

The Online Setting and Body Psychotherapy

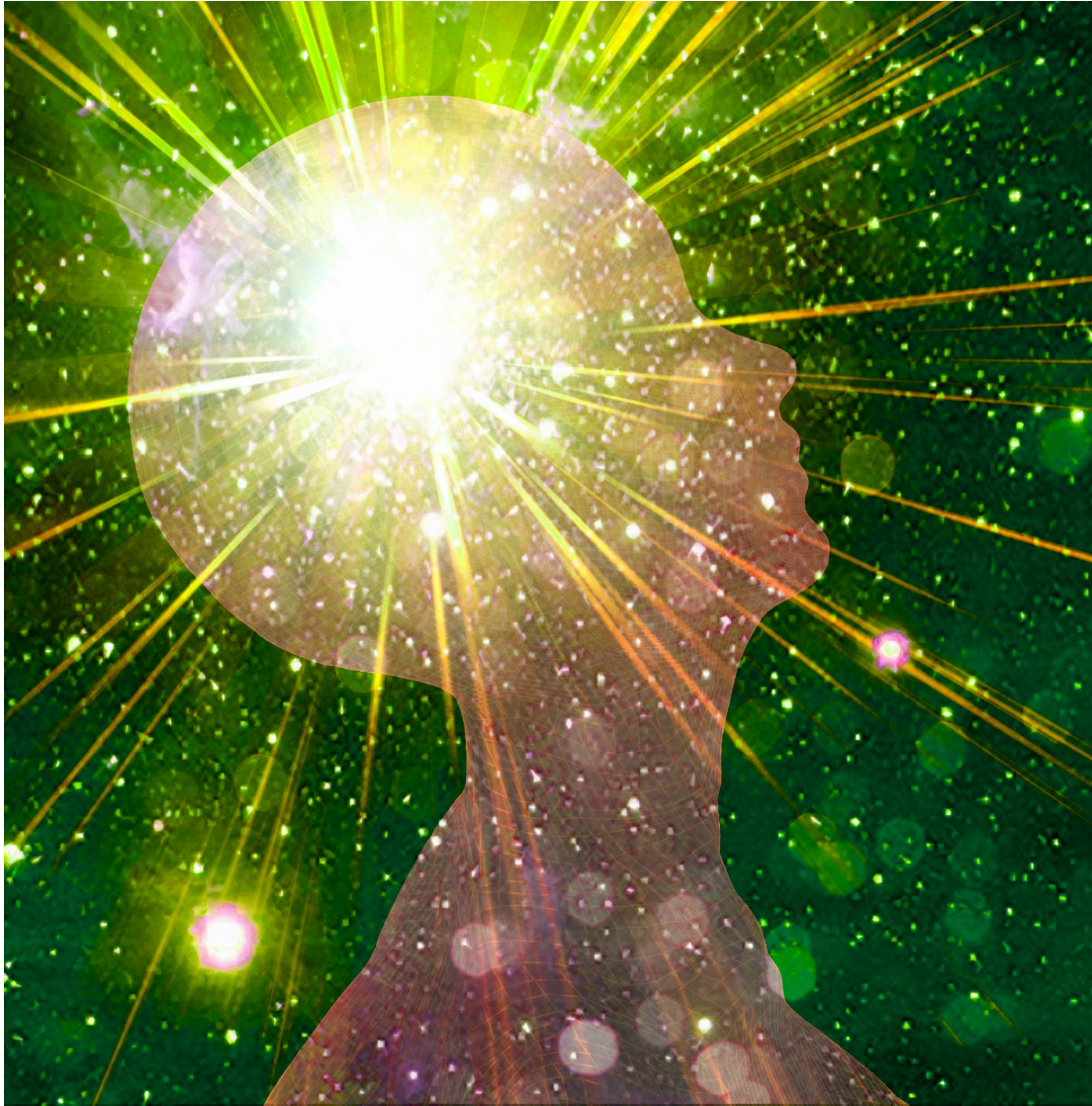


By Genovino Ferri

During the pandemic, I considered the repercussions that existed and the modifications necessary to use my time most effectively with clients in the online psychotherapeutic setting.

Despite the impositions and limitations of our electronic settings, I considered how we most effectively, most efficiently, and most negatively adapted to our unanticipated, new reality.

Having examined the structural variations of the on-line psychotherapeutic setting, enriched with psychodynamic-neuroscientific aspects, I propose an increase in the intersubjectivity and in the intercorporeity in the setting from an analytical-corporeal perspective in psychotherapy. This objective can be achieved by increasing sensory intelligence centred on attention to facial expression and prosody, as well as on analytical-therapeutic bodily activations.



The psychotherapeutic setting during the pandemic can be compared to an open, complex, intelligent living system which requires a new equilibrium, a new structuring and renewed "cerebral plasticity" to continue to exist. It is a living system which must *learn to be aware of new dynamics* and must *re-individuate the two active ingredients representing its resilience in the setting, returning to them (the therapeutic relationship and analytical-therapeutic bodily activations)*, to continue being appropriate and potent, without getting lost, without becoming "de-material-ised" and disorganised in gradual entropic steps or slipping into entropic vortices.



Awareness of new dynamics

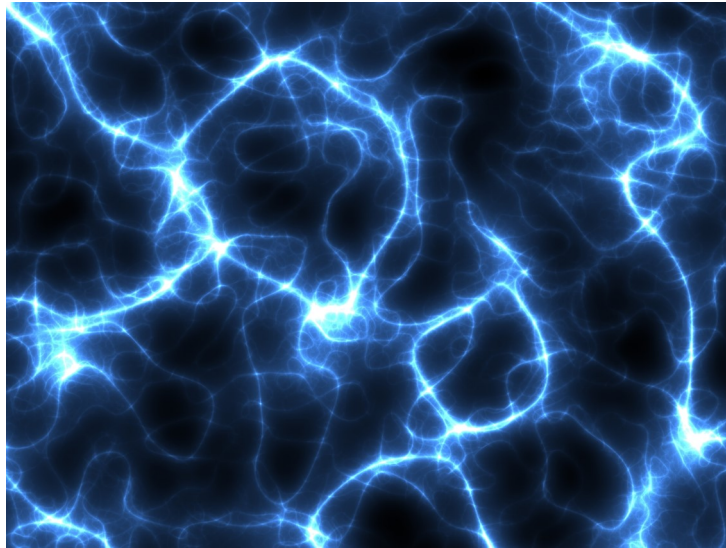
We no longer inhabit the same space in the setting, there being two different locations for the analyst and for the person being analysed, which is to say that although the therapist and the patient are still present in the relationship, the reality of the distance between their two locations is evident and must be taken into consideration.

The dyadic relationship is more difficult, being filtered and reduced by having to pass through computer screens. The epidermis and contact (etymologically derived from the Latin *contactus, contingere*, meaning "to touch") are missing, olfactory exchange of aromas is missing, as is the energetic field interaction of being in the same, real space, which marks the field atmosphere in the setting on the person and on their movement and, in addition, all the associated enactivity is missing.

Postural position, on an online monitor, is largely facing the other and sometimes only from the chest up, or even only from the neck up. Feeling, like corporeity, which is the foundation for intersubjective communication, sees its means of connection reduced and sees its own space in the relationship reduced in a kind of "sensory bottle-neck".

To put it in bodily terms, feeling relies on the inter-ocular relational-space and on verbal dialogue, which, in fact, polarise online, psychotherapeutic portals.

We are still spending the same *time* "together" as we would otherwise, although it is now pervaded by the external "time of the pandemic", which is the new variable around the patient and therapist, obliging them to meet as analyst and person being analysed in the *online psychotherapeutic setting*.



The arrival of the pandemic has introduced new pathogenic factors, the consequences of which must be resolved in online psychotherapeutic setting time.

Neuroscientifically, it is the limbic circuits and, in particular, the anterior cingulate gyrus, that suffer most from time being stolen from relationships. It is the limbic circuits that carry the affective-relational spectrum to the central level, including themes regarding abandonment, loss, and exclusion.

Separation through social distancing, which is a paradoxically effective method of defence against the virus, leads to the activation of the "exclusion and threat of affective loss" receptors.

In addition to the threat of limbic, affective loss, the fact there is a pandemic caused by an invisible, lethal virus further reinforces the external threat to life which the amygdala is highly sensitive to.

Lastly, in terms of neuromediators, the fact that the already much reduced reserve of 5HT serotonin, which is fundamental in human mammals for affective modulation, risks being further depleted, brings to my mind important questions:

- ◆ Where has the previous dopaminergic acceleration, which is now being compressed by the limit the pandemic represents, moved to?
- ◆ What effect will it have on anxiety and panic disorders, on borderline and cluster B disorders, on depressive and cyclothymic disorders and, even, on psychotic decompensation?
- ◆ Will the extraordinary solution of online psychotherapy be sufficient for the new *internal time* in the setting?
- ◆ In Contemporary Reichian Analytical terms, will reinforcing the presence of the 1st relational bodily level, eyes, of the 2nd relational bodily level, mouth, and the rest of the face" be sufficient?
- ◆ Are our faces, through the facial muscles, currently the last, and only, areas of our bodies capable of expressing our emotions and our sentiments?
- ◆ Could these come to represent the only means of access for the psychotherapeutic relationship?

Body Psychotherapy's Two Active Ingredients in the Online Setting

The Therapeutic Relationship

The therapeutic relationship represents the first active ingredient in psychotherapy, and it is not merely simple, interactive communication entrusted to chance, but should, rather, be underlined as being a third presence and a third living entity, which can expand dialogue into tri-ologue.

This is the only way the therapeutic relationship can achieve its own individuation in the setting and, thus, also permit a new interpretation of the *placebo effect* which, according to confirmed evidence, can represent 40% of the improvement in cases of depression (Jama Psychiatry, 2015). The placebo effect is due to μ -receptor (Mu-receptor) activation by opioids, which are clearly visible on PET scans, and produce a similar response to that produced after treatment with citalopram (a serotonergic antidepressant), which also activates those same central μ -receptors.

The therapeutic relationship is a careful co-construction which responds to well-codified laws. Above and beyond the contents exchanged, the therapeutic relationship is built on "trait language" interaction through the expression of character traits in Contemporary Reichian Analytical terms.

Speaking psychodynamically, the implicit requests are deposited in the *how* of the communication and even more so in a complex scene such as in the case of online setting.



How and where do you read the implicit requests?

You do it by increasing sensory intelligence!

Man has two ways of communicating, one being numerical and the other analogical, both of which modify the synapses.

Numerical communication features content, while analogical communication features relationship.

Analogical communication belongs largely to body language and is expressed in the *how*. It orders and classifies what we say, and it communicates about communication and, in fact, it is meta-communicating and directing and delimiting the course of the Relationship.

Analogical language originated in ancient, phylo-ontogenetic time in our evolution and is defined by the nature of eye-contact, by facial expression, by voice prosody and by head, body, arm and hand and leg movements.



Analogical language brings *time* into the depths of the *body*, into *communication* and into *relationships* and, in particular, it introduces time for feeling, which is a time to be sensed three-dimensionally internally and connected to our "perceptive intelligence" (etymologically, "intelligence" is derived from *inter-legere*, meaning "reading into" or "reading between").

In expressive online language, the eyes' *how* (which could be empty, distant, terrified, suspicious or avoiding, for example, or may, alternatively, be joyous, luminous, moist or enthusiastic) is accompanied by the *how* of the facial expression (which may be smiling, supportive, or including, or could, otherwise, be reproachful, accusing or excluding) and they are both also accompanied by voice prosody (derived from the Greek *prós*, meaning "towards" and *ōidé*, meaning "song").

Prosody can refer to voice quality (such as softness/harshness, breathiness, and nasality) and suprasegmental prosodic features, such as stress, prominence, rhythm, and intonation. Prosody tells us about character traits (in Contemporary Reichian Analysis), but also, in other words, about the modulation of the voice, which is so dear to Stephen Porges (Porges, 2014), Bessel van der Kolk (Van der Kolk, 2015), and Giuseppe Ferraro, the philosopher, who defines the voice as "breath made into sound" (Ferraro, 2013).

The *how* becomes the privileged pathway for seeing, feeling, and listening "three-dimensionally", to be able to build the *relationship* together and, thus, the triologue, in the setting. This permits an appropriate counter-transferential response to the implicit request presented by the person in the setting.

What about the rest of the body?

Considering that bodily activations also modify the synapses, can we make the rest of the body a precious resource for the online setting, instead of excluding it?

Analytical-Therapeutic Bodily Activations

Throughout the person's development, during the successive evolutive stages, implicit requests are stratified onto the respective prevalent bodily levels (for each stage), reflecting the needs experienced while passing through that relational period.

Implicit requests, therefore, inform our expressive *how* and are the outcome of our object relationships with the other-than-ourselves, representing the results of interactions which have been acquired during the real, unique story of each of our lives.

Relationships, with their unique, specific patterns from our own life-stories, therefore, dwell in the "Time in the Body"; they dwell in the relational locations within the body in which the ontogenetic, evolutive stages are the first to receive them as they are marked and deposited; (it could be said that they dwell in a kind of chest-of-drawers with each drawer representing a different level in our body, or on the different "floors" of an "apartment building" representing our personality, as I like to put it).



The relational imprintings from our lives, from our intrauterine time through to today, are afferent, in a bottom-up direction, moving from the portals represented by the bodily periphery to the central nervous system. Relational imprintings then return to the periphery, in a top-down direction, and are expressed from the relational locations.

Analytical-therapeutic bodily activations are, therefore, revealed to be extraordinary passwords permitting access through the body's afferent portals to travel along the corticospinal pathways (Ammanniti & Gallese, 2014) and reach the central nervous system; bodily activations are, thus, able to modulate the synapses and the neurotransmitters even in the individual central areas.

Moreover, bodily activations, which act on the relational bodily locations of the person in the setting, are informed by a set of phylo-ontogenetic movements, common to all individuals. These movements, performed in bodily activations, derive from specific periods of time in the sequence of evolutive stages and are stratified as confirmed by neuroscience.

Acting from the body to the mind, bodily therapeutic activations can "unveil" our specific historical life experiences while, at the same time, "revealing" which afferent pathways can represent precious therapeutic intervention for each of us.

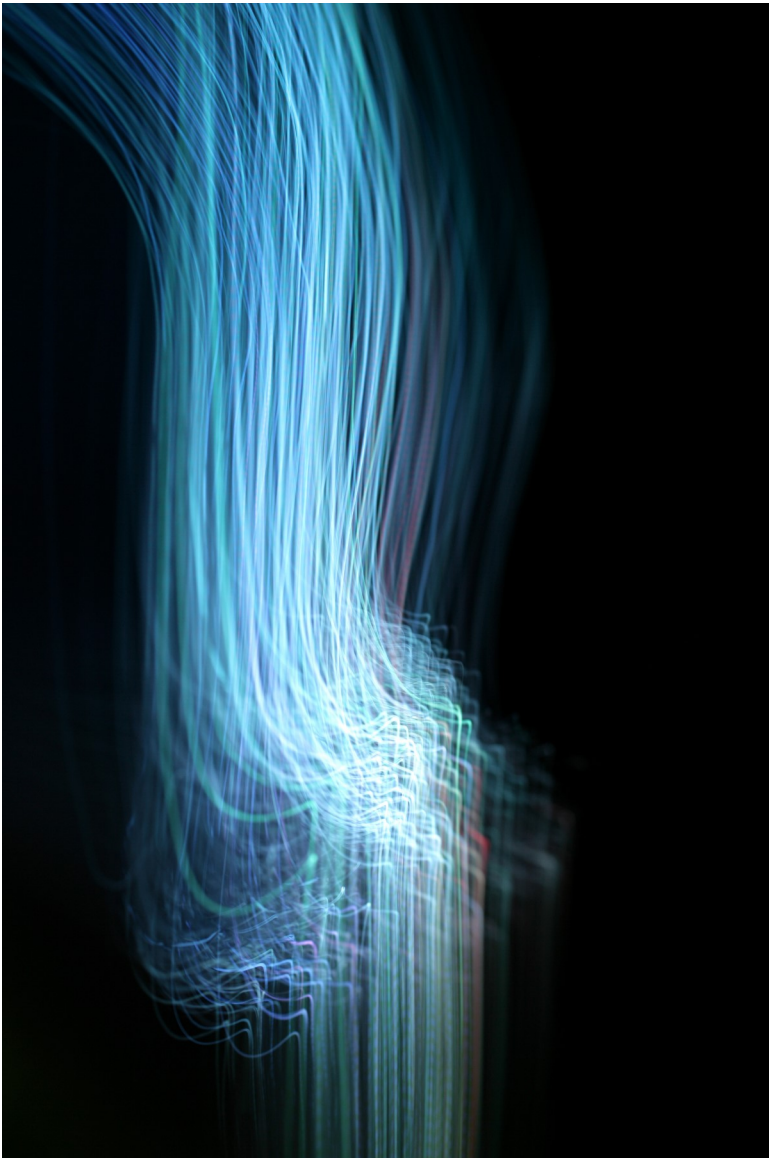
Analytical-Therapeutic Bodily Activations can therefore signify (etymologically from the Latin *significare*, meaning to "mark incisively") psychotherapy, or, perhaps, rather, determine the *character* of psychotherapeutic intervention (etymologically "character", from Greek and Latin, means "incised mark").

Can we use the body definitively in online psychotherapy?

My answer is "yes", even though I am aware that it can only ever be partially present online compared to a normal face-to-face session.

If the "setting" in psychotherapy means the space we operate in, then:

- The concept of setting can be understood as having variable geometry and can be expanded to also include online sessions.
- physical space for activations can be included in the online setting, in addition to relational time and
- when arranging appointments, the person doing psychotherapy can be asked to find their own physical space to do bodily activations during the online session. Thus, they can be protected from new risks and cannot get lost, dematerialised or disorganised in gradual entropic steps or in sudden entropic vortices.



In this way, you also implicitly pass on the request to act in terms of self-organisation in a different room to that used in the face-to-face setting, which represents a highly intriguing meta-message.

Some preliminary conditions:

Given that analytical-therapeutic bodily activations normally make psychotherapy more complex, because they add activation of the corticospinal pathways to cortical motor activation, the introduction of online activations raises the bar further in terms of complexity.

For this reason and to avoid increasing the risk of a "liquid" form of psychotherapy, as we do in Contemporary Reichian Analysis, before asking the person to lie down on the mattress, we must certainly be absolutely clear about the diagnosis.

One indispensable consideration is: Which diagnosis?

Etymologically "Dia-gnosis" means "through knowledge" or through "sapience". Sapience, from the Latin *sapere*, meaning "to know" or "to taste", hints at the journey from intuitively "feeling" or "sniffing out" something, to the feeling of knowing with certainty and it suggests how indispensable the body is to knowledge – You cannot know without feeling it and you cannot feel without the body!

I would underline that the diagnosis must be the unique, "polyhedral" solution to the combination of clinical, analytical, psychodynamic, relational, bodily and neuromediator aspects, all examined and provided by the incredibly careful anamnesis.

Only subsequently can the most appropriate activation be identified and proposed to the person in their own, self-organised, physical space in the setting.

Beyond the specific school of psychotherapy, the well-codified, systematized, guidelines offered by the intelligently flexible "body-code" should always be taken into consideration. These bodily guidelines have been established and validated during decades of experience and are epistemologically coherent with the latest neuroscientific developments.

Only by taking all these factors together can we provide absolute psycho-corporeal appropriateness in the analytical-therapeutic project for that specific person, to increase their "presence" and the "potency" of their actions.

Over the pre-established period, of three or six months, systematically revealed evidence will confirm the development hypothesized.

The psychotherapist being able to observe the activation and the person feeling observed will constitute a form of being together, which may be virtual, but is also certainly real. This represents an indispensable relational framework giving extraordinary value to the person's subjective experience, in addition to the activation produced by the objectivity of the psycho-corporeal experience.

Genovino Ferri is a psychiatrist/Reichian analyst. He is the director of the Italian School of Reichian Analysis and the Director of Mind Body Collection of the Alpes Edizioni. He also directs the "Complex Operational Unit" of Psychiatrist e Psychotherapy of Atri, Asl Teramo, and the "Studio Analysis," ambulatory of Psychotherapy and Social Clinic in Atri. He is the President of the Italian Body Psychotherapy Association, and a member of the New York Academy of Sciences. Dr Ferri has published two books (hard copy and ebook formats): *Psychopathology and Character* and *Body Sense: Stories of Psychotherapy Supervisions*.

Artwork:

Head with energy radiating outward: SPT archives

Two people in laptop: Peggy und Marco Lachman from Pixabay

Blue neurons: SPT archives

Laptop with coffee: AlkeMade from Pixabay

Head brain: Gerd Altmann from Pixabay

Chest of drawers Kevin Phillips

Blue streaks: SPT archives

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