

# The Mind... The Embodied Mind... The Enactive Mind... The Trait Mind



Notes for psychotherapeutic  
appropriacy in Psychopathology... and more

By Genovino Ferri

Some introductory clinical questions:

“When we encounter a psychotic state in the Other in the setting, which trait and bodily level resonate in us? Where is the psychotic emptiness? Isn't it also in the deep visceral? Which counter-transference and bodily level do we respond with? Is it the most appropriate and therapeutic in the Relationship?”

When we encounter a depressive state, which trait and bodily level resonate in us?

Isn't depressive withdrawal also in the crushed chest of an unbearable Atlas Complex?

Isn't the persecutory alarm of paranoia also in the terror of being attacked from behind?

Isn't the obsessive person's fixedness also in the rigid stare of his unmoving eyes?

Isn't the borderline's anger also in the chin thrust provocatively out to constantly challenge others?

How does the Other's angst from unsustainability in the chest, in dealing with life's difficulties, resound on our breathing?

How do the pallor and terrified expression of panic surprise us?

Which counter-transference of trait and bodily level should we respond with for these psychopathologies?

Are they the most appropriate in the relationship with the traits and bodily levels that underlie them?" (Ferri-Cimini, 2012, p.187).

## **Two Active Ingredients in Psychotherapy**

A) Embodied simulation is "a specific mechanism through which our brain-body system models its interaction with the world" (Gallese, 2006, p.2).

In contrast with the definition of Simulation in Philosophy of the Mind, (Goldman, 2006) where understanding others means putting yourself into their shoes, embodied simulation calls into question whether intersubjectivity consists of attributing symbolic representations to others and states that

"Intercorporeity as the principal source of awareness is foremost, and forms a basis for reading the Mind of the Other. It is a direct form of understanding of others which comes from within... Embodied simulation thus defines an intermediate level between mirror neurons and empathic resonance" (Gallese-Ammanniti, 2014, p.31).

In the Reichian analytical setting, embodied simulation can be read with Analysis of the Character of the Relationship (Ferri, 1992) and, in particular, through the lenses of the Language of Traits (Ferri, 2014).

It can, however, be transformed into "therapeutic" embodied simulation, which establishes relational appropriacy in the setting, using the sequence of Traits along the arrow of evolutive time and the corresponding sequence of prevalent bodily levels in the stages of development,

proceeding from intercorporeity to intersubjectivity (in a bottom-up, coherent, circular understanding of phylo-ontogenetic evolution).

In this way the "trait counter-transferality" is outlined. That is to say that the appropriate "position" and the appropriate "how" of the analyst- therapist, functionally necessary for the psychopathological disturbance and or for the specific trait-bodily level structure of the person being analysed are identified.

. . . "The appropriate Position is on your own specific personality trait and on its corresponding bodily level, from which you can meet and contact the person being analysed, helping them to move, in sustainable evolution, from their problematic trait and bodily level position or, at least, enabling them to read it. The How is the analogical expression of the position and it creates the field atmospheres in the setting to permit evolutive insights for the person being analysed" (Ferri-Cimini, 2012, p.192).

Therapeutic embodied simulation today is fundamental in psychotherapy in order to be able to draw nearer to and modify certain specific interpersonal relational patterns (threatening, accepting, including, excluding) . . . which result from yesterday's embodied simulations in the person's life story.

It should be added that the appropriate trait counter-transference activates “from outside” the person in the setting and represents one of the most important principles in the negentropic construction of the relationship, which should be interpreted as a complex living system (Ferri –Cimini, 1999).

The relationship is an auto-poietic system born from intelligent structural coupling and from the traits of the analyst and the person being analyzed. Like a double helix of DNA, it will develop a negentropic gradient and have its own character with its own different stages and levels of organization. Intersubjectivity-intercorporeity in the setting and in clinical practice cannot be left to chance and must be intelligently superordinate!

B) In our psychotherapeutic setting, where “therapeutic embodied simulation” is fundamental both to be able to reach the Other and for the comprehension of their trait questions deposited in implicit memory, a new active principle is added – therapeutic embodied activation, which in Reichian analysis is performed with character-analytical vegetotherapy “actings”, which are ontogenetic and appropriate to the specific stage, trait and bodily level.

In intelligent structural coupling with therapeutic embodied simulation, it provides the opportunity for, even, body psychotherapy on the trait mind.

Therapeutic embodied activation indeed “completes” psychotherapy, in the sense of its double directionality, because it activates the person “from within”; it is a fundamental way to modify the “incorporated” life experiences of the person, because it incisively marks new experiences, which have been felt and are appropriate to the explicit and, especially, implicit therapeutic questions which emerged in the setting.

“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” (Gallese, 2014, p.28).

In general, all body psychotherapy could be considered to be therapeutic embodied activation, but it must certainly respond to the requisites of appropriacy—there must be epistemological, methodological and clinical clarity and consistency, because body psychotherapy *may well have* a greater level of complexity than verbal psychotherapy.

Coming back to vegetotherapy, to be clear, I am speaking about vegetotherapy in Reichian analysis, which is a very distinct branch on the development of the Tree of Vegetotherapy. Reichian Analysis Vegetotherapy is performed in our setting with two other fundamental elements: “character analysis” and “analysis of the character of the relationship”.

I am speaking of the branch, which is an expression of natural psychoanalytical evolution and which, having originated from Reich in Oslo in 1935 to 1939, it grew stronger and more substantial from the extraordinary clinical contributions of Ola Raknes and Federico Navarro (1974), which are clear in the appropriate actings for the seven bodily levels.

The contribution of G. Ferri and S.I.A.R. represented another significant step in perfecting its application – the evolutive-negentropic arrow of time was introduced in 1992, which transformed the seven bodily levels into relational bodily areas and actings into “specific actings appropriate for stage-structure and object relationships”. The majority of these are real ontogenetic movements, which, in the setting, always communicate with the appropriate Trait Counter-transference . . . “we were back in the analytical channel with the body included” (Ferri, 2012a).

"Actings are therefore progressive and specific to the evolutive stage and the bodily level; they re-propose ontogenetic phase movements. Not only do they reawaken the intact "hows" of the partial object relationships, as they were when they were marked on the bodily level of the Self in that time of that stage of development, but they also constitute fundamental psychodynamic-emotional-energetic insights" (Ferri-Cimini, 2012, p.191).

They propose the opportunity for a new prototype object relationship in the here and now, which is new in the how of the position and the pattern, and is new in the renewed energetic circuit moving towards negentropy.

The actings join the there and then with the here and now, the depths with the surface, the unconscious with the conscious, implicit memory with explicit memory and pre-subjective corporeity with subjectivity.

"They create new sensorial channels, form new cerebral maps and free the internal time trapped in bodily blockages" (Ferri – Cimini, 2012, p.191).

### **A very elementary example to clarify**

In clinical practice, in an approach aimed at treating the correct distance or the loss of boundaries between the self and others, a possible acting could be convergence on a fixed luminous point, held up by the therapist using a light-pen calibrated to the sustainable point of convergence of the person, always within the appropriate relational framework of the setting.

"Convergence" represents an extraordinary evolutionary leap in phylo-ontogenetic evolution, contributing, together with neopallial development, to defining psychodynamically the Identification-Separation from the Other in the orolabial stage, to indicating the appearance of pyramidity and to the arrival of voluntary-striated muscularity. Finally it also contributes to

rising negentropically and to bringing yourself back to a depressive position from schizo-paranoid (paraphrasing M.Klein).

The acting, practiced for 15 minutes. Repeated at regular intervals over time, they allow the person a new entrance into his own field of consciousness of the ego, in his own subjectivity, and it activates the pre-frontal cortex (PFC). Not only this, but it also regulates the appropriate distance for their his own sustainability; it explores the person's dyadic relationship style and it collects the possible projections emerging from the depths of the there and then of his life story ... including, or excluding, mirrored eye contact ... but it also encompasses the causes of the loss of the correct distance or boundaries in the here and now.

The person will experiment over time, according to the ideal prescription by the therapist, with opportune oscillations, convergence towards themselves and their own nose pyramid, and the capacity to gather themselves and to return within their own boundaries, with the light, which is always motionless, acting as a partial, stable, object which is present (Ferri, 2015).

Actings form, inform and reform the enactive embodied mind and trait mind – they increase cognition and feeling, determining greater intelligence in the Self Mind and in the subjectivity of the Self.

### **A Little Illuminating History . . . The Boundaries Between Brain and Body**

Gregory Bateson (1972) considered these boundaries to be senseless and made an excellent contribution: "You could say that the mind is immanent in those cerebral circuits that are entirely contained in the brain; or that the mind is immanent in those cerebral circuits that are entirely contained in the brain plus body system; or, finally, that the mind is immanent in the larger man plus environment system" (p.306). Gregory Bateson (1972) proposed the concept of

Embodied Mind, which is today considered to be a new episteme!

Cognitive processes cannot be confined within the brain – they are formed in connection with and they are influenced by the entire bodily system.

At the beginning of the 90s, twenty years after Bateson's Embodied Mind, Varela, Thompson and Rosch proposed the concept of embodied and enactive mind.

In opposition to the traditional view of cognition centered on mental representations, the embodied and enactive approaches proposed sensory-motory coupling between the organism and the environment as a founding element for cognition – perceiving reality through our continuous bodily activity. “Within the perceptive act we can already grasp the meaning of what we are perceiving, without any need for further inferential of interpretational passages” (Gallagher, 2008).

Thus far, we cannot but greatly appreciate the positions of embodied mind and enactive mind and we feel we should add that Reichian analysis breathes in this extraordinary line of research, but if we pause to consider the derived concepts for the practice of psychotherapy “embodiment, interaction and presence” we differentiate and would introduce, for each of these three points, ontogenetic three-dimensionality and the new concept of trait mind!

...The imbricated sum of the interactions between the marks incised by the Other than Self and the adaptive response of the Self generate relational patterns, which are specific to the life story of the person, typical of the evolutive stage and are recurrent state patterns – they define a character trait ... (Ferri-Cimini, 2012, p.89).

In Reichian analysis the mind is One's, it is, in fact, implicit in the complex, open living

system which we call Self and which has a process.

It represents the outcome of an extraordinary fractal property of Life - 'Intelligence'. In the diversity of its infinite orders of size and expression, intelligence permeates and reflects the stratification of life, recombining at the negentropic bifurcation points of phylogenetic evolution!

“Even in human ontogenesis, intelligence precedes and permits Cognition and it precedes and permits the I (Ego) Subject in their emergence.

Cognitive intelligence is last in order of time and it is the most acute and the highest ... and when it is connected to the preceding forms, it increases in negentropy, in Meta-Intelligence! (Ferri, 2015).

Having said that ... the mind of the Self may be read, in its self-organization, as the sum of the trait minds, which are stratified and imbricated together, and which also appear in the rait thoughts of subjectivity.

In Reichian analysis in the here and now we recover the arrow of evolutive time of the person, his/her evolutive stages, his/her bodily levels activated in his/her object relationships; we read them and we superordinate ontogenesis in terms of traits, which is an extraordinary compass so as not to lose ourselves entropically in complexity, and we would ask:

Which elements of trait intercorporeity-intersubjectivity are there in the here and now in the analytical-therapeutic setting between the two subjects?

Are they the most appropriate psychotherapeutically out of all those which could emerge?

At the present time, which past time has activated and is interacting?



The connection between evolutive stage, character trait, bodily level and object relationship permits us to avoid squashing or confusing time in the here and now, and it permits us to redesign the successive entrance of the bodily levels according to the evolutive phases of the individual; it permits us to plan, with three-dimensional precision, every psychotherapeutic intervention and it provides operative psychocorporeal grammar to communicate and work with the Trait Mind!

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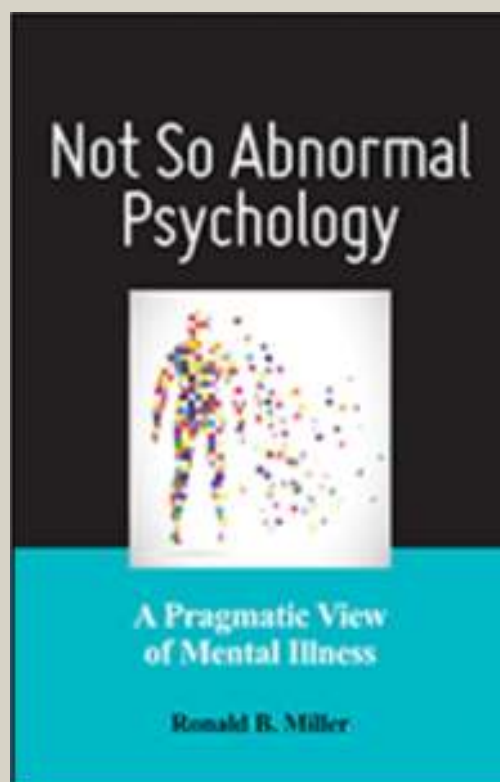
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This categorization is perpetuated by the current state of education in the field of abnormal psychology. Most abnormal psychology textbooks are concerned with the biomedical while the humanistic, psychodynamic, community, and family systems models are introduced but rarely discussed in detail. But in order to achieve an in-depth understanding of abnormal psychology, one must be well versed in theoretical and conceptual underpinnings, and Ronald B. Miller's *Not So Abnormal Psychology: A Pragmatic View of Mental Illnesses* addresses this knowledge gap. Written for primarily an undergraduate audience, *Not So Abnormal Psychology* provides emerging adults with a better understanding of stressors, given that college is a breeding ground for stress, for which undergraduate students are typically ill equipped. Miller incorporates clinical cases, personal experience, and historical anecdotes in order to fully examine different theories for a well-rounded understanding of abnormal psychology.

Miller's *Not So Abnormal Psychology* is a push towards a different perception of abnormal psychology, a field that has been largely dominated by the biomedical narrative. This obsession with labeling and categorizing dehumanizes the patient. "This person has OCD and this person has bipolar disorder." By labeling a person in this way, we radically shift our perspective and opinion and consequently ignore the true problem.



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