

Corporeity in Psychotherapy

By Genovino Ferri

I wondered a few years ago how it might be possible that the fetus could know "the flavour of the relationship with the mother" while immersed in a liquid environment, given that the introduction of sweet substances into the amniotic fluid led to an increase in deglutition (swallowing), while the introduction of bitter substances led to a reduction.

I believe the answer lies in Ludwig Jacobson's (1813) vomeronasal organ, which is situated just above the incisors and is capable of transducing the aroma of substances in liquid solutions into taste in the embryonal-fetal period. This organ atrophies after birth, but, during our intrauterine time, it permits us to know the flavor of the primary object relationship, which is 'a mirror taste', which is to say that it already informs us of a primary intercorporeity that may prepare the ground for later subjectivity and intersubjectivity, and even psychopathology.

This sense of a primary intercorporeity lead me to consider corporeity's place in general in psychotherapy and how it interacts with what I consider to be the two main ingredients in the psychotherapeutic setting, namely the relationship (between therapist and client) and therapeutic embodied activation.

What is Corporeity in Psychotherapy?

The concepts of corporeity—bodily experience—and in turn intercorporeity were initially introduced by Merleau Ponty, a French phenomenological philosopher known for his work on embodiment and perception. Ponty (1962) proposed that through our bodies we can share and extend our bodily experiences thus expanding the concept of social cognition to focus on the relationship between one's body and that of the other.

Looking at corporeity in the relationship between the analyst and the person being analyzed, one sees an extraordinary foundation in the structural coupling between their respective character traits—it might resemble the arrangement of the double helix of DNA. The relationship, in fact, represents a new, third, complex living-system beyond the two, which will have its own self-organization, its own self-poiesis, its own development, and its own staging-areas (Ferri & Cimini, 1999). It is a third presence that expands the dialogue into a triologue, which can be useful for the psychotherapist.

Embodied Simulation

In the *Theory of the Mind*, simulation is defined as comprehending others by putting yourself in their shoes (Goldman, 2006), whereas Gallese (2007) proposes we enlarge this to a bottom-up interpretation as embodied simulation. He writes: "Firstly and as the basis for the reading of the Mind of the Other is Intercorporeity as a principal source of awareness, a direct form of understanding others from within... an intermediate level between the mirror neuron system and empathic resonance" (Gallese, 2007, p. 659-669).

In addition to the already well-known concepts of transference and counter-transference in the relationship, I bring alongside other structural parts of the relationship: the transference and counter-transference of trait itself.

In the psychotherapeutic setting, 'simulation' can be transformed into therapeutic embodied simulation via the countertransference of trait, or rather the collocation of the trait of the analyst's own personality and corresponding relational bodily level, which is appropriate to reach and contact the floor, or staging-area, inhabited by the other's trait mind.

Therapeutic embodied simulation is fundamental in psychotherapy to be able to draw near to and modify certain, specific, disharmonic patterns of interpersonal relationships in the life-story of the person (Ferri, 2017). A complex, bottom-up reading of living systems, which includes the body-to-mind emergence of subjectivity, offers three prospective clarifications to, perhaps, achieve greater appropriacy.

The first is the verticality of the person's real relational history, from the explosive moment of their conception to the here and now, and of the life that has been experienced and marked even in their bodily expression.

The second is that the observative time, in which to read the *incised marks* (etymologically "character" means "incised mark") left by the real story of their relationships, is spread over the entire arrow of time of their existence, from the intrauterine to maturity even on the bodily relational levels. Indeed, to grasp the intelligent meaning of a person's psychocorporeal narration, it is appropriate to take the anamnesis back to the project implicit in the scene in which they arrived in the world.

The third clarification is that it is important to clearly identify, along the arrow of time, both the staging areas of time, which is to say the floors of the building of our personality, even including those which are disharmonic, and the "how" we have inhabited them.

To clarify further we can take as an example the staging-area of the time of

the myelination of the ventral vagal circuit and the contemporaneous relationship with the mother. Stephen Porges' (2014) research permits the unveiling of the ventral vagal circuit (V.V.C.), which is the most recent development and is present in humans as a modulator of relational communication, which is to say inter-corporeal communication, and which defines the informative contents of verbal communication. The visceral-motory component of this circuit, in fact, regulates the heart and the organs above the diaphragm, and the somato-motory part regulates the neck and expressive facial muscles, through which the emotions "appear" on our human faces, as well as regulating those producing suction and smiles, and those coordinating sight and vocalization.

It is further defined as being a modulator because when the V.V.C. is active, the sympathetic nervous system, which is necessary for attack/drawing near and for defense/moving away, is kept inactive, as is the dorsal-vagal circuit which is even more archaic and is demyelinated, being responsible for immobilization (which is clearly present in fish and amphibians).

In this process, at this staging area of time, we are at the end of the intrauterine relationship, in the time of the birth and the subsequent oro-labial stage... *intrauterine liquids, placenta and funicle and the umbilical area inside; eyes, lips, milk and air outside* (Ferri & Cimini, 2012, p.33). These are the peripheral relational bodily areas, which bear the marks incised by the patterns of the intercorporeal-intersubjective relationship and of the ventral vagal circuit of that time.

In our case, these become possible portals for the ingress of the two active ingredients of psychotherapy for this ontogenetic time, and they provide the opportunity to reach the central areas. The importance of this contribution is evident in the search for greater appropriateness in psychotherapy and psychopathology, for greater understanding of the implications of countertransference and of therapeutic bodily activation in this specific evolutive area. As well, this information is useful for psychotherapy and body psychotherapy in that it allows us to look more deeply into the question of ontogenesis—the development of the individual—or in our case the I-Subject.

I-Subject: Self

It seems that I can state that the development from the Self-Object to the Self-Subject emerges, in clear continuity, from the intercorporeity of the preceding time. This would be the preceding time of Mancia's 'implicit memory', of Trevarthen's 'proto-conversation', of Damasio's 'self-object',

and of Gallese's 'mirror mechanism', and also of Kandel's 'procedural memory', and of Porges' myelination of the ventral vagal circuit.

The Self, in fact, is represented as an *open, complex living-system* in an intercorporeal—intersubjective relationship with the other than self. From the beginning of its life, the 'self' records structure and form, movement and emotion, sensorial perceptions and cognitive acquisitions; it elaborates, integrates, transforms and intelligently organizes itself, and, together with upright stance and locomotion, over time reaches being the I-Subject. The I-Subject is capable of reflecting, which is to say folding-mirroring itself, which implicates duality, but not subject-object dissociation.

This leads me to value the acquisition of the upright stance and upright locomotion ever more greatly, which is that fundamental juncture, which resolves the *apparent cognitive discontinuity* between human beings and the other animal species, as *evolutionary continuity* from intercorporeity to intersubjectivity, and from the self-object to the self-subject.

Intersubjectivity is not, therefore, only associated with linguistic competence as many authors maintain (this interpretation leads to a series of inaccuracies, like, for example, disembodiment in psychopathology), but is based on intercorporeity, which first precedes it and then accompanies it along the arrow of evolutive time.

There are indeed many other authors, with whom I agree, who, expanding on the theme of intersubjectivity and ontogenesis, propose the concept of intercorporeity. (Gallese, 2007, pp.659-669) notes that "first and as a basis for understanding another mind, intercorporeity is there as the principal source of awareness." He maintains, in fact, that the construction of the primary intersubjective matrix is stimulated by the human capacity for orientation towards the face, towards eye-to-eye contact, and mental phenomena are in the continuity of existence.

The Language of Traits

The implicit questions, then, deposited in the staging-areas of time of the person, are deeply involved in a dialogue among themselves with a third language – the language of traits. It is the dialogue between these unconscious elements that people construct communications and relationships, bearableness, alliances, likings, fondnesses, or, on the other hand, antipathy, unabearableness or psychodynamic symmetries.

The language of traits and between character traits is a meta-language for

verbal and body language. It permits us to know the trait thoughts, the relational bodily level of the trait, the trait intelligence, the trait prosody and the architecture of that trait mind (Ferri, 2014).

I propose that the language of traits be among the passwords to enter the psychotherapeutic setting and read the analytical-therapeutic relationship, drawing further guidelines for greater appropriacy of intervention from it.

Based on this information, one may ask:

- How did we pass through those staging-areas of the time of the V.V.C.?
- Which analogical dialogues have been recorded by us?
- Which implicit questions did we come out of that time with and how are they imbricated with those emerging later from the other staging-areas?
- To what degree did the preceding, non-myelinated intercorporeal relationship contribute to the formation of the myelinated V.V.C.?

In fact, at the embryonal stage, the components of a large number of cranial nerves—the special visceral efferents—develop together to form neural substrate of the V.V.C.

Embodied Enactive Trait Mind

Considering then a vision of the body connected to its context and to other human beings that is in line with the theory of the embodied, enactive, trait mind, I find even more psychotherapeutic and psychopathological research that started from Bateson's (1972, p.306) concept of the embodied mind in which "cognitive processes cannot be confined to the brain, since they are formed in connection with and influenced by the entire bodily system, in the much larger man-environment system" and continue with Varela, Thompson, and Rosch's (1991) concept of embodied, enactive mind of sensory-motory coupling of the organism plus the environment, being the foundational element for cognition and the perception of our reality through our own continuous bodily activity.

This line constitutes the conceptual platform of the embodied, enactive, trait mind, which provides us with a compass with which to navigate the times of the peripheral, relational, bodily staging-areas, which we inhabit during our ontogenesis. The embodied, enactive, trait mind in fact correlates the evolutive stages with the bodily relational levels, which have directly received the imprintings from the partial objects of each stage (it is enough to think of the lips and suckling during the period of breast or bottle-feeding), and with the associated character traits, which represent each of our specific histories

of patterns for each stage.

The bodily relational level indeed represents the first receiver, and, physically, the peripheral afferent (the portal) to be activated in order to reach the central areas in psychotherapy.

Briefly, the "*Embodied, Enactive and Trait Mind correlates the relational patterns, the bodily levels, the evolutive stages and the character traits, from the pre-subjective, intrauterine time in a bottom-up direction, from the body to the mind*" (Ferri, 2017, p.103).

Clinical Applications

Clinical-therapeutic derivations are evident for psychotherapy and for psychopathology. It is not possible to fully comprehend a psychosis, in its three-dimensionality, without taking into consideration low, primary, relational reciprocity during intrauterine time, which is marked in the abdominal-umbilical area, which is the same area that is in connection with the nuclei at the base of the encephalon and constitutes ground onto which the field of consciousness of the ego can collapse (Klaus Conrad, 1958).

Using a phenomenological expression, I would say that today the body, to all intents and purposes, has been *thrown* into the setting by the neurosciences, (Porges), to be unveiled to psychotherapy and psychopathology. I would also say that the body is a *project*, because it recounts its own comprehensible, intelligent, historical narration. The body indeed has its own solid set of grammatical rules, resting on intelligent foundations, which are able to be read and which are asking to be read intelligently.

The body's intelligence has been stratified in a thousand adaptive re-combinations throughout the time of phylogenesis, which is recapitulated during the period of ontogenesis until it reaches awareness of self. Intelligence, in its deeper etymology of *inter-legere*, or "reading between", and in the evaluation of danger of annihilation-exclusion, translates Polyvagal theory's neuroception of the A.N.S. very well.

Intelligence is the logos that the body allows us to know and presents to us in its complex beauty. The body knows and knows how to be a meaningful indicator for the I-Subject to which it recounts the wisdom of life. The body knows of past and of future, of joy, pain and fear, it knows of potency and tenderness and it knows of learning and of restitution. Psychotherapy needs to learn, and superlative indications are offered, by the great manual of life, which is inscribed on the body by its intelligent life-story.

The body represents another "3" in the setting (therapist, client, body), because it adds rich analytical material to be read but also adds intercorporeity to intersubjectivity in the relationship (the first active ingredient in the setting); a body which, lastly, permits the addition of therapeutic embodied activation (the second active ingredient in the setting), moving along real pathways from the peripheral afferents to the central areas.

Therapeutic Embodied Activation

Therapeutic embodied activation, which is in convergent and continuous, intelligent dialogue with the relationship (affective co-regulation, Porges, 2014), represents the opening out, or unfolding, of corporeity in psychotherapy so as to bring out and or modify the person's life experiences, while incisively marking "felt" experiences that are appropriate to the therapeutic questions that emerged in the setting. You cannot know without sensing, feeling... from the tasting-knowing to the experienced-knowing... and you cannot feel without the body (Ferri, 2017).

This neuroscientific platform has one of its supports in another statement made by Vittorio Gallese: *when the action is performed or imitated the cortical-spinal pathways are activated... when the action is imagined the motory-cortical network is activated... the action is not produced* (Ammaniti and Gallese 2014, p.28).

To put it with reference to Polyvagal Theory and with the example of the V.V. Circuit in the primary object relationship (P.O.R.): Which relational pattern has been imprinted in the P.O.R? Inclusion-exclusion? Acceptance-threateningness? Support-annihilation? Security-instability? And which implicit relational response is the most appropriate and functional for the other? The right distance? contact? approval? presence?

Therapeutic Embodied Activation

In general, all body psychotherapy may be considered therapeutic embodied activation, but it must certainly respond to a form of grammar with pre-requisites of coherence, and, indeed, the second active ingredient raises the level of complexity of a psychotherapeutic intervention. To modify disharmonic relational patterns, therapeutic embodied activation can be added as the second active ingredient as the second moves the person "from within" with concrete corporeal-psychodynamic actions, which are appropriate to the explicit and implicit therapeutic questions that have emerged in the setting (with the first active ingredient activating the person from the outside).

What, then, should the margins be for greater appropriacy? In my experience I found the margins of greater appropriacy in the therapeutic embodied activations performed by vegetotherapy actings—VNS or ANS therapy. This name was coined by William Reich (1935) in Oslo to indicate his therapy for neuroses, also called neurovegetative dystonia.

Today, with the evolution of the methodology, the actings represent specific ontogenetic movements, which are necessary to explore the history of the stratified relational patterns in the staging-areas of time and in the relational bodily levels. In the psychotherapeutic setting, in appropriate syntony with therapeutic embodied simulation, they draw out fundamental energetic-emotional-psychodynamic insights, thus offering the person the opportunity for a new relational pattern.

It is the relational bodily levels that represent the portals for therapeutic embodied activation; they are each the peripheral afferents through which to gain access to the central areas and to harmonize the implicit questions deposited in the associated staging-area of that time and that trait mind.

The therapeutic actings connect the then and there with the here and now, the depths with the surface, the unconscious with the conscious, implicit memory with explicit memory, intercorporeity with intersubjectivity, and disembodiment with embodiment. They create new sensorial channels, form new cerebral maps, and activate, with the appropriate trait countertransference, new possible "mu" receptors, which are those of pleasure.

The ontogenetic actings which are specific for every staging-area of time, are stratified for every relational bodily level, represent the fractal elevators to dwell in the staging-areas of internal time, permit not only new relational styles, but also the repair of trauma, with new possible patterns and incised marks towards greater possible analytical-clinical appropriacy in psychotherapy.

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Dear Genovino,

Your scholarship and integration of Polyvagal Theory into a discussion of corporeity in psychotherapy is brilliant. I can't think of anything to add to your informative and novel manuscript.

I look forward to reading your e-book.

Best regards for the holiday season,

Steve

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