experiences of identity. Second, it shall support those who seek sense but might feel irritated or de-stabilised by the encounter with someone who seemed familiar once but now has become alienated, for instance, through illness. Jenkins (2019) claims that the 'primary goal of practitioners should not be the fixing, reviving or re-unifying of a pre-morbid self but, instead, enabling a rich and polyphonic montage of selves to emerge'.[457] Likewise, Christine Daigle (2019) takes up the difficult concept of human subjectivity, proposing that the human being is a 'subjective multiplicity' a manifold that both makes itself through its experiences and is shaped by these

[455] Sabath referred to the quote by poet Mary Angelou in his talk for the lecture series of Phenomenology of Dementia and Ageing Network in 2021.
[456] Another concept that resembles or complements Daigles's *subjective multiplicity* is Rosi Braidotti's 'nomadic subject' which counts as a new epistemological and political entity to be defined and affirmed in the confrontation of multiple differences, in class, race and sexual preference (cf. Braidotti 1994, p.30). I will return to the concept of the nomadic subject and problematize it in connection with a fixed idea of narrative identity in chapter 11.
[457] Jenkins 2019.

experiences.[458] Characterising ourselves as fragmented beings whose fragments coalesce to form our being. Daigle is especially focused on how trauma and extreme experiences transform persons, alter them, and change them into completely different beings, and why this is possible ontologically insofar as they are not individual at all but always an ambiguous multiplicity.

6.3 Synaesthesia and Memory as Creative and Affective Scaffolds

The integration of sensory experiences in synaesthesia can facilitate certain learning processes. Individuals with synaesthesia inherently benefit from the ability to encode memories through multiple sensory channels, leading to enhanced memory performance.[459] However, they may encounter challenges within traditional educational frameworks that do not account for their unique perceptual experiences. Research has explored the advantages of synaesthesia in conventional teaching methods and its potential applications in rehabilitative strategies for neurocognitive diseases and dissociative disorders.[460] Currently, there is a movement to adapt educational routines to better accommodate the specific needs of synaesthetic students, ensuring that teaching strategies are inclusive and supportive of their distinctive ways of processing information.[461] The senses can act as a mnemonic device or a trigger to remembering. Proust's recollection of his past, sparked by the smell and taste of tea and madeleines, stands as one of the most celebrated literary reflections on memory. This passage also gently reminds us of the exquisite sensuousness of language itself:

> 'But when from a long-distant past nothing subsists, after the people are dead, after the things are broken and scattered, still, alone, more fragile, but with more vitality, more unsubstantial, more persistent, more faithful, the smell and taste of things remain poised a long time, like souls, ready to remind us, waiting and hoping for their moment, amid the ruins of all the rest; and bear unfaltering, in the tiny and almost impalpable drop of their essence, the vast structure of recollection.'[462]

Proust termed this sudden, vivid recall "involuntary memory," which seems to erase the time between the original experience and its re-experiencing in memory–captured perfectly by the familiar phrase, "I remember it as if it happened yesterday." While our senses can spontaneously bring the past into the present, this recalling can also be deliberately evoked, such as during an oral history interview. Scientists refer to this phenomenon as the "Proust

[458] Daigle 2018.
[459] Lovelace, C. T., 'Synaesthesia in the Twenty-First Century: Synaesthesia's ascent', in J. Simner, and E. Hubbard (eds), *Oxford Handbook of Synaesthesia* (2013; online edn, Oxford Academic, 16 Dec. 2013), https://doi.org/10.1093/oxfordhb/9780199603329.013.0021 , accessed 20 July 2024.
[460] ibid.
[461] Wohler 2010; Ward 2021.
[462] See Hamilton (2010) for a discussion of the role of the Proust effect in oral histories from a cultural anthropological perspective.

effect," where a smell linked to an experience can trigger a memory; however, it only gains social meaning when shared with others.

Despite the power of Proust's sensory memories, sensory experience has traditionally been viewed as a mere physiological sensation shaped by psychology and personal history, and thus outside the realm of philosophical or abstract analysis. Yet, Proust was not alone in recognising memory's vital role in perception. Philosopher Henri Bergson, in 1909, noted that "there is no perception which is not full of memories," observing how our senses blend immediate data with countless fragments from past experiences. Unfortunately, such insights were largely overlooked until the late twentieth century's "sensory revolution," which reclaimed the study of the senses within the Humanities.

David Howes highlights the importance of this shift, arguing that the senses are the fundamental domain of cultural expression, the medium through which society's values and practices are enacted. Sensation, he contends, is not merely physiological or personal but deeply shaped by cultural ideologies and practices. Every sensory experience is a field of cultural elaboration and a stage where social roles and interactions are structured–teaching us distinctions of gender, class, and race through sensory engagement. Given this, Howes insists that the senses deserve serious attention in ethnographic research to better understand both others' lifeworlds and our own social positioning.[463] That such an approach remains underexplored in fields like sport and exercise sciences is concerning. However, in recent years, scholars have begun producing extensive work on the histories of individual senses while emphasising their interconnectedness and collective significance.[464]

This has forced a rethinking about the nature of social experience, interpersonal as well as relationships to community, and even ideas about how we live and move through space.[465]

People with synaesthesia outperform non-synaesthetes on standard laboratory tests of episodic memory.[466] Synaesthetes also outperform non-synaesthetes on working memory, although the effect size is smaller than that observed for episodic memory. The most intuitive explanation is that synaesthesia itself functions as a cognitive aid, enhancing the memorability of stimuli, such as words, by imbuing them with color, taste, or other sensory qualities. However, their memory advantage is not limited to synaesthesia-relevant stimuli; it extends to abstract or neutral stimuli, including images of fractals or snowflakes. When retrieving such abstract visual stimuli from memory, synaesthetes show reduced activity in the visual ventral stream relative to controls, suggesting greater processing efficiency. This points to the

[463] Howes 2004, p.1.
[464] See for instance Hamilton 2010, Sparkes 2009.
[465] cf. Hamilton 2010; Sobzcak-Edmans and Sagiv 2013.
[466] cf. Ward et al. 2019.

possibility that synaesthetes exhibit broad cognitive differences in learning and memory, particularly of perceptual information, which may in turn help explain the durability of synaesthetic associations, even if the underlying mechanisms are not exclusive to synaesthesia. Additionally, synaesthetes report heightened vividness of mental imagery across multiple sensory modalities. Real-world memories are particularly rich in 'relived' sensory details, with childhood memories of synaesthetes showing less fading over time. Thus, 'thinking in images' is a broad cognitive style of people with synaesthesia that includes the synaesthesia itself (which resemble involuntary images) but is not limited to synaesthesia (i.e., it extends to voluntary imagery and remembering past events).[467]

In the twentieth century, a particular kind of *sequence-personality synaesthesia* was introduced by the Russian neuropsychologist Aleksander Luria in *The Mind of a Mnemonist* (1968). Analysing the mental images of Solomon Shereshevskii, a synaesthete who had at least five other different types of synaesthesia, there is a passage in which Shereshevskii describes his particular personifications:

> 'Take the number 1. This is a proud, well-built man; 2 is a high-spirited woman; 3 is a gloomy person (why, I don't know); 6 a man with a swollen foot; 7 a man with a moustache; 8 a very stout woman–a sack within a sack. As for the number 87, what I see is a fat woman and a man twirling his moustache.'[468]

Since Luria's description of synaesthesia in the Russian mnemonist Shereshevskii, it has been suggested that synaesthesia may be linked to superior memory abilities. Some studies have found enhanced memory for verbal or inducer-related material, implying that the synaesthetic concurrent might improve memory performance. For example, Baron-Cohen et al. (2007) discussed Daniel Tammet, a savant and synaesthete, proposing that synaesthesia and savantism might co-occur.[469] However, Rothen et al. (2012) argued that synaesthesia might not enhance overall memory but rather memory within specific domains, and that earlier findings could be biased by exceptional cases.[470] While synaesthetes sometimes overestimate their memory skills, some group studies do show advantages in certain tasks, leaving the issue unresolved.

Besides memory, synaesthesia has also been linked to enhanced creativity.[471] Some research finds synaesthetes more likely to engage in creative pursuits, with studies reporting a positive correlation between self-reported synaesthesia and creativity, particularly among "projector"

[467] cf. Ward, 2021b.
[468] Luria 1969, p.31.
[469] For a critical view on that interpretation, see chapter 6.2.3. see also Simner et al. 2009.
[470] Rothen, Nicolas, Meier, Beat, Ward, Jamie. (2012) 'Enhanced memory ability: Insights from synaesthesia.', *Neuroscience and Biobehavioral Reviews*. 36 (8), S. 1952 - 1963.
[471] ibid.

synaesthetes compared to "associators."[472] Yet, the reasons behind this creativity difference remain unclear. Additional evidence points to synaesthesia's association with improved perception, mental imagery, and visuo-spatial, temporal, and mathematical cognition. For instance, synaesthetes with colour concurrents perform better on colour discrimination tests than those without, and those who experience numbers spatially outperform non-synaesthetes in arithmetic tasks.

The disinhibited feedback theory introduced by Grossenbacher and Lovelace (2001) proposes that synaesthesia arises not from unusual brain connections but from atypical information flow along existing pathways.[473] Brain areas that integrate inputs from different domains (e.g., letters and colours) typically have inhibited feedback loops, but in synaesthetes, these feedback connections may be unusually active, causing the concurrent experience. This theory is partly supported by observations that synaesthesia-like experiences can be induced by hallucinogens, suggesting reliance on existing neural pathways. Both the disinhibited feedback and the crosstalk theories–which argue for direct connections between brain areas–have empirical support, and ongoing research aims to clarify these mechanisms, including alternative models like re-entrant processing.

Despite over a century of interest, much remains unknown about how and what synaesthesia is. Increasing public awareness is crucial, not only to aid research participation but also to dispel stigma.[474] Although synaesthesia is sometimes mistakenly portrayed as a disorder–evidenced by sensational media headlines such as "500,000 Children Suffer From Cross-sensory Condition" (Garner, 2001)–there is little evidence linking it to illness or pathology.[475]

The main aim of this chapter is to reveal the foundational aspects of our synaesthetic ways of experiencing, orienting and communicating and how they form parts of our identity, bodily responses and preferences of interaction. I have shown why and how this is relevant knowledge in order to encounter people with dementia. Synaesthetic experiences are emotional and can be accompanied by a sense of certitude (the 'this is it' feeling) and a conviction that what synaesthetes perceive is real and valid. This accompaniment brings to mind that transitory change in self-awareness that is known as ecstasy. Ecstasy is any passion by which the thoughts are absorbed and in which the mind is for a time lost. In *The Varieties of Religious Experience*,

[472] This distinction describes the individual variability in synaesthetic experiences and underscores the importance of personalized approaches in studying this phenomenon. Projector synaesthetes perceive synaesthetic sensations as occurring externally, in the space around them. For example, a projector synaesthete might see a specific colour overlaying a letter or number in the external environment. Whereas associator synaesthetes experience synaesthetic sensations internally, within their 'mind's eye.' They might associate a particular colour with a letter or number but perceive it as an internal association rather than an external visual experience. (cf. Amsel et al. 2017)
[473] Cohen Kadosh et al. 2009.
[474] cf. Banissy et al. 2012
[475] ibid.

William James spoke of ecstasy's four qualities of *ineffability, passivity, noesis,* and *transience*. These same qualities are shared by synaesthesia.[476]

As the above section shows, synaesthesia has long been considered a benign alternative form of perception most often associated with positive rather than negative outcomes. The condition has been associated with a variety of cognitive and perceptual advantages, including benefits in memory, processing speed and creativity. It is not currently recognised in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V). Recently however, several studies have raised the question of a possible link between synaesthesia and clinical conditions.[477] In the next section, we shall therefore direct our attention to synaesthetic experiences and their significance for social orientation in autism.

6.6 Mirror-touch Synaesthesia and Bodily Awareness

A little-known phenomenon that provides additional evidence for a link between synaesthesia and embodied cognition is *vision-touch synaesthesia*, in which people report a physical sensation of being touched themselves when they observe others being touched.[478] Also known as *mirror-touch synaesthesia*, it is thus a condition in which a person experiences tactile sensations on their own body when they see someone else being touched. In analogy with the 'mirror neurons' found initially in the monkey premotor cortex, and hypothesized to exist also in humans (e.g. Rizzolatti et al. 1996) 'mirror-touch' is a particularly illuminating example of synaesthesia, because the underlying connectivity implicated–the mirror neuron system–is not something assumed to be peculiar to these synaesthetes, but is hypothesized to play a key role in the imitation, prediction, and understanding of others' behaviour in the general population.[479] The embodied simulation theory of social cognition, for example, proposes that the mirror system, by internally 'simulating' the motor and somatosensory states of conspecifics, allows us to understand them.[480] In extreme cases this could mean: 'Watching someone eating, I would taste and feel their food in my mouth, and I struggled with weight loss because I always felt full'.[481] Torrance describes how she feels other people's experiences, that is, how she feels what they feel, presenting an extreme version of what is known as mirror-touch synaesthesia. While Torrance's report may almost seem unbelievable (how could one feel from the inside someone else's sensations?) has been repeatedly shown that in any individual (with or without mirror-

[476] Szummer et al. 2017, p.1.
[477] Carmichael et al 2018; Ward 2021; Grohmann 2019.
[478] Blakemore et al. 2005.
[479] Gray and Simner 2015.
[480] Gallese and Sinigaglia 2011. Following the Gallese's and Sinigaglia' s discovery of mirror neurons different theories and competing accounts of how we understand others' minds have emerged: ST (Simulation Theory) and TT (Theory Theory): Whereas TT claims that we apply an internal 'theory' of psychological states to explain and predict others' behaviour, ST holds that we understand others by simulating their mental states within our own cognitive system.
[481] Torrance 2011 cit. in De Vignemont 2018, p.125.

touch synaesthesia) the same brain resources can be used to represent one's own and other people's actions, sensations, and emotions. Indeed, mirror-touch synaesthetes have been found to have greater empathy than controls.[482] However, neuroscientific research is at odds. While some studies interpreted as evidence that mirror neurons may indeed play such a role more recent studies on empathy in MTS by Ward et al (2018) confirm that while participants did not differ from controls on emotion identification and affective empathy; however, they showed higher affect sharing (the degree to which their affect matches what they attribute to others) than controls. This finding indicates difficulties with self-other distinction, and actually results in fewer signs of prosocial behaviour.

More generally speaking, research into mirror-touch synaesthesia (MTS) has proposed two primary theoretical frameworks to explain the phenomenon:

1) *Threshold Theory*: This theory attributes MTS to hyperactivity within the mirror neuron system, particularly in areas responsible for processing touch and pain. Functional MRI studies have provided evidence supporting this heightened activity. However, Threshold Theory does not fully account for structural brain differences observed beyond the mirror system or certain outcomes on social cognition assessments.[483]

2) *Self-Other Theory:* This perspective suggests that MTS arises from challenges in distinguishing between self and others, potentially due to an overextended sense of bodily self or impaired control over self-other representations. Studies have shown that individuals with MTS exhibit altered self-face recognition after observing others being touched, indicating a blurring of self-other boundaries. This theory positions MTS within a broader cognitive profile, implicating regions such as the anterior insula and temporal-parietal junction, which are associated with self-other processing.[484]

These frameworks offer insights into the mechanisms underlying MTS, each highlighting different aspects of neural and cognitive function. Phenomenological research in MTS suggests that variations in the *sense of agency (SA)*–the feeling of control over one's own actions–are connected to abnormalities in the *sense of ownership (SO)*–the feeling that one's body belongs to oneself–and in the ability to differentiate between oneself and others.[485] In light of these neuroscientific findings, motor, somatosensory, and affective representations seem to be 'shared' between self and others.[486] As a consequence, one may wonder whether such interpersonal representations completely erase the distinction between self and others. This question is generally asked while assessing the implications of interpersonal representations for

[482] cf. Banissy and Ward 2007.
[483] Meier, B. et a. (2015) 'How mirror-touch informs theories of synaesthesia.', *Cognitive Neuroscience*. 6 (2-3): 142-144.
[484] Maister et al. (2013) 'Mirror-touch synaesthesia changes representations of self-identity. *Neuropsychologia*;51(5):802-8.
[485] cf. Gallagher 2005, 2024.
[486] Gallese and Goldman 1998.

social awareness, however, they may also have implications for self-awareness. For instance, in experiments on vicarious agency, where the distinction between self-generated and externally initiated actions is deliberately obscured, individuals with MTS reported a stronger sense of agency over movements that were not actually their own. This finding suggests that the sense of ownership influences the sense of agency through sensory feedback mechanisms, particularly involving vision and proprioception.[487] Lush (2020) suggests that in the case of mirror-sensory synaesthesias, individuals may habitually (but involuntarily) implement phenomenological control in everyday life when it aligns with their goals, thereby creating tactile sensations. These findings raise the possibility that habitual phenomenological control may also underlie the reported concurrent experiences in both induced and natural synaesthesia.

Adding to that, the *Rubber Hand Illusion* (RHI) provides further evidence for the role of shared body representations in distinguishing self from others. In this illusion, synchronous stroking of a visible rubber hand and the participant's hidden real hand can lead to the illusory sense of ownership over the rubber hand.[488] This suggests that the brain integrates multisensory signals to determine bodily ownership, sometimes overriding actual proprioceptive input. The sense of ownership (SO), as proposed by Gallager (2005), explains how we distinguish our own body parts from those of others, forming the basis of bodily awareness. It builds on the concept of bodily agency, which helps differentiate between self-generated and externally generated actions, but extends it to bodily self-awareness. Under normal circumstances, we instinctively know that our hands, arms, or legs belong to us. The sense of ownership (SO) ensures that we do not mistake another person's body parts for our own. However, disruptions in this system can lead to conditions where individuals either disown their own limbs or misattribute them to others. For instance, in *somatoparaphrenia*, patients may deny ownership of a limb and believe it belongs to someone else, highlighting a failure in this system. Similarly, in phantom limb syndrome, individuals continue to feel a missing limb as if it were still there, suggesting a misfiring of the brain's body representation mechanisms. Importantly, this system is also relevant in mirror-touch synaesthesia (MTS), where individuals physically feel the touch experienced by others as if it were happening to them. The blurred boundary between self and other in MTS suggests that the SO system may function differently or be weaker in these individuals, leading to heightened interpersonal embodiment.

Beyond synaesthesia, the sense of ownership is also linked to psychiatric conditions such as schizophrenia. Patients with delusions of control may feel that their actions are being directed by an external force, pointing to potential impairments in both bodily agency and bodily

[487] Cioffi, Banissy and Moore 2016.
[488] Botvinick and Cohen 1998.

ownership. When these systems fail, individuals may struggle to distinguish between what belongs to them and what does not, leading to profound disruptions in self-awareness. That is to say, bodily ownership plays a crucial role in maintaining a stable sense of bodily identity. It helps us correctly attribute body parts to ourselves, preventing confusion between self and others. When this system is impaired, as seen in conditions like somatoparaphrenia, phantom limb syndrome, mirror-touch synaesthesia, and schizophrenia, it can lead to dramatic alterations in how one experiences bodily selfhood.

Similarly, in somatoparaphrenia, patients not only disown their real hand but may also attribute it to someone else, indicating a breakdown in self-other discrimination. In mirror-touch synaesthesia (MTS), individuals experience touch on their own body when seeing others being touched, reflecting a heightened susceptibility to interpersonal bodily representations. There are, for instance, forms of inhibited self-other distinction as Gallagher (2005) describes: MTS and phantom limb pain as complex structures and common dynamics of self-awareness.

6.4 The Hyper-Associative Mind

In this subchapter, I address a two-fold way of how synaesthesia can be understood as both a psychedelic and a creative experience, revealing the fluidity and interconnectedness of perception. I explore this dual nature, distinguishing between naturally occurring synaesthesia and that induced by psychedelic substances such as LSD and mescaline. First, I address how through drugs, like LSD or Mescaline, a hyperassociative structure of the psychedelic experience can be evoked and resembles to what has been called '*Urempfindung*' (primordial experience) by core phenomenologists.[489] Drawing on phenomenological perspectives, particularly those of Merleau-Ponty, it examines how these altered states of consciousness disrupt conventional sensory boundaries and challenge rigid models of perception: '[*:::*] under mescalin [*:::*] the tick of a metronome, in darkness, is translated as grey patches, [*:::*] the size of the patch to the loudness of the tick, and its height to the pitch of the sound.'[490]

The distortion of spatial perception and the disengagement of synaesthesia are intriguing effects of mescaline. Merleau-Ponty draws on these phenomena effectively to support his reconceptualization of perception. However, as mentioned earlier, we believe the most significant impact of psychedelics is their enhancement of the mind's associative capacity.

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[489] Szummer et al. 2017. The hyperassociative mind: The psychedelic experience and Merleau-Ponty's 'wild being', *Journal of Psychedelic Studies,* DOI: 10.1556/2054.01.2017.006.
Spiller, Mary J., and Ashok J. Jansari, 'Synaesthesia and Savantism', in Julia Simner, and Edward Hubbard (eds), *Oxford Handbook of Synaesthesia* (2013; online edn, Oxford Academic, 16 Dec. 2013), https://doi.org/10.1093/oxfordhb/9780199603329.013.0036 , accessed 20 July 2024.
[490] Merleau-Ponty 1962, p.253.

One pertinent question that may arise, is what are the benefits of synaesthetic, psychedelic-like and psychedelic experiences? An apparent answer might be: to make new or different experiences. It seems to be the feeling of slowed or stopped time and the alteration of the 'ego boundary', that is, the perception of one's own identity that comes along with certain types of changes that are common enough to be considered characteristic of psychedelic experiences in their hallucinated, spatial, and synaesthetic modes. A second argument might be that it makes one open to encounters with the other, the unknown, the wild being. From this perspective, one can identify meaningful parallels between the psychedelic experience and Merleau-Ponty's concept of the 'wild world' or 'wild being,' even though Merleau-Ponty himself did not explicitly articulate these connections. According to Szummer et al. (2017) psychedelics *temporarily suspend the restrictive influence of routine cognitive processes*, allowing a surge of meaning to emerge. In this state, the underlying structure of the 'wild world' is revealed: a network of interconnected notions, emotions, bodily sensations, memories, and external stimuli, all merging into metaphors that embrace one another.

In contrast, the normal waking state–designed for survival in a stable environment–requires swift, routine responses, which confine perception and thought within rigid categories and stereotypes. Psychedelics lift these constraints, exposing the polymorphic and amorphous nature of being, or the primordial experience (*Urempfindung*) which Merleau-Ponty referred to as the 'wild being.'

> 'A stable environment demands swift, routine-like behavioral answers of the organism for survival. So in normal waking states, perception and thinking are limited by stereotypes, rigid categories. Psychedelics suspend the suppressive effect of the routines of the normal state of mind. Due to this, a *fl*ood of meaning can disengage, revealing the structure of 'wild world': the orgiastic connections of notions, feelings, bodily sensations, memories, and stimuli from the outside world become metaphors embracing each other.'[491]

Merleau-Ponty argues that the 'wild world' is a transcendent space–an overflow of sensory experience he terms Urempfindung–where perception is unified rather than a mere aggregation of separate sensory inputs. Under ordinary conditions, our senses present objects as distinct qualities; however, under mescaline, these qualities (such as colour and sound) shift from being objective attributes to becoming atmospheric, integrated with our bodily experience. This process reveals that our perception of space is not an objective, Euclidean construct but a dynamic, embodied phenomenon shaped by our lived history.

Moreover, the psychedelic state, as discussed by Szummer et al. (2017), enhances the mind's hyperassociative and creative capacities. Psychedelics appear to reduce lower-level sensory

[491] ibid., p.7.

gating, allowing a richer integration of 'ancient' neural information with frontal cognitive processes. This enhanced integration can yield experiences of unity, oneness, and profound personal insight, suggesting that the flexible, creative dynamism of perceptual consciousness may serve an adaptive function in rapidly changing environments.

Persons with Asperger syndrome (AS), according to the DSM-IV, have impairments in social interaction and flexibility of thinking. While they exhibit intact formal language (syntax, morphology, phonology) and general learning abilities, they express a deficit in high level non-literal aspects of linguistic processing. Hense et al. (2019) argue that this opens the possibility that the tendency to relate touch to the external world is typical in individuals with ASDs but emerges with a delay since a bigger independence of and distance to the outer world results in delay in integration or relation of multisensory information.[492]

As much as has been argued above that affective synaesthesia as a rule is to be regarded as positive and supportive since it performs a stabilising function or a sense of coherence, there are exceptional cases in which it can be irritating. For instance, in the aforementioned pop-out test by Ramachandran and Hubbard (2001). hesitation and irritation due to conflictual information processing of 'falsely' presented colours have been observed.[493] Note the pathological aspect of hyperassociation in ADHS which can lead to dissociation or disorientation, as observed by Hense et al. (2019). In the case of traumatic events, irritation can therefore also lead to uncertainty or disturbance of normal experience - an example for a traumatic memory. Therefore, it is certainly helpful to use biography work to ask about both the pleasant and the unpleasant stimuli of meaning that can be avoided. Schwartzmann et al (2019) say that 'acquired and induced forms of sensory deprivation may induce some synaesthesia-like cross-modal experiences; however, the similarities with natural synaesthesia are likely only superficial. Nonetheless, the fast onset and transient nature of induced cross-modal experiences in these cases underline the malleability of perceptual experience'.[494] Unfortunately, due to participants either experiencing a visual loss or being blindfolded, the issue of perceptual presence cannot be readily examined in these cases.

Merleau-Ponty, for instance, references various accounts of mescaline-induced experiences to illustrate how spatial perception and synaesthetic integration can become disengaged under the influence of psychedelics. A striking example describes how the ticking of a metronome in darkness is perceived not merely as a sound but as a series of grey patches, with their size

[492] Hense M. et al. (2019). Visual and proprioceptive influences on tactile spatial processing in adults with autism spectrum disorders. *Autism Research*, 12(12), S. 1745 - 1757.
[493] In the pop-out test by Ramachandran and Hubbard (2001), synaesthetes showed hesitation and irritation when presented with letters in colors that conflicted with their involuntary synaesthetic associations, reflecting the cognitive and emotional disruption caused by conflicting sensory input.
[494] cf. Schwartzmann et al. 2019

corresponding to loudness and their height to pitch. Such phenomena support his reconceptualization of perception as an embodied and dynamic process rather than a mere aggregation of distinct sensory inputs.

This psychedelic state, as described by Szummer et al. (2017), temporarily suspends the brain's habitual cognitive constraints, allowing for a more expansive and hyper-associative mode of experience. In this state, the mind becomes more receptive to novel connections, integrating sensory impressions, emotions, bodily sensations, and memories into a fluid, metaphorical network. This process resonates with Merleau-Ponty's notion of the 'wild world' or 'wild being'–a space where perception is no longer confined to rigid categories but unfolds as an open, immersive experience. While Merleau-Ponty does not explicitly link his ideas to psychedelic experiences, meaningful parallels emerge in their shared emphasis on perceptual dynamism and ontological openness.

A key question that arises is whether these experiences represent exceptional, deviant phenomena or whether they merely reflect variations in the fundamental structure of perception. Are psychedelic and synaesthetic experiences categorically distinct from 'normal' perception, or do they reveal a broader spectrum of perceptual possibilities? This question underscores an ongoing interdisciplinary debate about whether such experiences should be viewed as ontologically distinct modes of awareness or as intensified manifestations of ordinary perception.

While hyper-association in synaesthesia and psychedelic states can foster creativity and cognitive flexibility, it also presents challenges. For individuals with ADHD, excessive associative connections can lead to dissociation or disorientation. Similarly, in autism spectrum disorders, sensory integration may be delayed, affecting the ability to process multisensory information efficiently. These cases highlight the complex interplay between perception, cognition, and affect, suggesting that while heightened sensory integration can be enriching, it may also contribute to cognitive overload or distress.

Despite these challenges, affective synaesthesia–where sensory experiences evoke emotional responses–can provide a sense of coherence and stability. This capacity to enrich personal experience has therapeutic potential, particularly in biographical work, where individuals explore both positive and negative sensory memories to better understand and navigate their perceptual worlds. However, in cases of trauma, synaesthesia may also amplify distress, as conflicting sensory inputs disrupt the stability of experience.

Finally, the distinction between induced and natural synaesthesia remains a subject of debate. Schwartzmann et al. (2019) argue that while sensory deprivation or psychedelic substances can trigger cross-modal experiences, these are likely only superficial imitations of

naturally occurring synaesthesia. The transient nature of induced synaesthesia suggests that perception is highly malleable, but it does not necessarily equate to an innate cross-modal sensory structure. Ultimately, synaesthesia and psychedelic experiences provide valuable insights into the plasticity of perception, challenging traditional notions of sensory modularity. Whether naturally occurring or drug-induced, they reveal the deep interconnections between sensation, cognition, and emotion, offering a richer understanding of how perception shapes our experience of the world.

What kind of perceptual experience is synaesthesia? Is it a common, atypical, or neuro-diverse form of perception? The further the research on synaesthesia is progressing, the more complex this becomes question and the answers diverse. Ward and Simner (2022) conclude that it remains unclear whether synaesthesia is one condition or many, and this has implications for whether theories should postulate a single cause or multiple independent causes. Their analysis showed that some common types of synaesthesia do not fall into any grouping at all (e.g. mirror-touch, hearing-motion, tickertape) indicating a spectrum or at least a varied field of different types of synaesthesia (i.e. weak, strong, labile, stable)

There is further reason to claim that the synaesthetic connections are not of a sensory nature at all, as Simner (2012) and Chiou and Rich (2015) argue.[495] This also highlights an important nuance, suggesting a refinement in how we conceptualize synaesthesia, which has often been described as a 'condition.' Traditionally, this term has implied that synaesthesia is a biologically real entity, yet it also risks carrying connotations akin to a psychiatric or neurological disorder. A more balanced view positions synaesthesia as an intermediate phenotype. The synaesthetic disposition, as described by Ward and Filiz (2020), shows parallels with constructs such as general intelligence and the broad autistic phenotype. For example, Rouw and Scholte (2016) found that synaesthetes scored higher on standard cognitive tests of intelligence across various tasks, regardless of synaesthesia type, and these results were not biased by self-referral, as participants were recruited from the same sample as controls. Additionally, other studies indicate links between synaesthesia and both clinical and subclinical autistic traits, as reviewed in the following section. However, while the synaesthetic disposition may overlap with these constructs, it does not appear to be reducible to them: for instance, although synaesthetes consistently demonstrate a tendency to think in mental images, this cognitive characteristic cannot be fully explained by either general intelligence or autistic tendencies.

[495] Ward and Simner (2022).

Exposing a certain or heightened form of sensitivity?

Synaesthesia is more prevalent in people with a diagnosis of autism and autistic behavioural traits are more pronounced in verified synaesthetes.[496] However, the association between the two is rather specific. Synaesthesia is particularly prevalent in certain people on the autism spectrum, such as those reporting savant abilities such as superior memory or perfect pitch.[497] Notably, synaesthetes tend to score particularly high on traits such as attention to detail and sensory sensitivity, rather than on socio-communicative difficulties. This highlights the importance of paying closer attention to different types of synaesthetic perception or disposition. The link between synaesthesia and clinical vulnerabilities appears to be quite specific, showing a strong association with certain conditions like autism and anxiety, while being weak or absent in others, such as migraine and depression.

> 'All current explanations of these associations argue that it is driven by the wider profile of differences found in synaesthesia (genetic, neural, cognitive) – i.e. the synaesthetic disposition. Synaesthesia does not require treatment because it is unlikely that the synaesthesia itself (e.g. tasty words, coloured numbers) is the causal trigger of any clinical symptoms. Instead, the presence of synaesthesia acts as an indicative marker of risk for several clinically important traits'[498]

For example, grapheme-colour synaesthesia is unlikely to exist without literacy and therefore would not have been present for most of human history, according to Ward (2019). The manifestation of such a trait signals a distinct neurodiverse phenotype, offering a unique window into broader questions about cognition. Studying synaesthesia, then, is not merely about understanding an unusual perceptual experience, but about exploring the neurodiverse cognitive profile it reflects, that is, its associated strengths, vulnerabilities, and the ways it shapes lifestyle choices such as careers and hobbies. Consequently, research on synaesthesia challenges conventional notions of the "normal" mind and brain, and instead contributes to redefining these concepts using contemporary scientific tools.[499]

Following Lynall and Blakemore's (2013) and Ward's (2021) analysis of the state of the art in synaesthesia research both set up a range of arguments that only allow for a research framework that pictures synaesthesia in its plurality and variety. In support of this, we can conclude that there is more to say to strengthen the embodied significance of synaesthetic perception and experience. Taking the above supportive and foundational positions I will follow

[496] van Leeuwen et al. 2019; Baron-Cohen et al. 2013.
[497] Hughes et al. 2017.
[498] Ward 2021, p.33.
[499] ibid. p.35.

suit with my proposed integrative approach of synaesthetic perception to be laid out in the next chapters.

6.5 Neurodiversity and Coherence in Autism Spectrum Disorders and Dementia

Phenomenology, particularly as developed by thinkers like Husserl and Merleau-Ponty emphasizes perception, lived experience, and embodiment. In this type of framework, neurodiversity signifies not simply a neurological difference but a difference in the structure of experience, shaping how individuals relate to time, space, others, and themselves. From a phenomenological perspective, neurodiversity can be understood as a fundamental variation in ways of experiencing and engaging with the world, rather than as a deviation from a supposed norm.[500]

The concept of neurodiversity challenges the idea of a singular, normative experience of reality. Autism, rather than being a condition to be 'fixed,' presents an alternative mode of being, questioning dominant models of embodiment, perception, and intersubjectivity. This approach shifts the focus from deficit-based descriptions to understanding and valuing diverse modes of experience, opening up richer, more inclusive ways of conceptualizing mind, body, and world. Rather than seeing neurodivergent conditions as deficits, phenomenology invites us to understand them as alternative modes of being-in-the-world. These differences are not just cognitive but existential, affective, and embodied–shaping sensory processing, intentionality, sociality, and perception.

Chapman (2021), for instance, develops and defends a neurodiversity perspective by drawing on ecological functional models that take relational contributions to collectives, and group functioning, into account alongside individual functionality. Advocates of the neurodiversity movement contest the pathologizing of minority cognitive styles and propose that neuro-cognitive variation be understood as a natural and healthy expression of biodiversity. Although these proponents draw upon socio-relational models of disability to challenge the medical model, they have not yet established a fully developed alternative functional framework to supplant conventional notions of neurological dysfunction or impairment. In view of an alternative account of disability, Toro et al. (2020, 2025), for example, argue that scaffolding is embedded within broader social and historical structures that may inadvertently disable rather than support.[501]

Building on this ecological perspective, which emphasizes the interdependence of perception, cognition, and environment, it becomes possible to explore how alternative modes

[500] Heinamää 2019.
[501] See chapter 9.3 for more details.

of sense-making emerge in neurodiverse experience. Within this framework, language itself can be understood as an adaptive interface between sensory worlds and conceptual organization. To illustrate this, the case of Temple Grandin provides a compelling example: her development of an alternative semantic system - grounded in cataloguing, metonymy, and metaphor - reveals how meaning can be constructed through embodied, sensory, and associative processes rather than through purely abstract cognition.[502] These three linguistic functions serve as substitutes for the acquisition of general and abstract concepts - an adaptation necessitated by the fact that, in autism, associative typifications are not pre-constituted at a bodily-perceptual level. Metonymy and metaphor, in particular, enable shifts in meaning that connect disparate semantic fields across different experiential domains. This places them in structural proximity to the workings of synaesthesia. Such *heteromodal forms* of synaesthesia not only link perceptual moments across distinct sensory modalities, but also mediate these connections through shared affective and bodily resonances, functioning as experiential commonalities. In this sense, synaesthesia may be regarded as structurally metaphorical. From a phenomenological standpoint, one might therefore conclude that synaesthetic experience in individuals with autism integrates seamlessly within a differently configured experiential totality, as Grohmann (2019) has argued. What may appear as the *non-logical* or *anti-logical* character of synaesthesia in neurotypical modes of experience thus yields, within alternative onto-aesthetic coherences such as autism, to a distinctive yet internally coherent mode of embodiment and meaning-making.[503]

In a similar vein, Rodemeyer (2021) argued, that synaesthesia illustrates once more that there is also something like an immanent coherence that deviates from the general coherence structure. Such a formulation then also corresponds more to the principle of diversity in unity. Recent phenomenological approaches to autism challenge the dominant cognitive paradigm, advocating for a reconceptualization of autism as a disorder of embodied intersubjectivity rather than one rooted in higher-order cognitive deficits.[504] Thomas Fuchs argues that autistic individuals do not primarily lack a theoretical understanding of other minds but rather a *sensus communis*–a fundamental sense of bodily *being-with-others*.[505] This shift in perspective aligns with the broader *embodied turn* in autism research, driven in part by empirical findings that highlight the role of pervasive sensorimotor differences in the development and manifestation of autism.[506] Boldsen (2022a,b) argues that sensory differences shape how autistic individuals perceive others on a pre-reflective level. Drawing on experiential accounts from autistic young

[502] Grohmann 2019.
[503] ibid.
[504] Gallagher 2004; Zahavi 2005; Fuchs 2015; Krueger 2021.
[505] Fuchs 2015, p.198.
[506] cf. Boldsen 2022a, 2022b.

adults, she identifies three key ways in which sensory differences influence social experiences. First, social encounters are often perceived as overwhelming, chaotic, and unpredictable. Second, the embodied expressions of others can appear unfamiliar or threatening, leading to a sense of detachment from the social world. Third, autistic individuals actively engage in deliberate practices to seek perceptual and social meaning in these disorienting interactions. Her analysis underscores the need to understand embodied intersubjectivity through its sensory dimensions and highlights the role of practice in maintaining an intuitive connection to social meaning. By framing social encounters as sensory and perceptual events, this perspective challenges the notion that social difficulties in autism stem from a cognitive deficit, instead emphasizing their embeddedness in the broader experiential world.

According to Manning (2020), the deficit model of sensation is built on the distantist presupposition that senses are fixed and located.[507] It relies on a body schema whose 'sense of agency,' it is said, is fractured by the increase in sensation that accompanies the mirror-touch overlap. Bodies, it is said, lose their integrity in the encounter with this meta-tactile touch.

> 'In the context of mts [mirror-touch synaesthesia], one prediction . . . would be that if there were agency-processing deficits these would exacerbate more basic disturbances in bodily awareness. We are clearly suggesting here that mts is primarily a 'disorder' of ownership, which can have consequences for SoA [sense of agency] and which in turn can further worsen ownership disturbances'[508]

Here, the 'sense of agency' is understood as a view of the body that is rigidly structured, reducing embodiment to a simple self-other divide that links movement solely to position, while rejecting the relational dynamics that shape experience in interaction. To be a body, in this view, is simply to be an intentional, volitional agent controlling one's own experience. This detached perspective prioritises what I term the volition-intentionality-agency triad over the more fundamental agency that arises as experience unfolds. Bodies are considered fully realised only when they can clearly separate themselves from the world's influence. However, bodies that are overly sensitive–those that feel and respond to the world's touch–find themselves destabilised. Their sense of agency diminishes as they are affected by, and affect, the forces around them. The deficit model of sensation depends on assuming a pre-existing, fixed body framework onto which the body is placed. This abstraction becomes possible by removing the body from its ecological context and reconstructing it as an entity untouched by the ongoing interplay within its relational environment.

For instance, Daniel Tammet is someone for whom the voluminousness of experience is foregrounded. Indeed, his synaesthesia has made him famous for his ability to visualize pi to a

[507] Manning E. (2020) *For a Pragmatics of the Useless*. Durham: Duke University Press.
[508] Cioffi, Moore, and Banissy 2014.

previously unimaginable 22,514 digits. This unusual feat cannot be reduced to calculation. Tammet insists that he arrives at the answer instantly: 'With sympathy for the fold, existence comes to him in shapes. […] When I multiply numbers together, I see two shapes. The image starts to change and evolve, and a third shape emerges. […] It's like maths without having to think'.[509] Tammet emphasizes his unique way of perceiving the world through synaesthesia, describing his ability to visualize mathematical concepts as a direct, instantaneous experience rather than a process of calculation. His perception is framed as an immersive, dynamic interaction with shapes and patterns, rather than a distant, abstract reasoning process. He contrasts his extraordinary recall and perception with the challenges he faces in overstimulating environments like a supermarket, suggesting that while his mode of experience allows for remarkable cognitive feats, it can also make certain everyday tasks overwhelming. The book ultimately presents Tammet's perception as an intense, fluid, and qualitative engagement with reality–one that resists conventional neurotypical categorizations of intelligence and cognition. While it is undeniable that synaesthetes like Tammet possess extraordinary abilities, placing too much emphasis on the mnemonic aspects of his synaesthesia–without acknowledging the full complexity of autistic perception and its rich experiential dimensions–risks reinforcing the familiar ableist trope of the autistic savant. This label, frequently used in discussions of Tammet's feats, focuses narrowly on what can be measured and quantified. In doing so, it promotes a neurotypical value system that dismisses the qualitatively complex and irreducible nature of perception. Moreover, although the measurable aspects of synaesthesia may open the door to the idea of 'savantism,' the autistic element tends to diminish any perceived added value. When reduced to their components, autistic savants become mere statistics, their extraordinary abilities overshadowed by what supposedly excludes them from 'normal' existence. After all, they are seen as only partly autistic and only partly savant–therefore, only partially remarkable. It is hardly surprising, then, that the deficit model dominates much of the writing about Tammet.[510]

Manning critiques the framing of autistic savantism through functioning labels that reinforce neurotypical standards of value. In a similar vein, Hughes (2021) argues that common responses–such as distinguishing "high- vs. low-functioning" autism, separating autism from co-occurring conditions, or framing autism purely as identity–ultimately fail because they do not account for the varied manifestations of autism or the intrinsic harms experienced by those affected. Terms like high functioning and low functioning classify autistic individuals according to their conformity to these standards, with the latter often implying diminished

[509] Tammet 2005, p.12.
[510] Manning 2020, p.252.

humanity. Daniel Tammet exemplifies this paradox: his exceptional mathematical and linguistic abilities place him in the high functioning category, yet his difficulties with ordinary tasks, such as shopping, mark him as low functioning. The passage argues that savantism is not about intelligence *per se* but is frequently treated as a precognitive anomaly rather than a legitimate form of cognition. In Tammet's case, this framing reduces his extraordinary synaesthetic abilities to stereotypes of autism, reinforcing his depiction as a literal and uncreative figure despite the richness of his lived experience.[511]

While empirical research largely concentrates on classifying the types, modes, and characteristics of synaesthesia to address whether it lies on a continuum with neurotypical cognition, this approach remains tied to normative models of typicality. Chapman (2021, 2023), as well as Manning, offer a different perspective by critically interrogating the very framework of *neurodiversity*. Rather than treating neurodivergence as a deviation to be located along a scale of proximity to the neurotypical, they argue for an alternative normative grounding that resists such comparative hierarchies. Their work thus shifts the debate from empirical specification to a broader critique of the assumptions underpinning how cognitive diversity is conceptualized.[512] Applied to synaesthesia, this critique highlights how the phenomenon need not be assessed in terms of its distance from neurotypical perception, but instead can be understood as one expression of cognitive diversity on its own terms.

Following Manning (2020), neurodiversity needs an act of careful scrutiny and disentanglement in order to overcome the ethnocentric perspective implied in it, which would be a wrong premise to start from.[513] In her view, choosing to persist in collaborating with neurodiversity is not primarily a commitment to the neurological aspect itself. Instead, it involves actively embracing the underlying assumptions of neurology as a discipline focused on the (neurotypical, white) human experience. What is critical about such a view is that it often neglects to critically examine the foundational beliefs supporting its human-centric approach and the categorical imperative to conform to its normative standards. In other words, Manning uses the term neurodiversity in an inclusive and relational way in order 'to remind us that we need a concept for a diversity in diversity that isn't measured by the standard of typicality'.[514] She reminds us, instead, that we need '[a] diversity in diversity […] that senses fully and differentially, that lives and participates in a world still defining itself according to measures not yet in place'. This clearly 'includes populations historically excluded from the matrix of the human' as well as 'modes of life-living that exceed the human, that feel the more-than human

[511] ibid.
[512] Grohmann 2019, Wehrle 2019, Heinamäa
[513] Manning E. (2020) *For a Pragmatics of the Useless*. Durham: Duke University Press.
[514] ibid., p.263.

world not as other but as with, in the being of relation'.[515] To exemplify this view from a marginal angle, or I as call it (*tangential*), yet decisive perspective, a strong and reconciling comment by Ryan Boren helps us to immerse ourselves in the problematic constellation of the normative vs the non-normative:

> 'The hardest part to navigate is not so much the teeming ambiguity; it's the assumption. It's the self-centering, automatic and unaware, that reduces ambiguity to an ethnocentric 'right answer' or 'right behavior' and leaves little room for autistic sociality. Instead of 'foregrounding complexity as the baseline,' we bury it with myths of normality that create structural barriers and exclude people. We pathologize and marginalize the minds and bodies that sense ambiguity and assumption the most deeply and feel their results the most acutely. So much is lost in the reduction. Acknowledging ambiguity, multiple literacies, and multiple socialities renders the terrain more passable rather than less. Ambiguity is actually something to be embraced rather than to be avoided. It is an inevitable feature of human discourse. Compassionately accepting our ambiguities and differing literacies means less masking and passing and burning out–and better communication.'[516]

Manning (2020) calls this 'mindblindness' and critiques Simon Baron-Cohen's approach to linking autism and synaesthesia, particularly his reliance on the theory of mind deficit model. Initially, Baron-Cohen treated autism and synaesthesia as separate fields of study but later connected them through the concept of *apoptosis*–the natural neural pruning process that appears to be less pronounced in both conditions. This neurological similarity suggests that autistic individuals and synaesthetes may retain a heightened capacity for experiencing the world in a pre-categorized, unfiltered way. She argues that Baron-Cohen's framework fails to acknowledge neurodivergent ways of relating to the world. By insisting on normative interpersonal standards, he overlooks the possibility that autistic individuals engage in alternative, yet equally meaningful, forms of relationality. Instead of expanding the understanding of connection and empathy, his model reduces autism to a condition of detachment, unable to appreciate the depth of autistic sensory and emotional experience. However, rather than recognizing how this could challenge stereotypical views of autism as literal, uncreative, and disconnected, Baron-Cohen reinforces his deficit-based perspective and maintains the idea that autism is defined by 'mindblindness,' or an inability to grasp others' perspectives.

A contrary and more differentiated view is presented for instance by Schnitzler and Fuchs (2024), or Muratori and Bizzari (2019), who differentiate the lack of empathy as pertaining to the affective type of empathy but not the cognitive one. [517] Muratori and Bizzari (2019) discuss

[515] ibid.
[516] Boren cited in Manning 2021, p.5.
[517] Schnitzler, T. and Fuchs, T. (2024) 'Autism as a disorder of affective empathy', *Psychopathology*. 57: 1 - 10. Muratori F, Bizzari V. 2019 Autism as a Disruption of Affective Contact: The Forgotten Role of George Frankl. Clin Neuropsychiatry.16(4), pp.159-164.

George Frankl's 1933 paper, highlighting his distinction between two forms of communication: *affective language* and *word language*. Affective language encompasses non-verbal communicative symbolizations, such as facial expressions, body gestures, and vocal modulations–elements that serve as true communicative symbols within a family and even across cultures. This form of communication transcends spoken language, functioning as a universal means of emotional and social connection. Frankl argues that, in neurotypical individuals, these two forms of communication are naturally fused and integrated. However, in autism, there is a fundamental disconnection between them. This rupture, he suggests, lies at the core of autism, leading to difficulties in expressing thoughts, feelings, and intentions. Frankl emphasizes that communication extends beyond language, encompassing bodily, emotional, and pre-verbal elements–precisely the aspects that are disrupted in autistic individuals. As a result, he defines autism as a condition characterized by the absence or impairment of *affective language*, which in turn leads to a disturbance in *affective contact*, making it difficult for autistic individuals to establish meaningful interpersonal connections.

According to Grohmann (2019), on a phenomenological level, one could conclude that synaesthesia in individuals with autism fits harmoniously into a differently structured experiential whole. The so-called 'non- or anti-logic' of synaesthesia in neurotypical worlds of experience would thus give way to a coherent embedding in alternative onto-aesthetic experiences – such as autism – in favour of a coherent embedding.[518] On the one hand, I would agree to this observation, on the other hand, I suggest that it applies not only to the autistic spectrum, but also to other neuro-untypical worlds of experience such as affective synaesthesia or body memories, as we structurally (however not literally) share these kinds of onto-aesthetic experiences to make our perceptions and memories coherent according to what Merleau-Ponty has framed as intentional arc.[519]

Interestingly, psychologist Jamie Ward (2019, 2021) argues in two opposing directions that synaesthesia is fundamentally distinct from neurotypical cognition rather than existing on a continuum with it. He emphasizes that synaesthesia has a unique phenomenology, specific causal mechanisms, and a distinct neurocognitive profile. However, synaesthetes themselves are not a homogeneous group, as variations exist in the number of synaesthetic associations they experience. This variability influences cognitive traits such as mental imagery, sensory sensitivity, and attention to detail. Along with enhanced memory, these traits may form a shared cognitive core that helps explain the evolutionary persistence of synaesthesia.

[518] Grohmann 2019, p.51
[519] See Proust effect, which then almost comes close to existential feelings. Also see chapter 9.

Ward suggests that while synaesthetic associations do not inherently provide new information about the world, synaesthesia may develop as a byproduct of other adaptive cognitive functions, such as improved perception and memory, which require structural changes in the brain. Ultimately, he argues that synaesthesia challenges traditional notions of what constitutes a 'normal' mind or brain. Rather than a single neurodevelopmental path, there may be multiple 'normal' trajectories, each shaping distinct ways of perceiving and interacting with the world, with synaesthesia being one such variation. Ward (2019) argues that synaesthesia is not on a continuum with neurotypical cognition unlike the synaesthetic predispositions of enhanced memory. Synaesthesia is special: its phenomenology is different; it has distinct causal mechanisms; and is likely to be associated with a distinct neurocognitive profile.

However, not all synaesthetes are the same, and there are quantifiable differences between them. In particular, the number of types of synaesthesia that a person possesses is a hitherto underappreciated variable that predicts cognitive differences along a number of dimensions which involve mental imagery, sensory sensitivity, or attention to detail. Together with enhanced memory, this may constitute a common core of abilities that may go some way to explaining why synaesthesia might have evolved.

Based on empirical research suggesting that the direct informational benefits of synaesthesia are generally modest I argue that the direct benefits of synaesthesia are generally limited, that is, the synaesthetic associations do not convey novel information about the world. Rather synaesthetic concurrents typically *re-encode* existing stimulus properties (e.g., letters → colour) than supplying novel facts about the world, and any mnemonic advantages tend to be specific and limited rather than generically superior cognition.[520] At the same time, several developmental and neurobiological accounts propose that synaesthesia arises as a by-product of broader changes to perceptual and associative systems such as reduced pruning/cross-activation, or altered multisensory integration. This includes changes that can confer *indirect* adaptive effects such as enhanced visual memory or perceptual grouping.[521]

Next, I will turn to the question as to how the discussion on neurodiversity can be linked to dementia? I will do so referring to Linda Örulv's (2023) chapter '*Neurodiversity and Dementia: Pitfalls, Possibilities and Some Personal Notes*' which offers one of the most nuanced engagements with the question of whether the neurodiversity paradigm–originally developed within autism and disability studies–can fruitfully inform critical dementia studies.[522] I find her position particularly compelling, as she resists both the uncritical celebration of neurodiversity

[520] Rothen et al. 2012.
[521] ibid.
[522] Örulv L. (2023) 'Neurodiversity and Dementia: Pitfalls, Possibilities and Some Personal Notes', *Critical Dementia Studies: An Introduction*, edited by R. Ward and L. J. Sandberg, pp. 249–263.

and the reductive pathologisation of dementia. Instead, she argues for a cautious, context-sensitive approach that recognises dementia as part of the spectrum of cognitive variation, while still acknowledging its lived disruptions and vulnerabilities. Örulv identifies two major pitfalls in applying the neurodiversity framework to dementia. The first concerns the risk of relativising disruptive difficulties. Extending the de-pathologising ethos of neurodiversity too far, she warns, can obscure the suffering, loss, and profound transformations experienced by those living with dementia. Unlike autism, which represents a stable neurodevelopmental condition, dementia is acquired and progressive, often accompanied by distress, dependency, and grief. As she notes, 'for many people with dementia, recognition of their condition as a disease remains a crucial way of legitimising the need for care and support'.[523] To frame dementia merely as another form of difference, she argues, risks trivialising decline, denying vulnerability, and undermining the ethical and social claims of those who require assistance.

The second pitfall, however, lies in the opposite direction–the risk of re-pathologising neurodiversity. In seeking to preserve dementia's medical legitimacy, researchers may inadvertently reaffirm the normative ideals of cognition and selfhood that the neurodiversity movement critiques. By maintaining a strict boundary between "normal" and "impaired" minds, such approaches reinforce the very hierarchies that marginalise neurodivergent experience. As Örulv observes, this tendency 're-centres the neurotypical as the unquestioned standard of human being' thereby undermining efforts to value cognitive difference as integral to human diversity.[524] What makes Örulv's contribution especially valuable is her ability to chart a middle path between these extremes. She proposes that the neurodiversity framework, if applied critically, can broaden understandings of personhood in dementia and challenge the dominance of deficit-based models. Instead of opposing medical and social perspectives, she suggests that dementia invites us to think of cognitive life as plural, relational, and temporally fluid. The paradigm of neurodiversity can, in this sense, encourage recognition of continuities of meaning and connection even amid cognitive decline. Moreover, Örulv envisions a coalitional politics between dementia and neurodivergent communities–a shared effort to resist ableist norms and to create conditions in which all forms of cognition are valued and supported.

I share Örulv's conviction that a critical, reflexive application of neurodiversity offers one of the most promising directions for re-imagining dementia beyond binary oppositions of normality and pathology. Her proposal invites scholars to acknowledge decline without reducing it to deficit, and difference without denying the realities of vulnerability and

[523] ibid., p.250.
[524] ibid., p.253.

dependence. In doing so, she helps open a genuinely pluralistic and ethical horizon for understanding dementia as part of the wider landscape of human neurocognitive diversity.

I would like to conclude this section in suggesting that synaesthesia forces us to reconsider what we mean by a 'normal' mind/brain. Rather than a single standard trajectory of neural development, there may exist multiple *normative* neurodevelopmental pathways, each giving rise to distinct but coherent ways of perceiving and inhabiting the world, with synaesthesia representing one such variation. In a similar vein, Van Leeuwen et al. (2019) propose that both autism and synaesthesia share forms of atypical sensory sensitivity and perceptual integration, reflecting variations in how embodied cognition takes shape.[525] Such variations in sensory experience highlight the body's inherent plasticity and its central role in structuring perception and subjectivity. To understand how these processes unfold, it is useful to turn to the distinction between the body schema and the body image.

6.7 The Plasticity of the Body Schema

Converging perspectives from phenomenology, cognitive science, and enactivism emphasise that the *body schema* is composed of pre-reflective motor capacities, habitual patterns, and postural adjustments that operate beneath conscious awareness. This stands in contrast to the body image, which refers to the reflective, perceptual, and often evaluative awareness one has of one's own body. For instance, when cycling, the fine-tuned adjustments of balance, coordination, and pedalling are guided by the body schema, while the awareness of one's effort, position, or appearance belongs to the domain of the body image.[526]

Merleau-Ponty, notably in his 1953 *Collège de France lectures* argued that motor projects and target objects emerge as explicit forms against the implicit backdrop of the body schema.[527] Halák (2018, 2021) further characterizes this interaction as an 'expressive relation' whereby perception both responds to environmental demands and constitutes bodily expression. The famous example of Schneider's inability to adapt his motor responses in novel contexts underscores the importance of the body schema's flexibility in perceptual learning, a process continuously updated by sensory feedback and intentionality.[528] Moreover, the plasticity of the body schema extends to the incorporation of artefacts. Merleau-Ponty's analysis of the blind

[525] Their studies found that synaesthetes share key perceptual and cognitive traits with individuals on the autism spectrum, including heightened sensory sensitivity and a bias toward local detail processing. In Study 1, synaesthetes scored higher than controls on measures of autistic traits and sensory sensitivity, showed reduced global motion perception, and demonstrated superior local perception on a visual task. Study 2, focusing on sequence-space synaesthetes, showed similar qualitative trends but no significant group differences, though unexpectedly these synaesthetes exhibited improved global motion perception.
[526] cf. Gallagher 2005, Doyon 2024a, b.
[527] Merleau-Ponty 2021, pp.90 and 103.
[528] Halák 2021, p.39, also see Doyon 2024.

man's cane or studies on driving as presented in Gallagher (2005) illustrate how external objects become integrated into one's bodily experience.[529]

Furthermore, the body schema is also intersubjectively shaped by cultural and social practices, a process Merleau-Ponty discusses under the notion of 'intercorporeality'.[530] This collective influence implies that transforming one's body schema not only alters motor capabilities but also reconfigures one's world. The phenomenon of the phantom limb, wherein patients continue to perceive a lost limb, exemplifies the disruption when the body schema fails to recalibrate.[531] Empirical studies on neuroplasticity such as research on congenitally blind braille readers and sensory substitution systems demonstrate that compensatory adaptations in the body schema generally aim to optimize perceptual and cognitive processing.[532] Although these adaptive strategies can sometimes fail, as seen in phantom limb experiences, such failures represent deviations from the typical adaptive trajectory.[533]

Recent research indicates that body representation is multisensory, integrating touch, proprioception, vision, and vestibular signals. The concept of body schema refers to sensorimotor representations that are primarily based on incoming sensory data. While de Vignemont (2019) describes the body schema as a continuously updated representation of posture–even in the absence of visual input–Gallagher defines it as a system of sensorimotor skills operating without conscious awareness, distinguishing it from the body image. Empirical evidence, such as the double dissociation observed in patients with personal neglect versus deafferented patients, supports this distinction.[534] Both the body schema and body image are dynamic and adaptable, undergoing changes as the body develops.

In contrast, body image is a complex, conscious construct that encompasses thoughts, feelings, evaluations, and behaviours regarding one's body. It includes both perceptual (e.g., visual appearance) and conceptual (e.g., identity, interoceptive awareness) aspects. It is multidimensional, comprising cognitive, perceptual, affective, and behavioural components, and it is subject to distortions in certain conditions, such as anorexia nervosa. Additionally, body image development is influenced by neurophysiological, sociocultural, and cognitive factors, with adolescence being a critical period for its evolution.[535]

The theme of the body schema plays a central role in the work of Merleau-Ponty, especially in his writings of the 1940s. In particular, it is in Phenomenology of Perception (1945) that

[529] Merleau-Ponty 2012, p.144, and p.153.
[530] Merleau-Ponty 1968.
[531] Merleau-Ponty 2012, pp.75–91.
[532] Bach-y-Rita and Kercel 2003; O'Callaghan 2012 p.5f.
[533] Gallagher 2005, pp.86–106.
[534] Gallagher 2024.
[535] Sattin et al. (2023) 'An Overview of the Body Schema and Body Image: Theoretical Models, Methodological Settings and Pitfalls for Rehabilitation of Persons with Neurological Disorders.', *Brain sciences*. 13 (10), 1410.

Merleau-Ponty arrives at an articulate exposition of this concept. This is because Phenomenology explicitly thematises the bodily give-ness of human existence and bodily experience as the place of the birth of meaning. The first fundamental element recognised in the description of the scheme is the undivided perception that each individual possesses of his or her own body. The body, in fact, is not perceived as a collection of parts juxtaposed in space, but as a whole; the sections of the body are not felt as one next to each other, but as implicated in each other which is a reminiscent conception of Schilderian synaesthesia, but with a difference. If, in Schilder, a body section is still a geometric extension composed of elements aggregated together but homogenous (an element that emerges above all in the Schilderian analysis of allochyria 16), yet in Merleau-Ponty, feeling a part of the body has nothing to do with feeling a set of points. The hand is an organised structure, not a mosaic of spatial values.[536] Goller et al. (2011) conclude that perception is only moderately affected in most amputees, but that in some the sensory loss causes normally sub-threshold processing to enhance into conscious awareness. In mirror-touch synaesthesia, merely observing another person being touched can elicit a corresponding tactile sensation on the observer's own body. The present study investigates whether this typically developmental condition can also be *acquired* following amputation. Twenty-eight amputees were shown 67 videos of touch events and asked to report (a) whether they experienced tactile sensations, (b) where on the body these occurred, (c) the intensity of the sensations, and (d) whether they were painful. Remarkably, nearly one-third of participants reported tactile sensations on their amputated phantom limb while observing others being touched. These sensations were primarily localised to the phantom limb or stump and rarely extended to other body areas, regardless of which body part was observed. The reported sensations were stronger when participants viewed real human bodies as opposed to mannequins or objects, and when the observed touch appeared mildly painful rather than neutral. Although neither the frequency nor the intensity of phantom limb pain predicted the likelihood of mirror-touch experiences, those who did report such sensations exhibited higher empathic emotional reactivity. These findings suggest that acquired forms of synaesthesia may emerge in response to sensory deprivation, such as after amputation, and that individuals with heightened empathy may be particularly predisposed to strengthening the neural pathways that link observed and felt touch.

Ramachandran and colleagues (2014) have provided further insight into this phenomenon through their cortical reorganisation model of phantom limb sensations. They demonstrate that the primary somatosensory cortex can undergo structural and functional reorganisation when

[536] Examples such as neglect also illustrate this clearly, or rather, the question is how the body is experienced as a whole, even though it loses part of its former function and is, so to speak, partially neglected or shut down.

sensory input from a specific body part is lost. When one cortical area ceases to receive input, neighbouring regions may expand into the deprived territory: a process known as *neuronal remapping*. For example, in the somatotopic map (Penfield's homunculus), the cortical areas representing the face and hand are adjacent; thus, after amputation of the hand, tactile stimulation of the face may activate the cortical hand area, leading patients to experience touch in the absent limb. Ramachandran's experiments with such patients confirmed that brushing their face could evoke vivid sensations in the phantom hand, illustrating how cortical areas adaptively reorganise following sensory loss.[537]

Building on this finding, Ramachandran proposed that phantom sensations stem from conflicts in neural remapping, that is, from discrepancies between old and new input patterns. Subsequent research supports this idea, showing that pain specifically (rather than altered sensation in general) often corresponds to maladaptive cortical reorganisation. However, not all phantom sensations can be explained this way: non-painful phantoms appear to involve fronto-parietal circuits associated with body illusions and phenomena such as supernumerary limbs. Moreover, since cortical remapping is observed in only about 20% of amputees, it cannot fully account for the prevalence of phantom limb pain.

Nonetheless, Ramachandran raises a crucial question: how can phantom pain be alleviated within the framework of neuronal plasticity and reorganization conflicts? Ramachandran's *mirror box* experiments were designed to address this gap by exploiting the brain's visual-motor coupling. In these studies, a mirror was positioned so that the reflection of the intact hand appeared in place of the missing one. When patients moved their intact hand while watching its mirror image, around 60% reported kinaesthetic sensations in the phantom limb. The visual feedback effectively re-established the *objectification* of the missing limb, allowing patients to perceive it once more as part of a coherent bodily whole.

From a phenomenological perspective, the phantom limb thus embodies a *conflictual phenomenon*: it reflects both a *neglect* in the sphere of the body image and a *remembering* in the sphere of the body schema. The coexistence and interplay of these two dimensions - forgetting and remembering, loss and persistence - exemplify the intricate interrelation between embodiment and memory. In this sense, the phantom limb becomes a paradigmatic case for a *phenomenology of body memory*, revealing how the body can retain, reconfigure, and re-experience its own history through altered forms of intersubjective and sensory mediation.

From a phenomenological perspective, the totality of sedimented bodily patterns developed throughout an individual's life can be grasped as body memory. Fuchs (2018) describes body memory as an implicit memory in which earlier actions and situations are fused together without

[537] Breyer 2021a.

being singled out. Through repetition and layering, a structure of habituality emerges: rehearsed movements, recurrent perceptual figures, and forms of action and interaction all become a form of embodied knowledge. Body memory does not reproduce the past as intentional content but rather embodies it in the present. The lived body expresses its past through comportments and movements that reflect long-practised kinaesthetic routines. Thus, body memory can be understood as an ensemble of sensorimotor capacities that, through repetition, sediment into schematic patterns of behaviour functioning non-thematically in the present. Closely related to body memory is the body schema, which may be defined as the system of kinaesthetic capacities operating pre-reflectively in the background. The body schema is not explicitly experienced but organizes bodily possibilities for action. It enables fluid engagement with the world without requiring conscious monitoring–for instance, when reaching for an object or navigating a familiar space. Yet body memory involves more than kinaesthetic routines: it also reflects how these routines sediment and interweave with past experiences and social practices. The body image refers to a pre-reflective sketch of the body's possibilities for engaging with the world. In neurological and psychological literature, it is often contrasted with body schema–body image as conscious awareness of the body, body schema as unconscious dynamic organization. Merleau-Ponty, however, following Schilder, refused a sharp division, stressing that conscious images and pre-reflective structures are intertwined. Phenomenologically, the body image is not merely an internal representation but an active agency with its own memory, habits, and horizons of significance.[538] It is both personal and social, reflecting how we take up the world through sedimented norms and practices. Because the body image is also a 'structure of the perceived world,' altering our practices or environments reshapes body image and vice versa. Taken together, body memory, body schema, and body image form a layered, interwoven system. The body schema provides the tacit organization of movement; body memory sediments these routines into enduring, embodied patterns; and body image constitutes the dynamic horizon of bodily possibilities, shaped by both individual experience and social context. I argue that the phenomenon of phantom limb pain illustrates their mutual entanglement: habitual kinaesthetic routines as in the body schema persist despite the limb's loss, and past experiences are carried forward in embodied memory, whereas the lived awareness of the absent limb continues to structure one's bodily self-understanding presented in one's body image.

Theories of embodied cognition suggest that the brain's systems for perception and action are recruited in cognition. In some cases, these links may be 'disinhibited,' leading to

[538] Weiss 2017.

anomalous experiences, as in the case of synaesthetic experiences.[539] In sensory perception and embodied cognition, perceptual information that is normally suppressed may reach conscious awareness, producing such synaesthetic experiences. Evidence shows that synaesthesia-like states can emerge not only developmentally but also through brain damage, sensory deprivation, intoxication, meditation, or post-hypnotic suggestion.[540] Such cases suggest that synaesthetic connections exist latently in all humans, inhibited under ordinary conditions but 'released' by trauma, disease, or altered states. Montalvo et al (2021) describe how in dementia hallucinatory shifts from music to visions can occur: In their case study, a 71-year-old man with dementia with Lewy bodies (DLB) experienced musical hallucinations which disappeared after fitting hearing aids, but simultaneously visual hallucinations emerged. The authors interpret this as a cross-modal shift due to disinhibited perceptual circuits interacting with improved input, consistent with latent cross-modal connections being unmasked. The shift from musical to visual hallucinations in this dementia case illustrates how disinhibition of latent cross-modal connections can restructure perception. Such phenomena point to a reorganization of the body schema, as sensory integration is redistributed across modalities, and a transformation of body image, since the lived relation between self and environment is permeated by involuntary percepts. This underscores how dementia not only alters cognition but also reshapes the embodied scaffolding of experience. In other words, the body schema, that is, the pre-reflective, sensorimotor map that guides action, depends on stable multisensory integration. When auditory input is lost and visual input becomes dominant, the weighting of sensory modalities shifts, altering the underlying schema.

In phenomenological terms, body memory, body schema, and body image unfold as interrelated dimensions of embodiment rather than as isolated structures. Together, they reveal how the past is sedimented into bodily routines, how these routines tacitly structure present action, and how one's embodied self-image opens future possibilities within a social world. Anomalies such as phantom limb pain or synaesthetic experience highlight this interconnection: they show that perception and action are never purely given but are shaped by a dynamic interplay of memory, schema, and image. Far from being pathological curiosities, such phenomena disclose the deep plasticity of embodiment and the latent potentialities within our perceptual life.

[539] See table with different explanatory models of synaesthesia, chapter 4, p.109.
[540] Schwartzmann et al. 2009.

Conclusion

The foregoing chapters have shown two things: First, synaesthesia research is currently undergoing some paradigm shifts while supporting arguments of how broader and normative approaches to perception do contribute to a better understanding both, our normative conceptions and their lacunae as well as exceptional cases of perception. Second, I have shown that body memory, body schema, and body image are three interwoven dimensions of embodied existence. Body memory refers to sedimented habits and skills that implicitly shape present behaviour. Body schema is the pre-reflective, kinaesthetic organization that enables fluid action. Body image is the lived awareness of one's bodily possibilities, shaped by personal history and social context. Together, they form a dynamic system in which past experience, present capacity, and future orientation are inseparably bound. Phenomena like phantom limb pain and synaesthesia illustrate how these dimensions interact and how embodiment reveals both continuity and plasticity in human perception.

If perception is what connects us, then a strong argument can be made for embodiment as the very ground of selfhood and intersubjectivity. From a phenomenological perspective, this means that identity is not a fixed essence but a relational achievement, constituted through embodied encounters with others and the world. This has important implications for dementia: if personhood is sustained not only by memory but also by embodied and perceptual engagement, then therapeutic environments should be designed to stimulate and support multisensory experience. Approaches such as multisensory stimulation, music therapy, or the cultivation of "creative scaffolds" can thereby help preserve a sense of self and relational connectedness, even when cognitive capacities decline. Whilst I have examined existing models and argued for an alternative account that foregrounds embodiment, situatedness, and relationality, my aim is to move beyond critique toward a constructive framework. Such a framework can serve as a guide for developing new avenues in dementia care–avenues that emphasize lived experience, perceptual richness, and creative scaffolding as integral to sustaining personhood. It is to this task that I now turn in the following section.

This chapter has shown that body memory, body schema, and body image are three interwoven dimensions of embodied existence. Body memory refers to sedimented habits and skills that implicitly shape present behaviour. Body schema is the pre-reflective, kinaesthetic organization that enables fluid action. Body image is the lived awareness of one's bodily possibilities, shaped by personal history and social context. Together, they form a dynamic system in which past experience, present capacity, and future orientation are inseparably bound. Phenomena like phantom limb pain and synaesthesia illustrate how these dimensions interact and how embodiment reveals both continuity and plasticity in human perception.

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III. Framing the Syn(aes)thetic Self and We in Dementia Care

> 'The fact of being human is infinitely more important than all the details that distinguish people.' (de Beauvoir 1974, p.895)
>
> 'what we are is the endless activity of scaffolding, rather than some structure buried underneath' (Brown and Reavey 2015, p.147).[541]

7. Dementia as a Social Disorder

Worldwide, there are 47.5 million people with dementia and with demographic population trends pointing towards longer lives, it's expected that the numbers of people with dementia are expected to rise to 75.6 million within the next 15 years and to triple to 135.5 million by 2050.[542] Etymologically speaking, the word itself stems from the Latin *demens*, for "mad"–or, more accurately, "without mind" (*de* + *mentia*), according to the *Diagnostic and Statistical Manual of Mental Disorders IV* (DSM-IV). The dominant paradigm prevailing in the media and societal world is the biomedical view of an uncurable disease drawing an ultimate image of death, "zombieishness", and empty vessels, thereby predicting a loss of autonomy and social connectedness.

In dementia studies, however, an alternative approach focusing on intersubjective embodiment and relationality has emerged.[543] In fact, scholars criticize the excessive focus on the loss of cognitive abilities, thereby neglecting the significance of who a person is. In summary, they identify two main concerns: first, the tendency towards biological determinism and second, the overemphasis on social positioning. Before turning to these ambiguous aspects, I would like to contrast them to some facts and figures on dementias together with a definition from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5): herein, dementia is categorised as a neurocognitive disorder (NCD) and chronic organic brain syndrome.[544] The WHO refers to dementia as a generic term, which is used to describe a range of different syndromes and disease processes that are characterised by common symptoms: deterioration in cognitive function, particularly relating to memory, thinking, understanding, calculation,

[541] Brown, S. D. and Reavey, P. (2015). Turning around on experience: The "expanded view" of memory within psychology. *Memory Studies*, *8*(2), 131-150.
[542] Prevalence rates for dementia increase with increasing age; one in every six people over the age of 80 are living with dementia according to the WHO report (2016) and Alzheimer's Society report (2014).
[543] Fuchs 2017b, Grøn 2022; Grøn and Mattingley; Dyring 2022; Dyring and Grøn 2022; Keller 2022; Kontos 2004, 2005, 2012; Kontos and Martin 2013; Kruse 2017; Tewes 2020 to name a few researchers supporting this approach.
[544] The concept of the chronic organic brain syndrome codified in the DSM in 1952 and DSM-II in 1968 evolved to current criteria for dementia and Alzheimer's disease in the third and subsequent editions (DSM-III-R, DSM-IV and DSM-IV-TR), and to the 1984 NINCDS-ADRDA clinical criteria (cf. Lopez et al. 2012).

language, judgment and orientation. Not to forget that ageing itself is also accompanied by an overall sensory decline, fostering a gradual loss of perceptual acuity, environmental awareness, and the richness of sensory experience. This attenuation not only affects how stimuli are received but also how they are integrated and given meaning, thereby influencing emotional engagement, cognitive processing, and the sense of embodied presence in the world.[545]

Following from this, sensory deprivation narrows the field of experience, reinforcing isolation, whereas controlled multisensory stimulation opens pathways of perception and emotion, supporting well-being through embodied engagement and sensory meaning-making.[546]

The most common form of dementia is Alzheimer's, which accounts for up to 60–70 per cent of dementias. Other common forms include vascular dementia, dementia with Lewy bodies and various forms of fronto-temporal dementia, which are initially present as personality change and social disinhibition.[547]

From a biomedical perspective, dementia is not a disease, but a syndrome produced in large part by diseases such as Alzheimer's, Parkinson's and vascular disease, to name merely a few. It is a cluster of symptoms and signs linked to the deterioration of cognitive abilities as a person ages. Dementia is, at the present time, incurable. No treatment has yet been developed that alters the progressive course of dementia, though some drug therapies can slow the progression of some of the symptoms for a period of time.[548]

In fact, the view and understanding we might have on dementia is composed by manifold perspectives: First, there is the very subjective view of someone who lives with dementia before and after an official diagnosis by a doctor. 'I have so to speak, lost myself', a famous phrase by Auguste Deter, the first patient of Alois Alzheimer, reflects on the scope and significance of what it might mean to live with dementia, at some point in time.[549] We will turn to the manifold meanings implied in this quote throughout the remainder of this thesis. Most certainly, Deter's words affirm her personal struggle to come to terms with feeling disoriented and with suffering

[545] Setti, A., and Burke, K. E. (2021) **'**Multisensory integration and aging: Implications for fall prevention and dementia`, *Frontiers in Neuroscience, 15*, 658548.

[546] Guenther (2013), Gallagher (2013,2014), and Ratcliffe (2017) have convincingly described the disruptive impact of sensory deprivation, solitary confinement and disrupted intercorporeality. See also Winniewski (2022).

[547] A person with dementia may loudly comment on someone's appearance in a supermarket, attempt to hug strangers, or undress in public because they no longer perceive these acts as socially inappropriate. While social disinhibition is often described solely in terms of pathology, it can also be understood as a form of unfiltered self-expression. When the cognitive mechanisms that normally enforce social restraint weaken, what emerges may be impulses, emotions, and embodied tendencies that were previously suppressed. In this sense, disinhibition does not only signal a loss of control but can reveal dimensions of the person's lived world that remain active. Seen this way, social disinhibition challenges us to reconsider how we define *appropriate behaviour* in dementia care.

[548] Current dementia drug research focuses mainly on Alzheimer's disease. While symptomatic drugs remain standard (e.g. donepezil, rivastigmine, memantine), disease-modifying therapies are beginning to show measurable but modest benefits, for instance, recent monoclonal antibodies such as *lecanemab* and *donanemab* slowed cognitive decline in early stages, though with risks like amyloid-related imaging abnormalities. For more details, see Mintun et al. 2021; van Dyck et al. 2023 or Bahn et al. 2021.

[549] cf. Jungert 2018.

from the cognitive restrictions that threaten her identity, social role and significance. While on the one hand, Deter's words having lost herself mirror the wide-spread conception of Alzheimer diseases as resulting in a dissolution or loss of selfhood, her words can also be read as testimony that this is not in any way a simple loss. What is striking, at the same time, is that her words do not mirror a complete lack of selfhood, they rather affirm an urgent presence of self, experiencing the loss of her own self.[550] Hence, Deter gives expression to a unique and irreducible subjective and self-relational first-person perspective on the world and on her own self-experience. Starting from the premise that there are different kinds of self-constituting our embodied self, her observation can be understood as a negative proof of a complete loss of self.[551]

Second, there is the perspective of family members or friends who witness how a loved one gradually changes in their familiar ways of acting or expressing themselves. What once felt stable and reliable begins to fracture: the sense of familiarity breaks down, giving rise to experiences of rupture, loss of trust, and disorientation.[552] Rather than positioning the person with dementia in a malignant way, we must cultivate creativity, openness, and flexibility– learning new approaches, adapting to change, and being willing to encounter the other from a fresh perspective, while also letting go of rigid expectations.[553]

If the way we perceive and understand the world is intricately connected to our personal life stories and somehow may inflict on the topics we have an interest in, then the many thematic threads I am weaving together in this thesis also have to do with my grandmother's Alzheimer dementia. A striking and motivating moment of attempting to get close and reach out to her was one in a rather advanced stage of the disease when she had already lost her language. How do I best connect to her? Had I already done research on the topic back then, my question would have been: "How can I engage with her in ways that foster what I have previously described as *creative scaffolds* and a *synaesthetic self*?"

Third, speaking from a philosophical angle, dementias pose particular challenges to theoretical concepts of personhood, narrativity and selfhood, as they begin within and not beyond the linguistic, cognitive and reflexive capacity of the person. On the one hand, the collective term dementia stands for a series of neurodegenerative diseases of various origins

[550] cf. Käll 2017a, b; Keller 2022; Petherbridge 2019.
[551] I will elaborate on the minimal self and narrative self in chapter 7.1 and 7.3.
[552] I refer in more detail to the concept of 'fragmented habitualisations' in chapter 7.5. Also see chapter 11 where I return to this dilemma addressing a 'phenomenology of disorientation' (Lajoie 2019) and a 'phenomenology of broken habits' (Ingerslev and Mertens 2024).
[553] The concept of *malignant positioning* or malignant social psychology describes the harmful ways in which people with dementia are sometimes treated - often unintentionally - by caregivers, relatives, or institutions. Kitwood (1997a) identified a range of behaviours and interactions that undermine the personhood of those living with dementia, such as infantilization, ignoring, disempowerment, stigmatization, objectification, invalidation, and imposition. These patterns position the person primarily in terms of their deficits or as a "dementia patient," rather than as a full individual with agency, history, and emotional need.

that are accompanied by a progressive loss of memory and cognitive skills. On the other hand, it paints a one-sided picture of the disease, which focuses primarily on the cognitive deficits and not on the remaining potential of those affected. The problem with dominant cognitivist approaches to personal identity converge in the claim that the brain is the *central organ* for personal identity since it controls enduring memories and the continuous character of the person.[554] Such a 'cerebro-centristic' view conceives the brain as a self-contained organ separated from social interactions, from the living body, and from the experiential dimension of agency.[555] Furthermore, dementia poses significant challenges for society, as effective support for people living with dementia requires input from a range of formal services (e.g. healthcare, social care, personal care) and informal support networks (family, friends, neighbours), and therefore sits at the interchapter of a range of regulatory frameworks. Dementia has, to date, been relatively neglected in socio-legal scholarship.[556]

Clearly, what is lacking here is a critical and differentiating lens which is offered by a relational and mnemocritical stance.

A *mnemocritical view,* as I have proposed together with my colleague, thus seeks to respond to a cognitivist paradigm of personhood and to uphold ethical standards in practical care.[557] Such a view is essential to recognize and respect bodily dignity and the notion of personhood on a pre-reflective bodily level, even in the late stages of dementia.[558] In line with this view, Fuchs (2012, 2020) and Tewes (2020) stress our implicit body memory as central for an interbodily communication and orientation. Their suggestions align with an embodied and relational paradigm of personhood, which challenges the conventional emphasis on the progressive loss of explicit memory - typically regarded as the earliest and most prominent symptom of Alzheimer's disease. In contrast, this perspective is grounded in the assumption that vast domains of implicit memory remain preserved even in the later stages of dementia.[559] Patterns of shared, intersubjective social practices are embedded within the infant's implicit memory system long before the emergence of symbolic communication, suggesting that these foundational forms of embodied relationality continue to structure interaction and meaning-making throughout life.[560]

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[554] Tewes 2020, p.371.
[555] Brockmeier 2014, p.73.
[556] cf. Harding 2017.
[557] cf. Winniewski and Dziwza-Ohlsen 2024.
[558] For a more detailed presentation of the lacunae of cognitivist and narrative paradigms of personhood in dementia, see Tewes (2020) or Hýden et al. (2014).
[559] Research in developmental psychology on infants has demonstrated the significance of primordial intracorporeal relations for the constitution of the self and body memories. (cf. Trevarthen 2005)
[560] Likewise, research in sociology and anthropology has shown that incorporating practices occurring in rituals and commemorations, for example, repeatedly performed social activities embodied in gestures, postures, or speech structure mnemonic systems, contribute in turn to differences in class, gender, and cultural identities in general. See Tewes 2020, p. 381.

The question whether we need a new framework for dementia research seems to be a rhetoric one. A current problem consists in existing models of dementia which do remain fragmented and insufficient. The biopsychosocial model, while inclusive, is often eclectic and lacks a clear ontological grounding; it struggles to account for the existential dimension of living with dementia. Phenomenological approaches contribute valuable insights into subjectivity and lived experience, yet they often remain descriptive and fail to provide a systemic synthesis that can be integrated into clinical practice. Meanwhile, neuronal network models highlight connectivity and distributed processes but tend to presuppose integration without clarifying its ontological basis. These models also neglect the role of environment and context, while overlooking positive and resilience factors that shape life and lifeworld with dementia. What is needed is a framework that is both ontologically grounded and clinically appliable–a model that can bridge theory and practice. Such a framework must take seriously the lived world of persons with dementia, be sensitive to their existential stance, and integrate embodiment, environment, and relationality as core dimensions of personhood. Rather than reducing dementia to deficit or decline, this approach should also account for possibilities of meaning-making, agency, and growth that persist despite cognitive change.[561]

Throughout this chapter, I shall therefore turn to the social and embodied dimensions of dementia, which can either be inclusive, situative and contextual. I propose to conceive of dementia as a relational disease that affects the identities of those who have it and those who care for them. This may also help to share lived experiences by people in a similar situation, that is, either they live with dementia or they care for someone who lives with the diagnosis and disease. Ultimately, to understand dementia as a social disorder offers a relational view that might help reducing stereotypical metaphors such as the one of the living dead. It may also help to reduce the very exclusive and marginalising effect that such a devastating social positioning brings about to those affected and will allow for a creative discovery of someone's changing identity and new potentials to deal with human vulnerability and its fragile stability in an appreciative and respectful manner.

7.1 Embodiment, Personhood and Identity

In the context of dementia, understanding personhood and identity requires moving beyond a purely cognitive perspective and embracing the concept of embodied selfhood, which emphasizes the lived body's role in shaping one's identity and experience, even in the face of

[561] The above ideas for this alternative framework have emerged in many encounters with colleagues within the *Transdisciplinary Network for Phenomenology of Dementia and Ageing* (2020 – 2025) as well as during a fruitful workshop on "Movement in Dementia: Interdisciplinary Perspectives" organised at the Husserl Archives at University of Cologne. I am especially indebted to Enise Enescoy and Erik-Norman Dzwiza Ohlsen. For further details on the Phenomenology of Dementia lecture series see (https://www.youtube.com/playlist?list=PLkCg3e67djg6vkw2qIxOmkVMDelRJp0c_).

cognitive decline. A potential framework for such an integrated concept of selfhood has been introduced by Shaun Gallagher (2013). His Self-Pattern Theory conceptualizes the self as a dynamic configuration of interrelated elements–such as embodied experience, affectivity, narrative, and social embeddedness–rather than a singular, essential entity. This flexible, context-sensitive model accounts for both stability and variability in self-experience and extends the minimal self theory by Zahavi (2005) and Gallagher (2012). The experiences of the minimal self are fundamentally pre-reflective, pre-linguistic, and pre-conceptual, encompassing raw, unprocessed precepts and affects. To deepen our understanding of the minimal self, it is necessary to analyse the structure of experience itself, focusing on the what-it-is-like quality of pure subjective experience. The extend to which the minimal self, or the subject of experience, is affected by dementia remains an open question.[562] While individuals with late-stage dementia may lose significant aspects of their narrative self, they presumably retain the capacity for subjective experience–there remains something it is like to be a person with advanced dementia.

Thus, the minimal self persists throughout the course of the disease. However, the nature of subjective experience is profoundly altered as the disease progresses, significantly transforming the way individuals experience and engage with the world. For example, I recall a caregiver at my grandmother's care home describing a small yet deeply meaningful breakthrough: as my grandmother sat in the community living room watching a classic 1950s film, she suddenly began tapping her feet in rhythm to a familiar song playing in the background. From a phenomenological perspective, this moment can be understood as an instance of embodied memory or bodily resonance, where past experiences re-emerge not through explicit recall but through rhythmic, sensorial engagement. In that moment, something of her former vitality seemed to resurface, offering a fleeting yet powerful sense of connection.

Embodiment is central to both the minimal self and the narrative self in dementia. The minimal self is instantiated within the brain and neuromuscular systems, encompassing perception, proprioception, and action, thereby constituting an embodied self.[563] Given that the minimal self endures despite cognitive decline, some scholars advocate for person-centred care approaches that prioritize embodied activities such as drama, art, dance, music or massage therapy.[564] These embodied activities are inherently multisensory.

In line with Carel's (2012) *Phenomenology of Illness* and Kontos' (2011; 2017) concept of an embodied and relational self, I propose overall a reading of illness not as a mere sense of

[562] The minimal self refers to the entity that undergoes experience, characterized by a subjective, first-personal perspective on the world. (cf. Zahavi 2005; Gallagher 2012)
[563] cf. Thompson 2007.
[564] cf Bracco et al. 2023; Kontos 2014; Kontos and Grigorovich 2018.

loss or deficit but as a sense of embodied selfhood that corresponds to an existential feeling–even if this means feeling fragmented or partially disembodied.

Furthermore, narratives themselves emerge from embodied experience. Narrative identity is therefore anchored in embodiment, as personal stories arise from lived, first-person encounters with the world as embodied beings. For instance, the memory of learning to ride a bicycle–marked by the bodily struggle to balance, the sensation of scraped knees, and the exhilaration of eventual success–illustrates how sensory-motor experience is transformed into an episodic memory. Likewise, the recollection of a family meal may centre not only on conversation but also on embodied impressions such as the warmth of holding a cup, the aroma of food, or the rhythm of shared laughter. Such memories are then woven into the broader autobiographical narrative, shaping how individuals understand their past and project themselves into the future.[565]

Consequently, embodiment is integral to both our minimal and our narrative selfhood. It is therefore unsurprising that philosophers and psychiatrists alike have critiqued traditional conceptions of personhood in dementia, often contrasting two dominant perspectives. The first, a historical view rooted in Locke (1690) and later developed by Parfit (1984), locates personal identity in psychological continuity. For Locke, identity persists only insofar as direct memory connections are preserved across time. Parfit extends this idea by emphasizing chains of overlapping psychological states–memories, intentions, beliefs, and desires–that together sustain a sense of identity. Yet, such accounts have been criticized for their reductive and internalist focus on brain-based mental states. Hughes (2001), for instance, argues that such perspectives overlook the embodied and socially embedded dimensions of personhood–dimensions that remain salient even in dementia. Alternatively, he advances the "situated-embodied-agent" model, which understands the person not simply as a bearer of mental states but as an embodied being acting and interacting within cultural and historical contexts. This becomes particularly evident in clinical observations: for example, a person with advanced dementia may no longer recall their daughter's name but still tenderly reach for her hand or respond emotionally to familiar music. Such embodied gestures reveal a continuity of relational selfhood that exceeds memory-based identity. The situated-embodied-agent model thus foregrounds agency, embodiment, and situatedness as fundamental to any adequate conception of personhood.[566]

While Hughes' perspective represents a significant departure from the internalist traditions of Locke and Parfit, it does not fully account for the distributed and externalist dimensions of

[565] cf. Brockmeyer 2015; Heersmink 2022.
[566] cf. Kontos 2004; Tewes 2020.

memory and identity. Autobiographical memories and other cognitive processes are not merely situated and embedded but, in many cases, extended and distributed across the embodied agent and external environmental resources (Clark and Chalmers 1998). Hughes' account, though conceptually robust, remains somewhat individualist. Recognising the externalist and distributed nature of memory suggests a moral obligation to support individuals with dementia in preserving their distributed memories and narrative identity through environmental and social scaffolding. Dennett (1991) reinforces this argument by emphasizing the cognitive significance of external memory artifacts.[567] He notes that removing individuals with dementia from familiar environments–such as their homes–can be as disruptive to their cognitive continuity as undergoing brain surgery. This assertion underscores the equivalence between biological memory and externally stored information in shaping one's identity. If external artifacts serve the same functional role as internal cognitive processes in preserving the narrative identity of a person with dementia, then interventions that disrupt these external supports may have profound consequences for selfhood.[568] Given the moral status of evocative objects and their role in maintaining continuity, there exists an ethical imperative to assist dementia patients in preserving their distributed memories and narrative identity.[569]

This perspective challenges dominant biomedical models that frame dementia primarily as a cognitive deficit, instead advocating for an expanded view of personhood that recognizes the interplay between embodiment, social embeddedness, and the extended mind. By embracing a situated, embodied, and distributed conception of selfhood, dementia care can move beyond a narrow focus on cognitive decline to foster meaningful engagement, agency, and continuity in identity. Based on empirical findings in qualitative interviews regarding the future self of someone with dementia, El Haj et al. (2022) introduce a distinction between ideal self (i.e., what one would like to become) and feared self (i.e., what one would not like to become in the future).[570] According to their study, Alzheimer's disease patients tend to choose health-related images that are associated with hopes when projecting into their future self. Hence, they endorse positive health traits and integrate these traits into their ideal self. This positive projection into the self may create a motivational force (e.g., aspirations and hopes) to embody the "healthy" self that these patients desire to be. Thus, there is evidence that potential prospects of the future self in dementia do enhance well-being and feelings of sense-making. Building on this

[567] Dennett 1991.
[568] Sutton 2024.
[569] cf. Heersmink 2022.
[570] El Haj M. et al. (2022). "I Will Be Healthy": Ideal Self in Patients with Alzheimer's Disease, *Journal of Alzheimer's Disease Reports* 6, 775–781.

understanding of future-oriented self-projection, we can now turn to the relational dimensions of care.

7.2 (Self-)Relational Care Practices

Living with dementia can profoundly complicate relationships with others. As cognitive abilities progressively decline – affecting memory, spatial orientation, and verbal expression – dependence on everyday support increases. Within couples and families, this often introduces asymmetries into relationships that were once reciprocal, altering not only how one relates to others but also how one relates to oneself. Such changes in personality and agency generate uncertainty in at least three respects: dementia typically brings a loss of identity-forming capacities, transformations in character, and a diminished sense of personal meaning.

In consequence, questions of selfhood become unsettled: *"*Who am I?", "How am I?" and "What do I want in life?" The conflict that may arise from the experience of being the bearer of multiple selves in illness has been addressed by Sally Gadow (1980) who points to this inner struggle:

> 'The immediacy of [the lived body] is ruptured by incapacity, the experience of being unable to act as desired or to escape being acted upon in ways that are not desired. Immediacy, in short, is shattered by constraint. The lived body becomes conscious of ineptness, weakness, pain [...]. The relation is one of implicit struggle […]. Body and self are inevitably at odds with one another.'[571]

In addition, a chronic illness might provoke *bodily doubt* as an unsettling experience that arises when the tacit certainty of one's embodied being is undermined:

> 'Bodily doubt is experienced when this tacit certitude is undermined and the body's frailty and vulnerability arises as an object of conscious awareness'.[572]

Roberts and Osler (2024) have extended this concept to *social doubt*, which captures how one's sense of being a competent social agent can collapse in the face of illness. As they state:

> 'Following Carel's (2013) analysis of bodily doubt […] we consider how an individual's faith in themselves as a social agent, too, can be compromised or lost, thus altering their experience of what is afforded by the social environment'.[573]

As a consequence, experiences of shame, stigmatization, and exclusion may arise in multiple ways.[574] On the one hand, they occur through social sanctions linked to declining performance, aging, or inactivity, producing shame and loneliness. On the other, they manifest in exclusion from social roles and responsibilities, which undermines meaning and well-being. What

[571] Gadow, S. (1980). Body and self: a dialectic. The journal of medicine and philosophy, 5(3), 172-185: here p.175.
[572] Carel 2013b, p.186. Also see Carel 2016.
[573] Roberts and Osler 2023, p.1.
[574] For an insightful phenomenological description of shame see Dolezal (2015).

happens when the self-image collapses? Illness and aging each tend to erode it, and dementia conjoins both processes, producing a double breakdown of self-conception. Yet, what is most disrupted is not the *body schema*–which continues to sustain a pre-reflective sense of agency–but rather the *body image*, the interpretive framework through which one understands and presents oneself in the world. This resonates strongly with experiences of dementia, where the self-image often fragments:

> 'The remembering self of people with dementia does indeed become increasingly fragmented during the course of the disease while the experiencing self does not or at least to a far smaller degree'.[575]

Drawing on interviews with people with dementia, Keller (2022) summarizes their lived experiences with dementia by stating

> 'When dementia appears [...], it does not do so primarily in the form of physical symptoms, but as an aberration at the interface between oneself and the social environment.'[576]

Keller's observation implicitly reflects the complex interrelation of personhood and selfhood as they shape one's identity and presence within society. Particularly in the experience of illness such as dementia, the multiple layers of what it means to be a self become strikingly apparent: the physiological dimension (*dementia as a neurological condition*), the experiential dimension (*dementia as a psychological disruption*), the sociocultural dimension (*dementia as a socially and culturally constructed phenomenon*), and the existential dimension (*dementia as a form of existential loss*). Together, these dimensions illustrate that dementia cannot be understood solely as a medical condition but must be seen as a profoundly relational experience–one that reconfigures how the self is perceived, lived, and recognized by others. A multidimensional understanding of selfhood in dementia highlights how the illness not only affects cognitive and bodily functions but also disrupts the very fabric of one's relational world–challenging the boundaries between self and other, continuity and loss. I contend to call these *relational rupture experiences*.

In 'Der alte König in seinem Exil' (*The Old King in His Exile*), Austrian author Arno Geiger describes these complicated shifts in the relationship between him and his father who has been diagnosed with Alzheimer dementia.[577]

> 'Recently, he has been saying thank you very often. A few days ago, he said, without me being able to make the slightest connection: "I would like to thank you very much in advance." I now respond to such revelations in an accommodating manner: "you're welcome", I say, or "don't mention it" or "I'm

[575] Röske et al. 2020, p.561.
[576] Keller 2022, p.7 my transl.
[577] Geiger, A. (2011) *Der alte König in seinem Exil*. Müchen: Carl Hanser Verlag.

> happy to do that". Because experience has shown that affirmative answers that give the father the feeling that everything is all right are better than the questions from the past that only shamed and unsettled him; no one likes to answer questions that, if they understand them at all, only lead to an insight into their inadequacies.'[578]

Geiger goes on depicting how he experiences these shifts in the relationship:

> 'In the beginning, these adjustment measures were painful and exhausting. When you are a child and think your parents are strong and believe that they are steadfastly confronting the demands of life, you are much more likely to see their gradually emerging weaknesses than other people.'[579]

Such experiences of rupture suggest that navigating the transformative process of receiving a dementia diagnosis and living with the condition involves significant challenges, but also opens up strategies for continuing to live meaningfully.

I therefore argue that living with dementia requires a generosity toward the deviations and uncertainties of everyday life–toward people who change and who perhaps only minimally remain familiar, as well as towards the shifting familiar processes. What Geiger describes is a generosity and forbearance directed not only toward others, but above all toward oneself. These are experiences of rupture, moments in which we are placed–indeed must place ourselves–into states of disorientation. Yet such disorientation can also be an invitation: to face life and its crises differently, to become acquainted with the unfamiliar both in the other and in ourselves, to open ourselves to borderline experiences. At stake here is an openness within the horizon of what is (un)familiar, one that allows for constant renegotiation and meaning-making at the edges of experience–edges that come to define a "new normal" while continuously unsettling old habits and norms. In this process, finding a new role, a new norm, a new narrative provides a form of support, a kind of scaffold. These mental and physical explorations–of approximation and distancing, of discarding and being thrown–establish new bearings and, in doing so, shape fresh standards for life with dementia. In this regard, Arno Geiger shares another existential insight into living with and caring for someone with dementia:

> 'But now I have found my way into the new role reasonably well. And I have also learned that you need new standards for the life of a person with dementia. If my father wants to say thank you, he should say thank you, even without a comprehensible reason, and if he wants to complain that the world is abandoning him, he should complain, regardless of whether his assessment can stand up to the world of facts or not. For him, there is no world outside of dementia. As a relative, I can only try to alleviate the bitterness of it all a little by accepting the confused reality of the patient. Since my father can no longer cross the bridge into my world, I have to go to him. Over there, within the boundaries of his

[578] Geiger 2011, p.10, my transl.
[579] ibid., p.10, my transl.

> mental state, beyond our society, which is geared towards objectivity and purpose, he is still a remarkable person, and even if he is not always quite reasonable by any standards, he is somehow brilliant.'[580]

Hence, according to Keller (2022), two crucial premises must be borne in mind for life with dementia: first, dementia does not simply reduce but rather shifts the possibilities for self-care; second, self-care can only succeed if it is recognized and supported by others. As strategies of acceptance, self-care in relation to one's self-image contributes to three key processes: (1) stabilizing the self-image by affirming what remains unchanged and drawing on biographical continuity; (2) revising the self-image by integrating the diagnosis and preparing for future challenges; and (3) transforming the self-image by opening new horizons of meaning and embedding the changed self within one's life story. Taken together, these processes demonstrate that self-care in dementia is not the preservation of a fixed identity but an ongoing negotiation–one that relies on support, recognition, and creative adaptation to sustain personhood. The challenge of such inevitable transformative processes which come along with an illness such as dementia has been identified by Viktor von Weizäcker, one of the founders of medical anthropology, poignantly:

> 'The essence of the crisis is not just the transition from one order to another, but rather the abandonment of the continuity or identity of the subject'[581]

In this sense, dementia does not simply dissolve the self but calls for a reconfiguration of identity in which continuity is no longer given, but must be continually renegotiated through care, recognition, and embodied relation.

Aligning with Hydén's research on entangled narratives and collaborative scaffolds (2017), biographical accounts by Arno Geiger (2011), Annie Ernaux, John Bayley (1998) or Gerd Steffens (2022) have documented first-persons accounts of what it is like to care for a parent or spouse having dementia, thereby opening up new possibilities for viewing dementia and our interaction with dementia patients. Such lifeworld accounts, together with phenomenological and anthropological accounts of dementia care render visible and palpable the challenges as well as the possibilities we may encounter caring for people with dementia and for ourselves.[582] Such important phenomenological research and first-hand personal life stories, emphasize that a meaningful life is found above all in the reciprocity of relationships and in the strong impulses of togetherness. If perception can create connectedness, then existential accounts of dementia may be insightful for all those who want to understand health and illness in their social context

[580] ibid., p.11, my translation.
[581] v. Weizsäcker 1973, p.251, my transl.
[582] For very insightful ethnographic-phenomenological accounts of dementia care see Kontos 2004; Grøn 2022; Dyring 2022; Dyring and Grøn 2022; Madsen 2024 or Vermeulen 2024.

and in the reciprocity of relationships. Since our perception is a complex mixture of personal experiences, expectations and inner images as we view the present through the lens of our previous experiences, our current perception is influenced by our past. What we perceive in each moment is not neutral, but coloured by our personal stories, which are anchored in our memory in the form of memories, thoughts, beliefs and emotions. This process of perception and comparison takes place in fractions of a second and is usually completely unconscious; and yet it is precisely this that shapes our view of the world. The fact that our identities have to be constantly renegotiated poses problems to the stabilising function of our self-narratives to our sense of familiarity and of trust. Dementia makes this obvious. Kyselo (2014) and Flakne (2022) bring this together, so do proponents of an engaged phenomenology or critical phenomenology.[583]

In line with their approaches, I propose an understanding of the *engaged self*, which is informed by the notion of the *socially enacted self*, emphasizing the dynamic interplay between individual embodiment and social interaction.[584]

In this perspective, the individual is not fully defined by mere embodied activity but is conceived through social and relational processes that shape the structure of identity. It follows that without participatory sense-making - understood as intersubjective feedback loops or spheres of inter-affective relations - the human self loses its status as a genuine centre of individuation. Humans do not simply distinguish themselves against a backdrop of inert objects; crucially, they distinguish themselves within a world of other humans. They become someone - an identifiable individual - in relation to other individuals and social groups. This insight becomes clearer when we draw out and make explicit various already-implied insights from embodied cognitive science.

7.3 Fragmented habitualizations as islands of the self

> 'Alzheimer's was a new species in the garden, and in time, it would have a greater and greater presence. It could dominate, but it would never be the whole landscape. Some expressions of her character would lose their bloom, while other dimensions of being, like unpredicted new species, would emerge spontaneously.' (Snyder 2009, p.131)

[583] Critical phenomenology expands upon classical phenomenology by examining how lived experience is shaped by social, political, and historical structures of power. It combines the first-person analysis of experience with an explicit attention to embodiment, marginalization, and social situatedness (see, for instance, Weiss et al. 2020, Magrì and McQueen 2023; Magrì 2021; Lajoie 2019). As Magrì (2021) emphasizes, this approach foregrounds *social sensitivity* - the way affective and perceptual life is attuned to others and embedded within socio-normative contexts - thereby enriching phenomenology's understanding of intersubjectivity and ethical responsiveness. In this sense, the present thesis aligns with the methodological orientation of critical phenomenology. For a critical phenomenology approach in dementia see Vermeulen (2024).

[584] cf. Kyselo 2014.

In Western cultures, illness continues to be conceptualized as a loss of self, which can lead to devaluation of being-in-the-world, depersonalization and inhibition of agency. In line with Matthew Ratcliffe's account of *existential feelings* (2008, 2020) and Havi Carel's *bodily doubt* (2012) the idea of an embodied and relational self proposes to understand illness not as a mere sense of loss or deficit, but as a sense of embodied selfhood that corresponds to an existential feeling - even if this means feeling fragmented, distanced or alienated. The experience of losing oneself while remaining a self that experiences this loss requires other conceptualizations of such transformative experiences of vulnerability and loss.[585] The famous phrase 'I have lost myself, so to speak' was one of the first accounts of self-disclosure by Alois Alzheimer's first patient.[586] Nevertheless, this famous sentence is now countered by many other self-disclosures by people with dementia who emphasize that they are more than their illness and call on their fellow human beings to focus on their remaining potential.[587] In the following quote, Lisa Snyder describes the feelings and behaviour of a person with dementia whom she accompanied for several months and visited in her home:

> 'Betty recognized the plants in her garden just as she recognized people - she didn't know their names, but she memorized their features, their habitus and the environment in which they occurred, an indication of knowledge stored in long-term memory. As evenly distributed as these islands of stability were in the garden, so varied was the landscape.'[588]

In later stages of dementia, the loss of linguistic-cognitive and later motor skills cannot be halted, but communication can and should be maintained through the increased inclusion of bodily habits, gestures, rhythms and intonation of speech as well as physical movement and touch. In particular, the aspects of personhood that were central to the individual at earlier ages then serve as *islands of the self.*[589] In one way, this image serves self-care and in another, it contains important information for the relational participation of people with dementia, which need support beyond any therapeutic efforts.[590] Considering that people with advanced dementia can no longer draw on a previously existing variety of their own experiences and experiences in narrative self-presentation, but only on individual 'islands of the self', the continuous repetition of phrases in narratives should be understood as a concern for oneself rather than as a symptom of an illness.[591] This makes it clear how people with dementia continuously develop forms of self-care and adapt them to their own situation. However, it also

[585] cf. Brockmeyer 2014; Huth 2011; Käll 2017a, b; Winniewski 2022.
[586] cf. Jungert 2018.
[587] cf. Keller 2022.
[588] Snyder 2009, p.156.
[589] Kruse 2017, p.337.
[590] Cf. Keller 2022, p.341.
[591] ibid., p.235.

shows that although people with dementia actively care for themselves, they are dependent on other people recognizing and supporting these opportunities for self-care. A look at current discourses in psychology and philosophy suggests that a distinction must be made between at least two concepts of the self: the bodily-affective ('experiencing self') and the narrative-remembering ('narrating self').[592] While the 'narrative self' becomes increasingly impaired in people with dementia, the 'experiencing self' remains comparatively unimpaired. The experiencing self is a complex and at the same time basal self that is characterized by inner depth and diverse bodily layers.[593] It is a self that reflects the person's respective life story, which has been inscribed in the body through practices, habits and rituals. Although people with dementia increasingly forget more, remember less and are thus reflexively limited in telling a story about their lives themselves, this story can still continue to be expressed through their behaviour and co-created when their change. Therefore, revealing the structure of the self and self-experience of people with dementia assists in shaping inter-bodily interactions and designing appropriate therapeutic interventions and living environments. Jan Sonntag's approach to therapeutic atmospheres, which in turn combines habitualised fragments of the self with aspects of creativity, spontaneity and improvisation, shows that an understanding of the inner depth and bodily-affective constitution of the self and the sensitivity to atmospheres of people with dementia is central to communicating and understanding with them in a dignified and respectful way.[594] To support this argument, body-phenomenological investigations by Maurice Merleau-Ponty, Hermann Schmitz, Bernhard Waldenfels, and Thomas Fuchs demonstrate that dimensions of self-experience–such as affective perception and value judgment–precede explicit memory and narrative self-attributions. Their work on the bodily self emphasizes its sensorimotor grounding in the world, highlighting how intrinsic bodily sensations and inter-bodily interactions constitute fundamental modes of social, synaesthetic, and intersubjective experience. In particular, ethnographically and phenomenologically based studies with dementia patients (Kontos 2004, 2005, 2012; Sonntag 2016, 2020; Vermeulen 2024) show that the embodied self is preserved through a variety of habitualised habits as well as spontaneous inter-bodily forms of interaction, even in advanced stages of dementia, and can resonate with the social environment depending on the situation. Feelings, moods, emotions, the evocation of bodily-expressive resonances as well as the person-centred design of spaces play an important role here.

Atmospheres and synaesthetic modes of perception, such as those researched in phenomenology of the lived body and music or art therapy, make a decisive contribution to the

[592] Hutmacher 2021.
[593] De Monticelli 2019.
[594] Sonntag 2016.

variability of personal forms of expressions in dementia. Thus, they give the inter-bodily dialogue with those affected as well as their well-being, quality of life, liveliness and suchness more room to unfold. Since the atmospheric is constituted by the synaesthetic or synaesthetic characters, synaesthetic modes of perception are significant for the experience of atmospheres and, at least in part, also for their creation and genesis in therapeutic contexts.[595] The latest theoretical and practical approaches in atmospheric research aim to understand atmospheres as a resource for action and a sensory mediator of life possibilities and to locate them accordingly between action and feeling.

With a view to the phenomenological significance and interconnectedness of atmosphere and synaesthesia as well as some of their more recent explanatory models[596], this thesis focuses on the embodied and inter-bodily aspects of atmospheric-synaesthetic perception and communication in dementia in theory and practice. I have thus referred to atmosphere and synaesthesia as holistic and entangled modes of perception. As intermediate phenomena they appear and are constituted through their interconnectedness of environment and perceiving subject.[597] This seems particularly relevant in the context of an artistic-therapeutic practice that utilises bodily-affective means such as music or other basal and holistic sensory offerings. At the centre of this is the idea of an embodied and relational self that, in its existential vulnerability, is not able to understand illness as a mere feeling of loss or deficit, but as a feeling of embodied selfhood that corresponds to an existential feeling and a sense of meaning - even if this means that this self feels fragmented or physically alienated. I propose the concept of "fragmented habitualisations" primarily aims to capture how habitual actions, routines, or skills–ordinarily smooth, coherent, and embedded in everyday life–become disrupted, partial, or broken due to neurological, cognitive, or social changes.[598] Rather than viewing such disruptions as simple deficits, the concept emphasizes the fragmentary but still meaningful ways in which individuals enact and experience their habits.

In order to work out the role of *habitualisations of the fragmentary*, I have previously discussed affective-synaesthetic modes of memory as well as other synaesthetic approaches such as the 'Proust effect' or emotional synaesthesia, which are activated via the body memory. *In Search for the Lost Time* (1913-1927), the taste of the madeleines previously dipped in lime blossom tea brought the author back to the place of his childhood in his bodily memory. Such ways of remembering are thus paradigmatically dedicated to synaesthetic interrelationships and various combinations of senses, addressing in particular the sensuality of memory, the

[595] And so is the synaesthetic design of care environments. For more details, see chapters 8.2 and 9.
[596] cf. Albrecht 2017,2021; Böhme 2006, Bulka 2015; Kazig 2020; Emrich 2012; Griffero 2019, 2020a, b, c; Trigg 2021.
[597] See chapters 8.2 and 9.
[598] I read the concept of fragmented habitualisations in line with a 'phenomenology of disorientation' (Lajoie 2019) and a 'phenomenology of broken habits' (Ingerslev and Mertens 2024) to which I turn in part IV of this dissertation (see chapter 11).

imaginative part of our ability to remember, the fragile identity of the subject in time, and the contradiction between the fleetingness of our life images and the traces of memory sedimented by mnemonic techniques.[599] In chapter 8.4, I will address in more detail our *synaesthetic responsivity* by referring to the famous example of Naomi Feil, the founder of the validation therapy, and Gladys Wilson.

Various therapeutic approaches, such as aromatherapy, basal stimulation, Snoezelen, but also dance therapies, refer to this form of bodily-sensory-based, involuntary remembering, usually mediated via oral and habitual memory.[600] Synaesthetic-kinaesthetic movement stimuli in particular, such as those provided by dancing and making music together, can stimulate the body memory of people with dementia and help them to learn new movement sequences even at an advanced stage of the disease. Bodily memory forms, which are evoked through various sensory ways, serve to support the person's own sense of orientation, which is intended to counteract the gradual loss of memory in dementia. Numerous case studies from ethnographically and phenomenologically oriented research, prove that working with the senses can be meaningful in dementia.[601] In the following chapter, I will show why the consideration of perception in its a- or multimodal nature helps to position both a phenomenological and a pluralistic approach of a responsive and bodily-affective self in dementia. This might help designing therapeutic offers as well as therapeutic encounters accordingly and make them more tangible. The comparison between theoretical reflection and application-related examples serves not only to develop an interdisciplinary perspective on dementia, but also as a preliminary consideration and sketch of ideas for my own field research in a Snoezelen room in a care facility.[602] But before doing so, I will turn to another layer of the embodied self in dementia, which needs to be addressed and critically reflected upon, that is, the narrative self.

7.4 Forced Continuity and The Problem with Narrative Selves

Societal expectations to perform as a competent and socially capable individual influence the author-narrators' self-presentation and come often at the cost of a narratively coherent or fully credible account.[603] Yet, we can also observe a gradual transition toward narratives that more openly acknowledge the disease's effects on storytelling abilities. Hence, different paradigm shifts in dementia narratives have emerged in the last 30 years and mark an evolution which unfolds in two stages: first, a transition from conventional linear storytelling to narratives that acknowledge disease-induced fragmentation as an intrinsic feature; and second, a move toward

[599] cf. Lommel 2006.
[600] cf. Koch et al. 2012; Dittmar 2004.
[601] cf. Bär 2010; Campbell 2019; Keller 2021; Keller 2022; Sonntag 2016, 2020; Kontos; 2004, 2005, 2011.
[602] See chapter 9.
[603] Zimmermann 2015, p.96.

the patient's conscious and intentional use of fragmented narration.[604] This latter development indicates the emergence of a new 'norm' in illness life-writing and self-expression–an evolution that stands in ironic contrast to Ramanathan's observation that patients construct their narratives in negotiation with their audience "like those of us who are normal".[605] Ramanathan made this remark in 1997, two years after Lennard J. Davis had argued that "our construction of the normal world is based on a radical repression of disability."[606] While Davis focuses primarily on the physical body, his reflections on madness as a state that "shows up as a disruption in the visual field" readily extend to cognitive decline:

> '[T]he fear is that the mind is fragmenting, breaking up, falling apart, losing itself–all terms we associate with becoming mad. With the considerable information we have about the biological roots of mental illness, we begin to see the disease again as a breaking up of 'normal' body chemistry: amino acid production gone awry, depleted levels of certain polypeptide chains or hormones.'[607]

From a narrative perspective, our lives are 'structurally and interpretively open' which turns them into 'richly ambiguous texts . . . whose meanings are inexhaustible, . . . whose readings cannot ever yield a final closure'.[608] This ambiguity of the biographical flow model marks a strong opposition between a sense of continuity and a sense of fragmentation which is unavoidable in the progress of dementia. On the one hand we find that, with advancing age, many individuals may experience a kind of closure, a state in which life itself continues but one's story is perceived as all but finished–where no new chapters seem likely to unfold and no new events or characters are expected to alter the plot, according to Randall (2012). On the other hand, narratives may provide stable identities which provide a sense of security and orientation which is why the past is often imposed on people with dementia centring on the notion of a former self of the person, which ought to be continued. Both perspectives, that is, Randall's "narrative foreclosure" and Haeusermann's "forced continuity" are problematic as these notions produce a kind of societal pressure to remain the person they were before their cognitive abilities declined.[609] This pressure does not halt at a nursing home's borders since care approaches may perpetuate a particular concept of person, that is continuous with the past, all the while it might not reflect the relational and situative experiences of the person in the present. According to observations from ethnographic fieldwork in a German dementia village, Haeusermann (2019) identified problems of forced continuity that arise out of institutional rules

[604] ibid.
[605] Ramanathan 1997, *Alzheimer Discourse*, p.70.
[606] Lennard J. Davis, *Enforcing Normalcy. Disability, Deafness, and the Body* (London: Verso, 1995), pp. 22, 142 (
[607] Davis 1995, cit. in Zimmermann 2015, p.97.
[608] Randall 2012, p.
[609] Haeusermann, T. (2019) 'Forced continuity: Explorations of biographical narratives in dementia care', *Journal of Aging Studies*, 49, 1-8.

(e.g. using the formal "You" to address someone), thereby creating distance and misinterpretations of the other, if not at least tense atmospheres. Commenting his ethnographic fieldwork explorations, Haeusermann states that,

> '[w]hile a handful of care workers would indeed start calling some residents by their first names and using the informal you, the majority did not. This put them in a predicament, enacting an undignified practice that felt nonetheless right [sic]. In light of these realities, we might reconsider how much familiarity truly resides in our dementia care models – and how much intimacy we are prepared to give up in the name of what we construe as dignity and personhood.'[610]

Addressing all residents by their last names and with the formal *"you"* fit them like a tailored uniform; one they had worn before in social situations, formal exchanges, and performances of the self that conformed to the expectations of a respectable adult. Yet within the present context of the dementia village, where care workers had assumed the role of those closest to them, this uniform could feel foreign, ill-fitting, and out of tune with their lived experience in the new present. Whereas the formal address adheres to principles of respect and privacy, the residents' self-understanding, however, might have taken a different shape, one that is 'now fitted for an individual in a familiar, intimate environment outside social conventions'[611]. Haeusermann (2019) summarises his case studies as follows,

> 'Mrs. Worth desired an informal approach, Mrs. Griffin and Heyes wanted to withdraw from their roles as cooks and housewives, Mrs. Reed chose to no longer conceal her sexuality, whereas Mrs. Fontana felt at home when shopping for groceries, enacting a practice that had accompanied her for decades. Accordingly, the residents' present personal conduct stemmed from their engagement with the past – anchored in perceptions of the broader narrative of a person they used to be; or their present personal experiences – tied to performances of a new narrative of the self they now were or had recently discovered. Yet, far from being separate, the two regularly intermingled.'[612]

Thus, just as much as our lives may change just as much our narratives should do. Otherwise, in this case, the 'subaltern' and creative voices in dementia get repressed.[613] Subaltern voices in dementia refer to the marginalized and often silenced perspectives of people living with the condition, whose narratives are frequently overwritten by biomedical, institutional, or cultural discourses.[614] Like other subaltern groups, their voices are not absent but systematically unheard or deemed unreliable. Attending to these voices requires recognizing fragmented,

[610] ibid., p.2.
[611] ibid., p.3.
[612] ibid., p.7.
[613] cf. Spivak 1988.
[614] Baldwin 2006; Zeilig 2014; Keller 2022.

embodied, or non-verbal forms of expression as legitimate modes of storytelling and resisting narrative dispossession.[615]

If stories emerge from joint endeavours, then identity may be understood less as an individual possession than as something shared between persons. In couples where one spouse has been diagnosed with dementia, the processes of presenting, sustaining, and negotiating a shared identity become part of a dynamic and constantly evolving relationship. This shared identity is interdependent; it is shaped and re-shaped through everyday interactions, mutual recognition, and collaborative sense-making. Among the most vital means of sustaining such interdependent identities are joint storytelling and the narratives couples create together.[616] Telling joint stories requires both partners to position themselves as knowledgeable about one another and about their shared life. Dementia, however, gradually erodes this common ground, challenging the couple's intersubjective coherence. As the condition progresses, the relationship becomes increasingly asymmetric, with the healthy spouse assuming greater responsibility for maintaining their shared identity and continuity of life.

By the same token, similar questions arise within professional care: How much familiarity can and should we allow in dementia care settings? And how much professional distance are we willing to relinquish in favour of genuine relationality?

Over the past decades, a rapidly expanding and interdisciplinary body of research has explored the intersections of ageing, personhood, and dementia care.[617] Accompanying these paradigm shifts, new concepts of care have emerged: 'chronic disease care,' 'palliative care,' 'community-based care,' and 'relationship-centred care' - all emphasizing holistic and humanistic approaches. These models foreground multisensory and participatory dimensions of care that aim not merely to compensate for cognitive decline, but to cultivate embodied memory, affective resonance, and social connectedness. The *Demenzdinge* project exemplifies this orientation: by engaging people with dementia in tactile encounters with everyday objects, it activates biographical memory and fosters recognition through the mediating power of material culture. [618]

Similarly, the *Weltenweber* project employs virtual reality environments to immerse participants in familiar or evocative settings, enabling them to reconnect with past experiences or explore new sensory horizons that support agency and well-being.[619] Another striking example of this shift is *Gammeloase*, a dementia ward in Marl, Germany, where staff radically adapt to the needs, rhythms, and desires of residents rather than imposing rigid institutional

[615] Barbosa-Fohrmann 2024; Zimmermann 2015; Kontos 2004; Kitwood 1997.
[616] Hydén 2017, p.171.
[617] cf. Kitwood 1997a, b; Sabat 2002; Kontos 2017.
[618] Hoffmann and Horn 2021.
[619] Bollig et al. 2022.

routines. Developed by Stephan Kostrzewa, therapeutic loafing is the guiding concept: residents are free to set their own schedules, decide when to eat or wake, drink beer, and have visitors around the clock, all in a reconfigured physical and social environment. Outcomes have been promising: reduced reliance on psychiatric medications, increased autonomy, and improved quality of life.[620]

Another influential model is Hogeweyk in the Netherlands, the world's first "dementia village," opened in 2009. Located in Weesp, it offers 23 houses designed around six or seven residents each, grouped by shared lifestyles and backgrounds. Residents live in apartments styled to reflect their former homes; they can roam freely, shop at a supermarket, eat at cafés and a restaurant, visit a theatre, and engage in daily routines under professional care that is designed to feel as invisible as possible. The village is built to maximize normalcy, autonomy, and social interaction while maintaining safety. Research indicates that residents and families report less boredom, reduced medication use, and higher engagement in daily activities compared to traditional care homes.[621] Yet, as anthropological research highlights, innovative models should not only be measured in terms of "success" or "quality of life," but also understood as spaces where dementia social behaviour take shape. Grøn and Mattingly (2022) remind us that life in dementia wards is constituted through "responsive events" between residents, staff, and visitors – moments of connection, exclusion, and intense affectivity that exceed commonsense definitions of communication or care. Such events underscore that intersubjective life persists beyond the point where ordinary language falters, destabilizing normative concepts of autonomy, inclusion, and "good care." Their perspective highlights that even the most progressive care environments should be seen not as final solutions but as dynamic social worlds where vulnerability, creativity, and relationality unfold in unpredictable ways. With person-centred care as their guiding principle, such approaches regard patients not as passive recipients of treatment but as layered and multifaceted beings, as a collage of voices, experiences, and perspectives that must be rendered with detail and nuance. They seek to avoid unnecessary hospitalisation, to empower patients in understanding and managing their conditions, and to promote collaborative decision-making between physicians and patients. Most importantly, they enable individuals to remain authors of their own narratives, viewing the self as a story in continual development rather than a fixed entity.

Acknowledging the multiplicity of a person's lived reality is therefore especially significant in dementia care. The prospect of "losing one's mind", as the literal translation of dementia suggests, can evoke profound fear, as if one were losing one's very place in the world, suffering

[620] Kostrzewa 2024.
[621] Verbeek et al. 2009; Vinick et al. 2019.

a gradual amputation from one's former self. With advancing cognitive decline, it may appear that layer upon layer of identity dissolves alongside the memories that once gave life its coherence. Yet, as Dai Rees and Steven Rose (2004) compellingly observe, locating the self solely in the brain "reads as a curious echo of nineteenth-century phrenology, with its materialist longing similarly to locate highly complex behaviours, feelings, and dispositions."[622] We thus need to keep in mind the enormous variability of cognition rather than assume its determining powers.

It is therefore important as much as vital and humanising to create dementia care approaches that are *demedicalised*, *deinstitutionalised* and *supportive of the person*, according to Haeusermann.[623] Besides treating elderly persons who show memory loss and other cognitive decline as patients, we should also see them as the new persons they have become. Persons who nevertheless require care and protection. Consequently, for them it is important how care is delivered. Addressing the infantilisation dilemma Leibing and Cohen (2006) critically examine 'culture, loss, and the anthropology of senility'.[624] While person-centred approaches have reshaped care in innovative and often beneficial ways, they also raise ethical questions. In the context of dementia care in particular, some care models and theories may lose their relevance and explanatory power precisely because a person's capacity to craft coherent narratives is at stake. My proposal, which incorporates the concept of fragmented habitualities and identities, directly addresses this issue.

Following from the above considerations a question raises: What kind of continuities do we need? If insisting on continued narratives in a static sense makes little sense and is unpromising in case of dementia and other pathologies we perhaps need a theory of narrative and embodied identity that is open towards constant change, fluid moments accompanied or followed by moments of rupture. How can we account for these transformative changes in life that are brought about to us through illness or societal shifts and rifts?[625]

In the following chapter, I will elaborate further on the implications of the ambivalent experience of habitual discontinuities and how they might be encountered to regain partial autonomy and situational acceptance.

7.5 (Dis)continous and Disrupted We-Experiences

As we have seen in illnesses such as dementias or PTSD, for example, they always include a bodily, affective, and social dimension. Often, in illness, the world-relation and self-relation

[622] Reese and Rose 2004, p.68 cit. in Haeusermann 2019, p.4.
[623] ibid., p.6.
[624] Leibing and Cohen 2006.
[625] One can think for instance of forced migration, the pandemic with its social disruptive character or experience of chronic or progressive illnesses. I will come back to such a framework in part IV of this dissertation.

become disturbed and the risk of disrupting intercorporeality is heightened. Thus, the question as to how we can make sense of experiences of disruption, fragmentation, and alienation and how to integrate this in one's own self-image or lived identity remains an important one. And further, how do our relationships alter in such circumstances?

Sociologist Michael Bury has aptly framed this transformative change in its monadic and dyadic dimensions, saying that

> '[i]llness, and especially chronic illness, is precisely that kind of experience where the structures of everyday life and the forms of knowledge which underpin them are disrupted. Chronic illness involves a recognition of the worlds of pain and suffering, possibly even death, which is [*sic*] normally only seen as distant possibilities or the plights of others. In addition, it brings individuals, their families, and their wider social networks face to face with the character of their relationships in stark form, disrupting normal rules of reciprocity and mutual support.'[626]

In joint activities, participants must *coordinate* their actions in a special way. Hydèn in *following Margaret Gilbert*, argues that the participants share a commitment to the joint activity, in the sense that they constitute what she calls a '*plural subject*' (Gillbert 2013). [627] Gilbert's account of social ontology deals specifically with groups as plural subjects and engages with the concept of shared values as values of plural subjects created by joint commitment. De Vecchi (2015) has argued that Gilbert's account of shared values is a cognitivist and extrinsic one which neglects the specific role of values in the constitution of plural subjects and considers values neither as a necessary nor a sufficient condition for social unity.[628]

In the phenomenology of shared sociality, we-experiences are used to denote experiences that we have together with others, that is, experiences that we share.[629] The term 'we-experience' thus designates a special kind of experience that is 'no longer simply experienced by me as *mine*, but as *ours*'[630]. Consequently, we-experiences are typically described as involving a felt sense of togetherness with other people, an affective experience of being experientially unified with others.[631] Examples of shared experiences or emotions can be love, or grief or background-feelings such as trust or uncertainty. While discussions of robustly shared we-experiences have their roots in classical phenomenological authors, such as Edmund Husserl, Max Scheler, and Gerda Walther, there is an ongoing debate on the minimally

[626] Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health and Illness*, *4*, 167–182., also see Hydén, 2017.Bury 1982, here: p.169.
[627] Gilbert, M. (2013), *Joint Commitment: How We Make the Social World*, Oxford, Oxford University Press.
[628] De Vecchi, F. (2015). The Plural Subject Approach to Social Ontology and the Sharing values issue, *Phenomenology and Mind*, IX: 84-97.
[629] cf. Szanto, T. and Moran, D. (2017), De Vecchi (2015, 2022), Zahavi (2015, 2019), Zahavi and Salice (2017).
[630] Zahavi 2015, p.90.
[631] For the more general debate on we-experiences see for example Walther 1923; Calcagno 2018; De Vecchi 2015; Flakne 2022; Szanto and Moran 2017; León et al. 2019; Zahavi 2019. Specifically, on "togetherness" see Osler 2022a.

necessary conditions for a we-experience to emerge.[632] Zahavi (2015, 2019, 2025), for instance, argues that experiencing something with another together as a 'we' involves: (i) reciprocal other-awareness and (ii) integration. What is required is a reciprocal awareness, where both you and I are mutually aware of being attended to by the other. While reciprocal other-awareness is required for a we-experience to arise, it is not sufficient. For instance, two individuals may be mutually aware of each other in a moment of confrontation or competition, yet such encounters do not necessarily generate a sense of "we." What is additionally required is an integrative dimension, where our attentional and affective orientations become coordinated and directed toward a shared focus, thereby giving rise to a genuinely joint perspective. With reference to Gerda Walter's *non-intentional or background we-consciousness* Zahavi and Salice (2017) outline two diverging models of we-intentionality. They hold that Walter differentiates two kinds of unification (shareability) when she writes: 'besides an *actual* unification that became habitual, one can also talk of a habitual and subconscious growing together [*von einem habituellen unterbewussten Zusammengewachsensein*]'[633]. Walther suggests that there is a form of unification that is thoroughly habitual rather than preceded by any explicit feeling of togetherness. For instance, during early development one may grow together as a family without deliberate acts of unification, which only later become explicit and confirm an already existing bond. Although it is less clear how such implicit unification could be habitual from the very start, Walther emphasizes its importance: "the habitual unifications are almost more important for the foundation of communities and of the communal life than the actual unifications, which dissolve quickly"[634] Indeed, "habitual unification is what, in the first place, must found and underpin [untergrundieren] the whole communal life"[635]. Such habitual unification does not negate the significance of direct we-experiences requiring cognitive and affective interlocking, but rather complements them by grounding communal life in enduring patterns of togetherness.

According to Schutz, the face-to-face encounter provides for the most fundamental type of interpersonal understanding.[636] It forms the foundation of what Schutz terms the 'we-relationship' or 'living social relationship,' a central concept in his account of experiential sharing. By emphasizing the face-to-face encounter, Schutz aligns with the perspectives of Stein and Walther. At the same time, however, he underscores the heterogeneity of the social

[632] For the possibility of a non-intentional We of community and its different regional ontologies see Gerda Walther's *Zur Ontologie der sozialen Gemeinschaften* (1923) and Calcagno (2018). "Zur Ontologie der sozialen Gemeinschaften," in Jahrbuch für Philosophie und phänomenologische Forschung, Vol. 6, ed. by Edmund Husserl, Moritz Geiger, Alexander Pfänder, and Max Scheler (Halle: Max Niemeyer, (1923), 1–158.
[633] Walter 1923, p.44.
[634] ibid., p.44, cf. Zahavi and Salice 2017, for transl.
[635] ibid.p.48, cf. Zahavi and Salice 2017, for transl.
[636] Schutz 1967, p.162.

world, noting that interpersonal understanding manifests in diverse forms and modes. To fully account for this variety and complexity, we must move beyond a narrowly empathic focus on the bodily, co-present other, recognizing that shared understanding can arise through multiple, sometimes non-obvious, channels of social engagement. Although Schutz would likely remain sceptical of the claim that the sharing of a common world is more fundamental than any concrete interpersonal encounter–since such encounters, on his view, necessarily presuppose a background of inherited, shared meanings that render them intelligible–it nevertheless remains consistent with his account to argue that our everyday being-with-others is always contextually situated, while at the same time underscoring the indispensable role of empathy.[637]

The significance of these distinctions becomes particularly evident when considering cases in which the structure of *we-experience* is disrupted, as in dementia and other forms of neurological degeneration. In such conditions, the habitual, affective, and cognitive dimensions that normally sustain shared experiences and communal life may become fragmented. As Summa (2014) shows, disturbances in the layered structure of self-experience–spanning bodily, affective, and temporal dimensions–lead to a weakening of the sense of continuity and belonging that underpins both individual and collective identity. When the ability to sustain reciprocal awareness or affective integration falters, the *we* that normally grounds social understanding and participation becomes unstable or attenuated. Yet, these disruptions also reveal the pre-reflective and embodied foundations of shared experience: even when linguistic or cognitive capacities decline, forms of habitual and affective togetherness may persist, as Walther suggests, through patterns of embodied resonance, emotional attunement, or shared routines. Exploring such altered or diminished *we-experiences* in dementia thus provides crucial insight into the constitutive layers of intersubjectivity, showing that communal life depends not only on explicit interaction and mutual understanding but also on a tacit, affective, and habitual grounding that can endure even amid cognitive disintegration.

Phenomenological psychopathology has highlighted that the breakdown of social relations is not merely a secondary consequence of disorders such as depression, but rather a constitutive dimension of the depressive experience itself.[638] Depression and dementia are intimately related, both clinically and phenomenologically (Ownby et al. 2006; Fuchs 2013b; Summa 2014). Both dementia and depression involve disruptions of self-experience and intersubjective attunement, revealing how the fragility of the *we* is bound up with the vulnerability of the self.

[637] cf. Zahavi 2010; León and Zahavi 2016.

[638] Depression and dementia are intimately related, both clinically and phenomenologically. Clinically, depression frequently co-occurs with dementia, functioning as both a risk factor and a symptom, with overlapping features such as apathy, withdrawal, and cognitive slowing. Phenomenologically, both can be seen as disturbances of selfhood and world-relation: in depression, the world loses its affective vitality and meaning, while in dementia, the coherence of temporal and spatial self-experience disintegrates.

In each, the capacity for interaffective attunement–the ability to resonate with and share in the emotions of others–can get disrupted, leading to a weakening of *we-experiences* and a sense of social and existential isolation.

To fully appreciate this, it is not enough to acknowledge the isolation and withdrawal often reported by depressed individuals; we must also ask which types of social relations are being eroded, and how their impairment shapes the lived experience of depression. In this context, Osler (2022b) offers a threefold framework that captures both the experiential heterogeneity of psychiatric illness and the role of disrupted intersubjectivity as a variant feature across disorders. First, while difficulties in entering and sustaining we-experiences may occur in different conditions, the underlying impairments are likely to vary. Second, distinct forms of interpersonal relationship may be compromised depending on the disorder, shaping the manner in which social disconnectedness is experienced. Third, disorders often involve other characteristic experiential dimensions–such as altered temporality or embodiment–that intersect with and further complicate intersubjective breakdown.[639]

A related perspective emerges in research on dementia, where disruption is not primarily understood as the loss of a self but rather as the emergence of the self as a practical problem. Drawing on Kurt Goldstein's notion of catastrophic reactions, dementia and acquired brain injury can be seen as disrupting the person's relations to their environment, to others, and to the tasks that constitute daily life. Much of everyday existence depends on habits and routines that typically function beneath the threshold of awareness. These habitual action systems range from simple bodily actions, such as moving through a familiar room without conscious navigation, to complex social practices like preparing a meal or engaging in turn-taking during conversation. Many of these routines are interwoven with the rhythms of others in the household, such that ordinary life unfolds in synchrony with the practices of one's social world. When the brain is altered by dementia, these habitual systems begin to disintegrate. Cognitive and semiotic resources that once sustained everyday routines lose their reliability: familiar objects no longer afford their customary functions, words and names become inaccessible, and recognition of places and people falters. Goldstein describes the consequences of such breakdowns as catastrophic reactions. Unlike adaptive or "ordered" responses grounded in stable habits, catastrophic reactions are characterized by disorder, inconsistency, and shock. The world is experienced as destabilized, leaving the individual unfree, vacillating, and profoundly anxious. This catastrophic anxiety does not easily subside; even simple, previously

[639] Since the experiential dimension of mental disorders is typically complex and richly textured, experiences of social disconnectedness, isolation, and disrupted intersubjective relations are both manifold and varied. Such disruptions are not confined to a single diagnostic category but appear across a wide spectrum of conditions. For instance, impaired intersubjectivity is frequently reported in autism (Krueger and Maiese 2018; Boldsen 2022a, 2022b), schizophrenia (Fuchs 2005; Van Duppen 2017; Salice and Henriksen 2021), and in melancholia, particularly in its delusional forms (Fuchs 2005).

manageable tasks may become overwhelming, and responsiveness to the environment remains impaired long afterward.

Put differently, when ordinary resources can no longer support situational demands, individuals with dementia may find themselves engulfed by anxiety and disorientation. The unpredictability of actions and their consequences heightens vulnerability, exacerbating avoidance and withdrawal. At its core, catastrophic anxiety arises from the collapse of habitual action systems: the fading of routines, the loss of objects' meanings, and the erosion of linguistic and social scaffolds. As everyday practices cease to afford action, the individual becomes caught in a cycle of anxiety, avoidance, and further disconnection from the world.[640] To mediate these effects a process of creative reconstruction implies new grounds for the self and thus a possible revision of the former routines and habits that supported self-representations connected with the life before dementia (or another acquired brain injury). Following the concept of disruption and narrative reconstruction by sociologists Michael Bury and Gareth Williams reconstruction can be defined as

> '[a]n individual's account of the origin of that illness in terms of putative causes [which] can perhaps most profitably be read as an attempt to establish points of reference between body, self, and society and to reconstruct a sense of order from the fragmentation produced by chronic illness.'[641]

Given the sense of fragmentation and the sense of contingency there is a likelihood of disrupted intercorporeality. Undoubtedly, we find a degree of erosion of we-experiences in dementia with progressive latency. Disrupted intercorporeality in dementia, thus, could be framed as perpetual erosion of we-experiences and seems to be inevitable at some point in time during the course of the disease.[642] However, moments of bodily synchronicity have been reported in a few case studies.[643] They allude to the fact that there might still be something that can be framed as pre-reflective self, which I propose to call here the synaesthetic-self and synaesthetic-we.

There is at least a "We as in AD, We as in Old Age and We as in (humans)" as Keller's interviewees with dementia claim.[644] This reflective differentiation of themselves as themselves further contributes to a theory of entangled layers of a self which might be important to distinguish for epistemological, ontological and existential endeavours. Sometimes, it seems

[640] Hydén 2017, p.234.
[641] Williams, G. (1984). The genesis of chronic illness: Narrative re-construction. *Sociology of Health and Illness*, 6, 175–200: here, p.117.
[642] During the Covid-19 pandemic the interbodily disconnectedness was forced upon many older people in care homes, since they counted among the more vulnerable groups at risk, which is why care facilities were locked-down and hence did not provide access for relatives and other private carers. This was ultimately leading to isolation in their final stages of life. Among others, I addressed this problematic if not to say questionable ethic decision from a critical phenomenology perspective in Winniewski (2022).
[643] Naomi Feil and Gladys Wilson, Marta Cinta, or a 91-year-old Beethoven piano player are famous examples which can be found in public online video platforms. See Sonntag (2020) or Brettschneider (2009) who describes a clinical example of Snoezelen, for both see chapter 8.
[644] Keller 2022, p.10.

that, what we would like to frame in epistemic categories does not properly fit the ontological and existential dimension of our lived experience. This becomes clearer when we turn to the concept of positioning, for instance.

Cooperative positioning and resilient we-identities

According to Davies and Harré (1990), '[p]ositioning [...] is the discursive process whereby selves are located in conversations as observably and subjectively coherent participants in jointly produced story lines'.[645] Building on this, Hydén and Nilsson (2015) have empirically demonstrated that couples in which one partner has Alzheimer's disease (AD) struggle significantly more than unaffected couples to refer to the long-term unity of their relationship using the pronoun 'we.' Given that AD impairs the ability to establish and sustain a what I call *resilient we-identity* through language, these findings plausibly suggest an "erosion of the we".[646] This raises the question of whether alternative expressive means could enhance communication and interaction to support a shared we-identity. Given that fundamental social phenomena such as *shared attention*, *joint action*, or *joint intentionality* are facilitated through bodily, that is to say, verbal and non-verbal ways to communicate remain an underexplored yet crucial aspect of dementia research, it is my aim to explore the role of social interaction in emphasising affective intercorporeality particularly in relation to a varied range of multisensory forms of engagement within care relationships.

To examine the concept of shared identity or a sustained we-intentionality, especially in the later stages of Alzheimer's disease, one can approach this question through Lev Vygotsky's notion of the "Great-We." In a study by Reichertz, Keysers, and Nebowsky (2020), the authors describe a scene in which a partner without dementia tenderly shaves his spouse, who was diagnosed with vascular dementia several years prior, interpreting this unit of action as an example of the Great-We.[647] Whereas the idea of an initial consciousness of mental commonality preceding the later development of consciousness of one's own personality, that is, the consciousness of a differentiated and separated "I" within this Vygotskian framework seems promising, the presupposition for the person with dementia to assume a role analogous to that of a child, remains questionable. Thus, while this may seem applicable to certain moments in the latest stages of dementia, raising questions about the conditions and duration of enduring we-identity, the analogy ultimately falls short. The fundamental difference lies in

[645] Davies, B. and Harré, R. 1990. «Positioning: The Discursive Production of Selves». In *Journal for the Theory of Social Behaviour*, 20(1), 43-63: here, p.48.
[646] Davies and Harré 1990, p.728.
[647] What arises in the consciousness of the infant may be termed most precisely as "Ur-Wir", or "Great-We", demarcating the initial consciousness of mental commonality preceding the later development of consciousness of one's own personality, that is, the consciousness of a differentiated and separated "I" (cf. Vygotsky 1998, p.233).

the fact that persons with dementia possess rich resources for interaction based on their lived experience and embodied knowledge, which cannot be reduced to a mere regression to an earlier developmental stage.

In this vein, the concept of *semiotic practices* by Reichertz et al. (2020) seems interesting in the context of dementia care, as its dynamic and inclusive approach elucidates the *limits of communication* and *communication at the limits*. *First*, it includes the communicative process of people in a '*power-structured, historically and situationally placed cooperation and opposition'* in which they interpret and create themselves, the other, and their world in the course of historically grown and legitimized institutions. *Second*, it considers the fact that every concrete communicative action is both realized and transformed, as the concrete practice of communication continually generates new forms of meaning.[648] *Third*, it addresses the fundamental question for any social theory, whether all pre-reflective forms of expression and interpretation are semiotized or whether there are also *asemiotic* (albeit subsymbolic) or *pre-predicative forms of action coordination,* such as *intercorporeality* (Merleau-Ponty 1984) or *corporeal communication* (Schmitz 2012). Such a semiotic or pre-predicative forms of communication are frequently pre-reflective, enacted, and embodied and involve a multitude of physically bound, often very small or brief forms of expression and interpretation within the micro and nano range of the social, according to Reichertz et al (2020).[649] Hence, they function as tacit knowledge that enables people (and sometimes animals) to coordinate their actions.

Irreducibly, social dimensions of coping with everyday life activities involve both partners and shared actions. Reichertz et al. (2020) draw on the occasions of shaving and brushing teeth in one couple to exemplify broader findings of the irreducibly joint work accomplished to successfully complete mundane activities. They draw on the Vygotskian notion of the "Ur-wir" (Great-we) and on Merleau-Ponty's notion of the dual sensation touching-touched to discuss issues related to identity, solidarity, and ethics of care.[650] [651]

Sharing intentions in activities also implies sharing a *commitment to cooperation*; that is, the participants are committed to act in such a way that the intentions or goals of the activity can be achieved. This *procedural commitment* is expressed in the way that joint activities progress and implies that the participants must be *mutually supportive*, that is, that they must help each other when they encounter problems in the interaction, according to Hydén.[652] Working toward

[648] Reichertz et al. 2020, p.12.
[649] ibid.
[650] Vygotsky, L. 1998. 'Infancy', R.W. Rieber (ed.) *The Collective Works of L.S. Vygotsky*, Vol. 5, New York: Plenum Press, pp.207-241.
[651] Roth, W.-M., Reichertz, J. (2020) '"Coercive Care" or "Ur-wir [Great-we]": Communication and Cooperation in Couples Where One Partner Has Been Diagnosed with Dementia', *Human Arenas: An Interdisciplinary Journal of Psychology*, *Culture, and Meaning*. 3 (4), 552 - 574.
[652] Hydén 2017b, p.121.

shared ends means that the participants must be cooperative not only in making contributions, but also in fulfilling these contributions, which implies that they must help each other to create a shared meaning or understanding of their contributions. This may, for instance, entail talking in a loud voice if the other person has problems hearing, repeating contributions to a conversation that were not heard or understood, or repairing, expanding, or explaining other contributions.

These changes, while common in chronic illnesses, are particularly pronounced in dementia, where the person transitions from relative autonomy to increasing dependence within a shrinking world and diminishing sense of agency. Unlike other conditions, dementia impairs not only cognitive and linguistic functions but also the ability to present and negotiate identity, particularly through autobiographical storytelling. This results in a dual challenge: the erosion of everyday habits of the self and the diminished capacity to express, revise, and reconstruct identity.[653] As brain functions deteriorate, access to cognitive-linguistic resources–such as categorization and narrative coherence–declines, making self-recognition and autobiographical continuity increasingly difficult. One could argue that the pre-dementia self and its stories become fragmented, necessitating their support for reconstruction.[654]

In the next chapter, I will elaborate how such reconstruction might work on pre-reflective and interbodily levels to turn to question what is a supportive scaffold for the self in dementia beyond linguistic limits.

8. Modes of Interbodily Resonances

Phenomenological accounts emphasize that the bodily self persists even in advanced stages of dementia through embodied habits and spontaneous forms of bodily interaction that sustain resonance with the social world (Fuchs 2013a, 2016; Summa 2014). In line with Hartmut Rosa's concept of *social resonance* (2016), one can respond to another's withdrawal (so-called *repulsive moments)* by affectively and bodily attuning to the other's situated being. The affective qualities of a situation or environment invite forms of bodily responsivity - manifested in sensations, gestures, expressive movements, postures, or tendencies toward movement - through which the world is experienced and meaningfully shared. The body thus functions as a medium of affectivity, mediating social connection and co-experienced meaning (Fuchs 2020; Breyer 2021b). Feelings, moods, emotions, atmospheres, and the evocation of bodily-expressive responses, as well as the multisensory design of spaces, play a crucial role in

[653] ibid.

[654] Also see Zimmermann (2015) for the different shifts within the dementia narrative discourse, and chapter 7.4.

maintaining well-being and sustaining the *synaesthetic self* as an embodied openness to the world.

A promising approach for engaging the pre-reflective, bodily self in dementia, particularly in later stages, is through multisensory engagement and *participatory sense-making* (De Jaegher and Di Paolo 2007; Fuchs and De Jaegher 2009). Participatory sense-making frames meaning-making not as an isolated cognitive activity but as a relational, co-created process that unfolds through interaction with others and the environment. Integrating multisensory engagement into such participatory processes enhances relational autonomy and fosters mutual well-being, both for persons with dementia and their caregivers. Practices exemplifying this co-creative, responsive approach include Validation Therapy, Snoezelen, music and dance interventions, theatre, and creative art projects, all of which engage the embodied, affective self beyond the limits of verbal communication while supporting the persistence of intersubjective and synaesthetic capacities.[655]

Empirical studies of qualitative and quantitative scope, for instance by Kontos et al. (2020) or Bracco et al. (2023), emphasize the beneficial effects of *Dance Movement Therapy* (DMT) in dementia highlighting the playful and imaginative nature of how persons living with dementia engage with dance and demonstrate how this has the potential to challenge the stigma associated with dementia and instead support social inclusion and a sense of agency and embodied interaffectivity.[656]

What appears foundational for a sense of self that is both connected to others and grounded in one's own history inscribed in the body is implicit body memory, a form of pre-reflective self-awareness.[657] For the experience of the lived body, and particularly for the pre-reflective self, kinaesthesia and synaesthesia are two central phenomena, as pointed out by Gallagher (1986, 2005) and Sheets-Johnstone (2012, 2016).

The synaesthetic self is revealed in body memory: for example, in the *Proust effect*, bodily olfactory memory strongly shapes how we remember past experiences and the feelings they evoke.[658] In *In Search of Lost Time*, the taste of madeleines dipped in lime-blossom tea triggers vivid, pleasant recollections of the familiar places and experiences of childhood.[659] Such memories can evoke well-being when they connect us to positive experiences from the past, and they may also offer a form of re-orientation for the self in dementia.

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[655] Cf. Kontos (2014; 2020), Käll (2017a, b); Nocon (2008); Winniewski and Dzwiza-Ohlsen 2024.
[656] Fuchs and Koch 2014.
[657] cf. Fuchs 2010, 2020.
[658] cf. Van Campen 2014.
[659] Note that Fuchs counts also the traumatic memory as part of the implicit memory and therefore body memory is not only provoking positive feelings of well-being, but can generate much of the opposite. It remains upon the synaesthetic self in dementia and carers to know what kind of situations and sensory effects stimulate those negative feelings. Sonntag (2016) therefore distinguishes between benign and malign therapeutic atmospheres.

The synaesthetic field thus addresses the complex, entangled, and often intangible inter- and intrapersonal dimensions of perception and sense-making. It becomes "visible" in bodily memory, exists beyond explicit memory and the narratives we tell about our lives, and provides the indispensable foundation for self-familiarity. In this sense, synaesthetic experiences and body memory are central to personal identity. Drawing on Merleau-Ponty's concept of intercorporeality,[660] a horizon of synaesthetic possibilities offers both an intersubjective foundation for selfhood and embodiment, while simultaneously opening the structure through which we experience the world and others; thereby potentially giving rise to a synaesthetic-we.

The notions of a *synaesthetic self* and a *synaesthetic we* open up a phenomenological perspective on how identity and relationality are shaped through cross-modal, affective, and atmospheric experience. The synaesthetic self designates a form of subjectivity in which perception is not neatly organized into separate modalities, but instead interwoven across senses, affective states, and atmospheres. It is embodied, porous, and affectively open, resisting normative hierarchies of the senses and revealing instead their integrative and interdependent character. Such a conception of self becomes particularly salient in contexts where memory and language are impaired, as in dementia, or temporarily altered, as in psychedelic states, since it shows that personhood can persist through affective resonance and multisensory attunement. Extending this idea, the synaesthetic-we captures the relational dimension of synaesthetic experience: the ways in which cross-modal and affectively charged perception can form a shared experiential field between individuals. This intersubjective dimension highlights how storytelling, touch, music, or atmospheres generate common sensibilities that sustain belonging, even when linguistic or cognitive resources are diminished. Taken together, the synaesthetic self and the synaesthetic we suggest that identity is not merely a matter of individual memory or cognition, but emerges through resonance between bodies and shared affective worlds.

I contend that the implicit structures of our bodily memory exemplify a synaesthetic way of perceiving and remembering the world. For instance, familiar surroundings, moods, melodies, and sounds do not just evoke corresponding emotions - they often trigger associated autobiographical memories. For people with dementia, the familiar patterns of existing bodily-and-world orientations become elements of security and support. Having those patterns confirmed reinforces confidence in their remaining abilities. This is not just an empirical claim, but it is grounded in evidence showing that preserving familiar routines and environments can reduce anxiety and agitation in dementia patients and help them sustain their own activity levels. What is more, to some extent these habitual life-activities are invoked and confirmed by the environment itself. In this sense, the bodily, pre-reflective orientation in surrounding space

[660] Merleau-Ponty 1968, p.180.

is more fundamental than the reflexive orientation in space and time.[661] Bodily sensations or situations experienced in bodily space thus can act as implicit memory cores and release memories and emotions enclosed in them.

To answer the question on how to enhance well-being through synaesthetic responsivity I will now turn to the interplay of body memory, interbodily resonances and multisensory environments that all contribute to creating benign therapeutic atmospheres in dementia care.[662] In the continuation of this chapter I therefore refer to the meaning and potentials of different forms of interpersonal engagement which can be understood as collaborative and creative scaffolds in dementia care. The act of collaboration and scaffolding seeks to establish a common ground in the dyadic or triadic relationships which have been ethnographically researched in dementia by quite a few scholars.[663]

8.1 Collaborative and Creative Scaffolds

> Since my father can no longer cross the bridge into my world, I have to go to him. Over there, within the boundaries of his mental state, beyond our society, which is geared towards objectivity and purpose, he is still a remarkable person, and even if he is not always quite reasonable by any standards, he is somehow brilliant.'[664]

Geiger's reflection of entering his father's experiential world illustrates, on a phenomenological level, the very dynamic that theories of scaffolding in embodied and extended mind frameworks seek to capture: the reconfiguration of interpersonal and environmental structures to sustain subjectivity and agency when individual cognitive capacities are diminished.

The theory of scaffolding in contemporary philosophy–particularly within embodied and extended mind frameworks–refers to the way in which cognitive processes are supported, shaped, or co-constituted by external structures in the environment. Generally speaking, situated cognition researchers use the term 'scaffolding' to capture the variety of ways, in which an agent can rely on environmental structures and resources in their thinking, problem-solving, affective regulation, and skilled action.[665] Rather than conceiving of cognition as an isolated, brain-bound phenomenon, the scaffolding perspective emphasizes the dynamic interplay between the individual and their material, social, and cultural context. As Clark and Chalmers

[661] cf. Fuchs 2010, p.239.
[662] cf. Sonntag 2016 2020.
[663] Campbell 2019; Grøn 2022; Dyring and Grøn 2022; Sonntag 2016; Hydén 2014, 2017, 2018; Kontos 2004; 2005, 2014; Nebowsky 2023; Keller 2020; Keller 2022; Örulv 2014; Snyder 2009; and Reichertz et al. 2020.
[664] Geiger 2011, p.10f., my translation.
[665] see for instance, Sterelny 2010; Sutton 2024; Heersmink 2021; Krueger and Colombetti 2018.

(1998) argue in their extended mind thesis, tools such as notebooks, smartphones, or linguistic systems can function as integral components of the cognitive process, not merely as external aids. Scaffolding also has developmental and phenomenological significance. Drawing on Vygotskian principles, contemporary enactivist theorists as for instance, Gallagher and Hutto (2008), emphasize that cognitive capacities emerge through socially mediated, affectively charged interactions with the world. These interactions are scaffolded by practices, institutions, and cultural norms that shape not only what can be known but how knowledge is experienced. Thus, scaffolding is not merely instrumental; it plays a constitutive role in the formation of subjectivity, agency, and - as I argue in this chapter – of *interpersonal engagement*.

Research on dementia care predominantly builds on Kitwood's concept of personhood, which emphasizes person-centred care and holds that as subjectivity declines, intersubjectivity must compensate in order to sustain personhood.[666] This idea highlights the relational nature of care, where caregivers play a crucial role in preserving vitality based on biographical work. From a phenomenological and ethnographic research perspective, examining embodied interaction within couples provides critical insights into the lived experience of dementia, underscoring the fundamental role of relational and corporeal dynamics in sustaining identity, autonomy, and participation. In fact, it is the 'existential dyad' in couple interactions within a triadic research setting that helps to highlight the social construction of personal identity.[667] A dementia identity remains relational, formed and negotiated within interactions including non-verbal cues revealing relational dynamics . These signs, particularly in the presence of a researcher, illuminate interactional patterns and potential 'deficit orientations' in caregiving.[668]

When a family member or spouse gradually loses the ability to tell stories and to recall shared events due to dementia, this is often deeply distressing for those around them–particularly in families where storytelling is central to a sense of belonging. The inability to recount and cherish a common history threatens not only the experience of togetherness but also the individual and shared identities shaped through those stories. In response, many spouses and relatives attempt to counteract the communicative difficulties of dementia by adopting compensatory roles, taking over narrative and interactional functions that the person with dementia can no longer perform. In doing so, they assume part of the responsibility for sustaining the family's narrative life. In this way, *collaborative storytelling* becomes a crucial

[666] Kitwood 1997. This concept has been elaborated in recent years towards embodiment (see for instance Kontos 2004, 2014 or Campbell 2019) and continues to be evolved also from a moral and ethical perspective (see for instance Dyring 2022). Others, such as Campbell (2019) and Sonntag (2013) focus on interpersonal care atmospheres in care homes, Hydén (2014, 2017, 2018) analyses joint storytelling as collaborative agency, Kontos (2014) and Kontos et al. (2020) focus on dancing activities and Grøn and Mattingly (2022) propose aspects of imagistic care. They all emphasise forms of intercorporeality as sense-making processes and forms of bodily responsivities or resonances.
[667] Nebowsky 2023.
[668] Keysers and Nebowsky 2020.

means of preserving both relational bonds and a shared sense of identity.[669] For Hydén (2017) collaborative storytelling is a kind of scaffold or 'collaborative compensation'.[670] Dyadic and triadic collaborative scaffolds are essential in dementia care, as they address the evolving relationships between individuals, their bodies, and others. The progressive loss of storytelling and memory recall abilities in a spouse or family member with dementia can be profoundly distressing, particularly in families where storytelling holds significant cultural or emotional value. The inability to reconstruct shared narratives poses a potential threat to both individual and collective identities, as well as to the perceived continuity of familial bonds. In response, family members often engage in collaborative compensatory adaptation, assuming interactional and narrative responsibilities previously managed by the individual with dementia. This process underscores the role of collaborative storytelling as a vital mechanism for sustaining relational continuity and preserving a shared sense of identity.[671] For instance, Hydén (2018) proposes a model of *collaborative storytelling* in dementia, drawing on Bruner's concept of joint activity. Central to this model is *scaffolding*, whereby conversational partners support persons with dementia in maintaining participation and constructing shared meaning. Hydén identifies three levels of scaffolding:

(1) *Activity framing*: setting the environment, choosing topics, wording, and perspectives that maximize opportunities for contribution.
(2) *Action support*: guiding contributions to facilitate the co-construction of meaning.
(3) *Repair activity*: helping to manage breakdowns in interaction, enabling acceptance and continuation of dialogue.[672]

At the *activity level*, scaffolding often involves proactive measures: framing or reframing the activity, anticipating potential problems, reducing distractions, adjusting the pace of interaction, and structuring turn-taking.[673] Emotional support is equally crucial, as it reassures participants and sustains their engagement.

Research confirms that persons with dementia often introduce problematic or tangential topics and struggle to maintain conversational coherence. A common scaffolding strategy is the use of repetitive questions, which help maintain topical focus and conversational flow. Hydén illustrates this through the example of spouses Oswald and Linda, who co-construct stories about their shared past. Here, storytelling is framed as a *joint activity* in which cognitive and linguistic challenges are navigated collaboratively. Their interaction demonstrates that

[669] Hydén 2017, pp.115-142.
[670] ibid., p.132.
[671] cf. Hydén 2014, 2017, 2018; Snyder 2009; Keller 2022; Steffens 2023; Geiger 2011.
[672] Hydén 2017, p.135.
[673] ibid.

scaffolding is not merely technical support but deeply rooted in relational dynamics–care, attachment, and the wish to sustain *couple-hood.*[674]

These two kinds of obligations make the narrative scaffolding a *deeply moral* activity; scaffolding displays the couple's mutual obligations, rooted in a long-standing relationship. This attachment also supports who they are, their identities, and being able to make conversation together; remembering together through storytelling is a way to sustain their couple-hood. For persons with dementia, engaging in joint activities like storytelling is fraught with challenges related to the fact that fewer linguistic and cognitive resources are available, as compared with before the disease. Of particular importance are challenges concerning finding words and names, constructing utterances and stories, as well as remembering events and stories–and the combined effect of these. Having fewer resources available makes it difficult to tell stories in conversations, to listen to others' storytelling, or to identify and grab a turn in a conversation in order to put in a word, and so on.[675] Thus a situation puts demand on a person to make a specific contribution in an ongoing conversation, for instance by telling about what happened last week. The 'memory' produced in this situation is constructed from various bits and pieces and is combined into a contribution that makes sense in the situation. This idea of how memory and memories work allows for an understanding of how persons with dementia can use various aspects of experience as well as of previous telling's in order to construct a memory, or in order to remember. It also reveals that memories of various types come into life in the telling, especially in interaction with other participants. Others can contribute contexts and interpretations that help to give a meaning to 'fragmented' memories, either by acknowledging these memories or by giving them a biographical context.

Interpersonal scaffolds as embodied memories

By engaging with Sterelny's (2010) multi-dimensional framework of environmental scaffolding, Rinne (2024) explores how interpersonal scaffolds and their characteristics effectively enhance, support, or facilitate shared emotional interactions.[676] Additionally, her model identifies the functional attributes of these resources, demonstrating their significant contribution to the development and execution of cognitive and emotional skills. Interpersonal scaffolds are composed of 'individual, familiar social interaction behaviours, shared references, and shared bodily-affective and habitual patterns,' which enable individuals to effectively share emotions. By analysing the functional relationship between interpersonal scaffolds and shared emotions, we gain deeper insight into the dynamic and context-dependent nature of emotional

[674] ibid.
[675] Hydén 2017, p.143.
[676] This framework emphasizes the role of various environmental resources, particularly social and interpersonal factors, in scaffolding human cognitive agency.

co-regulation, particularly in care settings. The plasticity of interpersonal scaffolds is striking as they vary in terms of *familiarity, predictability, robustness, individualization,* and *mutual adaptation*. These characteristics influence the extent to which emotional sharing is facilitated, with different scaffolds serving distinct functions depending on the situational context. Note, for instance, how in some cases, robustness is a key factor for emotional sharing, while in others, it may be hindering, if novelty or curiosity is more affording than familiarity: novelty and unpredictability may also boost and intensify emotional sharing experiences, since these expand on the experienced pleasurefulness of such shared experiences, precisely because they are *unexpected*. So, there are different degrees of robustness scaffolding emotional sharing, and whether it functions as a factor of efficiency or hindrance may depend on other factors, such as the partners' attitudes, beliefs, values, and intentions toward one another. Consequently, varying forms of social interaction scaffolding are required to optimize emotional sharing across different scenarios.

The concepts of scaffolding and affordances are deeply interrelated, as both capture the ways in which human experience is shaped through relational and environmental structures. Affordances, following Gibson (1979), designate the action possibilities offered by the environment, while scaffolds, as emphasized in embodied and enactive approaches (e.g., Clark, 1997; Krueger and Maiese, 2018), describe the interpersonal and material supports that enable agents to take up and sustain these possibilities. In the context of dementia care, this interrelation becomes especially salient: musical, spatial, or sensory affordances provide openings for participation, but their accessibility often depends upon the scaffolding practices of caregivers and companions. Scaffolding thus functions as the mediating process through which affordances are rendered meaningful and actionable, stabilizing fragile forms of agency and supporting the ongoing negotiation of selfhood in the face of cognitive decline. For instance, musical affordances understood as "emotion-extending resource," as emphasized by Krueger (2019), convey how music affords moods, messages, and energy levels and thus provides access to social and emotional experiences unavailable in non-musical contexts refer to the possibilities for action, interaction, and experience that music makes available. Musical events can thus be understood as explorations of sonic, emotional, and social affordances.[677] In dementia care, these affordances become particularly relevant. Musical activities can scaffold engagement for individuals with cognitive decline, helping maintain attention, evoke memories, and facilitate social connection. Repetitive rhythms and familiar tunes act as guiding structures, supporting joint activity and helping residents participate meaningfully, even when verbal

[677] cf. Curwen 2022 and Curwen et al. 2024.

communication is limited. Such scaffolding parallels concepts from collaborative storytelling, where partners structure and guide interaction to maintain coherence and mutual understanding.

Likewise, spatial affordances highlight how environments provide opportunities for action and engagement. Krueger (2024) introduces the concept of *spatial agency* as the ability to inhabit, navigate, and exploit the affordances of everyday spaces. Feeling "at home" in a space reflects an integration of its affordances into bodily experience, allowing spontaneous and fluid movement.[678] For instance, Hull (1997) described moving confidently through his home after losing his sight, experiencing the house as an extension of his body.[679] Spatial agency develops through both passive inheritance of pre-structured environments and active embodied engagement.[680]

In dementia care, attention to spatial affordances can serve as another form of scaffolding. By designing environments that minimize distractions, provide familiar cues, and offer accessible layouts, caregivers support residents' orientation, participation, and confidence. Such spaces allow residents to exercise agency and sustain engagement, complementing social and musical scaffolds that guide interaction.

Both musical and spatial affordances exemplify how the environment can scaffold cognition, sociality, and affect in dementia care. As Krueger (2011) argues, social interaction itself constitutes an extension of cognition: negotiating shared *we-space* through gestures, expressions, and bodily attunement facilitates understanding and engagement. Similarly, music and designed environments provide external structures that support participation, helping residents maintain continuity of the self and enabling meaningful shared experiences despite cognitive decline. In the following chapter, I will examine an example that brings together the concepts of collaborative scaffolding and the creation of a *we-space* through gestures, expressions, and bodily attunement. I refer to this phenomenon as *synaesthetic responsivity*, though it may equally be understood in terms of therapeutic atmosphere and shared agency. This dynamic process of a synaesthetic-we, understood as an interbodily form of exchange and an arena for shared action, is famously exemplified in the interaction between Gladys Wilson, who is in an advanced stage of Alzheimer's disease, and Naomi Feil, the founder of validation therapy.

[678] cf. Jacobson 2019.
[679] cf. Krueger 2024.
[680] Krueger and Maiese, 2018; Maiese, 2018b.

8.2 Atmospheres as affective and synaesthetic spaces

In *Zur Phänomenologie der Stimmungen*, Thomas Fuchs affirms that we do not live in a geometric or physical space, but in an 'affective space' or 'mood space'.[681] The problem here is that we continue to judge this affective space as a diffuse and weakly contoured one. But is that how we experience it? The extent to which the phenomena of atmosphere and its synaesthetic character are intertwined becomes equally clear when we analyse the notion of affective space. From a phenomenological point of view, the basic structure of affective space is multipolar and inter-bodily, because in it atmospheres, moods and feelings become overarching forms of experience in which affective valences or characters of a respective situation or environment can be experienced in bodily resonance.[682] For example, an apartment can seem cozy or cool, a deserted room liberating or oppressive. Among the various affective characters, we can count (1) prompting and (2) expressive characters, (3) gestalt sequences, (4) synaesthetic or intermodal perceptions. To the latter we refer when we speak of a 'harsh climate', 'soft contours', 'warm welcome', 'bitter distress' or 'sweet melody', thus expressing not only two sensory modalities, but also a quality of feeling and value. Moreover, atmospheres can be understood as holistic, affective qualities of spatial environments and interpersonal situations, whose physiognomic, synaesthetic and dynamic characteristics are integrated into a unified form.[683] This is illustrated by the example of the exuberant atmosphere of a party or the oppressive mood of a funeral. Like all affective phenomena, atmospheres also become perceptible through physical resonance. In comparison to feelings, which often remain vaguely in the background, atmospheres are usually experienced more clearly, because we do not feel them as something carried with us, but rather encounter them as enveloping auras that radiate from the surrounding space. If these atmospheres contrast with our own mood, we can speak of atmospheric dissonance. This is the case, for example, when a person in a sad state of mind comes into a cheerful company and is unpleasantly affected by the exuberant atmosphere.[684] It is precisely this form of discrepancy experience and the associated question of the effect and agency of atmospheres that is only gradually beginning to receive attention both in theoretical constructs of atmospheric research and in the practical field of research and is particularly important in the therapeutic context of dementia.

How can the question of the approval or rejection of a particular atmosphere by the person(s) affected by dementia be appropriately and accurately assessed? The approaches of gerontologist Andreas Kruse show which factors should be considered as indicators of the well-being of the

[681] Fuchs 2013c, p.18.
[682] cf. Fuchs 2013a, c.
[683] cf. Fuchs 2013c.
[684] cf. Fuchs 2013c, p.86.

person with dementia.[685] Three questions are essential for caregivers when meeting and supporting people with dementia in an advanced stage of the disease: Firstly, what is the inner situation of a person with dementia at the end of their life? Secondly, what concept of the person should be used as a guide? Thirdly, how can a professionally appropriate and ethically sound response be given to this person's life situation at the end of their life? According to Kruse (2017), three complementary approaches to the experience of the person with dementia are required to answer these questions: Firstly, the approach consists of analysing the mimic (and gestural) expression of the individual. To do this, the accompanying person must 'read' and 'empathize' with the mimic script of the person with dementia in order to better understand and comprehend their emotional state in a specific situation. Secondly, access to the experiences of people with dementia requires attentive, empathetic support for the person with dementia that is characterized by inner and outer calm. Calm here means anything but apathy or indifference, but rather the ability to concentrate on oneself and the world and to experience the way in which one relates to the world in a differentiated way. In this way, the accompanying person can become an anchoring, supportive sounding board for the person with dementia and vice versa.[686] The third approach consists of creating situations that bear a biographical memory marker, i.e. that remind the person with dementia of personally significant events, encounters and processes in their biography. As will be explained further, the attempt to specifically create situations with memory symbols is based on the assumption that in an advanced stage of dementia, the self no longer exists as a coherent psychological structure, but only in the form of an island: the individual only has access to memories of individual biographical stages; however, these can trigger positive or negative emotions or increase or decrease well-being (cf. ibid.). If it is possible to identify situations with positively valued memories and to constitute these, it is often possible to witness emotional processes that provide information about the experience of the person with dementia.

One of the most important tasks of care and nursing is to maintain a suitable spatial environment, preferably one's own home.[687] Personal living spaces should therefore be created in care and nursing facilities that convey an atmosphere of security and familiarity. This is often only possible to a very limited extent and depends on many different influencing factors. For this reason, the question arises as to how therapy facilities can be designed atmospherically and synaesthetically in such a way that therapists and those being cared for can work in resonance towards the well-being of the person being cared for.

[685] Kruse 2017.
[686] Kruse 2021, p.252ff.
[687] Fuchs 2018, p.56. From an architectural point of view see Brand (2022) and Mazuch (2006) who have coined the term synaesthetic spaces.

For the present study, the concepts of *affective arrangements*[688] and *affective milieus*[689] therefore help to further define the way in which affects are triggered, modulated and specifically formatted in socio-material environments. They therefore provide clues to the affective-atmospheric aspects of my field research on the Snoezelen therapeutic approach, in which synaesthetic-atmospheric stimuli are used to offer well-being and self-awareness. Occupational therapist Britta Brettschneider describes Snoezelen as an effective means of encouraging people with dementia to engage in meaningful activities through sensory stimulation in referring to one of her patients:

> 'Mr. P. achieved a high level of interaction, of activity. His daughter was able to share moments of quality of life, play, joy and connection with her severely disabled father with dementia. She was spontaneous enough to join in the game. Mr. P. had found a way to express himself in the Snoezelen room, he experienced a sense of connection (to his daughter) and was able to resume his role as a loving father, a role that was meaningful to him'[690]

In the existential-phenomenological understanding of affective intentionality, feelings are considered modes of being or 'central forms of execution of personal existence'.[691] Based on Hermann Schmitz's concept of atmosphere, Slaby ideally defines feelings as *'situations in spaces of possibility*', whereby these are to be understood as a relational differentiation between a background affectivity structuring all references on the one hand (e.g. Heidegger's 'state of mind' or Ratcliffe's 'existential feelings') and the concretely directed emotions on the other.[692]

Affective intentionality can therefore only be considered in the context of its close interconnection with understanding, the capacity to act, language and non-verbal expression. By subjecting the characteristics of intentionality, the correlation between feeling and action, affective self-reference and bodily feeling, which are decisive in current theories of feeling, to a critical revision, Slaby's draft provides decisive points of reference that offer a finer orientation in the theoretical world of feeling, both one's own and that of others. His criticism therefore focuses on the lack of consideration and differentiation of the affective, which is evident in the fact that 'moods and background feelings, which are not as conspicuous and "stirring" as many of the situationally related emotions, but are nevertheless constantly present in the waking life of healthy individuals, are underestimated in their significance for the affective world reference'.[693] It is precisely the often inconspicuous existential background feelings, which fundamentally shape the evaluative relationship to the world, that are central to

[688] Slaby et al. 2017.
[689] Schuetze 2019.
[690] Brettschneider 2009, p.16.
[691] Slaby 2012, p.126.
[692] ibid.
[693] ibid., p.132., my transl.

the human relationship to the world as existential orientations, which is particularly evident in mental illnesses such as depression or schizophrenia, in which there is a pathological change in the affective background. Slaby considers the assumption that background feelings and moods, in contrast to episodic emotions, are undirected and non-intentional to be erroneous.

Although it is true that an existential background feeling cannot usually be related to a specific event, it can be described 'appropriately as an overall affective tendency towards selective experience, evaluation and motivation' and consequently also 'as a mode of worldview'.[694] In addition, there is a specific affective self-reference in the diffuse-embracing background feelings and this also constitutes 'a central aspect of affective intentionality'.[695]

Insecurity, fear, shame or pride, but also subtler affective attitudes are further dialogical phenomena of emotional resonances that influence specific areas of what is possible and impossible in the interaction between two people; and can sometimes steer encounters between people into fixed paths. With regard to corporeality, Slaby criticizes the fact that little reference is made to the physical nature of feeling in many current theories of feeling. Feelings are viewed more as mental states and not as complex bodily events. The body participates in affective events in a specific way in the form of a resonating resonance field, depending on the situation that triggers the emotion. The bodily character of affective intentionality can be understood as a generalization of the sense of touch: Bodily sensing does not refer solely to objects in the immediate vicinity of the body, but to situations, to the existential circumstances of the feeling person, to spaces of possibility.

This raises the question of how an experiential space can be created that connects these spaces of possibility with the existing spaces of reality and creates a pleasant atmosphere that promotes bodily and interpersonal well-being and takes into account the different intensities experienced and preferred by each individual. In other words, how can harmony be achieved in the interplay of affects, emotions and moods in spatially poured atmospheres? For this philosophical and interdisciplinary investigation, concepts such as affective arrangements or affective milieus can be used to help understand the way in which affects are triggered, modulated and specifically formatted in socio-material environments. Expanding the interdisciplinary perspective on situated affectivity, Slaby et al. (2017) understand affective arrangements as heterogeneous ensembles that form a local layout from different materials, functioning as a dynamic formation that includes people, things, artifacts, spaces, discourses, behaviours, and expressions in a characteristic mode of composition and a dynamic relationship. Schuetze (2019) extends this more local, delimited concept referring to unique

[694] ibid., my transl.
[695] ibid., my transl.

constellations of affective relations. While the concept of affective arrangements combines more analytical research on *situated affectivity* with affect studies grounded in cultural theory, the concept of affective milieus sheds light on the everyday, ubiquitous affective engagements of individuals with their socio-material environment and thus goes beyond the usual synchronic understanding of situatedness to an understanding of the social, dynamic, historical and cultural situatedness of individuals in relation to situated affectivity.[696]

From a phenomenological perspective, the Snoezelen approach combines Fuchs' concepts of affective space and body memory with those of affective arrangements and milieus, insofar as they understand feelings as situated in spaces of possibility. Finally, the Snoezelen concept will be further deepened and phenomenologically analysed in the sense of this dynamic-relational and synaesthetic design diversity of affective milieus.

8.3 Atmospheric Competences Practical Implications in Dementia Care

Atmospheric competence involves recognizing and utilizing the multi- and amodal nature of perception to foster positive therapeutic outcomes in terms of interbodily communication. On a theoretical level, a- or multimodal description of perception represents both a phenomenological and a pluralistic approach to the responsive and affective self in dementia. Typically, in dementias, due to progressive cognitive and social impairments, bodily response possibilities are significant for a therapeutic design and use of atmospheres. Synaesthetic and atmospheric engagement might foster well-being in people with dementia, as has been revealed by ethnographic research. What are the guiding principles for therapists and phenomenologists when designing and describing atmospheres? In order for the responsive self to be invited to respond by means of its atmospheric sensitivity, therapists need to have the appropriate atmospheric competence. What does this consist of?

For Sonntag, *atmospheric competence* within the therapeutic framework is characterized by a restrained and simultaneously supportive attitude on the part of the therapist, which includes ‘respect for the limits of human influence with the accompanying acceptance of self-organizing processes’, ‘appreciation of the needs of the other person’ and ‘value neutrality with regard to unconventional behaviour’.[697] When it comes to shaping communication and relationships with people with advanced dementia, Sonntag follows an action-oriented approach that neither explains nor instructs, nor differentiates between non-verbal-artistic and verbal-reflective components. Instead, linguistic sequences in the sense of speech acts are viewed from a performative perspective. They therefore serve less for interpretation, but are rather part of the

[696] Caravà and Benenti 2024.
[697] Sonntag 2020, p.255, my transl.

overall improvised process. Therefore, the '*therapeutic-empathic attitude'* here is that all actions and interactions in the room and every silent appearance are understood as part of a collectively improvised expressive event and experienced in its atmospheric effect.[698]

In his practical experiences and theoretical reflections on therapeutic atmospheres and the atmospheric sensitivity of people with dementia, Sonntag (2020) emphasizes the existential character of atmospheres, which are experienced in polarities such as harbouring-threatening, pleasant-unpleasant, warm-cold or friendly-hostile, with reference to Böhme and Schmitz's concept of atmosphere.[699] A music therapist himself for many years, Sonntag understands dementia as a form of ageing that makes those affected increasingly sensitive to atmospheres as their cognitive abilities decline while at the same time retaining a sense of the sensually touching. Accordingly, people with dementia become particularly vulnerable in terms of moods and feelings, i.e. they are susceptible to both malignant (harmful) and benign (beneficial) atmospheres. Sonntag believes that this 'heightened sensitivity to atmospheres' in people with dementia is due, among other things, to their dwindling abilities and opportunities to shape their environment.[700] He affirms that

> 'people with dementia are no longer fully able to design their living space in such a way that it meets their needs. This also affects sensory areas such as temperature, visual and auditory design. For example, they do not know how to add pleasant atmospheric elements such as suitable music to a perceived unpleasant environment (or turn off unsuitable music).'[701]

With regard to their therapeutic potential, he distinguishes between malignant and benign atmospheres and understands therapeutic offers as a skilful and reflected 'invitation' of benign atmospheres.[702] This suggests that the fundamental pathological dimension of atmospheres is always accompanied by an active formative element, raising both ethical and aesthetic considerations. If the atmospheric dimension is neglected, it unfolds unchecked. Under favourable conditions, this may give rise to pleasant and supportive atmospheres; under unfavourable conditions, ignoring the pre-reflective, embodied aspect of experience can produce harmful, unhealthy, or even inhumane effects. Drawing on his music therapy practice, Sonntag demonstrates how atmospheres can be intentionally and creatively co-shaped through

[698] ibid. 2016, p.128, my transl.
[699] cf. Sonntag 2020, p.350.
[700] Note that I do not fully concur with his assumption; instead, we propose that it is less a matter of heightened sensitivity per se than of an increased salience of atmospheres within interbodily communication, also see Winniewski and Dzwiza-Ohlsen 2024, p.183.
[701] ibid.
[702] The concept of benign and malign atmospheres is derived from Kitwood's model of benign and malign social psychology which has been criticised for solely focussing on person-centred care. For a more elaborated and alternative account see the complementary approaches I deal with in chapter 9 and chapter 10 - 13.

music and wordplay, fostering interpersonal resonance that manifests as both inter-bodily attunement and synaesthetic forms of design.

> ‘Mr. Meinhart is not approachable. When I greet him in the group, he doesn't respond with a word, seems withdrawn and rigid. I greet the others present and begin the music therapy work. I play music and sing songs, picking up on the moods in the room and responding to them. At some point during the group lesson, I notice Mr. Meinhart sitting up in his chair and looking towards me. As if out of the blue, he suddenly shouts the word 'Sonnenstraße'. I turn to him and try to find out the meaning of the word by asking questions such as ‘Isn't it sunny today?’, ‘Do you know my name is Sonntag?’ and ‘Do you live there?’ - to no avail. But he calls out the word ‘Sonnenstraße’ a few more times and seems happy and radiant. Repeating it, I pick up the tone and affect and look at him. Mr. Meinhart seems so enthusiastic that, infecting other residents with our joy, we celebrate this single word in various ways like a party.’[703]

This example demonstrates how a single word, taken up as an affective-sensory figure and playfully modified, can generate an experiential space that produces meaning on an aesthetic level, without framing what has been lost as a deficit. It also highlights how much our well-being depends on bodily resonances, which are triggered by atmospheric situations and can be reawakened through cultivated atmospheric competence. Drawing on Waldenfels’ responsive phenomenology and Lévinas’ ethics of the Other, the capacity of a pathic being to respond–to be unable *not* to respond–emerges as crucial. The self, understood broadly, arises through its responses to the demands of the Other; in this process, self and other co-emerge. This inter-bodily co-constitution becomes particularly salient in therapeutic dialogue and interactive settings.[704]

Nevertheless, the critical side of such a sensitive ability, which exposes those affected to increased vulnerability, must not go unmentioned here, also against the background of the manipulative and authoritarian nature of atmospheres.[705] For Sonntag (2020), the therapist's attitude must therefore be characterized by restraint and a cautious approach, as the therapist and patient must attune themselves to each other physically. In the category of the atmospheric, Sonntag therefore sees ‘a deep, original level of human experience addressed’, which ‘thematizes the bodily sensing presence on this side of rational transformations’.[706] The reserved and cautious attitude is therefore a fundamental aspect of the atmospheric competence required in therapeutic contexts. Another therapy concept is *Soteria*, a treatment approach for schizophrenia that, similar to Snoezelen, focuses more on atmospherics. Here, too, therapists should have appropriate atmospheric skills, which Albrecht (2021) summarizes as ‘authentic,

[703] Sonntag 2020, p.251f.
[704] cf. Stanghellini et al. 2019; Käll 2017a, b; Fuchs 2018.
[705] cf. Griffero 2020a, 2019: Along the Schmitzian Neo-Phenomenological line of thought Griffero’s atmospherology argues against the idea of someone who can create atmospheres. For a more detailed analysis of Griffero’s concept of a pathic aesthetics and atmosphereology, see chapter 8.3.
[706] Sonntag 2016, p.106, my transl.

empathic, respectful, clear, communicative, proactive, practical, finding the right balance between closeness and distance, autonomous, reacting with the necessary composure and free of ideological convictions'.[707]

Although atmospheres are categorically intangible, pre-reflective spatial sensations, they are by no means meaningless or empty. After all, people do not move through a qualityless space, through a kind of nowhere. On the contrary, atmospheres describe a tangible somewhere. Atmospheres thus function both as mediators and as a medium for experiencing the self and the world. Their ontologically uncertain status and their pre-reflective character mean that, despite all emotional certainty, purely definitional access to the atmospheric remains blocked. The more precisely one attempts to grasp the meaning of the atmospheric intellectually, the more it eludes theoretical reflection. Sonntag describes this intensifying paradox as follows: 'Definitions that are essentially characterized by closure, definiteness, clarity and determination contradict the experience of atmospheres.'[708]

Notwithstanding, it is precisely the phenomenological approximations and experiential categorizations that describe the experience of atmospheres in a (pre)reflexive way and give expression to the supposedly indescribable and unspeakable. In his responsive phenomenology, Waldenfels has repeatedly pointed out the contradictory circumstance that objective observation can only be grasped in withdrawal, not least with the call to strengthen or restore responsiveness in the case of illness.[709] For Waldenfels, the fundamental question that also underlies this text is no longer: to what meaning is our behaviour directed? What rules does this orientation follow? Rather: how are we physically affected and what do we respond to when we behave and express ourselves in a certain way towards the world and our fellow human beings? Prominent examples have shown how it is possible to maintain or develop resilient and responsive ways of being beyond verbal expression and exchange through physically resonant forms of communication, particularly in advanced dementia.[710] Nevertheless, due to the often almost complete breakdown of symbolic communication in the late phase of AD, it remains a great challenge to adequately research questions of well-being, self-perception and bodily sensing methodically and empirically. However, it is by no means hopeless, as shown by sociointeractionist and bodily gerontological approaches in empirical research.[711] Hermeneutic approaches in particular critically point to different ways of interpreting such encounters in a therapeutic context.[712] The problematic assumption of 'loss of social order and meaning' in the

[707] ibid., p.204.
[708] Sonntag 2013, p.107, my transl.
[709] cf. Waldenfels 2019, p.300; also Waldenfels 2015.
[710] Kontos 2005; Käll 2017a, b; Sonntag 2016.
[711] cf. Kruse 2021, p.252ff
[712] cf. Reichertz et al. 2020, p.236.

case of a lack of verbal expression can lead to a premature attribution of meaninglessness and the behaviour of a person with dementia could be interpreted as meaningless or senseless, arbitrary or similar, while the behaviour of the other person is perceived as condescending and dehumanizing.[713]

In contrast, however, the observation of bodily expressive phenomena such as gestures, sounds and rhythmic movements can produce meaningful patterns of action and their social significance. Methodologically, for both the researcher and the therapist, this means starting from the premise that the participants to be observed in situations produce their meaningfulness through physical activities and shared habits, thereby co-constituting a temporary, situational order in joint action.[714] In this way, the vulnerable and resilient experienced and lived body with its bodily impulses can be understood as a relational and responsive self with resources of expressiveness, participation and responsiveness despite a certain incommunicability. Following these observations, the question arises as to how atmospheric competence and atmospheric sensitivity can be explored phenomenologically and empirically? To what extent can atmospheres be operationalized in view of their complex structure?

Bizzari and Iubei (2022) argue that the atmospheric stage characterizing the prodromes of psychosis which can also appear in the early phases of other psychopathologies, remains a phenomenologically underexplored dimension, particularly in relation to early therapeutic intervention.[715] Although the science of atmospheres is still in the process of being systematized, given the inherent vagueness of its central concept, it nevertheless encompasses every aspect of reality: our bodies, our network of social interactions, and our environment. In this sense, atmospheres constitute the living soul of the lifeworld; without them, social communities might not inhabit a livable world. Accordingly, the study of atmospheres has the potential to extend across disciplines, but is especially pertinent to psychiatry. Bizzari and Iubei (2022) further emphasize that for clinicians to be adequately trained in phenomenological and existential concepts - such as familiarity, trust, the lived body, and atmosphere - they must also understand *epoché*, as suspending one's habitual modes of thinking is a prerequisite for giving space and voice to the patient's lived experience of painful suspension. Investigating and appropriately understanding the early stages of psychosis is therefore a challenging task, demanding human effort, intuition, pathic sensitivity, and clinical skill. Given that individuals in mental distress, whose cognition, perception, and ego structures are compromised, are particularly susceptible to atmospheric effects, it is unsurprising that a strong link between

[713] cf. Snyder 2009, p.17)
[714] cf. Reichertz et al. 2020, p.236.
[715] Bizzari, V., and V. Iubei. 2022. Feeling bodies: Atmospheric intercorporeality and its disruptions in the case of schizophrenia', *Atmospheres and shared emotions*, ed. D. Trigg. New York: Routledge, 96 – 110.

atmospheres and psychotherapy emerges. For the same reason, attention to atmospheres, both theoretically and practically, may be a crucial component of society's approach to supporting its psychologically vulnerable members.[716]

This perspective on atmospheres in early psychosis can be meaningfully extended to dementia care, where the affective qualities of environments and social interactions similarly shape the lived experience of residents. Just as individuals in psychosis are highly sensitive to atmospheric effects, people with dementia respond to the moods, gestures, and embodied presence of those around them, as well as to the sensory and spatial qualities of their surroundings. Paying attention to atmospheres through multisensory design, affective resonance, and participatory engagement can therefore support the pre-reflective self, foster well-being, and enhance social connectedness. In both contexts, attending to the subtle, pervasive qualities of experience highlights the role of relational, bodily, and environmental factors in shaping subjectivity and offers practical insights for therapeutic and care interventions.

To conclude, the aforementioned aspects of fragmentary habitualisations and islands of the self as bodily response possibilities are significant for the therapeutic design of atmospheres and are all the more important the more dementia is understood as a loss of memory, of orientation and as the disappearance of the person. In the following, I would therefore like to show why the consideration of perception in its social and a- or multimodal nature represents both a phenomenological and a pluralistic approach to the responsive and affective self in dementia in order to design therapeutic offers and encounters accordingly and make them tangible.

8.4 Shared Agency: Synaesthetic Responsivity and Therapeutic Atmospheres

> 'When she moved I moved with her. I matched the intensity of my voice to the intensity of her movement. And pretty soon, for a split second, we became one person.'[717]

Naomi Feil, the founder of *validation therapy,* is well-known for her video with Gladys Wilson, who is in a later stage of dementia. Their interaction has been emphasized in view of *primarily intercorporeality* (Käll 2017a; Zeiler 2014) and on the basis of *embodied vulnerability*

[716] Francesetti, G. and T. Griffero 2019. *Psychopathology and atmospheres*. Newcastle: Cambridge Scholars Publishing
[717] Feil 2008: URL: https://www.youtube.com/watch?v=CrZXz10FcVM, retrieved at 20.04.2023.

(Petherbridge 2019).[718] This particular case of validation shows how - despite an initial appearance of unresponsiveness - interbodily resonance is achieved through multisensory engagement, i.e. by means of gentle touch, a soft voice, a gradually summoning of rhythmic clapping and singing together. These bodily alignments and attunements entangle present and past experiences, i.e. embodied habits. These, even if rather fragmented habitualisations, do contribute to creating new situational meanings to which openness and spontaneity are important. In confirming these observations, Kontos argues that 'as dispositions are embodied and materialised in practice, so is selfhood embodied and manifests in socio-culturally specific ways of being-in-the-world'[719] Departing from this knowledge and based on empirical findings, Kontos and Naglie (2009) frame a tacit knowledge of caring and selfhood as including acts of improvisation and spontaneous creativity which need to be adopted to the respective culturally embodied sedimentations of the persons who we care for. Hence, they conclude that

> 'the socio-cultural aspects of corporeality endow selfhood with the capacity for *improvisation* and *spontaneity*, […], embodied selfhood […] permits 'an *element of inventiveness* and *creativity*, albeit within the limits of its structures, which are the embodied sedimentations of the social structures which produced it'.[720]

Mutual attunement and alignment are achieved through habitual, creative, expressive, and affective bodily movements, that is, through a form of synaesthetic awareness and kinaesthetic empathy characteristic of primary intercorporeality.[721] According to Käll (2017a), this type of social encounter relies on a constitutive openness and accessibility to the other, prefigured in the experience of the "double sensation," in which the subject experiences a doubled perception, for example, when touching one hand with the other.[722] The self emerges and is constituted through interactive engagement with the bodily presence of others. This suggests that it is possible to communicate with a person with advanced dementia, even if they cannot speak or initially appear unresponsive, through multisensory cues such as music, touch, or rhythm, for instance, by beating the rhythm of a song. These findings indicate that people with advanced dementia do not lose the capacity for communication or face a complete dissolution of self and identity. Rather, identity and personhood may be more accurately understood as intercorporeal

[718] cf. Feil 1993. Validation therapy focuses on helping the person work through the emotions behind challenging behaviours by echoing emotions, rephrasing feelings, and using senses. Erdmann and Schnepp (2016) found that agitation levels of residents were decreased with integrated validation therapy and that caregivers felt positive about its use with the residents.
[719] Kontos 2004, p.842.
[720] Kontos and Naglie 2009, p.14, my emphasis.
[721] Cf. Sheets-Johnstone, 2012, Reason and Reynolds, 2012, Bracco et al. 2023.
[722] Käll 2017a, p.359-385. In following the canonical discussion of the body in *Ideas II* (Husserl, 1989), Merleau-Ponty emphasizes the inevitability of the felt body in all perceiving. The "double sensation" or "touching-touched", especially in his late *The Visible and Invisible*, it becomes the very essence of flesh and our "entwinement" in the world (cf. Moran 2010).

achievements, which persist across the life course but manifest differently in older age or illness.[723]

Because individuals with dementia often lose the capacity to shape their living spaces according to their needs, for example by regulating temperature, controlling visual or auditory design, or selecting pleasant ambient music, they are more vulnerable to experiencing the environment as disempowering or distressing.[724] A vignette example by Sonntag (2016) while working as music therapist in a care home illustrates what could be framed under synaesthetic responsivity. Sonntag (2016) made a report from an encounter with an agitated man who was pacing down the aisle. In deciding how to calm his agitation and support a more relaxed and grounded sense of well-being, Sonntag chose what he describes as 'accompanying participation'.[725] Rather than speaking to the man, Sonntag chose to match his pace, moving together with him down the aisle. The effect was striking: by bodily resonating with the man and attuning to his rhythm; thus indirectly mirroring the expressivity of his agitated mood, Sonntag enabled the man to gradually slow down, reaching a more relaxed and grounded state within the situation.[726] This is another example of how mutual bodily attunement can foster a more relaxed therapeutic atmosphere and enhance well-being through emotion regulation. In other words, by aligning with the client's kinaesthetic and synaesthetic, affect-laden self, the therapist - through bodily empathy and resonance - facilitated a smooth adaptation to a more pleasant pace and situation. This process not only supported the client's emotional state but also constituted a form of synaesthetic responsivity, creating a shared experience - a *synaesthetic-we.* As one way of supportive interacting, initial contact is established through gentle touch–a social sensation mediated by recently identified C-tactile nerve cells.[727] In challenging Kurt Goldstein's strict distinction between touching and pointing, Dzwiza-Ohlsen (2022) has suggested that this gentle touch can be understood as both an expression of attentiveness and a form of social pointing toward a potential shared experience, a "we". Thus, a triadic relationship (Gladys–Naomi–We) emerges through touch as a form of social pointing and as a form of bodily attunement and responsivity.[728] In this social interaction and sharing, a rhythmic, question-answer dynamic unfolds in the form of an inter-bodily dialogue, fostering responsivity and opening a space of possibility within which the therapist can engage through additional verbal and non-verbal expressions. This interaction ultimately evolves into a shared musical

[723] Fuchs 2021; 2018a; 2016b.
[724] Collier, L., and Jakob, A. (2017) 'The multisensory environment (MSE) in dementia care: Examining its role and quality from a user perspective'. *Health Environments Research & Design Journal*, 10(5), 39-51.
[725] Sonntag 2016, pp.230-232.
[726] ibid.
[727] cf. Liljencrantz and Olaussen 2014.
[728] Waldenfels 2022; Winniewski and Dzwiza-Ohlsen 2022.

experience, as Wilson's rhythmic tapping and Feil's singing synchronize, culminating in a duet of *He's Got the Whole World in His Hands.*[729]

This inspiring moment of synaesthetic responsivity was a guiding example for to my fieldwork analysis. To give further examples of shared we-experiences in synaesthetic spaces I will now turn to my ethnographic field research.

9. Ethnographic Fieldwork in Synaesthetic Spaces and Dementia Care

In recent years, dementia care has increasingly turned toward multisensory, participatory, and socially embedded approaches. These initiatives aim not only to compensate for cognitive decline but also to cultivate embodied memory, affective resonance, and social connection. One well-established method is Snoezelen, or multisensory stimulation (MSS), which provide carefully designed environments of lights, sounds, scents, and tactile experiences. Originating in the Netherlands in the 1970s for people with bodily and cognitive impairments, Snoezelen has since been widely adopted in dementia care facilities to reduce agitation, encourage relaxation, and stimulate preserved sensory capacities. By creating an atmosphere of calmness and carefully chosen stimuli, Snoezelen enables residents to experience sensory joy and to interact in non-verbal yet meaningful ways.[730] Complementing such environmental therapies are cognitive training programs like NEUROvitalis, which offers structured exercises targeting memory, concentration, spatial thinking, and language skills. Adapted to the needs of dementia patients, NEUROvitalis seeks to strengthen remaining cognitive resources and foster social engagement in group settings, while also supporting caregivers with practical tools for everyday interaction.[731]

Multiple Multisensory Engagements

Nolan et al. (2004) suggest to think of the care setting as a 'milieu' of 'multiple care environments'.[732] By attending to the sensory properties of care home environments, as well as recognising the broader network of spaces that make up the care setting, artists may support a culture of care that goes beyond the performance of primary care tasks towards to one which values creativity and reciprocity.[733] This focus on the relational aspects of care opens up an exciting range of possibilities for theatre artists working in care settings, highlighting how creative practice can engage with the care home as a dynamic environment composed of multiple, distinct spaces. Such engagement might involve public and outdoor areas, like gardens

[729] The we-experience described in this example should be understood as minimally shared agency, see chapter 8.4.
[730] Baker et al. 2003; Chung and Lai 2002.
[731] Folkerts et al. 2021; Kaesberg et al. 2009.
[732] Nolan et al. 2004, p.47.
[733] cf. Hatton 2014, Mazuch 2014.

and community spaces, or the various rooms and corridors within the home itself. Residents often choose to sit, socialize, or move through waiting areas, corridors, and bedrooms, suggesting that these everyday spaces hold creative potential and merit careful exploration.[734]

A Phenomenological Framework

The significant influence of phenomenology on nursing and qualitative health research has been highlighted by Zahavi and Martiny (2019), Fernández (2020a; 2024), Klinke and Fernández (2023), and Køster and Fernández (2023). It is therefore unsurprising that phenomenology–with its focus on human existence and the lived experiences of both subjects and meaningful objects–has been widely employed to deepen our understanding of patient experiences in healthcare.

Traditionally, this has meant adapting phenomenological methods to qualitative health research and clinical practice. In this dissertation, however, I propose an alternative approach to applied phenomenology, one that emphasizes concepts rather than methods. Throughout this study, the phenomenological concept of embodiment has provided the foundation for my theoretical framework. Here, it becomes essential for understanding a range of dementia patient experiences, particularly within the contexts of illness and care. My aim is twofold:

(1) To provide a philosophical foundation for understanding embodied experiences in healthcare settings, specifically in care homes.
(2) To propose a general model for applying additional phenomenological concepts–such as body memory, synaesthetic responsivity, selfhood, and (inter-)affectivity–to healthcare research and clinical practice.

In doing so, I hope to offer a richer, conceptually grounded way of engaging with patient experiences in dementia care.

9.1 Methodological Remarks

Methodologies attuned to atmospheres have been developed in phenomenology, anthropology, and sociology.[735] Theoretical frameworks on embodied normativity, place, space, and atmosphere have informed my thinking, enabling an interpretation of the everyday embodied life of people living with dementia in care units and its connection to atmosphere. Finding a methodology that encompasses these theoretical underpinnings is crucial to understanding the social world and generating data to meet the research objectives.

[734] Hatton, N. (2014) Re-imagining the care home: a spatially responsive approach to arts practice with older people in residential care. Research in Drama Education, 19 (4). pp. 355-365.
[735] For pathic or phenomenological frameworks see Griffero 2020a, b, c or Rauh 2015, Trigg 2021. For ethnographic frameworks see Pink 2009, 2012; Sumartojo and Pink 2018 or Stewart 2015. For sociological approaches see Mason 2018a or Albrecht 2017, 2020.

Finding a respective space and practice that unfolds the intersubjective and atmospheric encounter in multisensory environments was part of my research project and likewise challenging.[736] I encountered two kinds of challenges: First, to identify a care facility that would work either with multisensory rooms or Snoezelen. Second, during the Covid-19 pandemic I was not permitted access to do fieldwork within the care homes which led to delay in the conduct of my fieldwork but also guided my attention to a much underrepresented research topic, that is, the difficult experience of disrupted intercorporeality and disembodiment.[737] Eventually, I found two care homes: first the *RSA Lissone* in Italy, which I contacted during my research period at University Vita Salute San Raffaele in 2019. During or better after Covid-19, I contacted the *Johanniter-Stift* in Cologne, where I finally conducted my fieldwork for a period of 3 months.

As I have shown in the above chapters, synaesthetic responsivity can be found in various therapeutic forms offered to dementia sufferers. Among others, we find for instance aroma therapy, basal stimulation, which is used in the *Snoezelen*[738] concept to which I will turn now to further demonstrate an increase in well-being through synaesthetic bodily responsivities. In the following, I will lay out my ethnographic and phenomenologically informed fieldwork that comes close to what has been elsewhere framed as '*sensory geographies'*.[739] Sensory geographies encompass and explore the intricate ecological interplay of material, spatial, and temporal aspects of experiences, including atmospherics. I posit that this also involves sensory turning points, which could be moments of affect or atmospheric shifts represented in the collected data.

Such an approach acknowledges the inherent fluidity and context-dependence of engaged research, this approach emphasizes the situatedness and plurality of lived experience across diverse lifeworlds, while linking these to broader questions of power, possibility, and openness. It challenges conventional norms of narrativity and articulacy in phenomenological method, advocating instead for attentive, relational modes of listening and observing that honour the specificity of someone's lifeworld experience. Since engaged phenomenology foregrounds the relational constitution of experience and recognizes the transformative potential of research participation it provides a suitable framework and invites researchers to reflect critically on their relational role.

[736] I am deeply grateful for this inspiring collaboration and facilitation of my research and would like to express my gratitude towards Roberto Domenici (RSA Lissone) and Connie Höhn as well as Ina Groß (Johanniter-Stift Köln-Ehrenfeld).
[737] cf. Winniewski 2022.
[738] The word "snoezelen" stands for doezelen (to doze) and snuffelen (to sniff). It is conceived as a multisensory activity supported by a respectively trained therapist. It usually takes place in specially equipped rooms where the intensity of sensory stimulation can be adjusted in order to find a balance between relaxation and activity. (cf. Van Weert 2004)
[739] Pink 2012.

This form of learning demands a posture of circumspection and critical self-reflection, particularly with regard to one's position and role within one's own cultural context. It involves an active effort to understand without the legitimizing authority typically afforded to external observers–such as those bearing the official status of "scientific" researchers. Instead, it requires acknowledging the limits of one's knowledge and approaching the task without relying on pre-established theoretical frameworks through which to interpret others' lives. Such learning is inherently difficult: it calls for openness, including a readiness to confront deep critiques of the white/Anglo cultural worldview, along with attentiveness, humility, and sustained self-inquiry. Crucially, this is not a passive act of cultural immersion; rather, it is a rigorous process of listening, observing, and seeking to grasp the meaning of what is being expressed in the voices of others.

Both engaged and participatory research approaches challenge the conventional hierarchies of academic inquiry by interrogating how research agendas and methods are shaped by researchers' priorities and the power dynamics they reflect. These approaches emphasize that initiating dialogue with participants often entails pre-structuring interactions–setting terms of address and normative expectations–which risks reproducing interpellative dynamics. Yet, they also underscore the ethical imperative for researchers to remain committed to generating and acting upon situated, transformative knowledge. Central to these frameworks is the demand that researchers learn to listen differently, rather than expecting participants to conform to dominant modes of expression. Without such reflexive engagement, efforts to theorize others' experiences risk significant distortion–particularly where power asymmetries are pronounced.[740]

Informed consent and Ethical considerations

My fieldwork methodology consisted primarily of participant observations, which I documented through fieldnotes, photographs, and audio recordings. Prior to data collection, approval and informed consent were obtained from both participants and care staff. Written consent was secured via the directors of the respective institutions–Roberto Domenici at RSA Lissone and Ina Groß at *Johanniterstift-Köln-Ehrenfeld*–and additionally through an Informed Consent Form (ICF) (see Appendix D). Participants were required to confirm that they had read and understood the information provided, including that they would be observed, recorded, and photographed, before taking part in the Snoezelen sessions.

For ethical reasons and in order to maintain authenticity, I deliberately refrained from video recording. The presence of a camera risked altering the dynamics of interaction by introducing

[740] Stanier 2022, p.233f.

heightened self-awareness or discomfort, thereby influencing the very processes under investigation. Instead, I sought to minimize interference by adopting a position of discreet observation, presenting myself as a guest rather than an active participant. While I responded when directly addressed, I did not initiate engagement; my role was best described as one of passive–active presence. In addition, I considered observational fieldwork to be the most appropriate analytic approach, as the use of video would not only have risked modifying participants' behaviour during the sessions but also would have reshaped my subsequent interpretive framework in ways I sought to avoid.[741] Most of the participants who we invited to participate had care level 4 – specifically they showed co-morbidity with progressed cognitive impairments.

Researching atmospheres ethnographically

For the empirical investigation of the atmospheric-synaesthetic experience of the self in the therapeutic context of dementia, the biographical and habitual role of atmospheres on the one hand, and the momentary state of mind, which can expand into a basic mood that transcends interaction, on the other, appear to be important for precise research into the bodily-affective self in dementia, taking into account body memory (Fuchs 2000; 2018). Following the desideratum of a methodological decentration of one's own subjectivity within the framework of a phenomenological approach and the sensitive 'observational reactivity of the corporeal', Sonntag (2016) has shown with empirical case vignettes and the model of therapeutic atmospheres that communal processes in musical atmospheres are meaningful even in advanced stages of dementia.[742] Both these specific atmospheres and the Snoezelen principle (Dittmar 2004) function as multisensory therapy offers (Nocon 2008), which enable a re-evaluation of social situations in care through their body-phenomenological and affect-theoretical perspectives and also require this with regard to the affective and pre-reflective bodily self.

Methodologically, social research usually focuses attention on specific phenomena, while atmospheric research requires a 'scanner view of the 'heterogeneous continuum' of impulses'[743] in view of a seemingly unspecific mixture typical of threshold phenomena. In order to prepare my own phenomenological-ethnographic field research, it must be clarified which methodological steps must be taken into account in order to structurally map the implicit knowledge about atmospheres as well as their experience-ability and experiential qualities. In order to be able to identify a structure in this heterogeneous continuum of the atmosphere,

[741] While Campbell 2019 followed a similar approach observing the overall interactions and atmospheres in care homes, Nebowsky 2023 and Reichertz et al. 2020 analysed videos and the micro-sequences of shared activities in couples such as shaving.
[742] Pfaller and Wiesse 2018, p.15.
[743] Albrecht 2017, p.152, my transl.

Albrecht proposes the following seven categories (impulse types) in his atmosphere model, which can be examined for their relevance to the atmosphere by a specific observer in a specific situation:

(1) *Performance*, which manifests itself in the forms of expression of actors, what is said, what is implied, gestures, behaviour and social practices.
(2) *Emotion*, which includes the third;
(3) *Feelings*, one's own or others' *widespread moods or directed affects*.
(4) *Synaesthesia*, which manifests itself as the interplay of sensory perceptions, sounds, smells, impressions of light and bodily impulses.
(5) The *space of place*, which marks the position and significance of things, objects and people.
(6) The *directional space*, which refers to spaces and spatial orders in which we orient ourselves.
(7) The *wider spac*e, all the natural conditions that diffusely surround us.

Albrecht's model of atmospheres is based on the assumption that atmospheres are '*synthetic, emergent, diffuse and fluid'.*[744] However, the methodological approach to atmospheres is also challenging because it is fed by forms of knowledge that are difficult to break down using the concept of meaning, because their pathic character of experience conveys a great proximity to emotions and habits that stem from an implicit knowledge that is difficult to make explicit.[745]

Having so far mainly dealt with the performance of atmospheres within the therapeutic atmospheres framework[746], I will now refer to further dimensions of atmospheres that are linked to the impulse types in Albrecht's atmosphere model. In order to deepen the theoretical dimension and to clarify important concepts for my own field research in the Snoezelen room, the phenomenological concepts of *affective space*[747], *affective arrangements*[748] and *affective milieus*[749] are related to the aspects of atmosphere research previously addressed in Albrecht's operationalizable atmosphere model. In the practical field, these concepts have already been extensively investigated by Sonntag (2016) and Campbell (2019) in the significance and effectiveness of therapeutic atmospheres in dementia. In the next chapter, I will further examine relevant key concepts of this research project which comprise perception, place, space, time and atmosphere. In addition, they help to combine the idea of supportive affordances (*scaffolds*) and supporting perceptual agency when cognitive impairments are present. These concepts are central to the question how we perceive of ourselves while being in the world with others and being surrounded by a myriad of multisensory objects. In the next section, I will introduce a

[744] Albrecht 2017, p.149f.
[745] cf. Albrecht 2020; Bulka 2015; Campbell 2019; Griffero 2019, 2020 a, b, c; Rauh 2015, or Trigg 2021.
[746] cf. Sonntag 2016, 2020.
[747] Fuchs 2013c.
[748] Slaby et al. 2017.
[749] Schuetze 2019.

similar yet more nuanced approach of how to approach atmospheres when analysing them phenomenologically.

9.2 Core Concepts: Atmosphere as a link between space, place, and affectivity

Besides its climatological meaning, atmosphere indicates the pervading tone, mood, or ambience of a place, situation, or work of art. This transfer of meaning from the physical to the affective is not surprising because the enveloping air and weather shape mood and feelings as they impact the soma - the living, sentient, purposive body. Like the soma, atmosphere does not fit neatly into our common binaries of object and subject, physical and mental. Atmospheres are an in-between that challenge those rigid dualisms, as does *somaesthetics*.[750] Atmospheres of the spiritual are particularly elusive to define or create, because of their nebulous, intangible nature. Yet we often recognize them and somatically feel them: in experiences of ritual and meditative practice (religious or secular), in constructed spaces or sublime natural scenes, in works of art, and in moments of profound interpersonal communication and communion with our environment. Experienced atmospheres of the spiritual are often powerfully healing to body and mind, while forging connections between individuals and groups. Given their importance, their elusiveness, and their variety of forms and contexts (from religion to nature and art), our conference will explore atmospheres of the spiritual to improve our understanding of what they are, how they function, how their effects might be measured, and how they might be designed and deployed to improve our lives and world.

Griffero's *atmospherology* challenges the introjectional metaphysical position that considers the soul, mind, psyche, or brain as an inner container to be rationally controlled.[751] Instead he opts for a radical de-psychologization of the emotional sphere: embodied "encounters" or "games" with atmosphere that sometimes is paraphrased as "something more" we can sense "in the air" as an affect supervenient on its environmental causes.[752] Griffero pertains to two different directions in interpreting atmospheres: one is a radically externalist position which can be found in Hermann Schmitz' neophenomenological system of philosophy, that is, all feelings are atmospheres, powers endowed with their specific spatial voluminosity and authority.[753] The second concept, following Gernot Böhme's understanding of atmospheres, assumes a relational position in which atmospheres form a holistic "between" the perceiver and the perceived (persons, things, or environment).[754]

[750] Griffero 2021.
[751] cf. Griffero 2021, 2020a, b, c, 2019.
[752] ibid. 2021.
[753] cf. Schmitz 1969, 2014.
[754] cf. Böhme 2001, 2002, 2006.

To analyse a specific atmosphere is a complex and multifarious task. With this underlying idea of atmospheres Griffero builds the basis for his programme of "pathic aesthetics" which is inspired by New Phenomenology considering atmospheric feelings as neither purely subjective nor relative. In fact, Griffero (2020c) argues for a multilayered approach when analysing atmospheres: There are three ontological types to be considered: (1) *prototypic atmospheres* which are objective, external, unintentional and based on indivisible relations of intensive magnitude rather that divisible connections; resistant to any subjective attempts to modify their resonance. (2) derivative-relational atmospheres which are the most common ones bearing a quasi-objective, external but also intentionally produced character. They originate in directional space and a "between" which can be understood as a nexus or a kind of meta-space that connects (not inseparably) the perceiver and their environment. (3) spurious-idiosyncratic atmospheres which are on the contrary to the other two types subjective and projective, hence they are based on individual perceptions and localised spaces.

For Griffero, they constitute false atmospheres as they are subjectively projected and can be sometimes even authoritative (even in a pathological sense).[755] In addition, there are six phenomenological *types of "encounters" with atmospheres which are crucial when analysing atmospheres which are the following:*

> (1) *classification*: it is crucial to determine which of the three ideal types of this particular atmosphere most closely resembles the atmosphere to be examined.
> (2) *typological fusion*: one must explore whether this atmosphere embodies a blend of the three types with different facets becoming more pronounced over time.
> (3) *encounters*: it is necessary to ascertain which of the six types of encounter the atmosphere induces.
> (4) *relationship to ideal types*: one should reflect on how the chosen encounter relates to three ideal types of atmosphere.
> (5) *felt-body resonance*: it is vital to analyse the combination of felt-bodily communication: one should consider the nature of the felt-bodily communication the atmosphere engenders, e.g., if the incorporation is unilateral, mutual, or solidary or if it is an example of ex-corporation.[756]

Griffero's typology of felt-body resonances exhibits a notable affinity with Scheler's distinction of empathy which I have addressed earlier on.[757]

The above concepts are all core concepts in phenomenology, addressing the complexity of our existential situatedness in our social lifeworlds, subject to change and disruptions. Hence,

[755] Griffero 2020c.
[756] In dementia care contexts, a unilateral incorporation could be understood as a situation where only the resident absorbs or adapts to the caregiver's bodily cues, whereas ex-corporation would mean that the caregiver projects meanings or structures externally without bodily uptake by the resident. For instance, a resident might arrange familiar objects (family photos, a favourite blanket, or a specific chair) in their room. These acts of placement externalize their sense of identity, memory, and continuity, turning internal experiences and attachments into a spatial, material reality.
[757] See chapter 1.2.

they should be read as dynamic and interrelated concepts, potentially evolving in their definitions and implications.

Next, I will further outline my understanding of these concepts supporting the theoretical framework for my research and connect these to my empirical findings in the care institutions. Drawing from the canonical phenomenologists Husserl, Heidegger, Merleau-Ponty, and neo-phenomenologist Schmitz, I understand lived space and spatiality as inherently linked to time.[758] These spaces evolve over time, but just as time is not linear, space is not a static container. Similarly, my conceptualisation of place is rooted in phenomenological thinking, which views place subjectively–not merely as a location, but as a 'way of being in the world' and thus entails complex constituents.

The lifeworld is something both general and individual as we live in a shared world that we experience from our own unique perspective.[759] To understand is both to understand something of this unique individual and the shared intersubjective horizons within which any unique experience occurs.[760] Heidegger differentiates between the *ontological*, which refers to the existential preconditions of being human, and the *ontic*, which encompasses the many individual and cultural ways in which these ontological structures are experienced. Phenomenological research seeks to capture snapshots of these ontological structures, while recognizing that they are always part of a greater whole.[761] Various phenomenological philosophers describe at least four ontological structures that pervade all human lifeworlds, irrespective of historical, cultural, or social context. To avoid confusing these fundamental lifeworld structures with the more particular, context-specific themes (the ontic) examined in research, scholars have employed different terms: van Manen (2014) calls them "existentials," Ashworth and Ashworth (2003) use "fragments" to emphasize their interlinking and interpenetrating meanings, and others prefer "constituents" or "dimensions."[762] All these terms provide a conceptual framework to describe human experiences in their holistic context. The most commonly identified constituents are *lived time, lived space, lived body, and lived intersubjectivity,* which serve as a guide for reflection throughout phenomenological research, including questioning, analysis, and writing. Lived space, for example, differs from objective space, which is measured in length, height, and depth. Instead, lived space refers to the perceptual and felt experience of space, which profoundly shapes our emotions and behaviors. A vast train station may evoke feelings of exposure and smallness, while a cozy restaurant can

[758] Husserl 1991; Heidegger 1962; Merleau-Ponty 2012.While not always listed as "classical", Schmitz strongly links felt-space (Gefühlsraum) with temporal rhythm and movement, see for instance Schmitz 2003.
Fuchs
[759] van Manen 2014.
[760] Galvin and Todres 2013.
[761] Hansen 2015.
[762] Todres et al. 2007.

foster comfort and ease. Similarly, the sterile air of a hospital may reassure some or instill fear in others. Such examples illustrate how lived space, as a dimension of the lifeworld, emerges in the phenomenological study of human experience.

These terms all point to a conceptual framework that can be employed in research to describe human experiences in their holistic, situated context. The lifeworld constituents most commonly identified are lived time, lived space, lived body, and lived intersubjectivity. These four existentials serve as useful guides for reflection throughout phenomenological inquiry, including questioning, observation, and writing. Lived space, in particular, is considered an existential dimension of experience. Unlike objective space, which measures length, height, and depth, lived space refers to the subjective, perceptual experience of space. Though difficult to articulate, we intuitively understand that the spaces we inhabit shape our feelings. For instance, the vast openness of a train station may make us feel exposed or small, whereas a warm and cosy restaurant may make us feel at ease. Similarly, the sterile air of a hospital can either reassure or provoke anxiety. The meaning and impact of lived space as felt space become clearest when illustrated through concrete examples from research practice.

Ashworth and Ashworth (2003) explore the lifeworld of a person with Alzheimer's disease with the aim of highlighting what people with dementia retain, rather than focusing on what they have lost. To provide attentive care, they argue, a carer must adopt the stance of an informal phenomenologist–suspending personal assumptions about truth and reality as well as conventional scholarly knowledge about dementia. Instead, the carer directs attention to the person's actual activities and speech in order to discern the meanings embedded in their lifeworld. The authors describe how, for a woman with dementia, space no longer presents itself as familiar, known, or accessible. Some spaces are experienced as boundaryless, with no sense of modesty or privacy. She can no longer rely on environmental cues–gates or locked doors no longer signify boundaries or thresholds. "Naming a space may no longer have the power to reassure – the label may no longer indicate 'here' versus 'there.'" This boundlessness can generate further challenges: disorientation and dizziness may make previously comfortable spaces uncomfortable, while unfamiliar places may appear inviting. Objects in her environment may resist her intentions, such as a sock that refuses to conform to her foot or a bracelet that will not slide over her hand. Yet, in moments requiring bodily dexterity, she can still respond meaningfully; for example, when her arms are extended for dancing, she immediately engages, demonstrating the persistence of embodied intentionality.[763]

Drawing on Lippard's (1997) definition of place as 'spatial, temporal, personal, and political', I would like to emphasize that place encompasses layers of experience, continually changing

[763] van der Meide 2018.

and interlinked with relationships spanning past, present, and future.[764] Merleau-Ponty (2012) suggests that place is boundless and can be understood as a 'spatio-temporal event', characterized by movement and the interactions of bodies, objects, and flows.[765] Place, thus, is created through multiple histories and materialities, incorporating both human and non-human elements. Place-making involves individuals creating experiences and connections to place, or in other words, the practices that imbue place with meaning. Massey (2005) further contends that space and place are interdependent, proposing that we consider 'places not as points or as areas on maps, but as integrations of space and time'.[766] She describes places as 'collections of stories' and spaces as 'stories so far'.[767]

In the participating care organizations in my study, rooms serve multiple purposes, transforming into places through the everyday practices performed within them, or through 'spatio-temporal events' that are perpetually unfolding. For instance, when tables are set for dinner, the space functions as a dining room. However, when staff use these same tables for writing care notes, it becomes an office space. Thus, the room possesses multiple functions, meanings, and stories. The meanings assigned to these spaces are shaped by the activities performed there, the material objects present, and the sensory experiences they evoke, yet these meanings are not fixed. Massey argues that space is constituted through location and the flows within it, formed by relationships and interactions, and is never complete. Space can harbor multiple meanings simultaneously, and experiences within it can extend beyond environmental boundaries. For example, the sounds of a distressed resident in a bathroom can permeate through corridors, affecting the broader space.

Atmospheres are sensory and embodied: they are felt, subtle or forceful, and provide a multi-dimensional, interconnected, and multi-sensory understanding of everyday life. Likewise, atmospheres emerge within spaces and places, influencing bodies and being shaped by them. Hence, if we differentiate space, place, and atmosphere based on how they are felt and experienced emotionally, we can understand how they turn into affective atmospheres.[768] Krueger (2024, 2019), for instance, describes how certain bodies may feel out of place due to the atmosphere created, for instance, by the light offered or the music played in gyms. Atmospheres are thus produced through specific atmospheric elements; such as sound or light

[764] Lippard 1997, p.7.
[765] Massey 2005, p.130.
[766] ibid.
[767] ibid., p.131.
[768] Note that Mason (2018) argues that the term 'atmosphere' is too static and suggests 'atmospherics' to convey a more dynamic, ongoing process. Her notion of 'socio-atmospherics' could be more suitable to emphasize that atmospheres are intertwined with social, cultural, and historical contexts.

in the gym scenario. Further research work on light and atmosphere examines how light can 'stage' atmosphere, adding hues and tones to an environment to create moods.[769]

Similarly, Pink (2012) and Schmitz highlight the importance of flows and energies within spaces, leading to affective experiences. Pink (2012) frames her work within an 'ecology of interrelated practices, discourses, materiality, and energies' while Schmitz (2007) illustrates the sensory, embodied, and emotional interconnections that generate atmospheres.[770] Stewart (2015) also references the role of imagination and memory in constituting the experience of individuals and collectives. Furthermore, Mason (2018) discusses the potency of sensory connections between humans and non-humans, suggesting that these connections create atmospheric affect. She adopts an ecological approach to perceive the complex, interwoven experiences of everyday life, combining sensory understandings with a critical approach to the influences within situated encounters. However, Mason emphasizes that connections do not need to be affective to be potent, using 'potent' to describe the power of affinities and connectivities.[771] Atmosphere, then, should be understood as an outcome of 'what happens' within place and space, and within the care organizations studied, which are composed of various elements brought into relation through continuous encounters.[772]

In this study, I am also interested in the ‘in-betweenness’ of everyday life, examining what occurs with the residents throughout the day–between care routines, in transitional spaces. Mason (2018) emphasizes the significance of in-betweenness, suggesting that affinities are less about the actual connection and more about what produces it and its intensity. This notion can apply to relationships between people, as well as between people and objects or other living beings. Mason’s work helps illuminate atmosphere and atmospherics, drawing attention to often-overlooked spaces of in-betweenness where atmospheres reside. This perspective naturally leads to a focus on affect and its emergence, though Mason notes that connections need not be affective to carry potency. To further understand affect, I draw on Ahmed (2010a, 2013), who investigates embodied experiences of emotion–how emotions are felt, how they affect individuals, and how feelings orient people. Ahmed (2013) describes how feelings direct individuals toward others or objects, shaped by prior encounters as well as cultural, social, personal, and political experiences. She characterizes feelings as “rehearsed associations” inscribed within the body.[773] Emotions, therefore, exist both within and between bodies, circulating and generating collective affects.[774]

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[769] cf. Campbell, 2019, pp.77-81.
[770] Pink 2012, p.70.
[771] Mason 2018.
[772] Lupton (2017), for instance, explores *affective atmospheres in digital health*, noting how embodied and sensory experiences of humans contribute to and respond to the emergence of affective atmospheres, shared across humans and non-humans.
[773] Ahmed 2004, p.39.
[774] ibid.

Another core concept, I address in this study is the meaning and potentialities of affordances and scaffolds, as I have discussed in earlier chapters. I will now turn to the distinction between enabling and disabling scaffolds which are decisive means to support ease benign or malign atmospheres in care settings.

9.3 Affordances as Disabling or Enabling Scaffolds

Affordances, as originally defined by Gibson (1979), are possibilities for action that arise from the relation between an agent's abilities and the environment. They are not static properties but relational ones: a mountain may appear as an obstacle to a wheelchair user but as an opportunity to a hiker. While affordances are objective and publicly available, their availability is also shaped by social and material context–a chair, for example, no longer affords sitting if someone is already occupying it. Importantly, affordances must be distinguished from solicitations: while an apple affords edibility, it only solicits eating if the agent is hungry or otherwise motivated. Affordances thus become solicitations when they align with the individual's projects and concerns.[775] The structure of the "field of affordances" is dynamic, reflecting the agent's shifting concerns and affective sensitivities. As Rietveld (2014) notes:

> 'The structure of the field of affordances, with relevant affordances that solicit action right now and other possibilities for action that are on the horizon, reflects the individual's dynamically changing concerns. The sensitive body, which is a dynamic structure of affective engagement, plays a crucial role for our selective openness to relevant solicitations. These sensitivities should be understood in the context of our histories in a natural and socio-cultural world in which we have developed our skills and concerns, including our bonds with others. What we care about in the concrete situation is reflected in the structured field of relevant affordances that draws us to act unreflectively.'[776]

Building on this, Rietveld and Kiverstein (2014) describe a "landscape of affordances" in which individual skills and dispositions, formed within socio-cultural practices, determine how environments can be taken up. Affordances are therefore not merely features of the world waiting to be discovered but emerge through active engagement.[777]

Scaffolds, by contrast, describe structures that temporarily assist an individual in performing a task or developing a skill they could not manage alone. Originating in Vygotsky's (1978) work on learning, scaffolds are typically introduced by external agents–caregivers, educators, technologies, or institutions. In dementia care, scaffolds may take the form of a caregiver guiding daily activities, a multisensory environment (MSE) offering structured stimuli for emotional regulation, or architectural modifications that reduce sensory overload.[778]

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[775] Gallagher 2017.
[776] Rietveld 2014, p.41.
[777] Rietveld and Kiverstein 2014; see also Kiverstein 2024.
[778] Krueger and Colombetti 2018.

While scaffolds and affordances both describe how environments support cognition and action, their differences are instructive. Scaffolds are intentionally designed, adaptive, and temporary, whereas affordances persist as relational properties of the environment, existing independently but becoming salient in interaction. A caregiver adjusting routines for a person with dementia exemplifies scaffolding, while a rocking chair affording comfort illustrates an affordance. The two, however, are not mutually exclusive: scaffolds can amplify affordances (e.g., modifying lighting to enhance a calming atmosphere), and affordances can themselves act as scaffolds when they implicitly support adaptation, as in the case of a well-designed sensory room.

Research on *affective scaffolding* further expands this picture. Krueger and Colombetti (2018) show how material environments and social interactions regulate affective states, while Caravà and Benenti (2024) extend the notion of affective affordances to include the expressive properties of objects and spaces that regulate affective processes without necessarily altering felt affective states. From this perspective, care environments are affective ecologies where affordances and scaffolds together sustain agency, interaction, and well-being.

Concrete examples from dementia care illustrate this interaction. Environmental affordances such as a soothing colour scheme or soft lighting can reduce agitation and support relaxation. Light therapy has shown promise as a non-pharmacological intervention in Alzheimer's disease and related dementias, improving sleep, reducing nocturnal wandering, and alleviating evening agitation. Because the circadian system is especially sensitive to short-wavelength light, carefully timed and designed lighting systems can stabilize rhythms and enhance well-being. Dimmable light in Snoezelen rooms, for instance, scaffolds relaxation while affording a calming atmosphere. However, scaffolds are not always enabling. As Toro et al. (2020, 2025) argue, scaffolding is embedded within broader social and historical structures that may inadvertently disable rather than support.

Despite advances in accessibility, disabled individuals often encounter subtler forms of social and psychological oppression. Drawing on Iris Marion Young's notion of "inhibited intentionality," Toro and colleagues show how systemic inequities and social injustices shape not only external conditions but also embodied experience, constraining one's sense of agency or "I-can." In dementia care, this paradox is evident in institutional design: long, sterile corridors may scaffold staff efficiency and hygiene standards, yet they diminish orientational affordances for residents, increasing disorientation and anxiety. By contrast, circular corridors or enclosed garden paths preserve spatial orientation and encourage safe exploration.[779]

My own fieldwork confirms these dynamics. In shared spaces such as corridors or communal dining rooms, residents often appeared disconnected, silent, and withdrawn. By contrast, in the

[779] cf. Mazuch 2014.

multisensory room–where both environmental affordances (light, sound, tactile stimuli) and interpersonal scaffolds (the social assistant's gestures, invitations, and encouragement) were present–interbodily connections and responsiveness emerged far more readily. Here, scaffolds and affordances intertwined to create a care atmosphere in which residents could engage, participate, and re-establish relational bonds. My fieldwork has revealed this remarkably well. In moments when interpersonal scaffolds in the form of any type of communicative interaction and invitation to participate in an everyday activity such as eating or playing, responsiveness to questions was given overtly in a positive manner. While on the corridors and in the community eating room there was a larger silence and disconnection between the residents, in the multisensory room, interbodily connections were established easier through the engagement of the social assistant.[780]

In sum, affordances and scaffolds provide complementary perspectives on how environments shape lived experience. Affordances describe the relational possibilities for action embedded in socio-material contexts, while scaffolds capture intentional supports designed to sustain or extend those possibilities. In dementia care, their interplay is crucial: affordances offer orientation, comfort, and participation, while scaffolds create the conditions in which these affordances can be taken up meaningfully. At the same time, critical perspectives remind us that scaffolds can perpetuate disabling structures if designed without attention to the lived realities of those they aim to support.

For instance, Maseda et al. (2014a, b) investigated the effects of multisensory stimulation in a dedicated multisensory stimulation environment (MSSE) compared with one-to-one activity sessions on mood, behaviour, and biomedical parameters (heart rate and blood oxygen saturation) in patients with dementia. Both groups participated in two individualized sessions per week over 16 weeks, with mood and behaviour assessed before, during, and after each session, and physiological measures recorded immediately before and after. Following the sessions, patients in both groups were more spontaneous in speech, better able to relate to others, more attentive to their environment, more active than alert, less bored than inactive, and more relaxed than content. Physiologically, heart rate decreased and oxygen saturation (SpO_2) increased from pre- to post-session in both groups. Importantly, MSSE sessions in a Snoezelen room were found to be as effective as the one-to-one activity sessions, underscoring that the therapist's direct, individualized interaction is a critical component of the intervention's success.[781]

[780] For the synaesthetic encounters in the multisensory room any of the staff could have used it, but in general it was more often used by the social assistants who are responsible to accompany people with dementia in their daily activities.
[781] Maseda et al. 2014b. Multisensory Stimulation on Mood, Behavior, and Biomedical Parameters in People With Dementia: Is it More Effective Than Conventional One-to-One Stimulation? American Journal of Alzheimer's Disease & Other Dementias, Vol. 29(7), pp. 637-647.

Next, I will turn to my fieldwork research I conducted in two care homes to analyse synaesthetic practices and multisensory settings. My research hypothesis posited that multisensory spaces, such as a Snoezelen room, could be conceptualized as atmospheric-synaesthetic environments offering multiple possibilities for care, increased interaction and well-being.

9.4 Research Outcomes on Synaesthetic Spaces and Selves in Dementia Care

My fieldwork is based on the assumption that synaesthetic experiences are considered to be an expressive power of the body, which is able to translate correspondences not only between the body and the world, but also between the different senses within the body.[782] Merleau-Ponty's assumption that all perception is inherently synaesthetic is taken as a model by some therapeutic approaches, such as the concepts of the multisensory environment (MSE) and multisensory or basal stimulation (MSS). They reveal a potential break with the traditional idea of strict modularity and hierarchy in sensory perception. Instead, they emphasize an intermodal, integrated yet pluralistic form of bodily perception that emphasizes bodily aliveness. The benefits of multisensory environments (MSE) for dementia patients suffering from hearing, sight, smell and taste disorders have been established in a growing number of studies in the field of integrated sensory therapy.[783] They show a positive effect in terms of improved physical and mental health and an overall increase in well-being.[784]

As mentioned earlier, Snoezelen is a concept that combines the effects of multisensory environments with basal or multisensory stimulation.[785] Occupational therapist Julia Brettschneider (2009) describes Snoezelen as a ‘sensory diet’ that offers the opportunity to select sensory stimuli in a targeted manner: auditory, visual, gustatory, olfactory, tactile, vestibular and proprioceptive stimuli are adapted to the individual needs of the client in order to appropriately regulate their arousal level.[786] A non-judgmental attitude is important so that Snoezelen can provide a relaxing and stimulating environment without right and wrong. In addition to cooking and gardening groups, exercise and social activities, Snoezelen is mentioned here to enable people to participate in life. But what is to be done if those affected are no longer able to take part in the group activities mentioned above? These people are in danger of becoming sensory impoverished and thus losing their remaining basic skills (e.g. eating, swallowing, communicating). Sensory impoverished people often seek substitute satisfaction in stereotypical and self-harming actions. For example, individuals who experience

[782] cf. Al-Saji 2001.
[783] cf. Dittmar 2004; Foo et al. 2024; Fowler 2008; Nocon 2008; Van Weert 2004.
[784] cf. Maseda et al. 2014a.
[785] cf. Hulsegge and Verheul 1987; Dittmar 2004.
[786] cf. Brettschneider 2009, p.13.

sensory deprivation–such as residents in understimulating care environments–may engage in repetitive rocking, hand-flapping, or even self-hitting as a way to compensate for the lack of sensory input and to regain a sense of bodily awareness or stimulation.[787]

In the Snoezelen room, a 'sensory diet' is put together according to individual needs. This 'diet' can be offered either in a specially equipped room or at the resident's bedside with a mobile Snoezelen unit. In the multi-sensory room, which serves as a place of retreat and relaxation, those affected are stimulated or invited to relax through individually selected stimuli - visual, auditory, tactile and olfactory. The type, distribution and intensity of sensory stimulation can be controlled depending on the room layout; aromatherapy, for example, is offered according to the biographical and bodily preferences of those affected by dementia.[788]

By exploring the sensory preferences and current state of mind in advance using a questionnaire, the therapist selects appropriate stimuli for stimulation, for example water beds or massages. The mutual benefits can be described as follows: On the one hand, it is easier for the therapist to make contact with the affected person, which in turn creates a greater resonance in the interaction between the two. Challenging behaviour such as agitation, restlessness or aggression can thus be mitigated and those affected usually react in a more relaxed manner according to some research studies.[789] Brettschneider (2009) gives the following example:

> 'The connection to old habits and skills played a prominent role. For example, Mr. P. interpreted the darker room with lighting and the dominant music as an invitation to dance. He was able to move his body much better than outside the Snoezelen room and was also able to take the lead again, a role that is almost never given to nursing home residents.' [790]

The Snoezelen concept is reminiscent of Stern's concept of *vitality affects* (1992; 2011) in that it is designed to emphasize the importance of real and sensually perceptible experiences (actions, sensory impressions, temporal and affective experience) for the self. The main affective exchange between baby and mother takes place via primary body movements: looking, leaning, pressing, grasping and sounding. They represent the primary experiential access to the world and to interaction. Body psychotherapeutic processes can take up and use all of these movements, e.g. by allowing the person affected to lean against another person, reach for something, push someone away from them or dare to look into the eyes of others despite their shame.

[787] Burns, A., Jacoby, R., & Levy, R. (2005). *Self-injurious behaviour in nursing home residents with dementia. International Journal of Geriatric Psychiatry*, 20(8), 741–748.
[788] cf. Van Weert 2004; Brettschneider 2009; Dittmar 2004.
[789] cf. Abraldes et al 2014; Lancioni et al. 2002; Maseda et al. 2014a; Van Weert et al. 2005.
[790] Brettschneider 2009, p.16

During my preparation for my phenomenological-ethnographic field research in a Snoezelen room at the *RSA Lissone* (Italy), I was able to gain my own impression of the synaesthetic concept and the special atmosphere of the Snoezelen room, which is actually very simply furnished and kept white. The aim of this form of therapy is to counteract both excessive agitation and excessive lethargy in people with dementia. In a simulated therapy session, the local therapist told me about an 86-year-old dementia sufferer who used to enjoy spending a lot of time at the seaside. He therefore chose an underwater scene with fish and sea plants as the video for one of the therapy sessions, having previously asked about the resident's biographical past in the introductory conversation, e.g. when he asked him about his favourite place as a young man. Surrounded by the sounds of the underwater sea, the person with dementia leaned against the therapist to watch the video and was able to relax by his side. In the facility, both some of the residents and the staff welcomed the offer to use the Snoezelen space as a relaxing experience. Nevertheless, there are also reports to the contrary, as the relative darkness of the room can occasionally cause discomfort. Critical voices question what is actually achieved by this multi-sensory concept of well-being and whether it is not merely a symptomatic treatment to alleviate those undesirable affective states of over-agitation and apathy without investigating and treating the causes of these symptoms.

Nevertheless, Snoezelen can be a treatment tool for occupational therapists in their toolbox to promote participation. Brettschneider (2009) therefore appeals to her colleagues to publish their own research in the field of Snoezelen or to start a study on another method or means of treatment. 'Participation and meaningful activity, especially for people with severe disabilities and dementia, will become a burning issue in the coming years - our expertise and research are in demand!', says Brettschneider.[791]

As a phenomenologist, I would agree with this call, because in order to investigate approaches to the synaesthetic-atmospheric, we not only need more models for the operationalization of atmospheres, but also more atmospheric field research. In his concept of 'aisthetic' field research, Rauh recommends linking 'aura breathing and gaze refusal' (ibid. 2018, p.133) to describe the perception of atmospheres, as it requires us to perceive for ourselves how we find ourselves where and through what. Perception is consciously co-performed here in that the perceiver feels the atmospheric perceptual situation as an object of perception in a certain perceptual attitude - 'to attend to affective atmospheres is to learn to be affected by the ambiguities of affect/emotion, by that which is determinate and indeterminate, present and absent, singular and vague'.[792] The qualities of the entire environment come into

[791] Brettschneider 2009, p.16.
[792] Anderson 2009, p.80 cit. in Rauh 2018, p.136.

view, which follows and prompts. In the atmosphere, not only the aura of an object is then breathed, but also the various smells of the spatial environment in which one then finds oneself in a specific way. According to Rauh, the atmosphere connects Schmitz's *islands of the body*, as it were, to form the '*body archipel'*.[793] The specification of field research as 'aisthetic' underlines the involvement of the investigator in the field of perception he is thematizing in the phenomena-related, qualitative orientation of empirical research. The term 'aisthetic' focuses on comprehensive sensuality and thus refers to the perception of atmospheres. One's own body and synaesthesia as the original unit of sensory experience form the pre-differentiated basis of perception, which can be specified and narrowed down into a pragmatic everyday understanding of perception. If the observer senses the characteristic overall effect of a space or a situation instead of modal focalizations, atmospheric perception can also be understood as awareness, as a present-bound 'feeling' and 'integral modality' in order to 'perceive bodily-affective constellations of surroundings as the pole of the object of perception, i.e. the atmospheric'.[794] Rauh's aesthetic field research follows the principle of *the Parcours Commenté,* a mobile field research method introduced Thibaud (2022) and based on four steps: Firstly, 'observing' the modes of perception and behaviour in the field are registered; secondly, 'accompanying' while walking, descriptions are made; thirdly, 'evoking' (*evoquer*, remember) the sensory impressions that are reactivated and recalled; fourthly, 'discussing', which is a comparison of perception based on language takes place. The Parcours Commenté method can be seen as an open method that allows for many variations.[795] The aforementioned aspects of aesthetic field research were thus also taken into account to some extent in my preparation for my own field research. Together with the impulse types of Albrecht's atmosphere model and the concept of therapeutic atmospheres, they serve as a basis for the still outstanding phenomenological-ethnographic field study in a Snoezelen room, which serves to underpin the theoretical superstructure presented here.

In the first six months of 2023, I participated in and observed ten sessions of multisensory engagement and activity at the *Johanniterstift Köln-Ehrenfeld*. Each session lasted about 45 minutes and was partly inspired by the *Snoezelen* concept of multisensory stimulation. *Snoezelen* combines multisensory activities in a multisensory environment (MSE) in order to activate the *body memory* of a person with dementia and to discover and share the embodied habits as resources of the lived body. In a typical Snoezelen-Room a variety of the bodily senses are stimulated and addressed.[796] The multisensory room at the *Johanniterstift Köln-Ehrenfeld*

[793] Rauh 2018, p.136.
[794] ibid. p.116.
[795] Rauh 2014, p.224.; Thibaud (2022).
[796] All observations and descriptions from this example are taken from proper fieldwork in May 2023.

itself had been established in the summer of 2022, when members of the staff converted an unused storage room into what they called the "Oasis of Calm" (*Oase der Ruhe*). Instead of purchasing expensive therapeutic materials, they opted for a more modest approach, acquiring or donating items that served similar functional purposes. The space was painted and decorated by staff members themselves, creating an atmosphere that was simple yet carefully considered. Prior to the room's inauguration, the social assistants had taken part in a training programme organized in collaboration with the University of Cologne, which introduced them to a subprogramme of the NEUROvitalis series.[797] The *NEUROvitalis sinnvollreich* programme is widely used in care facilities and is designed to be accessible for staff after training.[798] Its folder includes a comprehensive manual, step-by-step instructions for each of the sixteen exercise units, visual materials, and photocopies, with some units requiring additional items. The programme incorporates group games adapted for dementia patients, such as category memorisation tasks, lateral thinking exercises, and spatial planning games using city maps. Each game aims to stimulate particular cognitive functions: memory and linguistic concept formation, attention and concentration, or spatial and planning skills.[799] In addition to these structured exercises, the multisensory room was equipped with tactile and olfactory stimuli, including foods such as fresh fruits and chocolate, as well as scents like vanilla, which were introduced to the participants by the assistant.

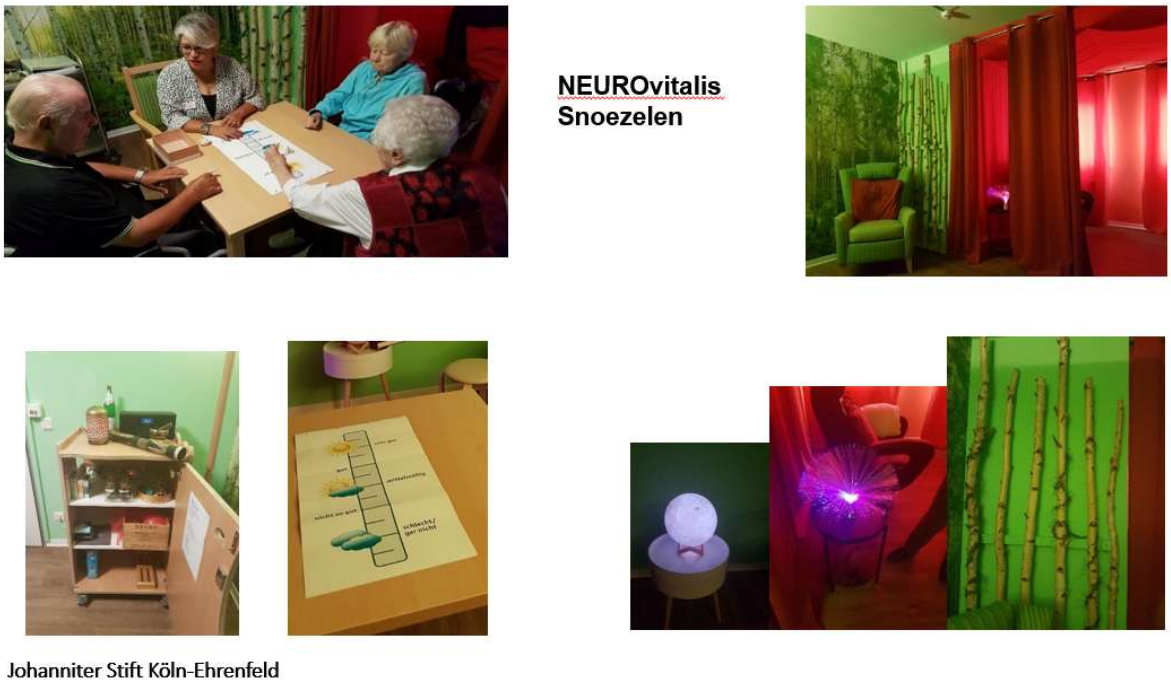
[797] Kaesberg et al. 2009; Folkerts et al. 2021.
[798] The NEUROvitalis *sinnvollreich* programme is specifically designed for individuals with mild to moderate cognitive impairments (Kaesberg et al. 2009; Folkerts et al. 2021). During the initial two months, I visited the facility weekly, usually on Thursdays, depending on the shift schedule of my collaborative informant - one of the social assistants - who had received introductory training in multisensory stimulation as well as in the NEUROvitalis programme.
[799] Kaesberg et al. 2009; Folkerts et al. 2021.

To demonstrate the general procedure, I witnessed throughout the sessions I will sum up the average example: usually, it is a social assistant in a care home who conducts a Snoezelen group session of 30 minutes with 2 to 3 participants who were invited shortly beforehand to join the session in the "Oasis of Calm" which was a nicely equipped and greenish coloured room, simulating a forest on the one side and with an empty screen for video projection on the other side.

(1) RSA
Lissone, Italy

(2) "Calm Oasis"
Johanniter Stift
Cologne Ehrenfeld,
Germany

The social assistant usually prepares the various multisensory items to reactivate embodied habits beforehand, for instance, setting up an aroma lamp diffusing the smell of oranges, chopped fruits and cheese to taste; garlic, cinnamon, or coffee to smell; wrapped household objects such as cork or pliers to touch; pictures of people in different emotional states (joy, sadness, anger) or social situations (classroom), etc. At the beginning of each session, the care assistant has prepared for a printed scale of well-being laid out on the table asking: "How are you today?". Each of the participants is asked to mark the proper state of well-being in the beginning with a small pottery figure (see photo below).



Johanniter Stift Köln-Ehrenfeld

Options to answer range from bad to very good, when participants are asked to place their figure on the scale. The question is repeated after the session and in 2/3 cases it adds a positive change to the individual mood. In this example session, two ladies (aged 80+) both sitting in a wheelchair were reluctant upon the invitation expressed 2 hours beforehand by the social assistant. One of them wanted to go home, expressing this verbally and the other one refused to put on her shoes before she was brought to the room. However, as soon as the session started they were in a good and excited mood, chatting along and commenting on the different multisensory tasks. Both were very engaging throughout the session. One lady talked a lot about her childhood experience as a migrant when presented with different multisensory stimuli. The other named very creative images that she would see projected in the lava lamp projection against one of the walls of the room (see picture above). Both were cheerful after the session and answered the question on how they would feel with 'very good', marking this accordingly on the scale of well-being in front of them. From this example, it seems as if the very diverse multisensory engagement used in the Snoezelen-Room is a welcomed and positively stimulating activity for people with dementia.[800]

Research outcomes of the sessions revealed consistent patterns. Across all ten sessions, participants reported an increase in their sense of well-being, measured through an imagery scale depicting weather symbols–rain for low well-being and sunshine for high well-being (see photo above). This scale was administered before and after each session. In all but two cases, participants indicated improvement; in the remaining two, their reported state remained stable,

[800] cf. Winniewski 2025a, b. Brettschneider (2009) and Van Weert (2004) come to a similar conclusion.

with no decline observed. Beyond subjective well-being, the sessions activated reminiscence, bodily memory, and embodied narratives, as well as shared activity that generated forms of shared activation. These findings align with the documented benefits of NEUROvitalis, which emphasises both cognitive stimulation and emotional engagement. [801]

The sessions also highlighted the importance of atmosphere in dementia care. Recent work on atmospheres in care spaces by Sumartojo and Pink (2018), Campbell (2019), and Sonntag (2016) suggests that attending to atmosphere allows us to understand how spatiality, temporality, bodies, and objects intertwine in ways that shape inclusion and exclusion. Similarly, Ahmed (2004) has argued that emotions are not self-contained but circulate between bodies, "impressing upon" them in ways shaped by past experiences. This resonates with ethnographic studies of dementia care, which show that affective dynamics within care settings are both individual and collective.[802]

From my own perspective, the "Oasis of Calm" (*Oase der Ruhe*) embodied precisely such an atmospheric quality. Entering the space, one was enveloped in dimmed light and shifting colours, often green or red, accompanied by soft instrumental music in the background. This auditory atmosphere stood in striking contrast to the noise outside the room–the clattering of dishes, doors slamming, residents shouting, or staff conversing in the corridors. Inside, the soundscape felt cocoon-like, protective, and soothing, creating a sensory threshold between the tumult of the care facility and the calmness of the room. Alongside this auditory containment, the air was often infused with the scent of oranges, adding another gentle sensory layer to the atmosphere. At times, the room could evoke initial bewilderment or even uncanniness, but it ultimately invited curiosity and openness. Its synaesthetic qualities–through light, sound, smell, and touch–shaped an environment that was not merely therapeutic in a clinical sense but affectively resonant, offering participants a space of gentleness (*Behutsamkeit*) and comfort (*Gemütlichkeit*). In this environment, interbodily connections could emerge more easily, facilitated by the assistant's gentle invitations to join in activities such as eating, smelling, or even dancing. The room thus served as a scaffold for shared affective experiences, simultaneously supporting cognitive engagement and fostering atmospheres of care. The observations from the Snoezelen Room and NEUROvitalis sessions can be interpreted through the lens of body-phenomenology, particularly the work of Merleau-Ponty (1962), Fuchs (2018), and Schmitz (2016), who emphasize the centrality of the lived body in experience. From this perspective, the residents' engagement with sensory stimuli–light, sound, texture, and scent–illustrates how affective perception and bodily resonance precede explicit cognition or narrative

[801] ibid.
[802] Sonntag 2016; Campbell 2019; Grøn and Mattingley 2021.

memory. The body is not a mere receptor of stimuli; it is an active participant in the co-creation of experience, negotiating space, time, and social interactions in real time.

From an early stage of my time in the two field sites, it was evident to me that there was a sense of atmosphere within the care spaces. The multisensory rooms of the care facilities were full of lived bodies, personal stories and histories, material objects, and sensory attributes such as the olfactory, acoustic, and haptic. Through salient examples from the fieldwork, I intend to demonstrate *the intangible aspects of everyday life* in these care organizations by focusing on atmosphere and synaesthetic responsivity, and the 'potent connections' that emerge from the mundane and moments of tension. These atmospheres shift, merge, and lull, affecting space and bodies, and then re-emerge out of and within bodies. The two care facilities in this study are organized and structured to manage and care for collections of people with diverse and often competing needs.

In the following excerpt from my fieldnotes from an afternoon at the Johannisstift-Köln-Ehrenfeld, I highlight the themes that this chapter focuses on, and through which I consider affective atmospheres:

> 'The walls are green. I am emersed in a birch wood while looking at the walls. The floor is laminate and there are a few armchairs scattered in front of the 'Oasis-Room'. There is a strong odour around the ward on floor 4. On floor 2, 2 people sit outside the 'Oasis-Room' engaging in a slow small talk, sometimes lurking towards Connie, the social assistant, and myself. They have an interested yet puzzled expression on their face. A quick and gentle chatting between the social assistant and the women sitting outside. Upon entering the room, a silence is emanating, it is very quiet, I can tell there is a very distinct sound threshold of entering into the "Oasis", I immediately feel a protective shell surrounding me since noises are way reduced in here compared to the aisle where people pass to get to the lift, to socialise in the community leisure room nearby or to take food or drinks from the food trolley, or nurses dialog with other staff members and the residents.' (3.30 pm, 19th July 2022)

This extract, though short, is imbued with what might be described as atmosphere, synaesthetic space with 'imagistic and sonic signatures' lurking within the words describing the care space and encounters therein.[803] It draws attention to several themes that this chapter has explored to illustrate the production of a social-we (i.e. as synaesthetic-we) with the support of atmospheres that have been scaffolding and affording in a material and affective manner. The excerpt begins by noting the location, describing aspects of the material environment, and drawing attention to details such as paint, floor, furniture, and the communication between residents and staff. The *soundscape of quiet* inside the multisensory room in contrast to the hustling and noisy

[803] 'Imagistic signatures' is a concept framed by anthropologist Lone Gron (2022) and Mattingley and Gron (2021) whereas 'sonic signatures' is a concept introduced by Madsen (2024) and which is inspired by the former: 'Sonic signatures are the subtle nuances of individuality conveyed through sound that form mental images with which ethnographers can travel to the experiential worlds of interlocutors. These worlds can be present worlds or worlds beyond the here and now that interlocutors fear or strive towards' (Madsen 2024, p.23.).

movements outside on the corridors provides insight into the power structures that exist within the space. Even in this brief note, one can attend to structural and regulatory features of the environment that help shape the *feel* of a space. As I uncover sensory and embodied stories of everyday care, my goal is to show how the intricate interplay of relationships among residents, staff, material objects, and sensory-places contributes to the generation of atmospheres.

In this chapter, I have emphasized a multisensory, embodied, and relational framework that supports a pluralistic understanding of illness and contributes to a more nuanced conception of psycho-physical and social well-being in dementia. By drawing on an embodied, relational, and meaning-centered perspective, illustrated through therapeutic examples of synaesthetic responsivity, I have offered an alternative to the prevailing biomedical and cognitive models of dementia. This approach highlights the pre-reflective and bodily dimensions of the self, which remain crucial for engaging with the world and attuning to others via interbodily resonance, even in the presence of un-shareability or non-narrativity in later stages. I argue that the lived body in dementia continues to constitute a relational self, endowed with resources for bodily expressiveness, interbodily resonance, and creative responsivity.

9.5 Synaesthetic Forms of Engagment: Multisensory Environments and Atmospheric Attunement as Embodied Meta-Practices of Care

Since my field research seemed to confirm the hypothesis that synaesthetic forms of engagement foster well-being and resilience in dementia, I wanted to return with these observations to my theoretical framework discussion for dementia care and its ethical implications. A question I asked myself was: can synaesthesia also be a form of meta-practice? The answer is: if it serves to evoke bodily sensation through body memory, then yes. It also brought me to *interoception* as a form of visceral perception, which can also arise through chakra sound meditation, for instance.[804] This type of bodily presence is something that allows us to let go of our thoughts, which when we do not try to hold on to, succeeds. Do people with dementia have a special disposition for this? Instead of being absent-minded while engaging in joint activities as noted in the previous chapter, during my field research I have witnessed that people with dementia demonstrate a force of presence which allows for perceiving the present moment in its full spectrum, that is, the atmospheric and synaesthetic qualities thereof.

Synaesthetic experiences observed in the multisensory room, such as responding to music with movement or associating tactile objects with emotional comfort, exemplify incorporation, in which residents' bodies resonate with the environment and with caregivers' embodied cues,

[804] Leder 2021.

producing mutual affective attunement.[805] Conversely, moments where sensory stimuli are not bodily co-registered may constitute excorporation, where environmental or caregiver inputs are projected without reciprocal bodily uptake, highlighting the relational nature of embodied engagement.

The atmospheres produced by the structured care environments–dimmed lighting, spatialized sound, olfactory cues, and tactile stimuli–can be understood as synaesthetic scaffolds. They support the residents' embodied cognition and affective regulation while fostering shared engagement. As the residents navigate these spaces, their bodies dynamically respond to environmental affordances (Gibson 1979, Rietveld and Kiverstein 2014), demonstrating how spatiality, temporality, and sociality are intertwined in lived experience.

From a phenomenological standpoint, these findings emphasize that well-being in dementia care cannot be fully understood through cognitive or behavioural measures alone. Instead, it emerges from the holistic interplay of bodily resonance, affective attunement, and environmental affordances, which create temporally and spatially structured moments of engagement, comfort, and relational presence. The concept of *Well-Being Time*, as introduced in this study, is therefore not only temporal but profoundly embodied, grounded in the felt body's ongoing interactions with place, people, and multisensory stimuli.

By integrating body-phenomenology with the concept of synaesthetic scaffolding, this analysis highlights the ways in which care practices, material environments, and social interactions converge to produce rich, multisensory experiences that are essential to the everyday lives of residents living with dementia. These findings foreground the importance of attending to the lived body and affective atmosphere as primary mediators of experience in dementia care, extending beyond purely cognitive or institutional frameworks.

To deem *creative practice* as mutual recovery and *act of responsivity* is supported by many researchers in the field of medical humanities (Crawford et al. 2015) in general and in phenomenology in particular (Waldenfels 2022, Grohmann 2019), as well as dementia care (Kontos 2005, Craig and Killick 2011). While synaesthesia has been an object of interest in the field of arts and education, it seems to be a prime object of study for the medical and health humanities because it involves a multiplicity of senses and addresses the plurality and richness in perception and action.[806] Synaesthesia, being a creative and imaginative way to perceive of the world and to orientate oneself within it, is used in therapy and recovery activities to rediscover one's body in illness and the sensorial-affective as well as cognitive dimensions of what it feels like to be in the moment.

[805] Fuchs 2018.
[806] Wohler 2010; Gruß 2017.

Caring for people with dementia often requires drawing on tacit knowledge and embodied selfhood, which call for improvisation and elements of spontaneity and inventiveness (Kontos and Naglie 2009). Approaches such as Validation Therapy (Feil 1992) emphasize mutual attunement and embodied shared practice, foregrounding the relational dimension of care. In a similar vein, Waldenfels' (2022) notion of *creative responsivity* and Baer's (2012) idea of *creative body therapy* highlight the necessity of responding to the other in ways that are not predetermined but emerge through bodily interaction.

These practices unfold through primary body movements that shape the relational field of care. Looking and being seen establishes recognition and presence; sounding, hearing, and being heard create rhythmic exchanges of communication; grasping and being grasped conveys both support and vulnerability; pressing and being pressed reflects mutual resistance and responsiveness; and leaning embodies trust and shared balance. Taken together, these movements articulate how care is enacted through lived bodies, resonating with the improvisatory, inventive, and relational qualities of embodied caregiving.

Many people with dementia need constant reassurance that their selfhood is intact, and the exploration of feeling-states is helpful to that process. At the same time, and somewhat paradoxically, concentration on an activity can lessen self-consciousness as it improves focus and excludes distraction. This happens when the sense of time is suspended, and the importance of the moment is emphasised.

Craig and Killick (2012) argue that creativity should not be seen as the preserve of exceptional individuals (*big C Creativity*), but as an everyday human capacity (*small c creativity*) that enhances well-being and helps sustain selfhood, particularly for people with dementia. Creativity is understood as expressive, absorbing, and capable of generating a sense of flow in which time and self-consciousness are suspended. Because cultural assumptions about creativity can act as barriers, they propose exploring it in open, imaginative ways that invite participation.

In this context, biographical and life-story work plays a vital role. Collage and other paper-based arts allow individuals to combine memory and imagination in tangible ways, creating multi-layered stories through materials, images, and the process of making. Such creative biographical work provides insights into values, beliefs, humour, hopes, and hidden aspects of identity, while also offering opportunities for dialogue and recognition of the person beyond their diagnosis. In this sense, creativity and biography converge as powerful means of affirming individuality, fostering connection, and enriching the everyday lives of people with dementia.

Collage and other paper-based arts media offer tangible ways for people with dementia to express and tell their individual stories in ways that are not dependent on words (Carr et al.

2009). These stories exist on multiple levels and may be told through the materials the person uses, the images they include, through the words woven into the collage or the ongoing story of its creation. The great strength of this approach is that the final pieces offer a great immediacy as well as communicating something of the multi-layered and complex lives people lead.[807] As such they become a talking point for an ongoing dialogue, focusing on who the person is rather than simply what they have done. Collage offers a medium where individuals are able to present and explore their lives, offering important insights into values, belief systems, their sense of humour and those hidden facets of personality that can be so easily lost or forgotten. Hopes and dreams, favourite things, love, friendship, a special place, home, achievements, and belonging are all themes used as the starting point of collage work.

Reminiscence through Aroma therapy

Smell stimuli count as another type of *mnemo- and multisensory affordances* which can contribute to create therapeutic atmospheres, as we will see in the following example: Veerle Waterschoot, a smell specialist who gives aromatherapy courses helping participants investigate their personal smell memories based on smells which produce an unusual reaction in measurements of their skin tension. In an interview conducted by Van Campen (2009) we find the experience of an Italian man who was attending a 3-day course accompanied by his colleagues, all managers of a large IT company:

> 'The purpose of the course was to strengthen the synergy and group cohesion. I gave out different smells and they were received with great hilarity. I then chose a fairly 'neutral' smell, a cedar wood fragrance, in order to calm things down. Suddenly one of the managers, an Italian by origin, became very emotional and said: 'This isn't possible; I've just been in my grandfather's wine cellar. I should think I was five years old, and I even felt his hand in my hand.' That immediately turned the atmosphere of hilarity into one of respect. He saw images and could smell the wine cellar. Later, in the bar, others said they had also experienced something similar, and just as intensely, but that they were too busy to acknowledge it. This man had allowed it in.' [808]

In her practice, Waterschoot sees that when people experience a Proust effect, it often brings a highly charged emotion from the past to the surface.

> 'The Proust effect happens unexpectedly. You can't just sit down and make it happen. Two minutes can be enough to evoke an intense moment of being touched; that is inspiring and it keeps on coming back as long as the person concerned has not dealt with it. Our inner being recognises it as something important. At their young age, children aren't yet able to experience and understand it at such a deep 'soul' level, but they can still experience it as an emotion.'[809]

[807] ibid, p.95f.
[808] Van Campen 2009, pp.134-136.
[809] ibid.

The recurrent nature of the effect is what gives it its therapeutic power, enabling a person to gradually achieve a state of harmony with themselves. A single experience is rarely sufficient for processing memories at the subconscious level; it is instead a lengthy and iterative process. In this context, the Proust effect represents a moment of deep insight, when past and present briefly converge in a sense memory. The author notes that it is unsurprising that managers with busy lives are particularly susceptible to experiencing Proust effects during her courses, as the effect requires the subject to be in a calm, relaxed, and receptive state.

As we saw in the examples cited in chapter 2.2 and 5.2, Proust experienced his sense memories at moments when he was calm, absent-minded, or bored. In moments of relaxation, we are more aware of smells and other sensory impressions, and emotions from the past can also rise to the surface because they are no longer pushed away by current, acute activities. Therefore, aroma-therapists recommend naturally obtained essences based on their practical experience. They have a more calming effect on people than artificially produced smells, which therapists believe more often lead to aggression, irritation, and allergic reactions.[810]

Conclusion

In the preceding chapters, I have referred to different forms of multisensory engagement in dementia achieved through multisensory environments, embodied habits, and shared practices that help to create interbodily resonances and therapeutic atmospheres contributing to an existential form of well-being. But before looking further into the structure of what these existential forms of well-being or feeling home in oneself could look like on a nuanced phenomenological level, let us delve into the signification of experiencing homelessness and limit situations, two concepts that have been used to describe what it feels like to live with dementia from a phenomenological standpoint.

I argue that through creating atmospheres, involving interpersonal and creative scaffolds, and social affordances, that we can step forward and start to provide people with dementia with an existential feeling of home, sense-making, belonging and orientation.

If synaesthesia demonstrates the entanglement of sensation, memory, and affect, this has major implications for dementia care. Many people with dementia experience a decline in explicit memory, but their *embodied* and *affective* memories remain more resilient. Practical expositions to multisensory environments and their engagement – think of a walk in the park as much as activities like dancing, singing or more specific programmes such as Snoezelen, basic stimulation and more cognitive inclined programmes such as NEUROvitalis - can activate these deeper layers of memory by engaging different sensory pathways simultaneously.

[810] ibid.

For example, if a person with dementia no longer recalls a specific song, they might still experience a strong emotional or sensory reaction when hearing it paired with a particular scent or texture. This aligns with the idea that sensation itself is an *encounter*–not just with external stimuli but with one's own history of affective experiences. If synaesthesia highlights how perception always involves a temporal dimension, then carefully designed multisensory experiences could help *rekindle* moments of self-recognition and continuity for dementia patients.

Since dementia posits one of our most pressing future challenges, providing moments of disorientation for oneself and disruptive interpersonal experiences, accompanied by irritation and despair, it is worthwhile to deal with it on a personal, scientific and societal level. On the one hand, we need to account for the loss that is ultimately affecting people with dementia but also their social surrounding. On the other, we need to offer accounts and practices of what contributes to people's well-being when undergoing severe personal crisis such as illness, such as in the case of this study. Thus, it seems sensible, as we still learn a lot about the impacts of dementia on personal and interpersonal levels, to share and extend and transfer knowledge from other experience of disruption in other life situations and conditions.

IV. Existential Well-being and Resilience in Dementia

> 'Taking responsibility means that in the face of barriers we still have the capacity to invent our lives, to shape our destinies in ways that maximize our well-being.' (hooks 2001, p.57)
>
> 'What is demanded of man is not, as some existential philosophers teach, to endure the meaninglessness of life, but rather to bear his incapacity to grasp its unconditional meaningfulness in rational terms. Logos is deeper than logic.' (Frankl 1959, p.122)

10. Phenomenological Psychopathology and Engaged Phenomenology

In the preceding chapters, I have shown how phenomenologists offer profound insights into both disturbed and non-disturbed experiences of dementia by illuminating facets of perception and experience that tend to be marginalised from dominant theoretical canon or neglected due to their deep integration into our daily lives.

Phenomenological and psychopathological approaches offer distinct but complementary insights which, when integrated, provide richer understanding of phenomena like hallucinations, illusions, and associations closely connected to our lifeworld experiences. The phenomenological approach delves into the qualitative, lived experience of these phenomena, illuminating 'what it is like' in relation to an individual's sense of self and world. This subjective perspective can inform clinicians about the nuanced ways in which patients experience their conditions. Conversely, the psychopathological approach contributes by objectively categorizing and measuring these experiences, identifying neurobiological and cognitive mechanisms, and guiding diagnostic and treatment strategies. Thus, by mutually informing each other, phenomenology can enhance the depth and empathy of clinical assessments, while psychopathology can lend empirical rigor to phenomenological accounts–ultimately fostering more comprehensive, patient-centred models of understanding and intervention.

Engaging with the intricacies of altered human experiences not only allows phenomenologists to scrutinize the disturbed states themselves, but also to delve into the modes of experience that are typically taken for granted but conspicuously absent in pathological conditions. One can note, for instance, that there are similarities between the modes of experiencing the world in schizophrenia and in doing phenomenology, as Breyer has pointed out poignantly:

> 'Comparing the pathological state of schizophrenia with the state in which the phenomenologist finds himself when he distances himself from his immediate life experience through epoché and reduction and moves from the non-thematization of the

> lifeworld to an explicit thematic description of consciousness, some characteristics such as skepticism, self-doubt, and hyperanalyticity are quite comparable. In phenomenology, the 'loss of natural self-evidence', as it passively overtakes the schizophrenic and leads to a heightened sensitivity to what is normal and what is not, is inscribed as a methodological instrument and a fundamental decision of transcendental philosophy. The phenomenologist actively and methodically suspends those ordinary self-evident truths in order to analyze the constitutive achievements of consciousness for their emergence. In doing so, the unquestioned self-evident truths of the natural worldview, above all the doxic belief in the reality of the world external to consciousness, are bracketed.'[811]

In so doing, phenomenologists significantly contribute to a nuanced understanding of both everyday, non-disturbed experiences and the realms of perception that remain hidden precisely because they are fundamental to our experiential lives.[812] The phenomenologist is at the mercy of the imponderables and liminalities of experience, whether pathogenic or not, and must respond to them when they arise. When and how they arise cannot be determined in advance. Sciences such as psychopathology, which are dedicated to the contingency and fragility of mental life, can provide insights into this "when" and "how" that cannot be gained purely phenomenologically. From a phenomenological point of view, it is therefore worthwhile to collaborate with these sciences, which can at least serve phenomenology as a heuristic tool for its own reflection.[813] Apparently, the nature of some mental disorders is mischaracterized by neuro-biological or psychological frameworks on the basis that they fail to capture the nuanced, affective relation that is evinced by an embodied-subject in the world (including the impact it has on others). This is the case for dementia research, for instance. Over the decades, phenomenology has aptly addressed a range of psychopathologies, including schizophrenia, depression, and autism.[814] In view of the growing presence of dementia, which can present itself with symptoms of anxiety, depression, or aggression, it remains questionable why there is no additional or specific entry in the *Oxford Handbook of Phenomenological Psychopathology* (2019).[815]

To fill this gap, I shall therefore address the broader context in which dementia unfolds, including the emotional, social, and existential challenges faced by individuals living with the condition, as a prerequisite for a more integrative and compassionate understanding.

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[811] Breyer 2010, p.120, my transl.
[812] For insightful phenomenological accounts of experiences of illness, see Leder 1987, 2021 or Carel 2013 a,b, 2016, 2021.
[813] cf. Breyer 2010, p.126, my transl.
[814] The recent release of the *Oxford Handbook of Phenomenological Psychopathology* (2019) accentuates the field's pivotal role in contemporary philosophy, with some scholars even deeming phenomenology the foundational science for psychopathology
[815] A speculative answer might involve the fact that it is first of all an organic disease that shows a range of social and mental disorders as a form of comorbidity.

As I have argued elsewhere, an inclusive approach to illness and well-being can foster greater empathy, support, and quality of care for those affected. Embodied and relational approaches to dementia emphasise the importance of attending to the capacities, habits, expressive dynamics, and socio-cultural dispositions of individuals living with dementia within their specific environments.[816] As such they are 'central to self-expression, interdependence, and the reciprocal nature of engagement'.[817] From a phenomenological stance, dementia is a social disorder that affects our intercorporeal communication, calling for bodily, synaesthetic, and creative responsivities.[818] Whereas from a biomedical perspective, dementia is an umbrella term that stands for a series of neurodegenerative symptoms, which are accompanied by a progressive loss of memory and cognitive abilities (WHO 2018). However, this predominantly bio-medical view is problematic as it remains one-sided and primarily refers to cognitive deficits and not to the abiding potential of those affected, as has been pointed out by many critics in the field.[819] That is why, while understanding illness as a fundamental disruption of *being-in-the-world* (Toombs 1986 , my complementary account of being and sense-making in illness recognises the lived body's pluralistic and social unfolding. On this existential and phenomenological account, there is evidence that, even in the presence of dementia, one can maintain or enhance the quality of life and a subjective sense of well-being while embracing a fragmented identity. [820] [821]

Ageing and illness are experiences that confront us at various stages of our lives. Both are transformative, with the potential to unsettle our sense of coherence. In the context of age-related changes to our physical and cognitive constitution, the notions of ageing and illness become relevant precisely because they mark a demarcation between a former, unimpaired life and a fundamentally different life filled with limitations and impediments. Aging with dementia, for instance, seems to emerge as symbolic of a particular *kind of existential discontinuity*.[822] This can lead to feelings of fear, uncertainty, and a loss of control over our lives and future plans. A purely biomedical view, which focuses solely on the physical aspects of illness - such as the loss of specific cognitive functions like the declarative memory in dementia - falls short in providing a comprehensive understanding of what it means to live with an illness such as dementia.

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[816] Winniewski 2025b; also see Kontos et al. 2017.
[817] ibid., p.183.
[818] cf. Craig and Killick 2011, Kontos 2005, Kontos et al. 2019, Winniewski and Dziwza-Ohlsen 2024, Winniewski 2025.
[819] cf. Hydén et al. 2014, Kontos 2005; 2014, Käll 2014, or Sabath 2006, Petherbridge 2019; Winniewski and Dzwiza-Ohlsen 2024.
[820] Note that well-being in illness is a highly individual experience. It is essential to respect individual preferences, choices, and autonomy while supporting someone in their pursuit of well-being. Additionally, healthcare professionals play a vital role in providing appropriate medical care, information, and resources to promote well-being alongside the medical treatment of the illness.cf. Becker et al. 2010, Fuchs 2010.
[821] See chapter 7.5 on the general idea of the lived body with its fragmented identities.
[822] cf. Grebe et al. 2014.

Common metaphors and assumptions, such as the notion of the "living dead" (Behuniak 2011), reflect a reductive and often threatening perspective that highlights only deficits and difficulties, while neglecting the broader implications for a person's life and sense of self. Yet, living with dementia entails far more than the loss of particular cognitive capacities. It involves a complex interplay of emotional, social, and existential dimensions that deeply shape how individuals experience themselves and relate to their surroundings. These dimensions include: '*1) Emotional impact***:** Dementia can evoke feelings of confusion, frustration, and fear, not only for the individual affected but also for their family and caregivers. *2) Social dynamics*: Dementia can strain relationships and social connections, leading to feelings of isolation and loneliness. It can also challenge communication and interpersonal interactions, altering the dynamics within families and communities. *3) Existential concerns***:** Dementia can raise existential questions about identity, purpose, and the nature of one's existence. Individuals may struggle to make sense of their changing reality and grapple with feelings of loss and uncertainty about the future.'[823] By concentrating exclusively on biomedical aspects such as memory loss, we risk overlooking these crucial dimensions and, in doing so, silencing meaningful transformations of self-expression by reducing them to mere symptoms of cognitive decline.[824]

One important question of this chapter is: How can well-being–in view of experiencing illness as transformative but also as limit situation–be understood?[825] A rather traditional, yet, still valid understanding of well-being recently gaining attention in the field of medical humanities and medicine is the Aristotelian concept of *eudaimonia*[826] which is commonly translated as "wellbeing" or "flourishing life" (Woopen, Wagner, and Zank 2021). This ethical approach, similar to the WHO's definition of health, reflects upon the fact that health is not to be understood as the mere absence of illnesses, diseases, or chronic pain but needs to be understood as an overall and balanced state of sense-making in life. It seeks to integrate transformative experience and limit situations in meaningful ways. Similarly, in response to the convergence of critical, generative, and psychpathological traditions in phenomenology, a vision of "engaged phenomenology" (Stanier 2022) with both a methodological and ethical orientation is precisely what I would like to foster and strengthen with my research. Such an approach acknowledges the inherent fluidity and context-dependence of engaged research, this approach emphasizes the situatedness and plurality of lived experience across diverse

[823] Winniewski 2025b.
[824] cf. Käll 2017.
[825] For Karl Jaspers, *limit situations* (*Grenzsituationen*) are existential conditions that confront individuals with the boundaries of their agency and understanding - experiences such as suffering, struggle, guilt, and death. These situations cannot be overcome or rationally resolved; rather, they reveal the limits of human existence and call forth an awareness of transcendence and authentic selfhood. In facing them, the individual encounters the depth of existence (*Existenz*) itself, moving beyond objective knowledge toward existential insight (Jaspers, *Philosophy*, 1932).
[826] cf. Aristotle 1984.

lifeworlds, while linking these to broader questions of power, possibility, and openness. It challenges conventional norms of narrativity and articulacy in phenomenological method, advocating instead for attentive, relational modes of listening and observing that honour the specificity of someone's lifeworld experience. Since engaged phenomenology foregrounds the relational constitution of experience and recognizes the transformative potential of research participation, it provides a suitable framework and invites researchers to reflect critically on their relational role.[827]

My stance in this dissertation is schematically best described as tangential position, which allows for a delimitation of both centre and margin. A tangential position goes beyond these limits by assessing and circling the centre from an equally distanced margin, which nonetheless might be pushed since it remains connected to an extended peripheral field. I understand such a position as being in line with Linda Alcoff's seminal article, "The Problem of Speaking for Others" (1991), as I critically interrogate the ethical risks involved in speaking on behalf of others, particularly across lines of power and difference. I acknowledge that speech is always situated and potentially complicit in systems of domination. As such I share Alcoff's call for a reflexive, context-sensitive practice of representation–one that is grounded in disalienation, accountability, and attentiveness to positionality.

As the chapter unfolds, it builds toward two central concepts, existential well-being and resilience in limit situations, as ethical responses to the question of how to advance dementia care ethics. These terms offer a reorientation of care, one that affirms life with dementia not merely as a problem to be managed, but as a condition in which meaningful connection, dignity, and strength remain possible.

10.1 Dementia as limit situation

'What man actually is and can become,' according to Jaspers, 'has its ultimate origin in the experience, appropriation and overcoming of limit situations'[828] In doing science, Jaspers thought, we experience a limit because we see that science can never authentically allow particular worldviews. Other limit situations, for Jaspers, were the experiences of suffering, guilt, and the anticipation of death. Thus, dementia confronts us with such limit situations which might be understood as existential thresholds that challenge not merely the restoration of a prior state of perceived health, but call instead for an adaptive response to an irreversible condition. For this reason, the central question is not how to return to a lost baseline, but how to navigate the terrain of a progressive and incurable illness in a manner that affirms human agency and

[827] For a more detailed analysis of the objectives of an engaged phenomenology, see chapter 9.1.
[828] Jaspers 1969, p.271.

dignity.[829] Clearly, no straightforward or universal answer can be given. My guiding hypothesis of this section is that the limit situation posed by dementia should not be conceived as a rigid and deterministic enterprise, but rather as a margin of action–an interpersonal and synaesthetic space in which new forms of experience and relation remain possible.

This hypothesis will be elaborated through a twofold deepening of perspective. On the one hand, we may approach this limit situation from the first, second and third person perspectives.[830] The latter is the case when referring to empirical and longitudinal studies such as the "Nun Study".[831] Furthermore, through studies that look at the existential life situations of spouses of persons with dementia–concerning them being in limit situations which change when the ill person relocates to a nursing home, as for instance Høgsnes et al (2013) have shown. Before the relocation to nursing homes, the spouses' existential situations were marked by shame, guilt, and social isolation within the home. Many experienced psychological distress, exposure to physical violence, and a persistent sense of having to neglect their own needs. After the relocation, spouses described a complex mixture of emotions, including guilt intertwined with a sense of freedom, ongoing grief and thoughts of death, loneliness within the spousal relationship, and a continual effort to find acceptance despite an enduring feeling of incompleteness.[832] This is important for health care staff to bear in mind at nursing homes when encountering spouses. These studies provide invaluable data on cognitive resilience, linguistic richness, and neuropathological findings, illuminating the relational contours of the dementia experience.

On the other hand, we may also approach the phenomenon from within conceptual framing, drawing on the phenomenological framework of liminality[833]. Husserl investigates not only existential themes such as aging, dying, and death, but also the experiential dimensions of cognitive decline–namely, the erosion of memory, attention, and spatial orientation. Yet what does it feel like when orientation begins to fail? How can individuals and caregivers confront and possibly transcend these moments of what might be termed "existential homelessness"?

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[829] cf. Canguilhem (1966/1991). For Canguilhem health is not merely the absence of disease but the ability of an organism to adapt and create new norms in response to changing conditions. Healing, therefore, involves establishing a new balance rather than simply restoring a previous state.

[830] For first-person accounts see Mitchell, W. (2018*) Somebody I Used to Know*. London: Bloomsbury, Bryden, C. (2005) *Dancing with Dementia: My Story of Living Positively with Dementia*. London: Jessica Kingsley Publishers, Taylor, R. (2006) *Alzheimer's from the Inside Out*. Baltimore: Health Professions Press.

[831] Findings from the Nun Study (Snowdon 2003), a longitudinal study of Catholic sisters, contributed to a paradigmatic shift in Alzheimer's research by underscoring the significance of early detection, lifelong cognitive engagement, and interindividual variability in aging. The study provided compelling evidence that neuropathological markers such as amyloid plaques and neurofibrillary tangles alone do not fully account for the clinical manifestation of Alzheimer's disease, highlighting the mitigating roles of educational attainment, lifestyle factors, and cognitive resilience (cf. Dzwiza-Ohlsen and Kempermann 2023).

[832] Høgsnes et al. (2013). The existential life situations of spouses of persons with dementia before and after relocating to a nursing home. *Aging & Mental* Health, 18(2), 152–160.

[833] Husserl. E. (2014) *Husserliana: gesammelte Werke. Grenzprobleme der Phänomenologie: Analysen des Unbewusstseins und der Instinkte, Metaphysik, späte Ethik: Texte aus dem Nachlass (1908 - 1937) /* ed. von Rochus Sowa (42).

And crucially, how might we formulate an ethically attuned response to this condition as a lived, embodied limit situation? My argument advanced here aligns closely with both Jaspers' conviction that phenomenology, psychopathology, and psychiatry must exist in a dynamic and reciprocal relationship and in a medical humanities approach I have introduced earlier.[834] These approaches argue that philosophical explorations of vulnerability and finitude ought not to remain confined to abstract metaphysical discourse; rather, they should be integrated into phenomenologically grounded, clinically relevant frameworks applicable across diverse domains such as gerontopsychiatry, nursing studies, and palliative care. By means of such interdisciplinary engagement we can cultivate a more holistic understanding of dementia–one that moves beyond the mere cataloguing of deficits and instead affirms the residual capacities, relationality, and meaningful subjectivity of those living with the condition.

Jaspers' concept of *limit situations* seems particularly appropriate not only to elucidate outstanding existential situations in general, if we think of ageing, for example, but also basic preconditions for the occurrence of mental and social disorders or disturbances such as trauma, depression, OCD, etc.[835] In other words, it refers to existential experiences that confront individuals with the fundamental boundaries of human existence–death, suffering, struggle, chance, and guilt. While these *basic situations* are universal, they become *limit situations* when they are personally and existentially felt as distressing, shaking the illusion of coherence in one's existence.[836] These experiences reveal the inherent *antinomic structure* of *Dasein*–life's irresolvable contradictions that cannot be logically or practically overcome, only endured which calls for resilience rather than resistance. One such contradiction is that our being in the world (*Dasein*) is always situated within specific circumstances, never as a totality of all possible states. This situationality inherently limits freedom and entails a form of existential guilt–the unavoidable shortfall in actualizing one's full potential. Moreover, guilt arises from the tension between co-existing with others and competing with them, from conflicting duties, and from the unintended consequences of our actions.[837] These tensions expose a deep antinomy between the self and world. Limit situations thus have an uncovering (*Freilegung*) function–they dismantle the protective 'housing' (*Gehäuse*) of everyday understanding that provides existential security.[838] Yet, such housing, while ultimately fragile, is also necessary as a form of existential coping. In such situations, an otherwise hidden fundamental condition of existence becomes manifest for them, e.g. the fragility of one's own body, the inevitability of

[834] See *Introduction* of this thesis.
[835] Schmidt, F. (2025). Aging and Limit Situation. A Study of Existential Dynamics in Psychotherapy with Older Adults. *Phenomenology and Mind* 28:8.
[836] Jaspers 1932/1956, p.249
[837] ibid., pp.230–23.
[838] ibid., p.249.

freedom, or the finiteness of life. This fundamental condition is found unbearable and, as a reaction, may give rise to mental health problems.

From an existential stance, 'limit situations' represent the pronounced possibility of becoming aware of one's *Existenz*, as Jaspers states: 'Experiencing limit situations and Existing are the same'.[839] While in the Jasperian concept one is confronted with freedom of choice to tackle the limit situation, Fuchs proposes that, to overcome the limit situation, a *competence for limit situations* is 'a minimum standard of stability, courage, and reflective capacity' that helps 'to know, accept, and overcome limit situations as such'.[840]

This competence first needs to be shifted to the therapist to develop an understanding for diverse types of limit situations.[841] A 'psychopathology of limit situations' illuminates the fact that an existentially vulnerable person senses the vast depth of these affects and dispositions more than others and tries to escape the existential agitation caused by them through a housing of everyday precautions and avoidances. Yet, the housing only provides an apparent security; indeed, as far as it weakens his 'existential resilience', he or she is even more helplessly exposed to the occurrence of limit situations.[842] Despite the fatal prospects of a progressive disease such as dementia there are possibilities on how to support someone to bear and manage the situation, that is, to cope with it, even if he cannot use it as a 'leap to freedom'.[843] Such a step includes the idea and shared practices of transforming a limited field of action into enabling environments, for instance, via creative scaffolds and synaesthetic spaces which I have addressed in chapter 9.

In addition, the question of how to address such limit situations and how we can find a housing or home within new situations is also a matter of an engaged phenomenology–to be understood as critical, generative and ethically responsive to normative challenges. In the next

[839] Jaspers 1973, p.204 cit. in Fuchs 2013d, p.317.
[840] Fuchs 2013d, p.318.
[841] Given the central role of the concept of *limit situations* in Jaspers' project of the illumination of *Existenz* (*Existenzerhellung*), it is striking that these situations occupy only a marginal place in his psychopathological writings. While Jaspers does suggest that neurosis can, in principle, be understood as a condition resulting from a failure to confront limit situations, he does not elaborate on this connection in any significant detail (Jaspers 1913/1963, p. 275). Psychosis, moreover, is excluded entirely from this framework, as its fundamental incomprehensibility - both in genetic and existential terms - renders it inaccessible to the categories of meaningful understanding that limit situations presuppose. This raises the question of whether, and to what extent, the psychopathological dimension of Jaspers' work can be reconciled with the existential-philosophical significance he attributes to limit situations.
[842] There are different different modes of *existential vulnerability* to taxonomise the *type of limit situation* further. Generally speaking, as Fuchs describes, there is the *hypochondriac's sensitivity* to the perils of bodily existence; second, an *anorexic's sensitivity* regarding the dependency on a material body; a compulsive *neurotic's or depressive's vulnerability* in relation to freedom and guilt, which above all can turn situations involving decisions into limit situations, and a *narcissist's vulnerability* to the limitation of possibilities. Finally, and independent of any individual susceptibility, there is trauma as a life-threatening danger (cf. Fuchs 2013d, pp.317f.).
[843] ibid., p.318.

section, I therefore discuss the suitability of calling undeniable and apparent moments of disorientation as a feeling of 'existential homelessness'.[844]

10.2 Dementia between multiple homeworlds and existential homelessness

> 'I believe that you can choose your home, and at the same time you cannot. On the one hand, we cannot choose where we are born and where we spend our childhood and youth. But I also believe that something or someone can become our home, be a home for us' (Fischer 2023, my transl.)[845]
>
> 'I believe that there are few things worse than knowing where you belong but not being able to be there' (Stanišic 2019, p.174, my transl.)

The extent to which our home- and alienworld shape us is a philosophically and politically challenging topic that I would like to present beyond its pure dualistic positions, and instead in their sometimes contradictory, fragmentary, thus complex nature. Imagine that you move from one country to another for work, or you frequently move through places in which you feel alien and at home during different periods of time. A scenario that is slightly different is when you do not have much choice and the question of moving is existential, for instance, if you were forced to move countries due to a civil war, as it is in the case of migrants and refugees. This puts the question forward of how habits function in exile or illness. Facing the fact that you do not know if and when you will be able to return back to your home country, this experience might lead to a strong sense of alienation, disorientation in view of the potential loss of what has been familiar and the alien new place you now inhabit.

That is why exile is often seen as the loss of home's habitual comforts and defined as inhabiting one place while belonging to another. This view needs to be challenged since our habitual body memory serves as a means to home and remains perceptibly present in the exile experience.[846] For instance, Lugones' *world-travelling* refers to the practice of moving imaginatively and ethically between different "worlds" (social, cultural, racial, gendered worlds) in order to perceive how others see us and how we see ourselves in their terms.[847] It is both demanded by oppression (for those who are outsiders) and can be exercised by those in dominant positions, if done attentively and with *playfulness.*[848] It is thus not simply empathy or perspective-taking, but a shift in identity: 'from being one person to being a different person in

[844] Dzwiza-Ohlsen 2022.
[845] Fischer 2023.
[846] Cavallaro (2025) challenges this view by addressing the phenomenological interrelation between habits and place, introducing the concept of "genetic density" to emphasize homeplace's unique status, one the one hand, and by emphasising that through our habitual body memory we are able to bridge the gap and the feeling of alienation.
[847] Lugones 1987.
[848] Lugones 1987, pp.5-10.

different "worlds",' which requires acknowledging multiplicity of selves and resisting arrogant perception.[849] A similar situation might occur when receiving a diagnosis of a chronic and progressive disease, that is, when your body starts to feel alien to yourself and to others. The question, I would like to address in this chapter is what kind of experiences or existential feelings do home- and alienworld or existential homelessness imply and what do they possibly exclude? I am wondering if they are not perhaps too radical and manifest categories that bypass lifeworld experiences of the multiple senses of belonging or the disruption that arises from these narrow categorical demands? I argue that as such home- and alienworld should not be regarded as fixed entities but rather as transitory scaffolds that lend us support and orientation in particularly challenging situations, e.g. in traumatic experiences or when dementia sets in. It is therefore important to include accounts of finding shelter in disorientation, as has been argued by Lajoie (2019). This could even include what I would call *chaosmotic movement*s and *expressions* which might not be immediately and directly understood as commonly shared habits.[850]

In this regard, a phenomenology of disorientation allows for a re-negotiation of the boundaries and limits of our home- and alienworlds and of our structural behaviours. Consequently, a phenomenological account of disorientation, in my opinion, can include a lack of belonging which is marked by feelings of insecurity, doubts, and disorientation towards oneself, the world, time, and space, without immediately pathologizing such existential feelings. That existential disorientation is a matter of an entangled sense of belonging to my body (socially, ethically, politically) to others, a group, and to a place and space, as has been elaborated by phenomenologists and those within in the psychopathological tradition: Wolfgang Blankenburg, Karl Jaspers, Thomas Fuchs, Matthew Ratcliffe, Havi Carel, Mariana Ortega, Luna Dolezal, Kirsten Jacobson, or Corinna Lajoie, to name a few. They have elaborated on these dimensions offering varied phenomenological accounts of how shifting and multiple identities, traumatic experiences or illnesses shape our perceptions, beliefs, and behaviours, observing feelings of destabilisation, permanently searching, or being alert to threat. Furthermore, they have touched upon the social challenges on how the body provides shelter (or not) in ageing, illness, migration, traumatic experiences, or when we bear multiple identities.

The aim of this chapter is to shed light on the complexity, ambiguity, and limits of these seemingly contrary worlds of home and alien, and to question their contribution to our identity

[849] ibid.

[850] The term chaosmosis was introduced by F. Guattari (1995) as an ethico-aesthetic paradigm and refers to '…not going to oppose two antagonistic drives, of life and death, complexity and chaos. The most originary, objectal intentionality defines itself against a background of chaosmosis. And chaos is not pure indifferentiation; it possesses a specific ontological texture. It is inhabited by virtual entities and modalities of alterity which have nothing universal about them' (ibid., p.81).

and well-being in view of their dichotomous juxtapositions and in view of transformative experiences that may include illness or traumatic experiences. This entails different modes of experiencing home and the absence of this experience (being lost, detached, disoriented etc.). How can we make sense of our lifeworld when we feel lost, or normatively not fitting into established realms? How do we create new homeworlds?[851]

In dementia research literature, we can find reference to the often uttered sentence 'I want to go home.'[852] This phrase made by people with dementia in residential care leads to the fact that they are often described as being 'homesick' seeking sanctuary and familiarity in a past home. Most authors concur that this phrase is used when someone feels lost, insecure, sad or simply wants to express they need to feel safe, stable, and oriented (cf. Meyer and Bacque). However, based on ethnographic observations, Örulv (2014) critically points to the need to attend to nuances in the subjective experience of disorientation as expressed in social interaction in the context of dementia care. In her ethnographic fieldwork she has put the focus on residents' personal stakes and concerns about spatiality and place as they simultaneously position themselves in relation to a *moral* landscape, that is they appear less eager to return home and instead show contentment with their current residence. What Örulv observes and remarks in this example is that they seem to feel a social or moral obligation to go home merely because others are doing so, yet they focus on reaffirming details of their present location, trying to imprint it in their memory despite ongoing confusion. In addressing both an oversimplified positioning of people with dementia and their moral agency, despite experienced and expressed confusion and disorientation, Örulv addresses an important and often neglected aspect in care situations:

> 'Being on one's way somewhere, in a disoriented manner, may be an attempt to seek out an arena offering better opportunity for moral action and for claiming the position of a morally responsible person. This could be, for instance, as a proud woman paying her way rather than relying on the mercy and generosity of others and burdening other people. Similarly, residents may feel the need to justify and legitimize their presence in the residential facility, as if they had no right to feel at home there. Referring to a legitimate reason for being there and to arrangements with persons that one believes have righteous claims to the place, however inaccurately, could be a strategy for claiming moral agency'[853]

This example shows, to what extent the reference to dementia as *existential homelessness* needs a deeper unfolding as it might be questionable with regards to its ethical suitability.[854] I argue

[851] Among others Braidotti 1994, Assmann 1992; 2019, Ahmed 2006, 2013, or Fanon 2008 have addressed this problem from a critical phenomenological lens.
[852] Meyer and Bacque 2011.
[853] Örulv 2014.
[854] cf. Dzwiza-Ohlsen (2022).

that while the notion might seem metaphorically very effective, it somehow seems too static and absolute to adequately capture the phenomenology and existential feeling of being lost, torn, disoriented or feeling the loss of trust in one's own body.First, we can argue with Schweda (2019), Behuniak (2011), and Grebe et al. (2014) that the use of metaphors to describe what is ineffable in illness is an inherently ambiguous endeavour.[855] Metaphors can render complex, subjective, and often inaccessible experiences more communicable by translating them into shared cultural images. In this sense, they possess an informative and sense-making function, helping both patients and caregivers to orient themselves toward illness in narrative and affective terms. Yet, as these authors emphasize, metaphors also carry normative and affective weight: they can shape how illness is socially perceived and morally evaluated. For instance, metaphors of *loss*, *warfare*, or *emptying out*–common in dementia discourse–risk reinforcing stigma by framing the ill person as defeated, diminished, or absent. Such figurations obscure the ongoing capacities, relationality, and embodied presence of the person living with dementia. Hence, while metaphors may help to articulate what resists literal description, they can equally distort or devalue lived experience. This dual capacity makes their ethical status precarious: they can humanize or dehumanize, reveal or obscure, depending on how they are mobilized within broader cultural and care contexts.

My point of criticism to the notion of existential homelessness relates to the following: I cannot become completely or absolutely homeless, as I carry what home means to me within me, which is already reflected in my embodied habitus and my memories respectively. This observation may equally pertain to the lived experiences of migrants which is particularly evident in the ambiguity of Stanisic's above-quoted statement about his grandmother in his book *Herkunft* which needs to be considered in relation to her dementia and in relation to her social origins from the former Yugoslavian states as he affirms: 'I believe that there are few things worse than knowing where you belong but not being able to be there'.[856] While expressing the feeling of having lost home as it might occur in dementia, Stanišic is also referring here to the loss of the political homeland in all its facets–i.e. both the spatial and social dissolution of a state and the resulting loss of a framework–after the collapse of the communist bloc in 1989-1991. These times in which the life experience of many were also characterised by uncertainty due to the societal change and breakdown of these states, as well as an unpredictability of one's own future (the ambiguous coming from home and going to a potentially unknown land) –that

[855] For a critical assessment of the differentiated use and power of metaphors to precisely describe the lived experience in dementia see Behuniak (2011) and Schweda (2019). Both authors argue against malign metaphors to do not do justice to the diverse lived experiences people with dementia. This is not to say that metaphors might not be useful to make things understandable in a condensed and exaggerated way, but if it hinges on the cost of differentiating lifeworld accounts appropriately, then a phenomenologically distinct use of such metaphors should be favoured.
[856] Stanišic 2019, 174, my transl.

is, a preclosed and unavailable horizon of knowledge. Politically speaking, and this includes apparently the existential dimension as well, the loss of home can never be considered total or absolute. Therefore, the use of the term existential homelessness–even if it corresponds to an episodic feeling–must be viewed in a differentiated way.

For dementia, in particular, one important question arising from such situations is: What precisely is meant by being existentially homeless? Meyer and Bacque (2011), for instance, have interviewed 25 persons with Alzheimer living in care homes in France and individuated a range of existential feelings that are connected with the expression "I want to go home". First, it describes *feelings of uselessness*–that is, having a "home"is synonymous with having a social status; it represents what people were before socially, active and well integrated persons. Second, it refers to *feelings of loneliness* as the search of "home" is strongly linked to the feeling of lack of social belonging. Third, the *fear of being crazy* is expressed as by searching their home, some demented subjects tell us about their fear of becoming crazy. Fourth, is the *feeling of frustration* that comes to the fore. As searching for home is synonymous with a request for autonomy and freedom, the aspect of being dependent generates a feeling of frustration. Fifth, *feelings of insecurity* show that, due to their disorientation symptoms, persons with dementia have the feeling of being lost, when in a strange or unknown place. Note that this might even occur in their long-term family home. By searching for their home, they are telling us about their need of a familiar and secure place for their self.[857] These observations fit with a phenomenological account of 'feeling at home' or a homeworld, as coined by Husserl. When we are 'at home', we feel more grounded, safe, secure, and in tune with our surroundings.[858] The homeworld just feels familiar and lends us orientation and a sense of belonging which can be doubted in a twofold way. If we conceive of an illness such as dementia (and other disorders) as a body that is afflicted by *bodily doubt* (Carel 2016) and *social doubt* (Robertson and Osler 2024) we are able to describe and claim for a shift in someone's bodily experience which is accompanied by a corresponding shift in how one experiences one's environment due to (chronic) illness. This kind of doubt–foregrounding in our explicit awareness–might jeopardize the tacit certainty, residing in our implicit awareness of how to do everyday actions. Whereas the latter 'arises when we meet resistance in our attempts to navigate the spaces we inhabit with others, and the fragility of our status as a full and valued participant in the social domain is brought, painfully, to our attention'.[859] Both bodily and social doubt determine how we conceive of and how we move in our home- or alienworlds, which can happen in dementia

[857] Meyer, A. and Bacque, M.-F. (2011). "I want to go home": An identity request expressed by demented persons. *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*, 7(4), 635. Retrieved from https://doi.org/10.1016/j.jalz.2011.05.1816
[858] Dolezal 2017, p.104.
[859] Roberts and Osler 2024, p.61.

either in an estranged, isolated and disorientated manner or if we are able to facilitate a feeling of trust into what is open and unpredictable, or in other words, a sense of curiosity and openness to counter anxieties and doubt.

Next, I shall address the traditional phenomenological concept of homeworld coined by Husserl in its inherent limits, given the disrupted feelings of belonging we may encounter in sociopsychological impairments and illnesses such as dementia. This will help to set the stage for phenomenology of disorientation that seeks to account for these disrupted feelings of belonging and trust.

10.3 The Husserlian Homeworld and its Limits

Edmund Husserl's concept of the *homeworld* offers a valuable framework for understanding a pervasive background sense of being rooted within one's environment. Husserl introduces the *homeworld* in the third part of *Zur Phänomenologie der Intersubjektivität* (Husserl 1973a) as the experiential domain co-constituted in contrast to the *alienworld*, which represents the world of others. The *homeworld*, in contrast, is felt as *our world*–an inherently intersubjective construct, defined by shared possibilities and anticipations within its horizon. This shared experiential domain is not only perceived by the individual but also collectively experienced by others inhabiting the same world. In essence, the *homeworld* concept encapsulates the intersubjective nature of how we engage with and experience our surroundings as familiar and shared.[860] In *The Crisis of the European Sciences* (1934/35), Husserl contrasts the lifeworld with the naturalistic worldview of the hard sciences, which see the world as objectifiable and mathematizable. Instead, Husserl emphasizes the pre-scientific understanding of the world as given to the individual through lived experience. Homeworld and lifeworld are central concepts much discussed in the subsequent literature, most firmly in Steinbock's *Home and Beyond* (Steinbock 1995). While Husserl does not provide a single definition of the lifeworld, Steinbock identifies six different readings of the term in Husserl's work, each highlighting a different aspect of the pre-scientific experiential world and its roles, from every day, pre-reflective experience to transcendental and ontological world-building. Generally, the lifeworld is experienced in the natural attitude, pre-reflectively. Individuals are immersed in this world, which is given as universally present. Husserl refers to this aspect as the 'cultural world' in the fifth *Cartesian Meditation*.[861] He later introduces the concepts of 'homeworld' (Heimwelt) and

[860] While I do not aim to provide a comprehensive account of Husserl's notion of the 'homeworld' or related terms such as cultural world (*Kulturwelt*), surrounding world (*Umwelt*), everyday world (*Alltagswelt*), or world of experience (*Erfahrungswelt*), it is important to note that these concepts are not sharply delineated in Husserl's writings and often overlap in meaning. Central to all of them is the notion of the 'lifeworld' (*Lebenswelt*), which Husserl famously introduces in *The Crisis of the European Sciences* (1934/35).

[861] Husserl 1982.

'alienworld' (Fremdwelt) in texts from 1933 and 1934.[862] The homeworld is experienced as our world by oneself and fellow human beings, but it is not perceived as such until contrasted with an alienworld. As Husserl explains, the homeworld becomes distinct only when other homeworlds or peoples are recognized within one's horizon. This differentiation between homeworld and alienworld is a co-generative process; the experience of a foreign world as foreign defines the sense of our world as ours. A home is not a one-sided original sphere, but understood as being co-constituted as home by encountering an alienworld.[863] Steinbock affirms that 'home and alien belong together in a permanent relativity'.[864] In other words, no state of experience is purely alien; the experience of the alien always refers back to what is considered home. And vice versa, nothing is purely home, the experience of home always refers to what we consider alien. However, there are limitations to Husserl's account as it, for instance, neglects the multifaceted and flexible nature of the homeworld, not accounting for the fact that individuals often experience themselves as belonging to multiple homeworlds.[865] This implies the fact that, they never fully share the same homeworld experiences respectively.

Home is, of course, an inherent embodied and, at the same time, political category, as Mariana Ortega has emphasised:

> 'Home is where the personal sometimes unexpectedly, sometimes inextricably, meets the political'. The home question can thus lead us from the confines of our own skin to the open spaces of worlds inhabited by others like and unlike me, to a politics of location'[866]

Since human lifeworld experiences are far from unitary and individuals belong to an array of partially overlapping *worlds* or *worlds-within-worlds*, we should bear in mind that these *worlds* do coexist, intersect, and often potentially conflict (cf. Wilde 2022).[867] The Husserlian account does not consider or include a variety of situations in which our homeworld is not as stable and secure in the way we tend to idealize it. Hence, Husserl's concept is limited in its ability to account for the complexity of overlapping and shifting *homeworlds* and *alienworlds*.

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[862] Husserl 2008.

[863] Seyla Benhabib makes a related argument that the liberal conception of the person wrongly assumes that people and groups of people already know and recognize their personal commitments and disagreements before entering into conversation with one another ("Models of Public Space," in *Situating the Self,* New York: Routledge, 1992], 89–120). In other words, she criticizes the liberal model for presuming that people know themselves *as* citizens before they leave their homes (98–100). Jacobson (2019) takes up this criticism.

[864] Steinbock 1995, p.182f.

[865] See, for instance, Ahmed 2006; Braidotti 1994; Ortega 2016; Lugones 1987.

[866] Ortega 2016, p.194.

[867] Wilde (2022) demonstrates that these are furthermore susceptible to change: by drawing on experiences of trauma as an example, she illustrates the possibility of being expelled from one's homeworld. Walther's notion of 'humans, who also…' enables thinking about homeworlds as overlapping and in flux and emphasises that the expulsion from one's homeworld is an alienating experience. An engagement with experiences of trauma thus revealed both the multifaceted nature as well as the vulnerability of homeworld experience (ibid., p.150).

The essence of home seems inherently dynamic and based on contrasting pairs, such as stability and variability. In other words, the experience of feeling at home comes in different facets and is subject to time, place, space, and bodies of a community. Thus, the homeworld, in more general terms, pertains to another dimension of belonging, one that goes beyond shared characteristics with specific individuals to encompass a more generalized sense of connection to one's community and how we feel at ease within our communities. Shifting in-between communities might seem problematic if the common understanding of homeworld is singularised. On the contrary, multiple worlds or layers of homeworlds include, for example, the familial world, professional spaces, or our identities tied to specific activities such as being a triathlete, an activist, or a devoted classical concert goer. Furthermore, individuals frequently navigate transitions between these domains. As I will show in the following section, by help of Marianne Ortega's *multiple selves* and *hometactics* and Rosi Braidotti's *nomadic self,* migrants and refugees, for instance, are compelled to abandon one *homeworld* and adapt to another.

In view of Husserl's limited homeworld analysis, and Steinbock's call for a static, genetic, and generative way to understand 'home,'[868] it is important to note that home cannot be 'given' from any external perspective. Rather, it is generated developmentally and intersubjectively. Thus, there seems to be a need for alternative accounts of how home- and alienworld should be conceptualised in a more nuanced and comprising manner. Philosophers such as Ortega (2016), Braidotti (1994), Jacobson (2009), Dolezal (2017) and Lajoie (2019) offer relational and generative concepts that include the static and genetic aspects of how homeworld is conceived and how it affects us existentially. Their different perspectives add on to the conception of what homeworld means and what dimensions are included or excluded. Taking up their different perspectives the following section will give an overview of crucial points to be included in the discourse of homeworld in order to understand the existential dimension of home, the absence and presence of feeling home.

11. Alternative Accounts of Homeworld Experiences

First, we should look at the bodily dimension of home since ''… far from my body's being for me no more than a fragment of space, there would be no space at all for me if I had no body'' (Merleau-Ponty 2002, p.102). While we do not typically notice this constitutive role of the body, it pervasively shapes every possible activity in which we do take active notice. The body– and, more specifically, the body in its passivity, in its capacity as the receptive, given core in

[868] Steinbock's categories of home in *In Home and Beyond* (1995) and their extensions describe different modes of experiencing "home." Whereas the *static* mode refers to home as a fixed, stable place offering security and rootedness; the *generative* mode emphasizes home as a dynamic space that nurtures growth and transformation; and the *genetic* mode highlights home as the origin of identity, shaped by familial and cultural inheritance. Together, these modes expand the concept of home beyond physical location to encompass relational and existential dimensions.

the background of all experience–is fundamentally the base of our action, and this is equally true of our home [869] Whether functioning as an outer skin, attuned to the body's needs, or as a stable base through which we engage the world, our home can be understood as a second body. At its most fundamental level, home resembles the body in that it provides an initial sense of stability and serves as a foundation for the self.

In his phenomenological study of home, Anthony Steinbock affirms that our perceptual powers are shaped by our home experience, that is, these home experiences form our perceptual styles and habits. Our bodies take on the styles and habitualities of comportment unique to our cultural values, according to Steinbock (1995).[870] Aesthetically (in the literal sense), it structures our way of seeing, the sounds and tonal ranges we hear, familiar smells and the odors of our bodies. When Steinbock speaks of the lived-body as a 'home-body' in *Home and Beyond*, he is directly linking our lived experience of our bodies with that of our homes.[871] In a Husserlian analogy, Kristen Jacobson describes body and home as the zero-point of orientation, when stating that

> '[t]he home grounds the ''absolute here'' of our body insofar as it allows the body a settled territory in which it finds itself – explicitly or implicitly – in its ''here-ness.'' The experience of being-at-home and the bodily sense of self are thus inseparable; without home, there would be constant dispersion in the always retreating ''there".'[872]

While these accounts present home as something solidly and consistently "there for us," it is important to recognize that, just as we must grow into and learn to inhabit our bodies, we also must learn how to dwell, that is, to be in the world, in Heidegger's sense. Home thus provides a center of orientation, or an "existential zero-point," from which a meaningful life unfolds. Yet home is not merely an objective place; it is a style of being, almost like a person's given nature. It shapes the ways we carry out and evaluate daily and long-term projects, offering developed ideas, feelings, and activities, and serving as a platform for new ones to emerge. Ultimately, home gives us a sense of "my own" in the world. It encompasses both our focused interests and our moments of drifting without explicit aims, shielding us, at least temporarily, from the demands and interests of others. In this way, home functions as a space for self-nourishment and self-development, and is fundamental to our experience of belonging and ownership in the world.[873]

[869] Jacobson 2009, p.360.
[870] Steinbock 1995, p.232.
[871] ibid. pp.232–233.
[872] Jacobson 2009, p.361.
[873] ibid., p.359.

Whereas Steinbock (1995) argues that '[m]aking ourselves at home as our world to which we belong entails more than a 'sub-liminal' belonging, but an active responsibility for setting limits, for repeating, for renewing the homeworld' (ibid., p.227) The call to actively shape and re-shape home is congruent to the natural call to our bodies which constantly re-shape through natural and cultural processes such as ageing, or falling ill. Following Steinbock, Jacobson (2009) underlines that we are *responsible for* making our home, for making ourselves at home, and this is something we must learn how to do, and that we learn to do with and through other persons. A homeworld holds a privileged position because it serves as the framework through which our experiences come together as distinctly our own, shaping not only how we perceive the world but how the world itself structures our experience. This constitutional privilege is not contingent upon whether we find it pleasant or distressing; it operates independently of our emotional responses. What matters is that the norms guiding the homeworld are our own, as much as the expressions of our lived history, our habits, and the particular way of life to which we have become attuned.

In *Home and Beyond*, Anthony Steinbock argues: 'Simply because I move about, leave my geographical location entirely, or change my residence does not necessarily mitigate the impact of home, nor does it mean that I simply leave its geology behind. It becomes sedimented and remains in my daily customs of eating, the types of foods I prefer, my measure of distances, in my language, etc.'.[874] These 'customs' are part of what allows us 'to be at home' when we are not actually in our homes. In that sense we can never fully become existentially homeless.

When we say that people are able to make themselves at home somewhere, we refer to a vital and generative capacity, that is, the ability to render a somewhat, or even profoundly, foreign place one's own. It involves discovering, at least temporarily, a personal rhythm or mode of inhabiting that allows one to navigate and orient oneself within an otherwise unfamiliar environment.

Such kind of shifting of homeworlds have been described by feminist philosophers and phenomenologists like Marianne Ortega, Kirsten Jacobson, Rosa Braidotti, or Corinne Lajoie.[875] In the following, I would like to present their theories in view of a different

[874] Steinbock 1995, p.124.

[875] From a gendered perspective and in a feminist phenomenological account of home, Luna Dolezal explores foundational and structural aspects of home through an analysis of its gendered dimension (Dolezal 2017). By recognizing pregnant embodiment as our primary dwelling, Dolezal anchors the constitution of bodily subjectivity in the female body's often invisibilized acts of nurturing, sustenance, and care. The first place in which we are held and supported, then, is both materially and metaphorically dependent on (other) female bodies. Her reading reorients our attention toward a gendered rhetoric of home, making careful distinctions about the ontological and foundational meaning of home visible, transcending. Dolezal describes the phenomenology of home as a deep, often unnoticed familiarity that binds one to kin and community. However, this is not to be understood as a mere positive notation given the political dimensions of a private and public homeworld. While her description captures the essence of experiencing the world as a homeworld, that is, the sense of familiarity and ease, security, and grounding that accounts for the difference between mere lifeworld and homeworld, and the sense of belonging that the latter entails, we still sometimes can feel how 'home' and 'world' do contrast and turn into irreconcible pairs.

understanding of what home and a sense of belonging could entail in order to gain alternative views on the fact that we may become or may not become existentially homeless.

11.1 Multiple Selves and Hometactics

Mariana Ortega introduces *zozobra* as a state of existential and affective disorientation experienced by those navigating multiple, often conflicting, social and cultural worlds– especially in contexts of marginalization, displacement, or intersectional identity conflict. In response, she develops the notion of *hometactics*: small, everyday practices that create a provisional sense of familiarity and belonging without appealing to a fixed notion of home or identity. These tactical acts–such as forming alternative communities, engaging in cultural rituals, or inhabiting hybrid linguistic spaces–offer agency and comfort within structures of alienation and exclusion (Ortega 2016; Ortega 2014).[876]

In *In-between: Latina feminist phenomenology, multiplicity, and the self,* Ortega discusses the notion of home in connection to the ideas of location and belonging in light of the experience of multiplicitous selves. Given the multiplicity of the self, the notions of home and belonging need to be reinterpreted, Ortega argues. Following Michel de Certeau's view of tactics, Ortega introduces the notion of 'hometactics,' an everyday praxis that allows for a sense of familiarity and a thin sense of belonging that captures both the positive aspects related with home while avoiding its restrictive, exclusive elements:

> 'To understand what home is we can ask ourselves: 'What is home? The place I was born? Where I grew up? Where my parents live? Where I live and work as an adult? Where I locate my community, my people? Who are my 'people'?'[877]

Answering these questions is complex and call forth a nexus of histories and experiences, which can consist of playful and painful as well as chosen and inherited elements. As mentioned before, Ortega conceives of home where the personal sometimes unexpectedly, sometimes inextricably, meets the political. This entails as much as question of home and homeworld reach from the confines of our own skin to the open spaces of worlds inhabited by others like and unlike me, to a politics of location, which is sometimes in favour of one group compared to another.[878] That is, a politics of location might quickly turn into a 'home" for some members

[876] The term 'hometactics' (from Greek taxis, arrangement or order, and home, dwelling) refers to the strategies or practices by which individuals make a world habitable - how they come to feel "at home" in a space that is not automatically given as such. For Ortega, human life is not simply thrown into the world, but must construct a meaningful space, a vital geography, in which existence becomes bearable and navigable. While José Ortega y Gasset does not coin the term *hometactics*, the concept finds fertile ground in his philosophy of life, where the human being is always a situated self engaged in the task of world-construction. Hometactics thus names the existential and practical strategies by which we orient ourselves, make a place livable, and integrate the unfamiliar into a habitable space of meaning, always from a concrete, historical standpoint. Ortega's idea that "I am I and my circumstance" captures this relational embeddedness and the ongoing negotiation of self and world (Ortega y Gasset, *Meditations on Quixote*, 1914).

[877] Mohanty 2003, p.126 cit. in Ortega 2016, p.196.

[878] Ortega 2016, p.195.

but also a 'barred room" for those who are deemed not to belong. Belonging then gets negated for some. Put differently, when belonging is a matter of satisfying particular conditions of identity, which in turn become homogenizing conditions, home serves to exclude those who are not like us or whom we deem are not like us. In view of this discrepancy, Ortega attempts to go beyond the myth of home and move toward a *decentered praxis of home-making and belonging*, one that gives up the possibility of full belonging and allows for the possibility of not longing to be on one side or site of belonging (ibid., p.201) By describing hometactics as a method, praxis or a practice which is mindful of both location and relation, Ortega adds another layer to our attempt of understanding home, location, and belonging, that is, …

> 'a layer that is many times overlooked as we emphasize the grander project of forging a politics capable of generating resistance to oppression or projects that emphasize unity or integration. This layer is that of the lived experience of multiplicitous selves that are being-between-worlds and being-in-worlds and that find themselves constantly negotiating their multiple identities in light of both ambiguities and contradictions but also in light of what I have referred to here as a will to belong.'[879]

Hence, with the notion of hometactics, Ortega wants to uncover what multiplicitous selves are already practicing in their everydayness, a disclosure of that which is already happening in our lived experience. Her programme includes a room and necessity for larger political projects *of co-belonging* as well as moments when it might be necessary to integrate certain aspects of our multiplicitous selves. What might even be a more painful question precisely because that home seems harder to find or cannot be found given one's multiplicity. Despite the determination of this will to belong that might provide a feeling of security and comfort, we cannot avoid recognizing the limits and pitfalls of such security, namely, the reification of certain identity categories as opposed to others and thus the expulsion of those who do not fit a version of authentic belonging, as Ortega warns us.[880]. In referring to a 'discussion of active subjectivity'[881] Ortega affirms:

> 'Lugones provides a spatial philosophy of resistance that is meant to enhance her critique against the fragmentation caused by the subjectivity arising from the logic of purity. For example, "Latina/lesbians," construed as fragmented beings under the logic of oppression and purity, become "Latina-lesbians" under Lugones's impure logic, and they no longer have to speak with bifid tongues and fragmented voices–they no longer have to live in the *penumbra.* '[882]

If we are to apply these pitfalls of security and experiences of dispossession in dementia, they lay bare our assumption of the continued self-narratives most often imposed by others–be it

[879] ibid., p.202.
[880] ibid., p.197.
[881] Lugones 1987.
[882] ibid., p.108.

family members or other carers. The question, then seems two-fold, how could someone with dementia bear and familiarise with its changing nature, and how do we as carers get a hold of this person as changing their identity similar to the idea of multiple selves not fully belonging to one or the other realm, for instance, still being a healthy or familiar person. *Hometactics*, as introduced by Ortega, could be one way of dealing with a vanishing sense of familiarity. She argues that

> 'the aim of hometactics can be understood as the production of a sense of familiarity in the midst of an environment or world in which one cannot fully belong due to one's multiple positions and instances of thin and thick not being-at-ease. Such a sense of familiarity is, of course, not to be associated with the problematic idea of belonging that leads to barred rooms generally associated with so-called authentic markers of identity.' [883]

While hometactics may share this general aim, there is no fixed or predetermined form for these practices. Their defining characteristic is precisely their fluidity and adaptability, operating moment by moment and responding to emerging opportunities as they arise. In the context of dementia, hometactics navigate shifting conditions through improvisation and situational responsiveness. Another way to imagine the shifting homeworld and identity in general, and in dementia, is by means of Rosi Braidotti's nomadic subject which she frames as the non-unitarian, de-centred, intersubjective nomad.

11.2 Nomadic Subjects

As an intellectual style, nomadism consists not so much in being homeless, as in being capable of recreating your home everywhere, as has been argued by Jacobson (2019). Hence, the nomad carries their essential belongings with them wherever they go and can recreate a home base anywhere. (16) In the following, I would like to analyse Rosi Braidotti`s nomadic subject[884] in relation to the lived experience of someone with dementia, to make clear that neither the nomadic subject nor the person with dementia are entirely deprived of their homeworlds, even if the body is considered to be our primary home. As opposed to the images of both the migrant and the exile, Braidotti wants to emphasize that of the nomad, as the nomad does not stand for homelessness, or compulsive displacement; but is rather a figuration for the kind of subject who has relinquished all idea, desire, or nostalgia for fixity. In *Fragile Identities* (2015), Braidotti emphasizes this as follows:

> 'Being homeless; a migrant; an exile; a refugee; a tourist; a rape in war victim; an itinerant migrant; an illegal immigrant; an expatriate; a mail-order bride; a foreign

[883] Ortega 2016, p.203.
[884] The nomad is, according to Braidotti, a figuration of a situated, postmodern, culturally differentiated understanding of the subject in general and of the feminist subject in particular. This subject can also be described as postmodern/industrial/colonial, depending on one's locations.

> caretaker of the young or the elderly of the economically developed world; a high-flying professional; a global venture financial expert; a humanitarian relief worker in the UN global system; a citizen of a country that no longer exists (Yugoslavia; Czechoslovakia; the Soviet Union) – these are no metaphors. Having no passport or having too many of them is neither equivalent nor is it merely metaphorical. These are highly specific geo political and historical locations – it's history and belonging tattooed on your body. One may be empowered or beautified by it, or be scarred, hurt and wounded.'[885]

Instead, being nomadic points to the decline of unitary subjects and the destabilization of the space-time continuum of the traditional vision of the subject with all its affective consequences to someone's identity and sense of belonging. In so far as axes of differentiation such as class, race, ethnicity, gender, age, and others intersect and interact with each other in the constitution of subjectivity, the notion of nomad refers to the simultaneous occurrence of many of these at once. Figurations are therefore politically informed images that portray the complex interaction of levels of subjectivity. Bradotti affirms that

> '[t]his figuration expresses the desire for an identity made of transitions, successive shifts, and coordinated changes, without and against an essential unity. The nomadic subject, however, is not altogether devoid of unity; his/her mode is one of definite, seasonal patterns of movement through rather fixed routes. It is a cohesion engendered by repetitions, cyclical moves, rhythmical displacement.'[886]

Figurations are more apt and suitable than a metaphor, according to Braidotti, as they can shape worldviews, whereas a metaphor helps structure specific domains of thought. In a more positive vein, one could think of Braidotti's nomadic subject or the cosmopolitan life allowing for a flexibility and plurality of feeling at home. In a more negative side, feeling displaced might not create any sense of belonging or feeling home but instead feeling of being cut-off and a constant longing if it becomes chronic can lead to mental disturbances and disorders such as depression.

In their alternative accounts of homeworlds, both Ortega (2016) and Braidotti (1994, 2015) mention *creativity*, *imagination* and *difference* as important resources to build someone's identities and to reaffirm them. *First*, creativity entails the active displacement of dominant formations of identity, memory and identification so as to open them up to alternative genealogical lines, which often entail a switch to other languages. Creativity also results in the actualization of virtual potentials. *Second*, another virtue is difference and the welcoming of that difference or alienworld which sometimes would include to go against the majority. 'Nomadic becomings' constitute 'the process of affirmation of the unalterably positive structure of difference, unhinged from the binary system that traditionally opposed it to Sameness'.[887] It

[885] Braidotti, R. (2015) 'Nomadic subjects', Stakemeier K. and Witzgall S. (eds.) *Fragile Identities*, Diaphanes, 135-143. Here, p.138.
[886] Braidotti 1994, p.22.
[887] Braidotti 2015, p.135.

is precisely difference as positivity at the heart of the subject that entails a multiple process of transformation, a play of complexity that expresses the principle of not-One. *Third*, imagination plays a crucial role in enabling the whole process of becoming-minoritarian and hence of Conceptual creativity and ethical empowerment are intimately connected to memory: the affective force of remembrance propels the process of becoming-intensive. When one remembers in this intensive or minority mode, linearity is disrupted, opening spaces for movement and de-territorialization that actualize the virtual possibilities previously frozen in the image of the past. This opening of virtual spaces constitutes a creative effort. Crucially, processes of becoming are collective and intersubjective, not merely individual or isolated; one's successive becomings are always entangled with those of others, making others an integral element in the continuous unfolding of the self:

> 'When you remember to become what you are – *a subject-in-becoming* – you actually reinvent yourself on the basis of what you hope you could become, with a little help from your friends.'[888]

A nomadic approach challenges the liberal notion of the sovereign subject, aiming to dissolve the dualisms of Self/Other and Sameness/Difference embedded in that conception. Subjects are understood as collective assemblages: dynamic but structured fields of force oriented toward duration and affirmative self-realization. To achieve this, they must be organized along a line of composition, much like tuning a musical tone. In this framework, a figuration functions as a living map representing a creative, transformative concept of the self, not a mere metaphor. Figurations are materialistic mappings of situated, embedded, and embodied social positions. Recognizing and differentiating among non-unitary, multilayered, or diasporic forms of subjectivity is therefore both an ethical and methodological imperative. Figurations aim to chart the power relations that define these diverse positions, without embellishment, and express the socio-economic and symbolic realities they inhabit.

Philosophical nomadism addresses in both a critical and creative manner the role of the former *centre* in redefining power relations. Margins and centre shift and destabilize each other in parallel, albeit dissymmetrical, movements. I follow Braidotti's proposal wanting to resist the identification of the centre as inertia and self-perpetuation and to the aporetic repetition of Sameness. The point is not just mere deconstruction, but the relocation of identities on 'new grounds that account for multiple belongings, i.e. a "*non-unitary, relational and ethically accountable materialist vision of a subject"* [889] This subject actively yearns for and constructs itself in complex and internally contradictory webs of social relations and might form what

[888] ibid., my emphasis.p.137.
[889] Braidotti 2015, my emphasis.

Braidotti calls 'dispersed forms of dwelling and attachment'.[890] What remains a challenge is the need "*to destabilize dogmatic, hegemonic, exclusionary power structures at the very heart of the identity structures of the dominant subject through nomadic interventions, thus encompassing changes at the in-depth structures"*.[891] These lingering oppressing structures have been addressed by Sara Ahmed (2006) or Frantz Fanon (2008), for instance. Recently, similar critical concepts of a more integrative account that takes into account experience of ruptures and fragmentation have been addressed in the *Phenomenology of Disorientation* (Lajoie 2019) or the *Phenomenology of Broken Habits* (Ingerslev and Mertens 2025), as well as *Phenomenology of the Broken Body* (Dahl et al. 2019)–shedding light on the existential vulnerability in illness on the one hand, but also on subversive ways of sense-making and belonging beyond a normative societal canon of body-world harmony, on the other. To broaden our understanding of situative sense-making in illness, I will now turn to the concept of a phenomenology of disorientation and a phenomenology of broken habits.

11.3 A phenomenology of broken habits and disorientation

Following Lajoie's feminist phenomenology of disorientation in illness, this section investigates the impact of illness and significant bodily disorientation on the idea of belonging as seamless harmony between the body and its world. Rather than adhering to this conventional notion, it examines how the (in)stability of bodily dwelling during moments of disorientation reveals alternative modes of existence that prioritize interdependency, unpredictability, and the evolving nature of human experience. Such dispersed forms of dwelling offer a broader and more fitting figuration for capturing the complexity and variability of belonging. As has been mentioned before the *experience of belonging* is typically described as a feeling of closeness, kinship, or intimacy with a particular setting, place, identity, or community that extends one's presence and makes one feel at home.[892] In other words, a sense of belonging embodied experience describes the quality of one's attunement to the world *as home*, and the of body–world compatibility and complicity that it enfolds (Lajoie 2019, p.557). However, to arrive at the concept of home from the notion of orientation frames being at home as a particular way of *being oriented* in the world, which is generally marked by coherence and familiarity.

To the contrary, a nagging sense of being "out of place" might emerge in the most familiar setting, due to a change in perception, a new interpersonal dynamic, or simply the wear of time For those falling outside the lines of compulsory able-bodiedness and able-mindedness, it has long been evident that conventional notions of home and belonging are rooted in cultural beliefs

[890] ibid.
[891] ibid., my emphasis.
[892] Note that in disorders such as PTSD the experience of belonging might be disturbed (cf. Wilde 2022).

about the value and moral praiseworthiness of 'stable [and] enduring identities'.[893] These beliefs fail to give serious philosophical attention to the wide spectrum of bodily experiences and to reckon productively with fragmentation, torness, ambiguity, instability, and change resulting from any historical, political, or personal shifts (e.g. illness, trauma, migration). Although disorientations can have disabling consequences, some types of breakages, losses, and disorientations can *also* function as pathways to different modes of belonging, in and through the recognition of the fragilities of embodied existence and the creation of different homes for our bodies alternatives pathways to habitability through our interactions with others. Lajoie (2019) reminds us that '[i]nasmuch as human experience is characterized by our openness to meaning through the constant ebb and flow of experiences, our dwellings in the world are just as much habitual and fixed as they are permeable and labile'.[894] What follows from that phenomenological attention to differences in belonging opens the way to new moral responses rooted in this recognition in order to render livable experiences of serious disorientation.

Such propositions depend on a political desire to recognize human existence as inherently dynamic, multiple, vulnerable, and relational. In this way of thinking, belonging needs to be taken as body–world compatibility (or optimality) which needs to include phenomenological variations in how feeling at home can be experienced.[895] That is, in order to account for feelings of disruption, disorientation, or displacement a phenomenological account of belonging needs to accommodate such experiences. By showing the importance of creating a time and place for the experience and expression of disorientations Lajoie (2019) argues against the blind assumption that experiences of home and belonging are entirely self-evident or normatively regulated. That is why an understanding of disorientation, as proposed by Harbin (2012), is central to a renegotiation of a concept of belonging that accounts for human variation and diversity and which thereby renders existential transformation and moral growth possible. The idea here, is that although disorientations typically strike us as negative experiences, the various ways in which subjects are challenged by these disorientations can play a significant role in their development and prompt important changes in personal and relational practices. These transformations, according to Lajoie, can occur only once 'we recognize the value of experiences of disorientation and our shared ethical responsibility to question their uneven distribution in light of taken-for-granted conditions of experience'.[896] From this perspective, embodied changes and developed sensibilities play a crucial role in ethical transformation.

[893] Garland-Thomson 2011a, p.33 cit. in Lajoie 2019, p.558.
[894] Lajoie 2019, p.559.
[895] ibid., p.555; Steinbock 1995.
[896] Lajoie 2019, p.562.

Cultivating particular forms of self-awareness and attentiveness can reshape how we live and care for both ourselves and others. In this process, experiences of disorientation and the vulnerabilities they reveal can be reinterpreted as opportunities for collective growth and personal transformation.

Similarly, by centering the view on transformative and challenging lifeworld experiences a phenomenology of broken habits seeks to extend our lifeworld experiences in conceptual, ethical and practical manners. For instance, Čapek (2024) criticises that a concept of habitual identity falls short in situations where we need to go beyond habit. In limit situations such as losing a person we love, undergoing transformative experiences, or taking a stance and making up our minds, we go beyond our usual mode of response, that is to say, we deviate from habitual identity. These examples of lifeworld experiences, however, do not consist of mere discontinuity as there is a kind of continuity at stake but not one based on habit.[897]

In a similar vein, Dylan Trigg argues that we should understand nostalgia as a gesture of personalization that confers self-identity and continuity upon the world through a different habit. His novel analysis of nostalgia shows that habits provide an important tool in the attempt to re-create a sense of home and belonging as a response to a nostalgic desynchronization–that is to say, the nostalgic person seeks to reduce 'the alterity of time to the sameness of the ego as a response to an unfamiliar sense of time'.[898] Trigg (2024) shows how nostalgia exposes the temporal fragility of habitual life. Habits, he argues, quietly sustain our sense of belonging by orienting us toward a familiar world; when they are broken–through loss, displacement, or change–they persist as affective residues that shape how the past is felt in the present.

Nostalgia thus arises from this ambivalent tension, a *melancholic joy* that holds loss and attachment together. Trigg illustrates this through everyday examples such as returning to a childhood home or revisiting an old café–spaces where bodily memory and atmosphere intertwine, evoking the lived habits that once made the world feel coherent. In these moments, the disruption of habit reveals both the depth of our temporal embodiment and the creative potential of remembering otherwise.

Effectively, nostalgia in its embodied presence–that is, body memory, may potentially provide shelter in times of dis- and reorientation and thus contribute to someone's state of well-being. This is not to say that a pathological form of nostalgia and the herein inclined melancholy can be harmful for our mental health. What is needed is a balance between holding on to what is memorable and valuable, the forthcoming and unknown future, and what can be still remembered. Here, again a general attitude of openness and modesty (humbleness) towards the

[897] cf. Ingerslev and Mertens 2024 and Čapek 2024.
[898] Ingerslev and Mertens 2024, p.10; also see Trigg 2024, pp.206-222.

present moment and the unknown path that lies in front of us seems a good guiding practice. In the next and final chapter, I therefore address the inherent structure of existential well-being and resilience despite different types of doubt that may arise while undergoing an illness.

12. Existential Well-being and Resilience beyond Social and Bodily Doubt

In the above sections, I have challenged the assumption that experiences of home and belonging are self-evident or linear concepts. With reference to Lajoie's, Braidotti's and Ortega's proposals of a different belonging, multiple identities and making sense of home, I have addressed the marginal experiences, that for some turn into everyday experiences–turning into shifting homeworlds and resulting from these fragmented habitualisations and identities. For these existential modes of tornness and fragile identities, it is important to dedicate time and space to the exploration and articulation of disorientation. From this perspective, embodied transformations and cultivated sensibilities, including fragmented identities and habitualisations, emerge as central to ethical transformation and self-exploration. Such a call for an ethics of embodiment and specific forms of self-awareness or attentiveness hold the potential to reshape how we care for ourselves and others.

Experiences of disorientation and the vulnerabilities they reveal can be reimagined as opportunities for collective growth and self-renewal. However, it remains to note that such transformations are contingent upon recognizing the value of disorientation and our shared ethical obligation to interrogate its uneven distribution within the presumed norms of human experience. For these existential modes of tornness and fragile identities, it is important to dedicate time and space to the exploration and articulation of *disorientation* and perhaps *hesitation.*[899] From this perspective, embodied transformations and cultivated sensibilities, including fragmented identities and habitualisations, fare central to ethical transformation and self-exploration.

The sense of belonging stands for our radical relationality and a phenomenology of disorientation, or concepts like the nomadic subject, multiple selves, and fragmented identities all hinge on a political commitment to acknowledging human existence as intrinsically dynamic, vulnerable, and relational. Given that human experience unfolds through a continual flux of meaning, our modes of dwelling in the world are simultaneously habitual and fluid, stable and permeable.

[899] For a fruitful account of *hesitation* see Al-Saji (2014) and Stanier (2025). Both Al-Saji (2014) and Stanier (2025) treat hesitation as a generative ethical and perceptual gesture rather than a sign of indecision or weakness. In her phenomenological reading of racialized perception, Alia Al-Saji (2014) conceptualizes hesitation as a critical interruption within habitual, sedimented modes of seeing. To hesitate, in this sense, is to suspend the immediacy of judgment and allow alternative possibilities of encounter to emerge, it opens a temporal gap in which perception can become more responsive and less governed by prejudice.

By attending to phenomenological differences in belonging and sharing, we can foster novel moral responses rooted in this awareness, thereby rendering profound experiences of disorientation not only intelligible but also livable. However, whether such experiences are fully rendered intelligible remains an open question. Rather than achieving transparent understanding, what may emerge is a space of partial opacity, where meaning remains indeterminate yet affectively and ethically resonant. This opacity does not preclude comprehension but instead opens a field of speculative empathy–a mode of engagement that acknowledges the limits of access while remaining responsive to alterity. In this sense, intelligibility is reconfigured as an ongoing and relational process rather than a completed cognitive achievement, aligning with the principles of engaged phenomenology and the role of narrativity or articulacy in making lived experience inhabitable without fully mastering it.

A dementia diagnosis can significantly hinder social participation, creating doubt on a social and bodily level contributing to further cognitive, social, and physical decline. As noted earlier, *social doubt* can arise when we meet resistance in our attempts to navigate the spaces we inhabit with others, and the fragility of our status as a full and valued participant in the social domain is brought, painfully, to our attention.[900] Adding to that, in illness such as dementia, where bodily disorientation and linguistic decline are common symptoms, a kind of *bodily doubt* (Carel 2013, 2016) seems to be inevitable. For Carel (2013) the three central dimensions in the structure of bodily doubt are: a loss of continuity, a loss of transparency, and a loss of faith in the body) which all underlie different degrees.[901] They may 'vary in duration, intensity, and specificity'.[902]

In dementia, experiences of social and bodily doubt are especially pronounced in the early stages of the disease, when individuals remain acutely aware of their sudden behavioural and perceptual changes. As Hýden et al. (2014) note, some people describe a sense of unreality or disconnection from their surroundings, which can heighten their distress and evoke the feeling that their grasp on reality is gradually slipping away. To alleviate this embodied uncertainty, many scholars argue that even amid cognitive decline individuals with dementia can continue to pursue activities and passions that hold personal meaning (e.g., singing, dancing, exercising) by drawing upon previously embodied habits or cultivating new ones.[903] Engaging in such fulfilling practices, as seen in *hometactics*, can foster well-being and help sustain a sense of purpose and identity beyond the illness itself. An existential account of well-being thus attends to these transitional, bodily experiences of loss and change, seeking to integrate them into new

[900] Roberts and Osler 2024, p.61.
[901] Carel 2013, pp.188–192.
[902] ibid. p.181.
[903] cf. Fuchs (2010, 2013, 2020) and Kontos (2005, 2012, 2021).

forms of meaning-making. However, individuals with dementia may continue to lead meaningful lives and engage actively in society if supported by an inclusive psychosocial environment. Alternative observations of what it feels like to find shelter and meaning in times of unavailability and instability are existential and ethical in nature. They inspire an alternative ethical dementia approach which embraces precisely the above mentioned affectivities, situations, and relations. To conclude the final part of this thesis, I will therefore turn to some complementing aspects of the ethical paradigm in dementia care.

To further contextualize this alternative ethical approach, it is important to consider how concepts of well-being–particularly as defined by broader social, emotional, and environmental dimensions–complement and deepen our understanding of ethical dementia care.

Well-being generally refers to an individual's overall physical, mental, social, and emotional condition. The World Health Organization defines it as "a positive state experienced by individuals and societies," shaped by social, economic, and environmental factors. Similar to health, well-being functions as "a resource for daily life," encompassing quality of life and the capacity of individuals and societies to contribute to the world with meaning and purpose (WHO, 2021). Accordingly, a society's well-being can be assessed by its resilience, capacity for action, and ability to overcome challenges.

In the context of illness, well-being encompasses multiple, interconnected dimensions. Physical well-being relates to an individual's health and perception of their bodily functioning despite illness, including the management of symptoms such as pain or sensory and cognitive losses, maintaining as healthy a lifestyle as possible, and optimizing comfort. Illness can also profoundly affect emotional well-being, which involves recognizing and understanding one's emotions, managing stress, anxiety, and depression, and finding ways to cope with the emotional challenges of disease. Support from carers, counselling, or psycho-physical therapies can foster emotional stability, always taking into account the relational and social context. Social well-being is shaped by meaningful relationships, support from family and friends, and engagement in activities that cultivate belonging and social interaction. Illness often challenges mental well-being, which requires maintaining a positive and adaptive mindset, practicing self-care, participating in purposeful activities, and seeking mental health support when needed.

Overall, these dimensions highlight that well-being is a holistic, interdependent state in which physical, emotional, social, and mental aspects interact to shape a person's experience and capacity to live meaningfully, even in the context of illness.

Existential well-being, when considered alongside the dimensions of physical, emotional, social, and mental well-being, offers a comprehensive perspective on what it means to flourish amidst illness. This approach emphasizes the existential aspects of human experience,

addressing questions of meaning, purpose, and identity, particularly in the face of health challenges. It acknowledges that illness can bring profound losses, such as diminished physical abilities, reduced autonomy, or curtailed life opportunities, while simultaneously highlighting the presence of resources, including resilience, social support, and new priorities. Existential well-being may involve finding meaning amid adversity, cultivating a sense of purpose despite limitations, and nurturing connections with others to foster belonging and mutual support. It underscores the necessity of attending not only to physical symptoms but also to the deeper dimensions of suffering to promote a holistic sense of well-being. According to Baiasu (2021), existential well-being forms a background that renders possible states of happiness, contentment, and satisfaction, encompassing a sense of belonging, homecoming, or engagement with the world through bodily certainty.[904]

While these are likewise helpful markers to understand the lifeworld experience of someone with dementia, I have argued that we yet have to differentiate certain modes of feeling or not feeling at home and how we respond to these varied feelings in a resilient manner. In a phenomenological vein, I take resilience to be the "ability to resonate with the rhythms, moods and bodily affective constitutions of the other ('s fragmented existence) in a specific situation in order to create new meaning after transformative experiences".[905] An embodied and existential dimension underscores the dynamic and transformative nature of crisis. Resilience, then too, is a dynamic process connected to our existential vulnerability and potential crisis which can be divided into a number of phases (e.g. basic susceptibility, acute disturbance, resource regulation for crisis management, and finally the collapse of the system or the overcoming of the problem) and identified on various levels, such as the physical, psychological, emotional, social, political, and environmental one.[906] In the 20th century, the concept gained philosophical and interdisciplinary significance. Edmund Husserl diagnosed a "crisis of reason," identifying a disjunction between scientific abstraction and the life-world (Lebenswelt) of immediate human experience. For Husserl, this gap signals both an epistemological and existential crisis rooted in the loss of meaning and lived context. Similarly, Thomas S. Kuhn theorized crisis as a catalyst in the structure of scientific revolutions, where breakdowns in normal science prompt paradigm shifts, underscoring crisis as productive and

[904] Bodily certainty is pervasive and provides the background confidence with which we perform familiar actions. It is simply the immediacy and automatic manner in which we turn to familiar tasks. It is not optional, but a basic mode of action that takes agency for granted (Carel 2013), somewhat similar to embodied habits.

[905] My definition from a conference paper: "Relational Self: An Embodied and Meaning-Centred Account of Resilience in Dementia", (2022).

[906] Breyer 2022. Following Breyer, a philosophical investigation of resilience benefits from a historical-semantic and methodical-hermeneutic analysis of related concepts such as vulnerability and crisis. The term crisis itself, rooted in the Greek *krinein* -meaning "to separate," "to distinguish," and "to decide"- carries with it a semantic complexity that unfolds across disciplines and epochs. In ancient contexts, especially medicine and warfare, crisis marked a decisive moment between life and death, an ambivalent state oriented toward an uncertain outcome.

necessary for epistemic transformation. Hence, the genealogy of philosophy itself may be read as a sequence of epistemic crises, wherein inherited modes of knowledge are called into question.[907] The Socratic method exemplifies this, using aporetic dialogue to destabilize assumed certainties and push toward deeper truth. Here, philosophy engages both theoretical critique and the ethical imperative of self-transformation, revealing crisis as both cognitive and moral. To understand human agency in crisis the interplay of activity and passivity is crucial to avoid simplistic binaries between victimhood and autonomous resilience, allowing for a more nuanced view of how individuals creatively negotiate adversity. Such a view aligns with Viktor von Weizsäcker's concept of the Gestaltkreis, which defines crisis not merely as a transition between states but as a transformative encounter that reshapes subjectivity. Recent conceptions of resilience similarly emphasize transformative autogenesis–not a return to equilibrium but a process of identity-formation and self-education. Crisis, in this perspective, is a liminal phase in which the self undergoes metamorphosis, and resilience is understood not as restoration but as becoming.[908]

A nuanced understanding of resilience at the personal and subjective level requires a robust and differentiated concept of the self, capable of accounting for its various interactional dimensions. Phenomenology offers a productive framework for thematizing the dynamic interplay between activity and passivity in the constitution of experience, particularly across the domains of perception, embodiment, affectivity, and volition. From a heuristic standpoint, we can distinguish multiple layers of the self–namely, the embodied, interpersonal, and narrative self–as well as various modes of its relationality to the social and ecological environment (bodily, affective, and cognitive).

At the most fundamental level, the embodied self is shaped through intercorporeal synchronization with others. Phenomenological approaches highlight how crises and experiences of powerlessness can inscribe themselves in body memory, altering the habitual structure of one's affective and perceptual life. This aligns with the metaphorical origins of the term "resilience" in material sciences, where it denotes a substance's capacity to absorb, resist, or elastically adapt to external forces. In the human domain, this metaphor extends to notions of resonance–a bodily and affective responsiveness that enables attunement to shifting social rhythms. This perspective transitions into the domain of the interpersonal self, which emerges through communication and experience-sharing. Here, resilience manifests in the ability to express and articulate experiences of crisis–both bodily and linguistically. Such expression facilitates intersubjective understanding, empathic attunement, and the creation of a reflective

[907] In practical philosophy, the dual meaning of crisis implies both differentiation (theoretical judgment) and decision (ethical action). It thus involves discerning meaning through analysis and deciding how to act in ethically charged situations.
[908] Breyer 2022.

distance from the crisis. The communicative and performative articulation of suffering–whether gestural, ritual, or dialogical–therefore becomes a constitutive element of resilience.

Finally, the formation of a narrative self plays a critical role in integrating life experiences into a coherent framework. Through narrative synthesis, individuals can weave disparate or disruptive life events into a meaningful self-story, contributing to psychological continuity and reflective understanding. This narrative integration is not only central to resilience as a coping strategy, but also forms a key resource in shared care practices, where the act of storytelling supports processes of healing, identity formation, and existential orientation.

Inspired by accounts of engaged, critical, and psychopathological phenomenology I have highlighted notions that contribute to a shift in conceptual understanding related to the questions how we experience our existential sense of belonging to the world and how this helps to strengthen well-being and resilience in dementia and beyond. Since this has important consequences for questions of care and research in dementia I will turn to the question of how to extend and complement the grounding work of person-centred care (Kitwood 1997). I argue that resilience approaches (Breyer 2022) and self-relational care frameworks (Keller 2022) emphasize the reinforcement of personal strengths and enabling environments as resources for a response to adversity.

General Conclusion and Future Research

My overall analysis also points to the potential of understanding both synaesthesia and atmospheres as phenomena of *affective resonance*, where perception, emotion, and embodiment intertwine in the shaping of lived experience, thus exposing significant lacunae and methodological pitfalls within synaesthesia research; particularly the restrictive perspectives through which the phenomenon has been approached and the conceptual ambiguities that continue to shape its interpretation, as done in chapter 4.

Therefore, I maintain that future research on synaesthesia should transcend its conventional framing as merely a rare neurological anomaly. As a result, synaesthesia should be recognized as a unique phenomenon with its own cognitive characteristics and clinical susceptibilities, arising from differences in brain structure and function that are at least partly influenced by genetic factors. This viewpoint enables us to understand synaesthesia as a manifestation of an atypical mind and brain, with the level of atypicality varying along a continuum. Given this continuum view, it will include its richness as a multidimensional, cross-modal phenomenon that bridges perception, cognition, and culture. I have argued for such a spectral view in chapters 1-3 (part one). Phenomenological and embodied-cognitive approaches are essential to understanding synaesthesia as a lived, bodily mode of being rather than a mere perceptual irregularity. Synaesthetic tendencies of perception and agency emphasize a multisensory engagement with the environment as vital for our existential being, particularly in illness. These tendencies allow for variability and openness in engaging with the world and others, thereby providing a gradual degree of bodily stability and re-orientation. I have drawn from Flakne's interpretation of Aristotle's notion 'sunaistheis' as being the energia of social life, and Merleau-Ponty's notion of synaesthesia as well as on Waldenfels' notion of responsivity and Rosa's notion of resonance within this work. I have also explored how the affective and social dimensions of synaesthesia and synaesthetic experiences contribute to the constitution of selfhood, body memory, and affective resonance. Cross-modal associations such as sound–colour, smell-space, or texture–emotion links do shape empathy, aesthetic experience, and interpersonal attunements.

Furthermore, synaesthesia and atmosphere intersect in their shared capacity to reveal the multisensory, affective, and relational texture of experience. Both concepts challenge the notion of perception as a set of discrete, modular processes, instead emphasizing the fluid interplay between senses, bodies, and environments. In synaesthesia, colours may be heard, sounds felt, or textures seen–an intertwining that mirrors how atmospheres are not perceived through one sense alone but envelop us as holistic tonalities of space and mood. To describe an atmosphere, like to describe a synaesthetic perception, is to capture a felt resonance that exceeds cognition

or representation -it is to articulate how the world impresses itself upon us as a unity of sensations and affects. Synaesthesia can be thus understood as an intensified or exemplary form of atmospheric attunement, revealing the underlying synaesthetic structure of perception that atmospheres make palpable in everyday life.

At the same time, I have tried to fill two gaps: within synaesthesia research and medical humanities fostering the dialogue between humanities and sciences. In chapters 5 and 6 (part two), I have argued that a promising direction lies in recognising synaesthesia as part of a broader spectrum of neurodiversity. Rather than treating it as a fixed trait, studies could explore the variability and fluidity of synaesthetic experience, particularly in relation to other forms of sensory and cognitive difference such as autism, ADHD, or trauma-related perceptual reorganisation. Large-scale neuroimaging and genetic research may help clarify how different forms of synaesthesia emerge and interact with other modes of heightened sensory association. In this line of argument, another important avenue concerns the relationship between natural, induced, and pathological forms of synaesthesia. Comparative investigations involving psychedelic, meditative, or dissociative states may reveal shared mechanisms of multisensory integration and altered self–world boundaries. Such studies could help illuminate not only how synaesthetic perception arises, but also how it connects to broader phenomena such as ego dissolution and embodied self-awareness.

In chapters 7, 8, and 9 (part III), I have shown that these insights also open a particularly fruitful dialogue between research on synaesthesia, embodiment, and dementia, where both altered and enriched sensory integration can shed light on the relationship between perception, memory, and selfhood. I have investigated how synaesthetic principles inform multisensory therapeutic environments such as Snoezelen rooms or structured cognitive training programmes like NEUROvitalis, both of which employ controlled sensory stimulation to evoke bodily awareness, affective response, autobiographical memory, and last but not least, well-being. Dementia, often accompanied by sensory decline and perceptual disorientation, challenges the stability of embodied identity. In this context, synaesthesia offers a counter-model–a demonstration of how perception can remain richly interconnected even when cognitive or linguistic capacities deteriorate. Since the synaesthetic bodily self constitutes a core aspect of vitality for someone with dementia, it should be addressed regularly to counteract bodily doubt. By framing synaesthesia as a social and affective phenomenon, I have argued that this view not only challenges traditional concepts of perception and cognition but also provides new avenues for phenomenological qualitative research and therapeutic practices in dementia. Synaesthesia, then, is understood as a complex and entangled way of addressing sensory and cognitive needs while expressing the aesthetic and communicative aspects of the body in illness. Such an

alternative understanding can break with hierarchical separations and stress a paradigm shift towards a more inclusive, yet complementary and integrated, approach to the lived body in theory and practice, thus contributing to both individual and social well-being.

My main hypothesis implied in arguing for synaesthesia or synaesthetic experiences to be promoted in dementia care is that the activation of our senses in encounters with people with dementia supports cognitive reserve. In other words, neglecting the senses enhances cognitive decline and accelerates the progression of Alzheimer-type dementias. On a theoretical and conceptual level, different disciplines deal differently with the concept of synaesthesia, and some of these positions cannot be reconciled. Future discussions may, however, yield further research outcomes that support my argument for a spectrum of synaesthetic and affective responsiveness within dementia care.

By means of different case studies of multisensory engagement, my ethnographic and phenomenological fieldwork in a multisensory environment (MSE), known as a Snoezelen room, I have aimed to show how synaesthetic effects and affective states of well-being in dementia appeal to a balanced and relaxed mind–body relation, meliorating interbodily communication between relatives, caregivers, and those affected, thereby reducing bodily doubt. Therapeutic atmospheres are most successfully created in well-balanced multisensory environments (MSE), through multisensory stimulation (MSS) and through interbodily resonances or synaesthetic responsivities. They offer possibilities for sharing embodied habits of people with dementia. By referring to the synaesthetic *self* and *we* in dementia, I have addressed an urgent question concerning integrated healthcare programmes and the ethical and political dimensions of selfhood in dementia beyond a limited view of cognitive impairment. The prospect of losing one's mind–that is, dementia's literal translation–suggests a frightening image of losing one's place in the world as layer upon layer of self disappears along with a lifetime of memories. Against this notion of a diminished and diminishing self that dominates the dementia discourse, an embodied and relational account of dementia stresses pre-reflective and relational levels of the self that allow for engagement with the world and attunement to others through embodied habits sedimented in implicit body memory (Husserl 1970; Fuchs 2012). Case studies of multisensory engagement show how states of well-being can emerge by turning to someone's affective identity via interbodily resonances and therapeutic atmospheres, thereby constituting a synaesthetic responsivity. I argue that multisensory engagement contributes to participatory bodily sense-making and well-being within situations of existential crisis, providing possibilities for the 'disoriented' self in dementia. These different models of selfhood can underpin bodily and culturally sensitive notions of people with dementia, creating care approaches that are demedicalised, deinstitutionalised, and supportive of the person.

Future research might further examine the parallels between synaesthetic perception and these therapeutic practices. This could deepen our understanding of how multisensory engagement sustains coherence and relationality in persons with dementia. In this sense, synaesthesia may illuminate the continuity of the lived body and the persistence of affective and mnemonic traces even amid cognitive fragmentation.

Furthermore, research into the affective and therapeutic potential of synaesthetic perception could inform new multisensory interventions, including those relevant to dementia care, trauma recovery, and the cultivation of emotional access through art and music. In parallel, studies on aging and cognitive decline might explore how cross-modal perception evolves over time, whether synaesthetic tendencies persist or fade, and whether they can buffer against sensory impoverishment or isolation.

Finally, synaesthesia should also be approached as a cultural and aesthetic phenomenon. Its long-standing presence in literature, music, and visual art underscores the permeability between perception and imagination. Through metaphor, this approach highlights both functional potentialities and risks, while deconstructing the ambiguity of images. This is what my analysis of the notion of 'existential homelessness' in conjunction with a phenomenology of disorientation and broken habits in chapters 10, 11, and 12 (part IV) has revealed. Further investigating artistic and linguistic forms of synaesthesia may thus offer unique insights into the cognitive and affective underpinnings of creativity itself and how it is connected to states of well-being and resilience.

In situating this work in a health and medical humanities - an inherently inter- and transdisciplinary field - I aim to contribute to a deeper and broader understanding of health and illness and to cultivate this understanding in view of the plurality of lifeworlds and global challenges. I have provided a comprehensive exploration of how sensory perception is a complex, dynamic interplay of multiple senses, arguing for a more integrated and holistic view of how we experience the world. The aim of synaesthesia research should not be limited to diagnosing the "correct" disorder or anomaly; instead, it should encompass the broader interpersonal and existential impact of synaesthetic practices. Ultimately, the focus should be on how best to support those who suffer from memory disorders and to help them lead fulfilling lives with and beyond their illness.

The study of synaesthesia stands at a productive crossroads between science, philosophy, and creative practices. By treating it as both a neurological and existential mode of sensing - and by exploring its resonances with embodiment and dementia - future research can deepen our understanding of perception as an embodied, affective, and fundamentally relational process. To capture these complexities, future research will benefit from methodological

innovation that bridges first-person phenomenology, second-person dialogue, and third-person neuroscience. Mixed-method and neurophenomenological designs, alongside immersive technologies such as virtual or augmented reality, can help model the experiential dynamics of synaesthetic perception more fully.

Weaving together the study of the perceptual phenomenon of synaesthesia, its social and ethical implications, and the potential of synaesthetic experience as a form of embodied memory in the context of dementia is a bold and ambitious endeavour. At first glance, these areas may appear to have little in common, aside from the fact that both involve radical forms of perception that challenge our normative understandings of the epistemological, ontological, and existential dimensions of how we understand the world and connect to others–what might be described as *Weltverbundenheit* (world-connectedness). Yet, their mutual entanglement suggests fertile ground for rethinking the role of perception in shaping experience, memory, and relationality.

Advancing Dementia Care Ethics: open, situative, responsive and resilient

In dementia research and care, we must seek a *positive, therapeutic,* and *genuinely engaged* approach that exposes blind spots within person-centred care. Consequently, a phenomenology of situations–marked by situational openness, diversity, and depth–offers a promising framework for developing what Dyring (2022) calls *intercorporeal ethical spaces*. I argue that such spaces and situations cultivate an *existential dimension* and a *tangential position*: a stance that allows caregivers and researchers to move alongside rather than above the situation, to look "beyond the rim," and to attune to alternative possibilities of meaning and relation. This positionality resists the closure of fixed definitions and opens care to the generative, affective nuances of lived experience. A tangential position is resonant with Merleau-Ponty's notion of *écart*, understood as a generative divergence or "spacing" that both separates and connects perception and world.[909] It is within this lateral openness that care becomes responsive to the dynamic interplay of vulnerability, relation, and possibility.

From an ontological standpoint, the world thus appears *differentially shared*, constituted through overlapping but non-identical modes of being-in-the-world. This view challenges the philosophical tendency to privilege the "normal," neurotypical, or rational subject. Instead, the *differential ontology* advanced by Dyring and Grøn (2022), alongside an *engaged phenomenology* (Stanier 2022), *social attunement* (Zeiler 2014), and my own notions – *tangential perspective*, *creative scaffolds* and *synaesthetic responsivities* – foreground the generative capacity of affective resonances across heterogeneous modes of existence. Such

[909] Merleau-Ponty 1964, p.15; 1968, p.130.

resonances, like Merleau-Ponty's *écart*, do not dissolve difference but sustain it as the very ground of relation. Similarly, Plessner's notion of 'eccentric positionality' (1928) implies that the human being maintains a tangential relation to itself–never fully coinciding with its embodied center, yet never wholly outside it. This tangential stance defines the human condition as one of simultaneous self-involvement and self-distancing, enabling reflective consciousness, sociality, and ethical responsibility. In this sense, the human is not merely in the world but on the edge of itself within the world, a being of thresholds and transitions. This tangential position may be uncomfortable, but it opens up the possibility of enriching our perspectives.

A philosophy of dementia care involves supporting the personhood of individuals living with dementia by counteracting environments shaped by what Kitwood famously described as a 'malignant social psychology'.[910] Kitwood's framework demonstrates that socially toxic environments can be as detrimental as neurophysiological decline in shaping the progression of dementia and influencing a person's ability to enact their personhood. While Kitwood's focus remains largely dyadic – centred on the individual other – a *social-ontological approach* reorients this view by conceiving human beings as embedded within networks of relations in which they are mutually dependent and co-constituted, as has been argued by Dyring (2022). Accordingly, care practices should shift from an individualised focus to one that sustains intersubjectively constituted experiences of belonging, continuity, and purpose.

Person-centred care has also been critiqued for neglecting the corporeal dimension of selfhood (Jenkins 2014; Twigg 2000; Zeiler 2014). Drawing on Merleau-Ponty's phenomenology of embodiment, Kontos (2006) argues that the *bodily schema* – habitual, sedimented ways of being-in-the-world – constitute an embodied form of selfhood that persists even as cognitive capacities decline. From this ontological perspective, care should aim to reactivate these pre-reflective modes of existence through ritualised activities, familiar gestures, or sensory experiences, thus grounding relationality in lived corporeality. Kitwood's model presupposes that social acts cohere within a *shared situational definition* (2019). Yet the generative potential of care often lies precisely in moments when coherence fails–when the definition of the situation changes or fractures. Such interruptions can open spaces for novelty, difference, and transformation. Building on this insight, Dyring and Grøn (2022) propose an *ethical care paradigm* grounded in responsive phenomenology, where meaning arises not from

[910] Kitwood 2004.

stability but from *potentiated intervals* – moments of suspended coherence that allow for differential sharing of the world.[911]

Enabling environments, in this view, are those that make room for coming to terms with the existential scope of loss–transforming grief into an openness to becoming otherwise. This involves accepting the unavailability of fixed identities and daring interruption, play, and self-reconstitution, for instance, in synaesthetic spaces. To conclude, and drawing on Campbell (2019), such spatial and temporal openness makes possible a movement "from resistance to restoration," positioning care within an atmospheric temporality and spatiality that embrace hesitation, foster resonance, and open space for renewal.[912]

[911] Their ethnographic example of Ellen, a woman with dementia, and her toy cat "the Little One" illustrates how affective responsiveness unfolds within such intervals: caregivers, relatives, and Ellen herself co-create a '*metastable community of care'* through resonance and differentiated participation (cf. Dyring and Grøn 2022).
[912] Campbell 2019, pp.232–237.

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Riassunto Tesi di Dottorato

Questa tesi esplora come la fenomenologia possa arricchire la nostra comprensione della demenza, della sinestesia e dell'esperienza multisensoriale nelle medical humanities. Andando oltre i modelli di malattia incentrati sul cervello, questo lavoro unisce riflessioni sul corpo vissuto e sull'intercorporeità sviluppate da pensatori fenomenologi come Husserl, Merleau-Ponty, Waldenfels o Schmitz alla ricerca etnografica nell'assistenza alla demenza. L'obiettivo è quello di mettere in primo piano *embodiment*, *l'affettività* e *l'atmosfera* come dimensioni chiave dell'esperienza.

Collocandosi nel solco della tradizione della fenomenologia in senso lato e delle neuroscienze e la psicopatologia fenomenologica in senso specifico, questo progetto si avvicina ad una fenomenologia critica e all'importanza, in gran parte trascurata, della percezione sinestetica e atmosferica e come possono contribuire al benessere in generale e nella demenza, tramite un'attivazione della memoria corporea.

Andando oltre i modelli di malattia incentrati sul cervello, tipici delle riflessioni di approcci neuro-scientifici, questa tesi ha le sue basi teoriche in due correnti di pensiero e approcci diversi e allo stesso tempo complementari: da un lato la fenomenologia, che, in autori come Husserl, Merleau-Ponty, Waldenfels o Schmitz, pone l'accento sul corpo vissuto e l'intercorporeità; dall'altro la ricerca etnografica applicata alla demenza, che mette in primo piano l'embodiment, l'affettività e l'atmosfera come dimensioni chiave dell'esperienza.

L'analisi persegue due obiettivi: in primo luogo, si propone di valutare le teorie della sinestesia nella filosofia e nelle neuroscienze come banco di prova per la ricerca interdisciplinare, dimostrando che la percezione è meglio intesa come integrativa e relazionale piuttosto che modulare o gerarchica; in secondo luogo, è vòlta a considerare i significativi risvolti pratici dell'esperienza sinestetica e atmosferica per la cura della demenza. In questo contesto, le pratiche creative e gli ambienti multisensoriali emergono come risorse utili per fondare l'identità, la relazionalità e la memoria corporea delle persone affette da demenza a fronte del declino cognitivo dovuto alla malattia. Concettualizzando la sinestesia e l'atmosfera come forme di risonanza, con questo lavoro sviluppo un modello spettrale che collega tra loro fenomenologia e terapia. Questo approccio offre un controesempio al riduzionismo stretto che caratterizza gli studi in questo ambito e propone un quadro più sfumato e comprensivo sia per la definizione della percezione sinestetica nel suo senso multi-, trans-, e amodale sia per la cura della demenza.

Sintesi dei capitoli

Nella prima parte del lavoro - *Implicazioni etiche e sociali della sinestesia* - approfondisco la storia della sinestesia e sostengo un approccio più comprensivo che vada oltre l'esame di questo fenomeno come fenomeno esclusivamente percettivo. Partendo dalle difficoltà di una definizione preliminare, in questo capitolo offro/questo capitolo offre una panoramica critica sugli studi sulla "sinestesia". Sebbene venga spesso definita una "condizione neurologica", la sinestesia non è compresa né nel DSM-IV né nell'ICD, poiché di solito non interferisce con il normale funzionamento quotidiano. Infatti, la maggior parte dei sinesteti riferisce di esperienze neutre o addirittura piacevoli e utili. Sostengo che una visione riduzionista con il suo quadro ristretto della sinestesia, esclude le sue dimensioni esistenziali, etiche e sociali. Per tracciare un quadro complesso e variegato di ciò che la sinestesia come fenomeno del corpo vissuto comporta, inizio con una panoramica storica vòlta ad esaminare la frequente emarginazione del corpo negli studi sulla sinestesia fino ai suoi periodi di riscoperta nel XVIII e XIX secolo, ed in misura ancora maggiore nel XX e XXI secolo. Negli anni '80, l'approccio neurocognitivo è diventato rapidamente la lente principale attraverso cui viene studiato la sinestesia come una percezione multisensoriale non normale ma patologica. Tuttavia, questo approccio non riesce a cogliere l'ampia gamma di esperienze sinestetiche e il loro potenziale nel formare le nostre identità incarnate e le modalità di espressione corporea.

Nel capitolo 1 attingo quindi al concetto aristotelico di *sunaisthesis*, informato dal punto di vista etico come energia sociale della vita, per spiegare come questo influenzi una potenziale percezione condivisa degli spazi sinestetici. Nel capitolo 2 esamino i contributi dei filosofi e dei fenomenologi alla nostra comprensione della sinestesia come fenomeno corporeo. Per Husserl, il corpo vissuto può essere visto come il carattere fondamentale dell'unità sinestetica della cosa, per Merleau-Ponty la percezione non è una questione di proiettare significato su un mondo passivo, ma è un impegno attivo in cui il corpo e il mondo co-costituiscono uno spazio condiviso di esperienza. Sottolineando l'interrelazione tra il corpo e il mondo, Merleau-Ponty ridefinisce la percezione come un atto fondamentalmente incarnato ed esistenziale, e getta luce sulla rilevanza della percezione sinestetica in questi processi sociocognitivi compresi i "shared practices". Sebbene tali studi abbiano notevolmente migliorato la nostra comprensione di come la percezione sinestetica influenzi l'individuo, il suo senso di sé e la sua esperienza corporea, rimane una lacuna per quanto riguarda il ruolo della dimensione interpersonale e di quella intersoggettiva nell'esperienza sinestetica.

Nella seconda parte del lavoro - *Pluralità e varietà delle esperienze sinestetiche* - approfondisco la mia indagine, introducendo il concetto di pluralità e varietà delle percezioni sinestetiche e delle esperienze vissute analizzando come queste rappresentino casi eccezionali

e non normali. Attraverso una distinzione tra normale e normativo, dimostro come distinguere le forme naturali di sinestesia da quelle sociali non sia semplice. Una mente iperassociativa può essere collegata, ad esempio, al savantismo e può essere indotta attraverso droghe psichedeliche come l'LSD, la mescalina e altre, che possono inoltre portare a esperienze sinestetiche. Fenomeni come la sinestesia specchio-tatto, quanto questa viene utilizzata come mezzo per integrare l'immagine visiva del corpo o le illusioni dello schema corporeo, quando queste sono usate per alleviare il dolore dell'arto fantasma (phantom limb pain), sono oggetto di indagine da parte di diverse discipline e secondo diversi approcci. Poiché diverse discipline o diversi approcci giungono a conclusioni differenti, non si è ancora giunti ad una risposta unanime circa la natura puramente naturale o sociale di tali fenomeni. La sinestesia rimane un fenomeno ambiguo: alcuni ricercatori considerano il fenomeno come qualcosa di raro e insolito; al contrario, coloro che mettono in evidenza il significato etico ed esistenziale della sinestesia come base di tutta la nostra percezione sostengono che sia un fenomeno comune a molte persone. Come messo in luce in questo capitolo, sono diverse le forme incarnate di percezione rivelano tendenze sinestetiche all'opera; tra queste si possono elencare i tipi di memoria corporea, cioè i nostri ricordi cinestetici o olfattivi. Pur nella necessità di ulteriori ricerche, il capitolo affronta come il ricorso al corpo vissuto e ai suoi ricordi possa migliorare la comunicazione e l'azione interpersonale, se ben informato e affrontato con cautela. Il capitolo si sofferma inoltre sugli aspetti positivi della memoria corporea, non ignorando i suoi impatti negativi (cioè traumi e PTSD) e le critiche generali finora avanzate.

Nella terza parte del lavoro - *Inquadrare il sé sinestetico e il noi nella cura della demenza* - mi occupo delle malattie demenziali da una prospettiva psicosociale. Metto in luce perché la *memoria corporea affettiva* è così importante per le persone affette da demenza nei processi di costruzione di significato durante la loro malattia e perché rappresentano una valida alternativa agli approcci identitari narrativi (*narrative identity*) dominanti nel discorso filosofico.

I risultati ottenuti partecipando a sessioni multisensoriali e sinestetiche di *Snoezelen* accompagnate da un programma chiamato *NEUROvitalis* in una struttura di cura a Köln-Ehrenfeld sostengono empiricamente queste ipotesi. In funzione di etnografa e fenomenologa ho partecipato a 10 sessioni di coinvolgimento multisensoriale e sinestetico. Tali prevedono una forma di attivazione sensoriale e cognitiva ottenuta attraverso il 'participatory sense-making'. Le testimonianze ottenute dall'osservazione evidenziano l'importanza delle relazioni interpersonali e degli ambienti multisensoriali o sinestetici sulle persone affette da demenza, mostrandone l'effetto positivo per lo stato di benessere. Questo tipo di coinvolgimento sociale ludico in ambienti di cura (ad esempio *Snoezelen* e *NEUROvitalis*), pone l'attenzione sul senso

di appartenenza e sulla comprensione reciproca e rivela l'estrema importanza della relazionalità in malattie come la demenza.

Questo progetto si colloca nel solco della tradizione fenomenologica in senso lato e della psicopatologia fenomenologica in senso specifico. Contribuisce a quest'ultima proprio perché mette a frutto i contributi della prima, riportando al centro del dibattito l'importanza, in gran parte trascurata, della percezione sinestetica e atmosferica nella demenza. Tale percezione può infatti attivare la memoria corporea, i cui aspetti positivi nell'approccio terapeutico della demenza sono stati messi in luce nei capitoli 8 e 9.

Il significato esistenziale del benessere nella malattia, la sua comprensione concettuale e le sue diverse dimensioni sono al centro della quarta parte del lavoro, *Benessere esistenziale e resilienza nella demenza.* Il senso di benessere, che include a sua volta un senso di appartenenza e di significato, può essere disturbato. Strumenti utili all'analisi del modo in cui questo accade sono i concetti di dubbio corporeo (*bodily doubt*), situazione limite (*limit situations*) e senzatetto esistenziale (*existential homelessness*), collegati al morbo di Alzheimer. Quest'ultima metafora, il senzatetto esistenziale, riflette una mancanza di senso di appartenenza e di fiduccia basilare. Le descrizioni contemporanee dell'intenzionalità collettiva non riescono a spiegare le esperienze di appartenenza che si verificano al di fuori di specifiche interazioni interpersonali. Per questo propongo la descrizione di un "noi sinestetico" che fornisca una visione approfondita delle esperienze abituali di appartenenza, anche se queste diventano frammentarie in malattie come la demenza. Ristabilire un senso di appartenenza e di "casa" implica riconoscere le somiglianze e le pratiche condivise con gli altri. Utilizzando il concetto di "mondo natale" (Heimwelt) di Edmund Husserl, esamino criticamente la nozione di *existential homeleness* usata per descrivere un senso di alienazione e disorientamento. In che modo la malattia può allontanare le persone affette da demenza dal loro mondo natale, causando un senso pervasivo di alienazione? Nonostante la sua utilità nell'analizzare la nozione di senzatetto esistenziale, il concetto di Husserl deve essere rimodulato, per tenere conto della sovrapposizione e del cambiamento dei mondi natali e stranieri per riflettere appieno la complessità dell'esperienza umana. Lo stesso vale per il concetto di *existential homelesness*. Con l'aiuto dei concetti di *identità frammentata (fragmented identity), abitudini interrotte (fragmented habitualities)* e *soggetti nomadi (nomadic subjects)*, introduco quindi la nozione di fenomenologia del disorientamento che offre una concezione alternativa e meno radicale di come concepiamo le persone affette da demenza. Tale fenomenologia permette di accettare i cambiamenti di persona e della personalità sotto una luce meno negativa; alla luce di tale fenomenologia, infatti, i cambiamenti sono visti come un'opzione sempre presente per incontrare il corpo vissuto della demenza e delle malattie in un modo più aperto, creativo, positivo e destigmatizzante. Sulla

base del mio lavoro sul campo in contesti di assistenza alla demenza, prendo poi in esame come il senso di insicurezza e disorientamento possa essere approcciato nell'assistenza alla demenza attraverso un coinvolgimento multisensoriale. Evocando atmosfere piacevoli e evitando man non ignorando quelle che potrebbero essere inquietanti, possiamo creare reattività sinestetiche che contribuiscano a generare stati di benessere.

In generale, attraverso l'esplorazione fenomenologica delle esperienze affettive e sinestetiche, mi propongo di migliorare la nostra comprensione di come la percezione sinestetica e atmosferica influenzino la presenza e l'identità vissute dagli individui. La sinestesia e le atmosfere sono “fenomeni intermedi” che ci permettono di interagire in modo creativo e aperto con gli altri e con il loro ambiente. Tale concettualizzazione della percezione sinestetica e atmosferica può informare momenti di costruzione della resilienza e gli approcci terapeutici nella demenza, fornendo così supporto sia alle persone affette da demenza sia a coloro che se ne prendono cura. Concepire la percezione sinestetica e atmosferica in questo modo sviluppa infatti un quadro più sfumato di come i caregivers possono interagire e condividere momenti significativi con le persone affette da demenza, aprendo così nuovi modi e forme di relazionarsi tra loro che vanno a beneficio di entrambi.