PARTICIPATORY SENSE-MAKING IN PSYCHOTHERAPY

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I hereby declare that this submission is my own original work and that, to the best of my knowledge, it contains no material previously published or written by another person, except where due acknowledgement has been made in the text or the material has been co-authored. I also declare that this thesis has not been previously submitted, either in the same or different form, to this or any other university for a degree.

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Abstract

The quality of patient and therapist relationship has been identified as the main common factor for the success of a therapeutic process. However, the research on the therapeutic relationship has been overly influenced by cognitivist approaches in cognitive science and mindreading and simulationist theories of empathy. These approaches to intersubjectivity, however, do not do justice to the complexity of the therapist-patient interactions and the transformative potential of therapeutic encounters. In this regard, two outstanding problems can be identified in psychology and cognitive sciences: methodological individualism and the mind-body divide. As an alternative, the present thesis proposes an enactive approach to psychiatry and psychotherapy that goes beyond a purely "mentalistic" conception of the therapeutic alliance and empathy towards a second-person and embodied perspective, highlighting the constitutive role of pre-reflective engagements of therapists and patients in the therapeutic process. It builds on the enactive theory of intersubjectivity as *participatory sense-making*, which describes the coordination of intentional and non-intentional activities as preconditions from which shared meanings emerge in interpersonal interactions. On this basis, clinical empathy is defined as a participatory and pre-reflective process of knowing-how to respond to the solicitations of patients. Along with the *relational turn* in psychotherapy, the thesis adopts a second-person perspective by placing participatory sense-making processes at the center of the investigation. Accordingly, it presents three pieces of work applying the enactive framework to research in psychotherapy: (1) a comment on correlational studies on non-verbal coordination and psychotherapeutic outcome, where new working hypothesis and interpretation of empirical data are suggested; (2) an interpretative-phenomenological-analysis of the pre-reflective intercorporeal mechanisms involved in the transition from face-to-face to online therapeutic settings, and (3) a phenomenological-enactive analysis and classification of therapeutic interventions on the body in dialogic therapies. These works illustrate that the enactive framework can potentially promote a particular way of doing science in psychotherapy research. In addition to that, the thesis suggests a theoretical deepening of the theory of participatory sense-making under the lens of two related perspectives – phenomenology of atmospheres and Gilbert Simondon's philosophy of individuation. This analysis highlights the pathic character of the lived body and the pre-individual dimension of experience. The discourse on atmospheres is contrasted with enactive-ecological theories of affordances and a possible definition of mental disorders as disorders of affectivity is suggested. The thesis concludes that the theory of participatory sense-making should be understood in terms of transindividuality, that is, as holding the tension between the sense of belonging to a "primordial we" and the objectification of the other, a tension that allows for differential degrees of pre-individual affective participation. This perspective is particularly relevant to understand the complexity of modes of participation in the therapist-patient dyad.

Resumen

La calidad de la relación entre paciente y terapeuta ha sido identificada como el principal factor común para el éxito del proceso psicoterapéutico. La investigación de la relación terapéutica, sin embargo, ha estado influenciada por enfoques cognitivistas en la ciencia cognitiva y las teorías simulacionistas o *mindreading* de la empatía. Sin embargo, estos enfoques de la intersubjetividad no hacen justicia a la complejidad de las interacciones terapeuta-paciente y al potencial transformador de los encuentros terapéuticos. Se observan dos principales problemas: el individualismo metodológico y la división mente-cuerpo. Como alternativa, la presente tesis propone un enfoque enactivo de la psiquiatría y la psicoterapia que va más allá de una concepción puramente "mentalista" de la empatía y la alianza terapéutica hacia una perspectiva de segunda persona, destacando el papel constitutivo de la interacción corporal pre-reflectiva entre terapeutas y pacientes en el proceso terapéutico. La tesis se cimienta en la teoría de la intersubjetividad entendida como *participatory sense-making,* que describe la coordinación de actividades intencionales y no intencionales como vehículo de la emergencia de significados compartidos en las interacciones interpersonales. Sobre esta base, se define la empatía clínica como un proceso participativo y pre-reflectivo de "saber-cómo" responder a las solicitaciones de los pacientes. Junto con el "giro relacional" en psicoterapia, se adopta una perspectiva de segunda persona colocando los procesos participativos de construcción de sentido en el centro de la investigación. En consecuencia, se presentan tres trabajos aplicando el marco enactivo a la investigación en psicoterapia: (1) un comentario sobre estudios correlacionales de coordinación no verbal y resultado psicoterapéutico, donde se sugieren nuevas hipótesis de trabajo e interpretaciones de datos empíricos, (2) un análisis interpretativo-fenomenológico de los mecanismos intercorporales pre-reflectivos implicados en la transición de la terapia presencial al formato online, y (3) un análisis y clasificación fenomenológico-enactivo de las intervenciones corporales en los procesos terapéuticos. Estos trabajos demuestran que el marco enactivo promueve una forma particular de investigar psicoterapia. Por otro lado, se proporciona una extensión teórica de la propuesta enactiva de la intersubjetividad como *participatory sense-making* en relación a dos perspectivas afines: la fenomenología de las atmósferas y la filosofía de la individuación de Gilbert Simondon. Este análisis destaca el carácter pático del cuerpo vivido y la dimensión pre-individual de la experiencia. Se contrasta el discurso sobre atmósferas con el concepto enactivo-ecológico de *affordances* y se propone una posible definición de los desórdenes mentales como desórdenes de la afectividad. La tesis concluye que el concepto *participatory sense-making* debe entenderse en términos de transindividualidad, es decir, como abarcando la tensión entre la pertenencia a un "nosotros primordial" y la objetivación del otro, una tensión que permite diferenciar grados de participación afectiva. Esta observación es particularmente relevante para comprender la complejidad de los modos de participación en la díada terapeuta-paciente.

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Acknowledgements

CONTENTS

INTRODUCTION

The therapeutic encounter is an intersubjective transaction that aims to promote healing and transformation. Although much has been written about specific interventions and treatments that respond to specific mental disorders, the actual interactions between therapist and patients seem to have escaped standardized generalizations. For this reason, many recent research efforts in psychology have been directed toward disentangling the factors that contribute to an effective therapeutic relationship. Clinical empathy, the therapeutic alliance, and attachment styles have been found to be the main common factors that make therapy successful. However, a general theory of intersubjectivity and social cognition — one that does justice to the complexity of therapist-patient interactions and their transformative potential— is currently lacking in the psychological literature. The general aim of the present thesis is to provide a theoretical framework to study psychotherapeutic interactions and relationships.

Among all of the problems faced by psychology and cognitive science, one of the most challenging is the methodological and ontological individualism that prevails in these fields of study. Since the 1950s, therapists and practitioners have incorporated relational perspectives into their theories; however, empirical research did not begin to focus on the therapeutic alliance and clinical empathy until the 1990s. Relational therapists stress the role of patterns of relating to others in shaping individual experiences and in developing a sense of self. From this perspective, the patient–therapist relationship is not only a background factor that influences the effect of specific interventions but rather a proper locus of intervention. Over the last 30 years in neuroscience and cognitive sciences, there has been an upsurge of interest in moving from methodological individualism toward a second-person perspective that acknowledges the relevance of ongoing interpersonal interactions and engagements in studying social cognition. This shift indicates that beyond merely revisiting our understanding of clinical empathy and the therapeutic alliance, we should investigate the impact of patient-therapist interactions in therapeutic processes and interventions. An ontological and epistemological framework that captures the intersubjective dimension of cognition and experience is required in order to account for the complexity of therapeutic relationships. Such a framework should articulate the intersubjective dimension of experience without reducing it to either the individual domain (as most cognitivist and neuroscientific perspectives do) or the social domain (as in social constructivist perspectives).

The second obstacle to developing an integrative framework to study therapeutic encounters has been the tacitly accepted ontological distinction between mind and body. Said distinction neglects the central role of embodiment in the mind. In the functionalist tradition, mental processes have been detached from the organization of the material substrate that they emerge from and isolated from the external world, relegating the basis of perception to inner representations of an immaterial nature acquired through inferential operations. This dualistic Cartesian way of thinking has permeated cognitive sciences and psychotherapy, placing the research focus on mentalistic, functional, and linguistic/symbolic aspects of psychotherapeutic interventions while downplaying the role of embodied, pre-reflective, and affective aspects. This thesis is part of a growing trend to restore this imbalance by incorporating principles and insights from theories of embodied cognition into the therapeutic context.

Specifically, this thesis builds on the enactive approach to life and mind, which aims to provide a naturalized account of phenomenal experience by grounding the mind in the organizational principles of life, such as biological autonomy and agency. The enactive approach advances an integrative theory that encompasses organic, sensorimotor, and intersubjective domains of embodiment. Traditional cognitivist views assume social cognition to be based on a passive observer attempting to guess the mental states of others, whereas the enactive approach describes social cognition as intrinsically grounded in intercorporeal interactions and the mutual coupling between autonomous agents. Using the tools of dynamical systems theory, the enactive approach defines embodied intersubjectivity as a *participatory sense-making* process through which two or more persons co-create the domain of shared signification that structures the relational field. This allows for articulating ongoing bodily interaction that reflects the emotional and pre-reflective engagement of social understanding.

The thesis investigates the intersection between theories of enactive cognition and psychotherapy research as part of a broader active dialogue between embodied and dynamical approaches in cognitive science and research in mental health. The thesis is structured in two complementary questions: (1) how does participatory sense-making — which proposes a particular view on social cognition in general — operate in the particular case of the psychotherapeutic encounter? And how should it be empirically studied? (2) What theoretical developments, both in philosophy of mind and psychotherapy research, are engendered by bringing enaction and psychotherapy into a dialogue?

In response to the first question, I focus on the bodily and interpersonal engagement between therapist and patient as primordial dimensions that modulate and constrain the therapeutic process. I seek a reflection on psychotherapy that goes above and beyond a purely "mentalistic" approach, paving the way for an enactive, intersubjective, and embodied perspective on psychotherapy and mental disorders. This thesis demonstrates that framing the therapeutic situation as an instance of participatory sense-making can potentially

promote a particular approach to doing science in psychotherapy research, which applies both dynamical systems tools and phenomenological insights to the matter.

In the second move of the investigation, I elucidate how the enactive theoretical framework can be informed by the exercise of applying its main concepts to the particular case of psychotherapy encounters. In this regard, the thesis seeks a deepening of the core concepts, namely sense-making and participatory sense-making, by putting them into dialogue with current debates on the nature of mental disorders, situated and enacted affectivity, and Simondonian philosophy. In this way, the thesis highlights and elaborates on the relational and processual ontology that underlies the enactive approach and spells out the implications for our understanding of the affective character of mental disorders and situational aspects of therapeutic encounters.

The overall structure of the thesis is as follows. In Chapter 1, the historical tendencies in psychology, cognitive science, and psychotherapy research are described to contextualize and motivate the research questions. In particular, two current trends are identified: (1) the relatively recent upsurge of interest in the therapeutic relationship as the main common factor for the success of therapeutic interventions, and (2) cognitive science's increasing interest in embodied approaches to cognition. We will suggest that cognitivist and behavioral approaches have failed to provide a convincing account of the transformative potential of therapeutic relationships for two main reasons: (1) the limitations of cognitive-behavioral approaches to psychotherapy for assessing and interpersonal phenomena, and (2) the pitfalls of the cognitive-representational paradigms in incorporating the body to explain mental processes. In response to these limitations, I discuss the 4E (embodied, embedded, extended, and enactive) cognition theories as promising newcomers and explain why and how they can make a difference in psychotherapy research in contrast to traditional cognitive-computational approaches. The 4E cognition perspectives take the body, environment, and others as constitutive of mental processes. In this way, they overcome the previous tendency to downplay the role of the body and environment in cognition and they drop assumptions of linear causality, the hardware/software distinction, representationalism, and – more relevant for my purpose – methodological individualism. At this point, a question arises: what is the potential of embodied theories, and enactivism in particular, to inform research in psychotherapy? I show that embodied theories, and especially, the enactive cognition theory, by attending to the embodied, relational, and situational aspects of the therapeutic process, inform a particular way of doing science in psychotherapy research.

This historical introduction is followed in Chapter 2 by a more detailed description of the conceptual framework of the enactive approach. Enactivism provides a naturalized account of the mind advocating a continuity between living and mental processes. I spell out the core technical concepts of the enactive approach, such as autonomy, adaptivity, organism–environment dynamic coupling,

dynamical causation and constitution, and its relational holistic ontology. In addition, I pay special attention to the key concepts that form the backbone of the thesis, namely mental processes as *sense-making* and intersubjectivity as *participatory sense-making*. Sense-making is understood as the evaluative process of active engagement with the world that is embodied in a nontrivial manner, and involves a primordial affective relationship of commitment and care. Participatory sense-making, in turn, refers to the process of interpersonal coordination in meaning-making and is based on two working hypotheses: (1) the autonomy of the individual and relational domain and (2) the dialectical articulation between these two autonomies. This theory suggests a shift in the paradigm of social cognition research from a mindreading to an interactionist scenario and prompts a non-mentalistic approach to clinical empathy. However, how does participatory sense-making operate in the particular case of the psychotherapeutic encounter? At this point, I will provide a working definition of therapeutic empathy as a participatory and pre-reflective process of knowing-how to respond to the solicitations of patients, which involves the pre-reflective responsiveness of both participants. The enactive framework will be promoted as an adequate theoretical framework for explaining the potential of interpersonal interactions for individual transformation and healing in therapeutic encounters.

Once the enactive theory of embodied intersubjectivity has been introduced, a question remains regarding how it contrasts with the notion of intersubjectivity as managed by different psychotherapeutic and psychiatric schools. Over the last 50 years, several therapeutic schools have themselves moved away from the individualistic paradigm, leading to what has been coined the "relational turn" in psychotherapy. Incorporating pragmatist and social constructivist perspectives into their theories, different therapeutic schools have developed relational perspectives on clinical contexts, the epistemology of psychotherapy, and the nature of mental disorders. Nonetheless, one can observe substantial differences in this movement among different psychotherapeutic schools. Chapter 3 provides an overview of the relational turn as it has occurred in psychoanalysis, systemic therapy, phenomenological psychiatry, cultural psychiatry, and Gestalt therapy, as well as their critical analysis under the lens of the enactive approach.

Chapter 4 presents the enactive approach to psychiatry and psychotherapy. Two main questions are highlighted: (1) the nature of mental disorders and (2) how to understand treatment and clinical practice. Concerning mental disorders, in contrast to the neuroreductionist stance, the enactive approach examines the highly complex nonlinear causal and constitutive relations between the organic, sensorimotor, and intersubjective interactions with the environment as the locus of mental disorders. Mental disorders are defined as disorders of sense-making and special emphasis is placed on their intersubjective, externalist, and dynamic character. The chapter also provides a critical analysis of two enactive proposals developed recently: Sanneke de Haan's existential perspective and Kristopher Nielsen's normative/adaptive perspective. The chapter concludes that the enactive framework has the potential to overcome the traditional dichotomic manner in which the question of the nature of mental disorders has been framed, bridging

intuitions of objectivism-evaluativism, essentialism-nominalism, causalism-descriptivism, entities-agents view, and categorical-dimensional perspectives. An underexplored question remains: how should we understand the affective dimension of mental disorders from an enactive perspective? This question will be addressed in the last chapters of the thesis as a novel contribution to enactive theory itself.

Concerning clinical practice, the enactive approach draws our attention to the importance of pre-reflective embodied processes for understanding how therapists and patients participate in each other's sense-making. Embodied intersubjectivity becomes the background from which therapeutic change emerges in the form of new relational and organizational patterns. The enactive approach adopts a second-person perspective on psychotherapy and clinical practice by placing participatory sense-making processes at the center of the investigation. Now, the following question arises: Which bodily mechanisms drive participatory sense-making in therapeutic situations and how can they be empirically studied? In response, Chapter 5 presents three original pieces of work that demonstrate the potential of the enactive approach to inform research in psychotherapy. The chapter is based on the corresponding journal publications. The first piece examines the explanatory logic of quantitative and correlational studies on nonverbal coordination and psychotherapeutic outcome, and a concrete hypothesis and an alternative interpretation of existing empirical data are suggested accordingly. In the second, quantitative aspects are complemented by a qualitative description of the pre-reflective embodied mechanisms at play in psychotherapy. We focus on changes in the transition from face-to-face to online therapeutic settings in the context of the COVID19 pandemic as reported by therapists and patients based on phenomenological interviews. The third piece of work is a phenomenological-enactive analysis of bodily interventions in therapeutic processes, which offers a practical model for therapists to gain awareness of their interpersonal interactions. This chapter demonstrates that the heuristics proposed by the enactive theory of participatory sense-making are extremely useful for generating hypotheses, offering new classifications, and interpreting empirical work.

The last part of the thesis (Chapters 6 and 7) can be considered a theoretical deepening of the concept of participatory sense-making that arises from the work presented in the preceding chapters. These chapters explore the potential contributions of two perspectives that are currently gaining interest in the field of situated and enacted affectivity: the phenomenology of atmospheres and Gilbert Simondon's philosophy of individuation. I argue that they point to aspects of affectivity and individual–world co-emergence that have not been sufficiently stressed in enactive theory, namely the pathic character of the lived body and the pre-individual dimension of experience. In this regard, Chapter 6 introduces the concept of atmospheres as holistic affective qualities of situations and contrasts them with an enactive-ecological understanding of the environment in terms of affordances. Transcending the mediational inner–outer dichotomic distinction, atmospheres point to a form of disclosing the world that is prior to both

objectifiable reality and to the fully constituted individuality of the subject. I argue that an atmospheric-situational perspective is required to account for subtle intersubjective phenomena that occur in psychotherapeutic processes, such as the effect of spatial features in the course of interpersonal interactions, intersubjective diagnostic processes, or affective climates linked to certain psychopathologies. Moreover, prior to full-fledged interactions, atmospheres provide the background feelings of relaxation, trust, and intimacy or the feelings of shame, distance, and restraint that predispose patients and therapists to certain attitudes and interactions while inhibiting others. As a result, two aspects of the lived body are discussed, which are particularly relevant in psychotherapy, namely *bodily affective availability* and *presence*.

Building on these insights, Chapter 7 investigates the idea that mental disorders may be defined as disorders of affectivity. Building on previous enactive formulations of mental disorders as disorders of sense-making and the theory of primordial affectivity by Giovanna Colombetti, I put forward a view of affectivity as residing at the core of the process of self–world unfolding. I employ Simondon's philosophy of individuation as a processual and relational ontology that underlies the enactive approach. Furthermore, I introduce and discuss concepts such as metastability, pre-individuality, and transduction to describe affective dynamics as what connects the individual with its pre-individual potentialities and anticipates a coherent self–world structure. I also provide a genetic account of affectivity and sense-making that coherently integrates diverse types of affective experiences, such as emotions, moods, atmospheric feelings, and existential feelings, distinguishing their differential contributions to the individuation process. A first and tentative classification of mental disorders in terms of affectivity and individuation is also provided.

To end the thesis, I revisit the concept of participatory sense-making in light of the ontogenetic perspective of sense-making and affects. I conclude that the theory of participatory sense-making should be understood in terms of transindividuality. This implies that in addition to viewing how the relational domain emerges from complex and dynamic causal interactions between individuals we should also examine the global to local processes by which individuals individuate from the relational domain. This perspective points to a form of affective participation that is prior to the constitution of two selves. Understanding intersubjectivity in terms of transindividuality would imply acknowledging the possibility of an undifferentiated origin of sense-making, which means acknowledging a primordial participation of every living being that is manifested in intersubjective experience. As a result, beyond the coordination of reflective and pre-reflective intentional activities between two constituted individuals, participatory sense-making should be understood as the tension between dissolution in the other and self-individuated subjectivity, which encompasses differential degrees of pre-individual and pre-intentional affective participation. Thus, we can speak of a "pre-conscious" that is not hidden in the vertical axis of the individual psyche, but rather in the horizontal axis of intersubjective contact with others.

As a final remark, let me address some methodological considerations. The present thesis is methodologically heterogeneous. It incorporates phenomenological analysis, but it is not a thesis in the field of phenomenology. Furthermore, it incorporates qualitative research, but it is not merely a qualitative thesis. It draws on various disciplines, such as experimental psychology, theoretical models, phenomenological tradition, and the philosophy of the cognitive sciences. The general aim is to propose a holistic theoretical framework that does justice to the richness and complexity of therapeutic encounters and interventions. In doing so, this thesis manifests the interdisciplinary nature of enactive investigations. Moreover, due to my own training as a Gestalt therapist, a strong humanistic influence can be observed throughout the text. This work emerged from a desire to understand interpersonal phenomena experienced in training courses and counseling sessions. It thus attempts to contribute to bridging the gap (or at least, narrowing the gap) between embodied theories of the mind and psychotherapeutic practice. Following the enactive saying that "laying down the path in walking," this thesis seeks to build on experiential and practical knowledge of therapists and practitioners, with whom tight collaboration and constant dialogue represent its backbone. I hope that this work will engage not only philosophers and scholars but also empirical researchers, practitioners, and clinicians.

1

CONTEXTUALIZING THE RESEARCH QUESTION

As a first step to establish the adequacy of the 4E (embodied, embedded, extended, and enactive) theories, and more concretely enactivism, as the theoretical framework to address questions about the psychotherapeutic interactions, the present chapter provides a historical overview on the development of psychology and cognitive science. This is relevant to my objectives because the historical tendencies reveal that, despite sometimes following divergent theoretical and practical aims, theories on psychology/cogntion and psychotherapy feed back on each other. Indeed, as I illustrate in this chapter, each psychological theory and advances in cognitive sicences have informed a particular way of doing and investigating psychotherapy. By, folowing historical trends, the question of how embodied and enactive approaches to cognition influence and inform the therapeutic practice arises almost naturaly. This chapter presents a rather succinct overview of a rich and complex history, focusing on some landmark points that are relevant to motivate the research question. For a more detailed account of the history of psychology and cognitive sciences, I address the reader to Boden (2008), Bruner (1990), Hergenhahn (1992), and King et al. (2015).

1.1. MAJOR PHASES IN THE HISTORY OF PSYCHOLOGY

To historically contextualize the present work, I focus on the beginnings of empirical psychology and behaviorism, and the flourishing of cognitivism and connectionism in the 1970s. I also address how the pitfalls of traditional views led to a shift in the 1990s toward more embodied perspectives in cognitive sciences. As I will show, despite the manyfold issues identified in the classical empiricist and cognitive-behavioral approaches to psychotherapy, their influence in psychotherapeutic practice and research is still predominant, holding problematic assumptions such as the mind-body divide, or the methodological individualism. In contrast to the cognitive-behavioral approach and the empiricist standpoint, which adopt a detached and third-person perspective on psychotherapy, I will motivate a second-person, intersubjective, and embodied perspective on the matter. Given their integrative character, embodied cognition perspectives will be

promoted as informing a particular way to do psychotherapy research and understanding the therapeutic situation, which, I will argue, goes in line with humanistic principles. In this regard, I will distinguish and clarify the differences among the 4E cognition theories and to specify the contributions of enactive theory to our understanding of cognition in general and the psychotherapeutic process in particular.

1.1.1. The rise of empirical psychology

The attempts of psychology to become a "proper" natural science have faced several crises and clashes. It was Wilhelm Wundt who, while aiming to legitimize psychology as a proper scientific enterprise in the 1870s, inaugurated experimental psychology and translated the inquiry into perception and conscious awareness from theoretical speculation into experimental laboratories (Blumenthal & Danziger, 2001). Influenced by work in psychophysics, Wundt's followers incorporated the positivist paradigm into their methodological explorations. They investigated psychological activity by using both introspection and quantifiable measurements, such as stimulus-response behavior. In the paradigmatic experimental settings of the Wundtian program, participants were required to press a button upon perceiving a certain stimulus. The resulting response patterns were regarded as direct causes of internal phenomenal experiences. In this manner, phenomenal aspects of subjective experience could be assessed using measurable and objectifiable response patterns. An underlying assumption of the program, however, was the linearity of the stimulus–phenomenon response in cognition, and although the Wundtian program contributed with a great body of experimental results, it had adopted an overly reductionist perspective on conscious experience.

The endeavor of acquiring rigorous empirical knowledge of the mind was challenged repeatedly, manifesting the limitations of the positivist/physicalist paradigm in the study of psychological phenomena. The first critique came in the 1890s from the wave of American pragmatism, when William James (1950/2007) pointed to the fact that conscious experience must have an evolutionary function; that is, it must have been naturally selected and must follow adaptive criteria. Thus, cognition must be inherently purposeful. In addition, John Dewey (1896) rejected the stimulus-response view of empirical psychology, arguing that our active engagement with the world configures our perceptual experience in ongoing sensorimotor loops. Instead of a linear causality from object to stimulus and from stimulus to response, Dewey argued that our relation to the perceptual object is already an effect of our action and attitude toward it. Consequently, perceptual experience would rather be a dynamic result of action–perception circular loops. The stimulus-response perspective of the Wundtian program also assumed that the perceptual object could be decomposed into a set of fragmented properties, such as color, size, and shape. However, this assumption was criticized by Gestalt psychologists, for whom perceptual experience was not reducible to its putative components. Instead, we would perceive "wholes" or configurations (*gestalt*, in German) that define what the "parts" are in virtue of their contribution to the

perceptual structure (Koffka, 1935; Köhler, 1967). Moreover, the Wundtian program tended to conceive of psychological phenomena largely on an individualistic basis. However, this individualistic view was later confronted by weighty challenges. Lev Vygotsky's sociohistorical psychology (Vygotsky, 1978), for instance, explained human development by stressing the central role of social interaction, interactive scaffolding, and the internalization of cultural tools in configuring our cognitive capacities. These insights represented major objections to the validity of methodological individualism of experimental psychology and had a relatively high influence in Western academic circles in the 1980s, when they were first published in English.

The Wundtian program, however, gave riese to various kinds of empiricist approaches, including behaviorism, which has strongly influence psychotherapeutic practices. John Watson's (1913) radical behaviorism claimed that internal mental states, such as beliefs and intentions, were not objects of scientific study because they could never be empirically studied in themselves. Instead, behaviorists focused on the examination, prediction, and control of objective and observable behavior (Skinner, 1963). Since behaviorism focused on external observable features of behavior, the internal mechanisms of cognitive processes remained enclosed in a scientifically unreachable "black box." In contrast to the Wundtian perspective, introspection had no scientific value for behaviorists. The leading hypothesis was that behavior is either organized in instinctive responses or acquired, the latter being learned through punishment and reward (Pavlov, 1955). This paradigm was highly successful in empirical psychology due to the ability for one to make predictions and test them experimentally (Bender et al., 1963; Watson, 1913). The behaviorist methodological principle, however, made it impossible to investigate the underlying psychological mechanisms of cognitive functions, such as perception, memory, and attention. This methodological neglect dominated the academic field in the West during the post-war decades, until the so-called "cognitive revolution" in the 1970s (Baars, 1986).

Today, the criticism against empirical psychology is noteworthy. There is a growing belief that many results obtained by empirical psychological studies do not meet the reproducibility criteria of positive science, leading to the so-called replicability crisis in psychology (Open Science Collaboration, 2015). Many empirical studies have proven not to be replicable due to their small sample sizes, inappropriate statistical models, poor experimental designs, lack of methodological sophistication, or the "publish or perish" model of scientific practice. Notwithstanding, despite the broad skepticism concerning the empiricist approach to psychology, the empirically based approaches to psychotherapy have been the standards for research, treatment validation, and health policies until recently (Woody et al., 1993). This empiricist bias strongly influences psychotherapy because it still marks the protocols for treatment, validation, and good practices in clinical interventions. However, as I will explain in the following sections, current criticism to the direct application of empiricist principles in the field of psychotherapy makes room for more integrative, holistic, and humanistic

approaches to understanding therapy and promotes more encompassing heuristics for psychotherapy research.

1.1.2. The cognitive revolution: cognitivism and connectionism

Following the historical overview, the rise of cognitivism and connectionism in the so called "cognitive revolution" marks an inflexion point in the study of the mind. In response to the black box conception of behaviorism, the cognitive revolution brought the mind back to psychology, and the question of how humans make sense of the world – that is, the question of *meaning* – regained interest. Indeed, the flourishing of cybernetics and artificial intelligence (AI) in the 1950s attracted American psychologists toward a cognitive-computational paradigm (Boden, 2008; Dupuy, 2009). Noam Chomsky's (1980) criticism of Skinner's behaviorism concerning language marked an inflection point. Chomsky demonstrated that the behaviorist approach was not adequate for describing human language because the possibilities for generating particular linguistic behaviors or utterances are infinite and cannot be learned by copying others' linguistic behavior. What makes human language generative is rather its internal, grammatical, and logical structure (Chomsky, 1959). Operational learning or imitation of a finite set of examples cannot explain our linguistic capacity, but an innate logical ability must exist to account for linguistic generativity. This idea paved the way to the opening of the *black box* of the mind.

Cognitivism was was initially considered a promising framework that would allow for a more profound study of the mind, but according to many scholars, cognitivists' initial enterprise became eventually distorted by the uncritical adoption of the computer metaphor and the consequent understanding of meaning-making in terms of information processing (Bruner, 1990). Following the metaphor that the mind is best understood as a kind of computer, cognitive-computational sciences considered cognition as computational operation or informational processing (Fodor, 1975; McCulloch & Pitts, 1943). This view reaffirmed the linear model of the mind criticized by Dewey, replacing the stimulus and responses of experimental psychology by inputs and outputs. In this "sandwich model" of the mind, which follows an input-processing-output schema (e.g. Hurley, 2001, 2008), cognition is relegated to the intermediate stage between perception and action, which consists of abstract symbol manipulation and operates following logical rules. Internal mental states, such as beliefs and desires, would be coded into symbolic representations of the external world, which would be constituted by a propositional content as well as syntactic and semantic properties (Stich, 1983). Overall, cognitivists aimed to describe the architecture of the mind in terms of its functional and computational properties.

A relevant consideration to my research goal is that cognitivism establishes an ontological distinction between mind and body. Indeed, a hardware/software distinction underpins the cognitivist perspective. Cognitivism relegates the brain and the material body to a contingent implementation substrate for the abstract computational architecture of the mind. Following the sandwich model, bodily sensors would capture the subsymbolic input, then translated it into a computational abstract representation to generate – after processing – an action output in response. In other words, the body would play a role in sensing and acting but not in processing. A direct implication of this view is that cognitive processes could be realized in different material supports, be they biological or artificial. This idea is referred to as the *multiple realizability* of cognition and has been the cornerstone of the functionalist approach in the philosophy of mind (Bechtel & Mundale, 1999; Figdor, 2010). As a consequence, a limitation of the cognitivist perspective is that it minimizes the role of the body as a mere contextual factor in understanding cognition and disregards the materiality of cognitive agents (Shapiro, 2019).

Although the cognitivist program has offered explanations for cognitive functions, such as abstract problem solving (Mayer, 1992; Robertson, 2016), working memory (Miłkowski, 2018), and the structure of language (Clark & Roberts, 1993), the approach has also been strongly criticized for neglecting the role of emotions and embodiment in cognition (von Haugwitz et al., 2015). Indeed, human cognition differs from computational processing in many ways. For instance, recalling the contributions of Gestalt psychologists, human cognition is structured in different sense modalities that are processed as integrated wholes instead of discrete bits of information (Dreyfus, 1979). An indicator of this is the permeability of top-down processes that modulate basic sensory processing (Zeimbekis & Raftopoulos, 2015). Moreover, although the information available in a given context is infinite, humans, unlike computers, are able to process relevant aspects of the situation. This has been named the "frame problem" of AI (Hayes, 1981), which refers to the fact that our cognition is always embedded in a particular context and has the ability to filter relevant information from a wide context. Another shortcoming of cognitivism is that it tends to assume a naive realism about the world. The external world is pre-given objectively and the efficacy of cognitive systems is assessed according to the accuracy with which they represent the world and provide the best response available, as in a problem-solving scenario. This naive realism, however, sets aside cultural and individual differences in meaning-making and the inherent purposeful character of living beings. Last but not least, cognitivism neglects subjective experience entirely, falling into an "explanatory gap" between formal aspects of cognition and phenomenological and qualitative experience (Chalmers, 2007; Thompson, 2010). Functionalism reduces conscious experience to sub-personal processes, which begs the question of how we make meaning of the world in the first place. Consequently, in considering meaning-making in terms of information processing, the proper object of study in psychology, namely conscious experience, gets distorted or even ignored.

In the early 1980s, building on previous ideas of cybernetics, connectionism reformulated cognitive science in a more distributed and materially attached conception (Bechtel & Abrahamsen, 2002; Fahlman & Hinton, 1987; Fodor & Pylyshyn, 1988; Rumelhart et al., 1988). The core idea of connectionism is that cognition is implemented by distributed artificial neural networks composed of many individual nodes that are interconnected with different weights. Computational units would no longer be abstract symbols but rather numerical distributions of weighted connections. Cognition, in this view, would emerge from the dynamics of the interconnected network activity and distributed patterns. These models acknowledge that computation must meet some restrictions of the physical properties of neuronal assemblies; that is, they acknowledge a certain degree of material constraints in cognition (Thompson, 2010). The models also account for the adaptability and flexibility of human cognition. Nonetheless, connectionist models maintain the representational and problem-solving character of cognitivism: the world would be given objectively and represented, more or less accurately, in activation patterns of the network. The distributed view of cognition was a precursor of the topographic map in neuroscience, that is, the modular theory that different cognitive functions are processed in delimited but interconnected brain areas (Bechtel & Mundale, 1999; Figdor, 2010). Although connectionists recognize some sort of brain-related material constraints in cognition, the rest of the body is still relegated to a simple prosthetic or sensorial role. Therefore, the explanatory gap of how the subject experiences the world remains unbridged in connectionism (Thompson, 2010).

Before entering into the details of the embodied approach, let me now consider the impact of some cognitivist ideas on psychotherapy. The computationalist or cognitivist approach to cognition inspired, in combination with behaviorism, the emergence of the successful cognitive-bahavioral therapy (CBT; Beck, 1993; Hollon & DiGiuseppe, 2011). CBT attends to complex internal mental structures that are lawfully and linguistically organized (Perris et al., 2012). Through the use of active and standardized techniques, CBT is aimed at controlling emotional and behavioral disorders by actively correcting "faulty thinking." It adopts a problem-solving perspective in the sense that it aims to change beliefs and behaviors that are nonfunctional with regard to a specific problem in the patient's life. Sometimes, the therapeutic process does not focus on thinking itself, but rather on the second-order relationship of the subject with their own thinking under the assumption that changing the reflexive mental attitude toward oneself will lead to a change in behavior and affect. Thus, CBT advocates for a top-down modulation of the psyche by working on beliefs and particular dysfunctional behaviors. The success of CBT can be attributed to its behaviorist commitment to focus only on observable behavioral data and the standardization of interventions to specific problem-solving, which has made CBT amendable to being studied empirically. With the support of neuroscientific studies, CBT has been regarded as the most empirically contrasted form of psychotherapeutic treatment.

As shortcomings, however, CBT adopts both the representational view of cognition from cognitivist approaches and the empiricist methodology. Consequently, CBT

assumes that mental attitudes can be analyzed in isolation and under the lens of a specific problem, disregarding the situatedness and organizational structure of our mental life. It assumes, among other things, the linear causality of cognitive processing, the hardware/software distinction, representationalism, a strictly individualistic perspective, and downplaying the roles of the body, affects, and the environment in cognition. Moreover, CBT has emerged as the form of protocolized psychotherapy that meets the research criteria and standards of empirical psychology but streaktly speaking, it lacks an underlying theory of how subjective experience operates. Moreover, those methodological principles that are favorable for scientific research, however, might not always be the most beneficial for therapeutic treatments. Indeed, the third-person perspective, which is adequate for empirical studies, is not necessarily adequate for clinical interventions. The notion of the person as embodied, and affective individual who belong to certain sociocultural communities often gets lost when they are taken as objects of empiricist research. This issue is not specific of CBT, but a general concern with the application of the empiricist paradigm to psychotherapy research. In the following section, I will spell out some implications of the application the biomedical paradigm to psychotherapy and clinical practice.

1.1.3. Empirical psychology and evidence-based psychological practice

Research in psychotherapy has been strongly influenced by the logic of *empirically supported treatments* (ESTs). Within this scope, CBT has been considered the most standardized and empirically validated therapeutic school (Chambless & Hollon, 1998; Kendall, 1998). The heuristics for psychotherapy research have been imported from empiricist and biomedical paradigms and implemented within psychotherapy research through the use of randomized control trials, effect sizes[1], and statistical significance. The empirical assessment of therapeutic interventions mirrors psychopharmaceutic clinical trials and has strongly influenced mental health policies over the last 30 years (Braakmann, 2015).

Nevertheless, the empirical study of psychotherapies entails some questionable assumptions (Elliott, 1998). Among them, the most critical is the assumption that the object of study – the therapeutic intervention – can be simplified, quantified, and replicated. This heuristic reduces the complexity of subjectivity and human experience into discrete symptoms and standardizes therapeutic methods that were designed to be generalized and repeated. Furthermore, as proponents of person-centered approaches have indicated (Rogers, 1951), the tendency to over-standardize intervention protocols can be detrimental to patients' needs and

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[1] Effect sizes are statistical measurements of the level of certain with which two variables are correlated in a group, considering the standard deviation and the size of the group. Two variables might be correlated, but if the effect size is low (because the group is too small or the standard deviation is too broad), the correlation is not reliable. Effect sizes thus assess the reliability of a correlation.

experience as well as the adequacy of particular treatments. In empirically based psychotherapies, the personal characteristics of therapists are also averaged out to standardize therapeutic interventions. They operate under a homogenizing assumption, taking it for granted that if one applies the same therapeutic protocol twice, then one is implementing the same intervention, even if the patient or therapist is different. However, this is not the case. Several studies have demonstrated that a therapist's personal characteristics, empathic capacity, and personal style make a difference in the therapeutic process (Barrett-Lennard, 1962; Elliott et al., 1987). Moreover, although the empiricist method of inquiry has produced a vast amount of scientific knowledge under controlled conditions, the ecological validity of such studies has been questioned (NathaN, 2007). Indeed, efficacy does not by itself imply effectiveness (Howard et al., 1996). Whereas efficacy refers to the degree to which a treatment functions under ideal and controlled circumstances, effectiveness refers to how well it performs in real-world situations. In this regard, lab conditions give primacy to large populations, averaging out individual aspects of patients and setting special cases aside, and sometimes even neglecting the effects of comorbidity. Since experimental settings may not reflect real clinical situations, their usefulness for enabling therapists to adjust their interventions to the idiosyncrasies of real patients is questionable. In response to this situation, proponents of *practice-based evidence* have advocated for bringing clinical and research contexts closer to each other (Barkham & Mellor-Clark, 2003; Margison et al., 2000; Wakefield et al., 2021). A more concerning issue, however, is that empiricist paradigms view therapeutic relationships as detached scientist–object epistemic relationships, where the therapist is the subject of observation and the bearer of knowledge while the patient is relegated to a passive object of study. This perspective makes it difficult (if not impossible) to recognize the intersubjective aspects at play in therapeutic interventions and clinical settings.

In response to this criticism, a paradigm change has occurred in psychotherapy research over the last 20 years. The *evidence-based psychological practice* (henceforth "EBP") has opened up theoretical, epistemic, and methodological scopes to make room for alternative research methodologies beyond randomized-controlled trials (APA Task Force, 2006). EBP raises new questions concerning the nature and process of psychotherapy and includes general aspects of therapy, such as the common factors, outcome, and change process. The focus is not only on empirical research but also on the study of clinical expertise, patient characteristics, and relational factors. Empirical psychology, by ignoring these aspects, relied mainly on the explicit knowledge of the therapist and disregarded their implicit knowledge. By contrast, EBP makes room to question about interpersonal aspects and processes that affect the course of therapy, in addition to its focus on the efficacy of intervention protocols. Within this relatively new framework, the therapeutic relationship gains relevance, especially the therapeutic alliance, which stands out as central to understand therapeutic processes and outcomes. The therapeutic working alliance is defined as the collaborative relationship between patient and therapist; in other words, it is the emotional bond that allows shared goals to be pursued and resistance to change to be

overcome (Bordin, 1979). Indeed, the therapeutic alliance has often been reported to be the most influential common factor for therapeutic success, regardless the therapeutic school or intervention employed (Norcross & Lambert, 2011; Norcross & Wampold, 2011). As a result, studying the intersubjective aspects of the therapeutic relationship and patient–therapist interaction is becoming highly relevant in psychotherapy theory and research. The present thesis embeds in this general endeavor through its assessment of the role of embodiment in understanding the therapeutic alliance, bodily interventions, and the particularities of the therapeutic relationship.

As a final remark, in line with previous criticism, a third wave of psychotherapies, namely the humanistic approaches, are gradually finding their place within psychotherapy research. As a reaction to the widespread reductionism of empirical psychology humanistic psychotherapies emphasize the need to examine the whole individual to do justice to the experience of the patient. These humanistic forms of psychology, which encompass body therapy (Young, 2008), existential therapy (Buber, 1958/2012), Gestalt therapy (Perls et al., 1951), and person-centered approaches (Rogers, 1951) among others, reject both the empiricist aims of research and the dysfunctional view on psychopathology, and focus on aspects such as free will, self-efficacy, and self-actualization of the individual (Cain, 2002). The aim of fulfilling the potential and well-being of the individual is the guiding trend of humanistic psychology. In addition, humanistic approaches, whose holistic principles are not compatible with empiricist heuristics, find dificult to validate their practice under the biomedical and empiricist paradigms (Angus et al., 2015; Bensing, 2000; Hoffman et al., 2012). Humanistic schools view humans as complex, social, and emotional beings instead of just cognitive or behavioral. Here, the body also takes on a new protagonism. Therapy is understood as a creative act between the patient and the therapist rather than the application of protocolized techniques. Moreover, patients are not gathered into psychiatric categories, but rather every case is treated as singular and unique, which makes these approaches difficult to study using statistical methods. While biomedical models employ simple and linear causality in their explanations, humanistic approaches address the complexity, subjectivity, and agentiality of the patient. This makes them more susceptible to being studied using qualitative methods, which aim to explore processual aspects rather than the effectivity of a specific intervention. As a result, it can be stated that humanistic approaches to psychotherapy require a more phenomenologically informed research paradigm that accounts for their holistic perspective on human beings. As I show throughout this thesis, embodied perspectives on cognition, are promising newcomers for filling this theoretical and heuristic demand as they provide integrative and holistic framework for informing research in psychotherapy that goes in line with humanistic principles.

1.1.4. Defining pathology

Another outstanding debate related to empirically based psychotherapies is that of the nature of psychopathology. Although the general aim of the thesis concerns the study of patient-therapist interactions and the intersubjective aspects of

therapeutic processes, the question of the definition of mental disorders appears as an unavoidable question to our purposes. Indeed, our notion of mental disorders will determine the kind of interventions we promote. Therefore, the debate regarding the ontological status of mental disorders and the adequacy of current classificatory systems is worthy of attention here. The debate is wide and complex, but it can be summarized into six dimensions that structure it (Zachar & Kendler, 2007; also discussed in de Haan, 2020b and Nielsen & Ward, 2020) (1) objectivism-evaluativism, (2) essentialism-nominalism, (3) entities-agents, (4) categories-continua, (5) internalism-externalism, and (6) causalism-descriptivism. These dimensions are elaborated in the following paragraphs:

1. The objectivism–evaluativism axis of the debate (also called the normativist-descriptivist debate, Simon, 2007) questions whether psychiatric disorders are a matter of fact or imply a certain degree of evaluative judgment. Often, the objectivist branch refers to the discourse of natural functions for defining the harmfulness of psychiatric disorders (Schramme, 2016). Wakefield (2000), for instance, defined natural functions as those mechanisms that have evolved by means of natural selection and thus carry a descriptive way of referring to function and dysfunction in a purely naturalized way. This account, however, has its flaws since mental dysfunction is not always necessary for the appearance of a mental disorder. Moreover, mental mechanisms or functions are difficult to pinpoint as other biological mechanisms are (Murphy & Woolfolk, 2000). For normativists, on the contrary, any assessment of the normal and pathological has an inextricable normative dimension. The standard of normality from which variation is regarded as pathological should not be reduced to a value-free natural function or a mere description of objective facts (Szasz, 1960). This is because the criteria for establishing what counts as mental disease and what is simple variation are imbued with the political, judicial, economic, and cultural values of the historical periods and places where the assessment is made. A frequently used illustrative example is homosexuality, which was considered a mental disorder until as recently as 1973, when it was removed from diagnostic manuals (Drescher, 2015). Attention-deficit hyperactivity disorder is another example, the rise of which points to changes in sociocultural values and behaviors rather than physiological variations in the population (Mather, 2012).

2. The essentialism–nominalism axis of the debate is concerned with the extent to which psychiatric disorders are real entities or respond to the pragmatic need of classifying patterns of behavior (Kvaale & Haslam, 2014). On the one hand, essentialism identifies disorders with their underlying nature or mechanism, and thus, it regards psychiatric categories as real categories. A neuro-reductionist view would be the clearest example of essentialism (e.g., Johnson, 1999). Notably, although essentialism is one of the forms that reductionism can take, it does not exhaust it. There are forms of reductionism, such as social constructivist approaches, that do not entail essentialism (Noam et al., 1995). On the other hand, nominalism refers to psychiatric categories, not as counterparts of real entities in nature but rather as useful and contingent classifications that respond to practical needs (e.g., Hacking, 1999). Scientific categories in general and psychiatric

classifications in particular are not considered to map the real world accurately, but they are seen as contingent categories that respond to our theoretical and practical needs (see Rouse, 2002 for a version of scientific nominalism).

3. The entities–agents axis of the debate is concerned with the level of involvement of the subject in the constitution of pathology. The entities view regards psychopathologies as things that people should get rid of as they hinder their autonomy and intentional agency. Pathologies are external things to eliminate, similar to an infection or a tumor. By contrast, the agents view sees pathologies as inextricably linked to the person who enacts them. Psychopathology, in this view, is not something external to the person that can be removed, but rather it belongs to the way in which people perform their intentional agency (e.g., Szasz, 2011). To the question "Is it me or my pathology?" the agent view would respond as follows: "You enact or bring forth your disorder and thus, it is now part of what you are" (e.g., de Haan et al., 2017).

4. In the categories–continua axis of the debate, the categories view holds that psychopathologies should be characterized in categorical terms, that is, as having nonarbitrary discrete boundaries that delimit them as unitary constructs (e.g., Kendell & Jablensky, 2003). This has been the traditional approach to constructing the taxonomy of psychopathologies. By contrast, the continua view holds that psychopathologies should be viewed as continuous, that is, as traversed by various functional dimensions that can belong to different levels, such as physiological, behavioral, socioeconomic, and affective (Biondi et al., 2018; Kotov et al., 2017; Krueger & Piasecki, 2002). This axix of the debate also questions whether psychopathologies are a matter of degree or a difference in kind. Are we "carving nature at its joints" or are pathologies constituted by an amalgam of continuous dimensions that vary in degree? The Diagnostic and Statistical Manual of Mental Disorders (DSM–5) and the Research Domain Criteria (RDoC) are representative diagnostic protocols of these two perspectives on psychiatric disorders (see Casey et al., 2013). While the DSM approach provides a categorical classification of disorders based on observable symptoms, the RDoC integrate many dimensions of functioning that span the full range of human behavior from normal to abnormal, such as sensorimotor systems, arousal, and social communication. Variations in those dimensions are thus variations in degrees for RdoC.

5. The internalism–externalism axis of the debate questions whether psychiatric (and cognitive) processes should be described only by internal factors or whether they should also include external factors. Internalism holds that cognitive processes are constituted by internal (to the body or to the brain) processes, as in the case of neuro-reductionism (Winokur, 1981). Externalists, by contrast, claim that there are external factors that play a role not only in the emergence and development of the pathology but also in its constitution (Sneddon, 2002). Note that externalism does not imply "only externally constituted" – it is also defined negatively as "not only internal" (Rowlands, 2003).

6. The causalism–descriptivism axis of the debate questions whether we should define psychopathologies in terms of their causes or describe their actual phenomenology and clinical profile. Such causes can be understood in manifold ways. Essentialists and neuro-reductionists look for the neural correlations of psychopathologies as the causes of the clinical profile. Other therapeutic approaches, such as psychoanalysis, look for the developmental causes of the actual state. Causalist perspectives assume that there is a hidden factor that originates from the clinical profile and that treating the cause would directly lead to a recovery from the disorder (Schaffner, 2002). Nonetheless, such linear causal frameworks have been strongly criticized for not doing justice to the complexity and non-linearity of psychiatric processes (see de Haan, 2020b). Descriptivists, by contrast, see the observable profile as the target of treatment and categorization and do not consider any form of causal underpinnings of the pathology as further mechanisms to be treated. Diagnosis should thus be performed on the basis of an accurate description of the symptoms (e.g., Robins & Guze, 1970).

Zachar and Kendler's classification has proved extremely useful as an overview of the positions about the nature of mental disorders where different enactive proposals have been located (e.g., de Haan, 2020b; Nielsen, 2020). I cannot do justice to the complexity of the debates here since doing so would require a whole chapter, but let me state that the "either or" dichotomic way in which the debate has been placed leads to polarized positions that manifest the dualistic character of the philosophical positions promoting them. For the present purposes, I will demonstrate in Chapter 4 that the 4E cognition theories have the potential to dissolve, rather than resolve, the dichotomies that frame the debate on mental disorders. Moreover, inspired by current dynamical systems approaches to mental disorders (Olthof et al., 2020), I will introduce an additional but crucial axis to the debate; namely, the process-structure axis, which questions whether what counts as mental disorders is a matter of structural features of disordered minds or of its dynamical fingerprints. Although providing an enactive definition of mental disorders is not the main purpose of the present thesis, it represents an unavoidable debate to engage with in addressing both research and clinical practice in psychotherapy. Indeed, the position we adopt with regard to mental disorders will strongly influence our understanding of the therapeutic situation, our interventions, and research strategies. For this reason, in Chapter 7, as a result of the exercise of applying enactive concepts to psychotherapy research, an incipient enactive approximation for rethinking mental disorders as disorders of affectivity will be suggested and elaborated.

1.1.5. Cognition in 4E: Making distinctions

In response to criticisms arising against the cognitive-computational paradigm of cognition over the last 60 years (Chalmers, 1995; Dreyfus, 1979; Penrose & Mermin, 1990; Searle, 1999), a relatively recent upsurge of the embodied, extended, embedded, and enacted cognition theories, also referred to as 4E cognition. This marks a critical shift in the field as these theories provide alternative theoretical frameworks, concrete hypotheses, models, and experiments that promote a

revision of core philosophical assumptions in the cognitive sciences (Hutto & Myin, 2012; Newen et al., 2018; Varela et al., 1991).

Although 4E cognition perspectives encompass a wide range of different philosophical commitments, they share in common the recognition of the body and the environment as fundamental constituents of mental experience. The body is no longer considered to be mere equipment for implementing cognitive processes, but it rather actively constitutes our conscious experience and meaningful engagement with the world (Hutto & Myin, 2012; Newen et al., 2018). Nevertheless, the details of the specific ways in which the body influences cognition may differ from one approach to the other (Thompson & Stapleton, 2009). Indeed, 4E cognition theories do not add up to a unified theoretical framework, but they encompass partially overlapping and sometimes partially incompatible commitments (Kyselo, 2013). In the following paragraphs, I briefly sketch the variety of views under the label "4E" to clarify and specify the sense in which I consider embodiment in this work.

- Cognition is Embodied: There are two main meanings to the statement that cognition is embodied. First, sensorimotor approaches consider concrete bodily features and processes as constitutive of cognition. Some authors place emphasis on the role played by motor actions in visual perception (O'Regan & Noë, 2001). Perception, in these sensorimotor approaches, is constituted by an agent's mastery of sensorimotor regularities, rather than by an internal reconstruction of fragmented sensory data. Structures of our biological embodiment and evolutionary history, such as the upright posture, navigation, and gestures, determine not only "low-level" cognitive processes but also more complex phenomena, such as the use of concepts and linguistic metaphors (Lakoff & Johnson, 2008; Pecher & Zwaan, 2005). According to this account, cognition concerns the distributed coordination of perception–action loops, which have no need for internal abstract representations for explaining cognitive processing.

  Second, phenomenological approaches claim that research in cognition should be informed by phenomenological investigations of the structure of conscious experience. As I will explain in more detail in Chapter 2, the body is not seen only as an external object of mechanistic explanation (*Körper*), but as a subjective and lived body (*Leib*) (Fuchs, 2011; Husserl, 1931/1982; Merleau-Ponty, 1945/2012). The lived body has a twofold structure encompassing the sense of ownership (i.e., the feeling of one's body belonging to oneself and not others) and the sense of agency (i.e., the sense of being the source of the movement, Gallagher, 2000; Tsakiris et al., 2007). Phenomenological theories of embodiment also explain the inalienability of the minimal self, that is, the minimal and embodied sense of subjectivity that accompanies all subjective experience. This minimal self conveys a pre-reflective experience of mineness and shapes the primary source of experience (Gallagher & Zahavi, 2012).

In bridging sensorimotor and phenomenological approaches, no consensus exists on how to overcome the "hard problem" of consciousness in the cognitive sciences (Chalmers, 1995); that is, how mechanistic explanations of perception–action loops in sensorimotor coupling can explain the self-centeredness of phenomenological experience (O'Regan & Noë, 2001). In this regard, some theorists have proposed that there is a sense in which both levels of explanation operate as "mutual constraints" or "circular causation" (Fuchs, 2005c; Varela, 1999). However, to understand these mutual constraints, we need to provide a dynamical analysis of the interaction between the organism and the environment. As we shall see below, enactivism is probably the most promising theory in this regard because it provides an account of conscious experience as sense-making, which is grounded in biological and embodied autonomous processes.

- Cognition is Embedded: Cognitive processes are not restricted to high-level "offline" reasoning processes within the agent but are situated in particular and concrete environments. Embodied cognition researchers consider cognition a relational phenomenon that is best described as a dynamical system that comprises bodily and environmental processes in interaction. Ecological psychology has theorized the radical situatedness of human cognition (Heft, 2001) by considering the environment as the primary factor for explaining behavior (Barker, 1965). For Gibson (2000), for instance, cognition is inseparable from action in the sense that we directly perceive dispositions and possibilities for actions that the environment affords. Such *affordances* of the environment are crucial for explaining perceptually guided behavior. In Chapter 6, I examine these ideas about ecological psychology in more detail to contrast them with another promising newcomer in the debate on situated affectivity, namely the phenomenology of atmospheres.

- Cognition is Extended: The extended mind hypothesis of Andy Clark and David Chalmers (1998) proposes that cognitive processes rely on aspects that go beyond the *skin and skull*. The authors suggested that cognitive processes can be expanded, under certain circumstances, to other material substrates beyond the body. A paradigmatic example is the case of a patient with Alzheimer's disease who reliably uses information stored in a notebook. In this case, the notebook can be seen as an extension of his memory. The extended mind view, however, has been criticized by some proponents of the 4E cognition theories because, in disregarding the material constitution of cognition and retaining the multi-realizability claim of cognitivists, this perspective maintains representationalist, functionalist, and computationalist commitments. Moreover, since extension is exclusively applied to subpersonal processes, it remains dualist and reductionist in explaining subjective experience (Kyselo & Walter, 2009). An alternative view on how to understand extended cognition is held by those with enactive-ecological perspectives, who claim that cognition is

socially extended and that the interactive domain should be recognized as being in a continuum with cognitive processes (Gallagher, 2013b). The outstanding point of the extended view is, however, that it manifests the externalist aims of the 4E cognition theories, which aim to incorporate external, environmental, intersubjective, and sociomaterial aspects into the explanation of cognitive processes.

- Cognition is Enactive: Enactivists share the extended mind hypothesis in holding that cognition is not restricted to brain activity; however, their main contribution is that cognition emerges from the embodied and engaged activity of the organism in interaction with the environment. Inspired by phenomenology and dynamical systems theory, cognition is seen as a fundamentally relational phenomenon and is determined by the organism's structure in continuous interaction (Di Paolo & De Jaegher, 2012; Fuchs, 2011). Through evaluative interaction with the environment, the organism *enacts* or brings forth a world of significance. Consequently, cognition is fundamentally tied to lived experience and is grounded in self-organizing properties of the living organism. A core tenet of the enactive approach is that a dynamic and circular co-regulation of the organism–environment coupling describes cognition better than the "sandwich model" proposed by cognitivists. Chapter 2 is devoted to thoroughly introducing the core concepts of enactivism, which represent the theoretical framework of the present work.

- Cognition is Emotional (Affective): Although the word "emotion" is not *prima facie* any of the four Es, the claim that cognition is emotional is a direct consequence of enactive embodiment, which must be highlighted here. The enactive perspective denies that a problem-solving scenario is the best representative situation to understand what cognition is about. Instead of taking a detached subject as a primitive, the embodied subject is primarily an affective one. Vulnerability, motivation, and concern are not mere accompaniments to mental states, but they are constitutive aspects of cognitive processes (Colombetti & Thompson, 2007; Varela, 2005). Embodied cognition, thus, implies that no substantial difference exists between logical and detached processing and emotional and engaged responses. By adopting an affective view of cognition, the existential and ethical dimensions of living beings are naturally incorporated into cognitive science. We can already envisage the relevance of adopting an emotional perspective on the mind for explaining processes in psychotherapy and the nature of pathology.

The 4E cognition theories overcome the unquestioned assumptions of previous computationalist and connectionist approaches – namely the linear causality of cognitive processing, the hardware/software distinction, representationalism, strict individualism, and downplaying of the roles of the body, affects, and environment in cognition. As an alternative, they offer a more integrative

theoretical framework that takes the body and the environment as constitutive of cognition. From this view, looking at bodily constraints, processes, structures, habits, and interactions with the world would better explain, clarify, and extend our understanding of conscious experience and cognition. Among them, the enactive perspective provides the most integrative account by promoting the combination of phenomenological insights and dynamical systems' concepts to the study of mind processes and has the potential to overcome dichotomic and dualist perspectives on mental disorders. For these reasons, in this theis, I consider enactivism as an adequate framework to study the therapeutic relationship and change processes.

As a summary, this historical introduction has revealed the difficulties (or impossibility) to frame the question about the intersubjective aspects of psychotherapy on the grounds of empiricist and cognitivist frameworks. The aim of standardizing therapeutic interventions to meet biomedical and empiricist research demands has left out the study of interpersonal and embodied aspects of therapeutic interventions. Although under the umbrella of evidence-based psychological research paradigm has made room to investigate the quality of the therapeutic alliance as the background common factor for the success of a therapy, inherited assumptions of cognitivism and the biomedical research paradigm has strongly influenced these research line. As a consequence, the effects and scope of embodied interactions in therapy remain understudied in scientific research. Adopting a phenomenological stance, the present work aims to fill this theoretical gap by providing an enactive framework that can lay out not only the questions of therapeutic interactions but also the classical questions concerning the nature of mental disorders. By attending to the embodied, relational, and situational aspects of cognition, the enactive approach overcomes the methodological individualism and the ontological mind/body divide. However, how exactly does the enactive approach conceptualize the body? And what theory of intersubjectivity it puts forward? To answer these questions, in the following chapters, I will spell out the core concepts of the enactive cognition theory, its theory of social cognition (Chapter 2), and its theoretical similarity and contrasts with the "relational turn" in different therapeutic schools (Chapter 3)

2

THE ENACTIVE THEORETICAL FRAMEWORK

This chapter introduces the core elements of the enactive approach in more detail. The main goal is to promote the enactive perspective as a coherent and appropriate framework for studying the embodied and intersubjective aspects of the therapeutic relationships. As stated in the previous chapter, the embodied turn in cognitive sciences encompasses a wide variety of conceptions of the role of the body and the environment in cognition. Among them, the enactive approach is the most integrative account. In this chapter, I present some of the key concepts that drive in this thesis, such as cognition in terms of *sense-making* and, more relevant for our purposes, intersubjectivity as *participatory sense-making* (for extended introductions to the enactive perspective, I refer the reader to Di Paolo et al., 2018; Fuchs, 2017a; Gallagher, 2017; Newen et al., 2018; Stewart et al., 2010). While the first part aims at presenting an articulation of the core concepts of the enactive theory, the second part will discuss the contributions of the enactive perspective to the social cognition debate. It will conclude that the shift from a mindreading toward an interactive paradigm suggested by enactivists implies significant shift in the conceptualization the therapeutic alliance and clinical empathy.

2.1. CORE CONCEPTS

The enactive approach is a branch of embodied cognition theories that is rooted in the theory of autopoiesis developed by Humberto Maturana and Francisco Varela (1980/2012) and the canonical work *The Embodied Mind* (Varela et al., 1991). The main objective of the enactive approach is to provide a naturalized account of mind and consciousness that does not reduce them to the biological domain. Inspired by phenomenology and dynamical systems theory, enactive theory has developed substantially in the last decade and it has been applied in diverse research areas, such as social cognition (De Jaegher & Di Paolo, 2007; Paolucci, 2020), perception (Arango, 2019; Gangopadhyay & Kiverstein, 2009), and affectivity (Colombetti, 2014, 2017; Maiese, 2014). In these fields, the enactive approach provides a theoretical machinery that encourages mutual enlightenment between cognitive sciences and phenomenological approaches to subjective experience (Gallagher, 1997; Varela, 1996).

As with the label of "embodiment," a variety of different theories and commitments fall under the banner of "enactivism." Although all of them highlight the relevance of the active body, engagement with the world, and lived experience, they differ in some details and emphases. "Sensorimotor enactivism" (Noë, 2004; O'Regan & Noë, 2001), for instance, develops a theory of perception as action guided, while "radical enactivism" (Hutto & Myin, 2014) is centered on the analytical criticism of representational approaches to the mind. The neurophenomenological method initiated by Varela (1996), in turn, is aimed at integrating the study of subjective experience in neuroscientific research. Other researchers, such as Shaun Gallagher or Thomas Fuchs, conceive enaction in a broader sense and relate it to disciplines such as ecological psychology or phenomenological psychopathology, respectively (Fuchs, 2017a; Fuchs & Röhricht, 2017; Gallagher, 2017). In this thesis, by enactivism I refer to the approach developed by Varela, Thompson, Di Paolo, and others (De Jaegher & Di Paolo, 2007; Di Paolo, 2005, 2009; Di Paolo & Thompson, 2014; Thompson, 2010; Varela, 1996; Weber & Varela, 2001), which aims to provide a naturalized account of lived experience by putting forward the working hypothesis of the continuity between life and mind processes. The life–mind continuity thesis holds that life is minded, and therefore, the explanatory framework that accounts for living processes can be systematically extended to incorporate human cognition (Di Paolo, 2009; Thompson, 2010). In this process, looking at intersubjective processes is a necessary step for accounting for higher-order human cognitive capacities (Froese & Di Paolo, 2009). The following sections introduce the core concepts of the theoretical framework adopted in this thesis.

2.1.1. Autonomy

The enactive framework is strongly influenced by the organizational approach in biology (Moreno & Mossio, 2015; Ruiz-Mirazo et al., 2000), which examines the level of the whole organism as a proper explanatory level in biology, focusing on the concepts of biological autonomy and individuality. In the enactive framework, living beings are characterized as self-producing entities that sustain a certain identity (conceived of as physical separation from the environment). The very materiality of living beings makes the processes that comprise the organism *precarious,* meaning that they are likely to extinguish unless the self-organization of the organism actively sustains them. Unlike in traditional views, enactivists consider the precariousness of bodily processes to be a necessary condition for a nontrivial definition of life and cognition (Di Paolo, 2013).

From this perspective, autonomy is operationally defined as the operational closure of the processes that maintain a certain identity of an organism under precarious conditions (Barandiaran, 2017). Autonomy is a technical concept that should not be confused with other general uses of the term that indicate independence or self-sufficiency. Indeed, while the autonomous organism is self-producing (or *autopoietic*; Maturana & Varela, 1980/2012), it also depends on external enabling conditions for its persistence, becoming "structurally coupled" with the environment. The two basic characteristics of autopoietic systems are *self-*

production and *self-distinction,* which manifest in the systems' ability to build up their own boundaries to generate an identifiable unity. These two aspects create a basic tension in the organism that is resolved dialectically by agency, which endows the organism with the capacity to discriminate between what is favorable and what is unfavorable for the sake of its viability. Agency thus is the dialectical articulation of two opposing tendencies of self-production (which demands openness) and self-distinction (which demands closure) (Figure 2.1.).
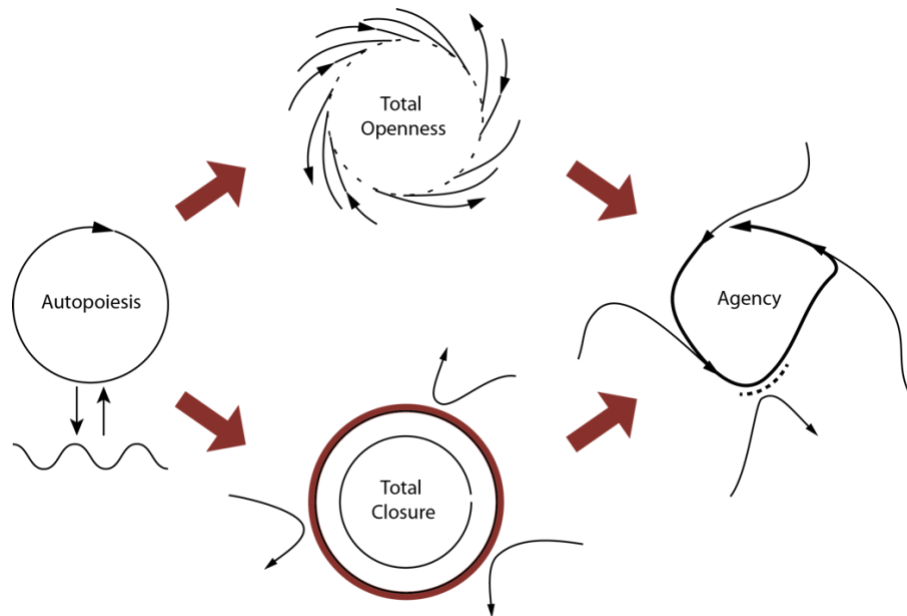
Figure 2.1. Primordial tension between self-production and self-distinction. While self-production drives the system to an openness where everything in the environment is valuable to build itself up (top image), self-distinction drives the system to self-enclosement (bottom image). Agency (right image) is the dialectical resolution of these two opposite tendencies through regulating the openness and closeness and discriminating what is valuable and what is not for the viability of the organism (figure retrieved with permission from Di Paolo et al., 2017, p.135).

Bacteria are a paradigmatic example of autonomous living systems. Their semipermeable membrane is materially produced and repaired through operationally closed processes, creating an identity that is distinguishable from the environment. However, the distinction between what is inner and outer the organism should not be understood in terms of building its physical boundaries, but rather as an organizational boundary which is specified by the operational closure between its self constituting processes. Moreover, living beings adaptively regulate their interaction with the environment with respect to their viability conditions. Thus, the environment is not neutral for the organism but is valanced so as to distinguish what is favorable and what is unfavorable for its maintenance. Therefore, the environment is normatively charged for the organism which is a pre-condition for any form of sense-making. Noteworthily, organism and environment are mutually specified in the material individuation of the organism. Indeed, the environment is not pregiven or neutral but arises as a landscape of possibilities for meaningful interactions or *affordances*; that is, as dispositions for

action (Heras-Escribano, 2019). Autonomy thus endows the organism with a perspective on the world, a subjective reference point from which the world appears meaningful. Enactivism, in this way, bridges the gap between organic material processes and experiential subjectivity.

Agency is a central and technical concept in enactive theory. It refers to the regulation of organism–environment coupling, namely the ability not only to respond to changes in the environment but also to actively regulate those responses according to its adaptivity (Di Paolo, 2005). We must thus distinguish between coupling with the environment and the normative regulation of that coupling. Indeed, this interactional asymmetry (i.e., the ability to alter their coupling with the environment) is – together with self-individuation and normativity – a necessary requirement for an organism to be considered an agent (Di Paolo et al., 2017). In this way, agency allows one to distinguish between events that simply occur and proper intentional acts. The organism generates its own normativity, that is, it becomes autonomous, which sets the foundations for sense-making. Agency, however, should not be understood as free will but as being relative and partially determined by its organizational structure. This idea is nicely captured by Hans Jonas' (1966) idea of "needful freedom", which refers to the dual character of the organizational structure of the organism which makes the organism to have a distinct identity from the material environment whilst bounding it to material resources and constraints for its self-individuation.

A core tenet of the life–mind approach is that organizational autonomy can be given in different domains of organization simultaneously in the same individual. For instance, metabolism is an autonomously organized system, but the immune system and the nervous system are also partly autonomous. Although the paradigmatic metaphor of an organism is often a minimum living being, namely a cell or a bacterium, we should consider different dimensions of identity, such as the metabolic, sensorimotor, neuronal, linguistic, and intersubjective dimensions, which are intertwined and ruled by their own autonomous organization and normativities (which may or may not contradict or be in tension with one another; Di Paolo et al., 2018). According to this view, lower levels of organization bootstrap the emergence of the higher ones and, in turn, the higher ones modulate the lower ones. These domains, which can be viewed as partially decoupled systems, influence, enable, and constrain each other. As a result, we can speak of different domains of embodiment and different identities that coexist in the organism. This distinction is relevant because different forms of life, with particular configurations of each domain, will interact with the environment according to their specific constellation of organizational norms.

2.1.2. The enactive relational ontology

The ontology that underlies the enactive approach is what Thompson named "relational holism" (Thompson & Varela, 2001). This establishes the methodological principle that, in order to understand whole systems, we should

look at relations between elements of the system rather than at intrinsic properties of those elements. For instance, in understanding the functional properties of the organism, we should look at the nonlinear interactions between its components (Mazzocchi, 2012). The idea is that the dynamic interplay between elements of a system give rise to emergent processes[2], which in turn exert a downward or "global-to-local" influence on those elements. This downward *causation* overcomes the concept of mereological supervenience (Kim, 1984); that is, the idea that wholes supervene on the properties of their parts. From the relational holism perspective, however, wholes and parts are defined by their bidirectional relationship, where local-to-global and global-to-local influences apply (de Haan, 2020a). Not only do bottom-up effects count but also top-down processes determine the part–whole relationship, so to speak. This holistic perspective applies to spatial and temporal dimensions: In the spatial dimension, it implies that we should look at the whole organizational structure and processes rather than only the parts that constitute it. In the temporal dimension, it implies that we should look at the history of interactions of the organism in order to understand its current state.

From this holistic perspective, body, brain, and environment should not be considered *causes* of lived experience. Instead, they co-determine each other in evolutionary, developmental, as well as phenomenological senses. Enactive causation does not refer to linear cause–effect relations, but wholes emerge from dynamical and nonlinear interactions between elements. Thus, elements do not only *cause* the whole but also *constitute* it. The enactive analytical method on causation distinguishes between three types of factors of influence, namely contextual, enabling, and constitutive factors. De Jaegher and colleagues (2010) explained these as follows:

> F is a *contextual factor* if variations in F produce variations in X;
> C is an *enabling condition* if the absence of C prevents X occurring; and
> P is a *constitutive element* if P is part of the processes that produce X.

When enactivists claim that the body plays a constitutive role in cognition, they are referring to the dynamic coupling between the autonomous agent and its environment as part of the cognitive processes themselves, not just external causes of it. The relations between the organism and the environment are constitutive of the organism itself since the organism self-sustains by adapting to the external environment. In other words, the organism–environment system is a whole whose elements, namely the organism and the environment, co-emerge in their interaction. This process of co-emergence can be tracked at multiple timescales encompassing both developmental and evolutionary scales. Consequently, the mind emerges from three intermingled levels of interaction, the metabolic

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[2] According to Thompson and Varela 2001, properties do not emerge, but processes do. Consequently, properties are instantiated in processes that emerge in time; e.g., the property of being alive is an instantiation of the emergent process of autopoiesis.

regulation of the organic system, the sensorimotor coupling with the environment, and the intersubjective interactions in social encounters.

The enactive approach rejects the traditional dichotomies, such as inner–outer, mind–body, subject–object, active–passive, and perception–action. Nevertheless, concepts such as agency, autonomy, and "bringing forth a meaningful world" emphasize the active rather than the passive or receptive aspect of the organism–environment relationship, leading to misinterpretations of the enactive approach as a constructivist or even idealist approach (Baggs & Chemero, 2021; Chemero, 2011; Fultot et al., 2016). The reasons for this emphasis on the active aspect respond to the imbalance of previous conceptions of cognition, such as behaviorism and cognitivism, where agency was absent from their explanations, leading to an overly passive conception of experience. For this reason, the enactive theory establishes an asymmetry in the organism–environment relationship, where the organism does not only cope with changes in the environment but also actively regulates its coupling. Autonomy and agency thus encompass activity and passivity in an asymmetric relationship.

2.1.3. Sense-making

In contrast to the cognitivist approaches mentioned in Chapter 1, cognition, from the enactive perspective, is defined as *sense-making*. This refers to the process through which the environment becomes significant to the organism as beneficial or not, as valuable or not, for maintaining a certain identity in the system[3]. Sense-making is always relational and depends on a particular mode of co-determination or coupling with the environment. The core assumption is that sense-making presupposes a self-constituting activity from which norms emerge. Cognitive processes thus have their origin in the self-organizing processes of the living being, being co-extensive and isotopic with them (Thompson, 2010). Consequently, they emerge from the active and coherent relation of the organism with its environment and, as such, cross the mere organic boundaries of the living being (Di Paolo, 2008). In short, the life–mind continuity thesis postulates that the specific organization that gives rise to life also gives rise to sense-making (Thompson, 2010).

The enactive conception of cognition as sense-making challenges the traditional cognitivist/representational account by claiming that the world does not need to be represented to be meaningful. Instead, from the enactive approach, cognition is a form of action. Perception, for instance, is an activity as much as action requires perception (Noë, 2004). Indeed, the capacity of motion and displacement of

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[3] In the organic domain, sense-making brings forth a valenced world according to its viability conditions. Notwithstanding, at the sensori-motor or intersubjective domains, maintaining a certain identity is not necessarily restricted to physiological needs, but respond to sensorimotor or intersubjective normativities and can thus be seen as sustaining a variety of identities that are instantiated by the same organism (Di Paolo et al., 2017).

human bodies makes the perception of objects as whole possible, such as the perception of hidden sides of objects as potential perceptual perspectives (Noë, 2012). Moreover, our movements (e.g., ocular displacements) generate correlative changes in the visual field. These "sensorimotor contingencies" (O'Regan & Noë, 2001) are constitutive parts of our perception. Cognition is thus embodied action, *poiesis*, participation, and active engagement with the world. This idea is in line with Martin Heidegger's (1927/1962) concept of *Zuhandenheit* (ready-to-hand) as opposed to *Vorhandenheit* (present-at-hand). According to him, the primary attitude of the subject is being thrown into everyday activities; that is, a practical relation with the world that is "ready to hand". Only when a breakdown occurs in the coupling and flow of activity does the subject stand out from the world and grasp it thematically, whereby the object becomes present to reflective awareness. As a result, in contrast to the Cartesian tradition, consciousness is not primarily an "I think" but rather an "I can."

As introduced in the previous chapter, one of the most relevant contributions of the enactive perspective is to acknowledge the primary affective character of cognition. As Giovanna Colombetti (2014) aptly highlighted, the primary relation of the organism with its environment is of commitment and care (*Befindlichkeit*, Heidegger, 1927/1962). This idea contrasts heavily with the cognitive-representational view, where the cognitive agent is seen as an epistemologically detached subject. Instead, for enactivism, cognition emerges from the active engagement of the organism with the environment, engagement that is primarily affective. Moreover, the primacy of concern causes affect to be intrinsic to the activity of consciousness. Here, affectivity is not viewed as a mere companion of conscious experience that tinges it with certain qualities, but it is rather *constitutive* of such experiences. Perceptual experience, as Merleau-Ponty (1945/2012, p. 158) suggested, has an erotic structure (Thøgersen, 2014). In this vein, Varela (1999, 2005) pointed out that affect is indeed at the core of conscious experience as it is intrinsically linked to its temporal character. The world is thus an affectively valenced world. For this reason, in the enactive approach, bodily arousal and cognitive appraisal should not be seen as distinct processes, but as the two sides of the same process of sense-making (Colombetti, 2007, 2010; Maiese, 2014). By the same token, emotion and its bodily manifestation are not distinct phenomena but they co-determine each other; thus, bodily arousal is constitutive of emotion itself. This embodied account of emotions opens the possibility of perceiving emotions in others and resonating with them (Fuchs, 2016; Krueger, 2021). As an extension of this point, I discuss the constitutive role of affectivity in sense-making in Chapter 7 as well as its implications for defining mental disorders as disorders of affectivity.

2.1.4. The body

Sense-making is embodied in a nontrivial manner since it shapes the perception, affection, and action possibilities of the agent. However, how is the body considered from an enactive perspective? Following the phenomenological tradition, the enactive body is not another object in the world, but a subjectively

lived body.[4] Husserl's (1931/1982) distinction between *Körper* and *Leib* refers to the two ways in which the body can be experienced. While *Leib* describes the body as first-person and self-referenced bodily awareness, *Körper* refers to the body as observed from a third-person perspective (Gallagher & Zahavi, 2012, p. 136). In this regard, in Merleau-Ponty's *Phenomenology of Perception* (1945/2012), he distinguishes *pre-reflective* and *reflective* intentionality, with the latter being founded on the former. The lived body is the pre-reflective self-consciousness that constitutes perceptual experience, configuring the background against which the world emerges. Any perception of the environment goes along with a proprioceptive perception, that is, a pre-reflective awareness of the posture, orientation, and attitude of the body, being part of the world simultaneously. Posture, for instance, is a way of pre-reflectively responding to the solicitation of the environment, so it is world-directed and intentional but still noncontentful (Hutto & Myin, 2012). This pre-reflective body intentionality thus operates without the need for mental representations (Dreyfus, 2002), but it defines the environment in terms of meaningful circumstances and dispositions for interaction (Dings, 2018,2021). This distinction between reflective and pre-reflective aspects of experience, as I will show in Chapter 5, will be extremely useful to clarify the emboded interactive mechanisms at play in therapeutic interactions and forms of interventions.

Another relevant distinction is that between *body schema* and *body image,* which draws on the distinction between reflective and pre-reflective intentionality (Gallagher & Zahavi, 2012, p. 145). While body image corresponds to the way the body presents itself in reflective consciousness, such as in the mentalization, imagination, or visualization practices, body schema is the pre-reflective and unmediated perception of the body, such as in proprioception, posture regulation, and movement. Generally, body-schematic processes such as motor control, sensorimotor abilities, and habits operate more effectively when the object of our reflective intentional state is something other than our body. For instance, imagine the level of skillful bodily automatism required for driving a car. Thus, in perception the body is *transparent* to the subject, meaning that it hides behind the perceptual object. When I grab a glass, for instance, my attention is on the glass rather than on my hand. However, in pain or disease situations, the body comes to the foreground of experience and becomes opaque to perception (Svenaeus, 2001). The body is no longer engaged in the flow of experience of the world, but it rather becomes the *object* of experience. According to Merleau-Ponty (1945/2012), this dual aspect of the body – of being both transparent and opaque, subjective and objective, reflective and pre-reflective – is a necessary condition for any form of intersubjectivity.

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[4] Recent enactive approaches (Di Paolo et al., 2018; Di Paolo & De Jaegher, 2021) are reluctant to use the term "the body" because it leads to a generalized and uniform idea of the body that disregards individual differences in terms of gender, race, ability, and so on (see also Sullivan's 1997 criticism on Merleau-Ponty). This is why the plural term "bodies" better reflects the reference to particular, diverse, and concrete bodies. Although I agree with this remark, I keep the singular term to refer to the technical concept as used in the phenomenological tradition and I will use the term plural in other contexts.

2.1.5. Participatory sense-making

As previously mentioned, human cognition is, from an enactive perspective, constitutively intersubjective. Since the human environment is essentially social, sociality and interpersonal encounters modulate, enhance, and constrain our conscious experience in a deep and intricate way. In social encounters, interaction between individuals can exhibit operational closure (at least temporary), thus taking its own form of autonomy and constituting a new level of organization that should not be reduced to those of individual participants. De Jaegher and Di Paolo introduced the notion of *participatory sense-making*, which refers to the "coordination of intentional activity in interaction, whereby individual sense-making processes are affected and new domains of social sense-making can be generated that were not available to each individual on her own" (De Jaegher & Di Paolo, 2007, p. 497). The coordination of reflective and pre-reflective intentionality is manifested in the coordination of voice pitch, heart beats, breathing, and other autonomous regulations, and also in the coordination of movement, discourse, facial expressions, and other expressive features between interactors. Coordination, in general, can be described in dynamical systems terms as the coupling between two systems in which the parameters of one affect the variables of the other. In social encounters, a co-regulation of the coupling occurs between two or more agents (Figure 2.2.), which implies that the autonomy of interaction is sustained by agents against its precariousness and simultaneously influences the agents' own sense-making. Participatory sense-making manifests in embodied coordination processes between two or more participants in the form of turn-taking, synchronization, and co-modulation of the distance among others. As I will extensively discuss in Chapter V, this idea accords with a body of empirical research in therapeutic dyadic interaction that has demonstrated the relevance of coordination and mutual adjustment between the therapist and patient for the success of a therapy (Kleinbub, 2017; Ramseyer & Tschacher, 2011; Tomicic et al., 2017).
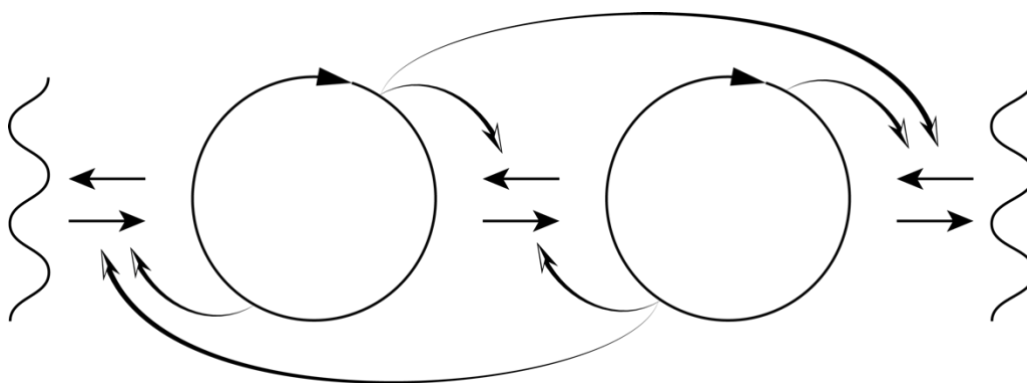
Figure 2.2 Depiction of the co-regulation of the coupling between two self-constituting agents (full circles) in interaction with each other and with the environment (vertical waves sideways). The arrows on the circles illustrate the self-constitution of the agent and curved arrows represent the co-regulation of the coupling. (Reproduced with permission from Di Paolo et al., 2018).

A core element of participatory sense-making is the dialectical articulation between individual and interactional autonomy and normativity (Di Paolo et al., 2018). Individual autonomy arises from the sustained integration of organic and sensorimotor agencies in each participant, whereas interactive autonomy arises from self-organized and self-sustained relational patterns that emerge in social interactions. Indeed, a proper social interaction must meet two conditions: the co-modulation of the coupling between individuals and the maintenance of the individual autonomy of each participant. As a consequence, according to the authors (De Jaegher, 2015; Di Paolo & De Jaegher, 2021), social encounters should not be described as we-mode collective intentionality nor as radical alterity. The "we mode" refers to the sense of belonging to a group of which ethics, reasons, and feelings are considered as belonging to a collective intentionality, whereas radical alterity refers to the unreachability of the other as having certain experiences, desires and intentions that are not accessible to my experience. The enactive concept of participatory sense-making denies both extreme positions. The reason is that a proper social encounter must not only reflect the difference between individuals but also allow for participation. In a collective "we", there is no possibility of open-ended participation because individuals are homogenized into a single category that encompasses them. In radical alterity, by contrast, the other is conceived as unreachable and an alter, which hampers the possibility of it being transformed by the interaction. A proper social encounter thus requires the other to be presented to me with a certain opacity and transparency, that is, as different to me; thus, the individual and relational dimensions must be maintained in a dialectical tension. This *primordial tension* between the individual and relational intentionality is continuously transformed and regulated, but never entirely resolved.

This tension is clearly observed in cases where the interactive autonomy generates sustained relational patterns regardless of the individual intentions. For instance, systemic phenomena, such as the dramatic triangle, manifest the autonomy of relational patterns (Karpman, 1968). The dramatic triangle is a relational pattern of three roles (the aggressor, the victim and the rescuer) that people often unconsciously enact in situations of conflict in order to gain power. The role of the victim — which may emerge regardless of whether the person has actually suffered a real aggression — elicits others taking roles of rescuers and consequently of agressors, which in turn, reinforces the victim role. In this triadic example, the relational pattern hampers to address the conflict in a responsible and congruent manner despite the individual aim to solve it. Notably, the primordial tension between the individual and relational domains does not always imply a discord between individual participants; rather, it manifests as the sensitivity of individual sense-making processes to relational patterns.

In social encounters, interactive relational autonomy is experienced as interaffective resonance (Fuchs, 2016). Emotions are characterized by a centripetal (pathic) and centrifugal (*e-motive*) directionality; that is, we are affected by them

but they also imply action readiness (Frijda, 2004), which is manifested in bodily expressions, gestures, and quality of movements. In interpersonal situations, the affective resonance of two individuals is coordinated through the integration of expressive and impressive aspects of emotions in interaction, becoming *attuned* to each other. This bodily resonance and interaffective coordination constitute the minimal form of empathy (Finlay, 2006; Ratcliffe, 2012a) and primary intersubjectivity (Daly, 2014). The experience of bodily coordination can also give rise to the experience of the other's body as incorporated into one's own body schemas (Fuchs & De Jaegher, 2009). For instance, the cane for a blind person or an instrument for a musician can become part of their body-schemes, that is, part of the repertoire of pre-reflective sensorimotor abilities. Likewise, in social encounters, relational autonomy is felt as a *mutual incorporation,* where the movements and bodily expressions of the other are reciprocally felt as extensions of one's own body schemas. The lived body of interactors expand and decenter so as to give rise to a dyadic intercorporeal state. By means of mutual incorporations, interpersonal interactions shape the embodied memory in the form of acquired dispositions, skills, and habits, which shape the implicit relational patterns of the individual (Fuchs, 2012b). Intercorporeal memory (Fuchs, 2012b) encompasses a variety of dispositions, relational styles, tastes, and interaffective patterns that are acquired through the history of our interpersonal engagements, and thus, are configured in early childhood. This set of affective and corporeal memory shapes our "know-how" of relating to others during our whole lifespan.

This integrative view of cognition as constitutively socially modulated interaction (De Jaegher et al., 2010) provides a theoretical background for explaining mutual affection (De Jaegher, 2015). It also establishes a fertile theoretical framework for explaining the potential of interpersonal interactions for individual transformation and healing in therapeutic encounters. The enactive approach thus proposes studying social encounters with a special focus on the role of interactions in the co-creation of (temporary) autonomous relationships (De Jaegher et al., 2017). An enactive approach to therapeutic encounters would view them as forms of social cognition in which the patient and therapist engage in affective and embodied interactions, co-create shared meanings, and steer the course of the session. Both therapist and patient would participate in each other's experience and meaning-making and create a new form of self-organized relational level (Galbusera & Fuchs, 2013; Gallagher & Payne, 2015). In Chapter 4, I explain the details of various enactive approaches to psychotherapy. First, though, I spell out some implications of the enactive theory of participatory sense-making for the social cognition debate in the following section.

2.2. THE SOCIAL COGNITION DEBATE

Before moving on, we should frame the concept of participatory sense-making in a broader research context: the social cognition debate. The reason is that the perspective from which we examine dyadic relationships in general will strongly

influence our perspective on the therapeutic relationship in particular. Indeed, the psychotherapeutic session is a particular kind of social encounter, characterized by a specific spatiotemporal setting and purpose as well as an asymmetric structure, which it shares with other settings such as teacher–pupil and mother–infant dyadic relationships. In the following paragraphs, I contextualize the enactive view of embodied intersubjectivity and empathy in the social cognition debate to clarify the extent to which the enactive approach informs novel ways of looking at social encounters in general and therapeutic encounters in particular. In the context of this thesis, providing an enactive definition of clinical empathy is a necessary step in understanding therapeutic encounters.

Traditionally, the dominant paradigm in social cognition has been the *mindreading* perspective, which bases its analysis on a scenario in which a subject interprets or simulates the internal mental states of others. In this regard, academic positions differ in two axes of the debate: (1) The specific forms in which this mindreading is performed (implicitly versus explicitly) and (2) the ways in which people acquire those capabilities (theory of mind module versus experience). However, they share the notion that mental states are representational, contentful, and only accessible introspectively by the subject (Hutto et al., 2011). Among mindreading theories, simulation theory (ST) describes social cognition as the simulation of beliefs, desires, and intentional states of others *as if* they were ours. This is how empathy has traditionally been understood (Stein, 2013). According to ST, social cognition is grounded in the capacity to put ourselves in the shoes of others and to project our own states onto others as a form of inference for the best explanation. The discovery of the mirror neuron system provided great empirical support for ST since it is regarded as the neural substratum of automatic, implicit, and nonreflexive simulation mechanisms (Gallese, 2009, 2013).

However, the mindreading paradigm is not quite satisfactory for our purposes because it does not describe the mutuality demonstrated in therapeutic contexts. Moreover, conceptual and theoretical reasons exist for questioning its validity. First, the imaginative character of simulation makes it unlikely that it would lead to a genuine understanding of others. This is because assuming that the observed actions and reactions of others resemble our own would be a fallacious inference given people's marked differences in expressions, embodiments, and personal situations (Ryle, 1949). Second, either simulation is explicit – then we should have phenomenological evidence of the simulation, which is not the case – or it is implicit – then we would fall into a mereological fallacy because simulation cannot be ascribed to the subpersonal level (Gallagher & Zahavi, 2012). Third, if the epistemic access to others' mental states and to one's own is different (Davidson, 1992), then why should we think our mental states are anything like those of others? Beyond these lines of argumentation, proponents of direct perception theory question the premise of mental states being internal and hidden, arguing that it is at odds with our experience. Indeed, mental states are expressed in our bodily gestures and actions (not just causally connected, but through expressive self-referentiality), and this bodily behavior not only expresses but also constitutes our psychological phenomena. Thus, according to the phenomenological

standpoint, we directly perceive others' mental states in their facial expressions, gestures, body postures, speech rhythm, and voice pitch among others (Gallagher, 2008; Krueger, 2021; Zahavi, 2011). All of the aforementioned counterarguments to ST hint at the need for alternative views to social cognition.

The enactive contribution to the social cognition debate transforms the social cognition paradigm into an embodied, interactive, and ecologically more adequate scenario. According to enactivists (also called interactionists in the literature; see De Jaegher & Di Paolo, 2012 for clarification), engaged intersubjective interactions are more fundamental in social cognition than in detached epistemological mindreading scenarios. Indeed, as Daniel Hutto and Erik Myin (2012) indicated, not every intentional attitude is propositional. Instead, there is a nonreflective and nonpropositional grasp of the basic bodily intentionality that is particularly evident in body movements, actions, postures, and facial expressions (Reddy & Morris, 2004). Actions, for instance, are seen as meaningful in the sense of being purposeful and internally coherent; that is, they have nonpropositional truth value and conditions of satisfaction. Furthermore, intentions might also be individuated retroactively in interactions (Di Paolo, 2015). This account of cognition as founded in action-perception loops indicates that understanding others has more to do with bodily and engaged interaction than with detached mindreading.

Moreover, proponents of the enactive approach put into brackets the individualistic and internalist framework, in which the question of social cognition has been traditionally articulated, and they propose a significant change in the research paradigm. According to this view, social cognizers are no longer third-person detached observers; rather, they are engaged in second-person reciprocal interactions; that is, in mutually responsive practices of our everyday social encounters. Indeed, according to the holistic perspective (Thompson & Varela, 2001), understanding social encounters it does not suffice for understanding the individual states of participants; however, the interaction between them matters in the constitution of the emergent relational domain. This second-person interactive perspective is also manifested in our social encounters. Consider, for instance, the difference between observing someone smiling and seeing someone smile *at you* (Reddy, 2008). This second-person perspective emerges when one is addressed by another person. The phenomenologist Martin Buber (1958/2012) described this as the *I/Thou* mode of interaction, as opposed to the objectivizing mode of *I/It*. According to these theorists, we should examine the interactive situation from a second-person perspective to properly understand social cognition (Schilbach, 2010).

The primacy of the second-person mode of social cognition received some support from developmental studies.[5] Colwyn Trevarthen (1979), for instance,

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[5] The analogy between development and therapeutic change has been extensively used in the literature (Stern, 1985). Therapeutic change can be seen as a developmental step in which the patient acquires new and adaptive social skills and sensorimotor patterns that constitute the procedural knowledge of how to relate and interact in a given situations. In this sense, the therapeutic change involves a reorganization of the sensorimotor patterns as well as an asymmetric

distinguished between primary, secondary, and tertiary intersubjectivity. Primary intersubjectivity refers to the sensorimotor capacity that appears in early infancy, allowing the infant to interact with others. It encompasses imitation, gaze following, and other abilities that are nonreflective embodied practices in which newborns are engaged from birth (Murray & Trevarthen, 1986; Reddy, 2008; Weinberg & Tronick, 1996). These sensorimotor capacities in interaction bootstrap the emergence, approximately at the age of 1 year, of secondary intersubjectivity, which refers to the capacity for joint attention that supports joint action. Upon these primary and secondary sensorimotor capacities, more complex and sophisticated forms of intersubjective relations evolve with the development of language. The idea is that despite the emergence of more complex forms of social interaction, primary intersubjectivity continues operating over the whole lifespan.

According to enactopm, social interaction is not only developmentally primary but also ontologically primordial, and it is constitutive of social cognition, at least in some cases (De Jaegher et al., 2010). Interactors do not passively receive information from the environment; rather, they actively participate in shared meaning-making through a participatory sense-making process. This participatory engagement is an ongoing process of joint action characterized by flexibility, reciprocity, and dynamism. Some authors have indicated that mirror neuron theory could be accommodated in the enactive framework if we consider their activation an aspect of the motor resonance that accompanies perceptual structure (Gallagher, 2009a). This motor resonance does not necessarily involve a direct isomorphic mapping between the other's action and the motor representation of the observer, but it can be seen as participatory responsiveness to the coordinated interactive flow. In a nutshell, in studying social cognition, we should look to the coordination patterns and interactional dynamics of social encounters (De Jaegher et al., 2017; Schilbach, 2010).

The mindreading versus enaction debate remains open. Many scholars have argued that the enactive account is valid only for online embodied interactions and not for explaining more sophisticated, "representation hungry" (Clark & Toribio, 1994), and linguistic social relations, and therefore, it cannot be the whole story of social cognition (de Bruin & de Haan, 2009; Spaulding, 2010). Moreover, enactivists seem to have addressed the question of how joint action and joint perception are possible but not quite the question of how we reach and understanding of each other in a thematic or reflective manner (Gallagher, 2009b). Recent developments of the enactive theory of *Languaging* (Di Paolo et al., 2018) may help to answer

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structure of how this reorganization takes place in interaction. Attachment theorists have shown that for cognitive capacities to develop adequately, having a safe attachment figure in early life is fundamental (Bretherton, 1985). If the therapeutic process is regarded as a continuity of development, then attachment between mother and infant can be analogous to the therapeutic working alliance. Nevertheless, even if both contexts share some structural features, we should be cautious in uncritically relying on this analogy when describing clinical pathologies and their intervention, especially when it comes to the identification of relational processes in therapy with transferential-countertransferential process. A detailed explanation of this point can be found in Chapter 3.

those skeptic critics on the adequacy of the enactive approach to answer questions traditionally regarded as "high-order" cognition. The aim of this work is not to give explicit arguments for this debate (which can be found in García, in press or Di Paolo et al., 2018), but to provide a view of psychotherapeutic relationships and interactions that presupposes the enactive framework. The aim is not to defend the enactive framework from criticism or to engage in this particular debate over how we should consider social cognition in general; instead, the to provide an alternative explanation of the relevance of the therapeutic empathy and intersubjective interactions in therapeutic interventions and change processes. In what follows, I begin by clarifying what is meant by empathy from the enactive view and how it differs from traditional mindreading approaches.

2.2.1. The problem of empathy

The two aforementioned approaches to social cognition make a huge difference in how we understand the work of the therapist, particularly in how we understand the role of empathy and attachment in therapeutic encounters. Broadly speaking, therapists' empathy is defined as the capacity to understand patients' experience, but different meanings and formulations of empathy can be found in the psychological and philosophical literature (Breyer, 2020). A useful distinction has been made between primary/embodied and secondary/reflexive empathy in the psychological literature (Finlay, 2006; Fuchs, 2014b), also called "affective empathy" and "cognitive empathy", respectively (Wynn & Wynn, 2006). The former is an unreflective form of empathy that arises from intercorporeal interaction in which the participant's body expression mutually modifies their bodily-affective state as a form of mutual incorporation. This inter-bodily resonance leads to shared emotions and interaffectivity, which operate at an unreflective level without the need for projecting the mental states of the other or any form of mindreading (Fuchs, 2016). By contrast, cognitive empathy concerns the therapist's ability to accurately perceive and describe the patient's mental state.

The enactive perspective adopts the embodied perspective on empathy as mediating the therapeutic alliance building process and departs from simulationist and cognitive perspectives. The reason is that, in general, therapists are not swept along by the emotional states of the patient. Indeed, it would be counterproductive to be absorbed by or imitate emotional outbursts of the patient. Emotional attunement does not imply mutual mapping of the emotional states, but a mutual modulation of interaffectivity that drives participatory sense-making. As Jan Slaby (2014b) highlighted, relying on empathy for inferring the mental states of the other risks neglecting the other as a subject in their own right as well as stripping it of their autonomy and agency. Furthermore, since we have different bodies and perspectives, feeling the pre-reflective state of the other in our flesh is logically impossible. In the same vein, genuine therapeutic empathy implies perspective-taking and thus acknowledging the idiosyncratic character of the other, including his or her particular otherness and differences (Ratcliffe, 2012a). Moreover, reflective or cognitive empathy can dip into over-interpretation of the patient's

experience or excessively directive attitude motivated by the therapist's expertise. This attitude is problematic because it can even undermine the possibility of genuine connection between therapist and patient. Indeed, as demonstrated by conversational analysis studies (e.g., Wynn & Wynn, 2006), being empathetic largely concerns being recognized as such; that is, the empathetic act is achieved relationally and requires mutuality (Di Paolo et al., 2018, p. 125). Empathy is not an intentional attitude that one can achieve alone, but it is a *partial act* that needs to be complemented by the interactor in an interactive process that is temporally unfolded.

In sum, the enactive concept of participatory sense-making provides a framework through which we can more accurately describe the empathy required in psychotherapeutic contexts. The form of empathy sought in psychotherapy is aimed at making the patient feel understood, respected, and validated, so that their experience can be progressively clarified. To co-create the therapeutic relationship, the therapist should not diminish the autonomy of the patient and their active role in leading their own change. Consequently, the task of the therapist has more to do with the practical knowledge of *knowing how* to react according to the solicitations of the patient rather than as the theoretical knowledge of *knowing what* the patient is experiencing (Hulme, 2014). Indeed, meaning systems are not composed only of abstract theoretical information but are organized in patterns of implicit procedural knowledge (Lyons-Ruth, 1999). Much of our relational knowledge is practical or procedural; that is, it takes the form of knowing how to act in social situations. Thus, therapeutic change not only involves reflective contentful learning but also implies a progressive development of meaning systems and relational embodied skills that reorganize adaptively. Therefore, the main contribution of the therapist is to open up the possibility of such relational skill reorganization occurring. From this perspective, clinical empathy can be defined as *the embodied and affective skill of knowing how to react to patients' mental and affective states*. This pivotal role of procedural knowledge of the therapist is neglected by the mindreading paradigm, for which only abstract propositional content of mental states is considered. This does not imply, of course, that therapists who are schooled only in the mind-reading paradigm do not manage to be excellent empathic therapists. Knowing how to respond to patients is an embodied skill that is acquired by practice in most cases without the need of explicit instruction. What is argued here is rather that the mind-reading paradigm does not allow for an explicit articulation of pre-reflective and embodied forms of empathy, which is crucial for a proper study of clinical empathy.

In conclusion, the enactive perspective on social cognition provides a theoretical framework that does not reduce relational phenomena to individual cognitive features while keeping the individual agency of participants in mind (De Jaegher & Di Paolo, 2012). Empathy in the psychotherapeutic context should not be viewed as a simple apprehension of one person's state by another, but as a complex implicit attunement that leads to the co-creation of shared meanings and reorganizations of procedural skills. Empathy is not a kind of perceptual state but a participatory process that involves the pre-reflective responsiveness of both

interactors. As indicated in this chapter, therapeutic sessions should be considered particular cases of social cognition, which provide us with a real context for further exploring contextual particularities of participatory sense-making. In this regard, in the history of psychotherapy, different schools have formulated the intersubjective character of therapeutic in a particular manner. In Chapter 3, I examine the contrasts, overlaps, and particularities between the enactive theory of intersubjectivity as participatory sense-making and other approaches to intersubjectivity in the therapeutic and psychiatric literature.

3

INTERSUBJECTIVITY IN PSYCHOTHERAPY

Chapter 2 has introduced the enactive theory of embodied intersubjectivity as participatory sense-making (De Jaegher & Di Paolo, 2007). The aim of this chapter is to clarify how enactive theory can connect to current debates in psychotherapy regarding the role of the therapeutic relationship in the therapeutic process. Indeed, several therapeutic schools have moved away from the individualistic paradigm, leading to what has been coined as the "relational turn" in psychotherapy (Lingiardi et al., 2016). This paradigm shift has been particularly relevant in contemporary relational psychoanalysis (Mitchell et al., 1999), systemic therapy (Boscolo et al., 2018), and Gestalt therapy (Perls et al., 1951), and it has strongly influenced phenomenological psychiatry (Stanghellini et al., 2019) and cultural psychiatry (Kirmayer & Minas, 2000). The relational turn incorporates insights from American pragmatism and social constructivism and has several implications for our understanding of clinical contexts, the epistemology of psychotherapy, and the nature of mental disorders. Nonetheless, this move away from individualistic paradigms presents substantial differences among the various psychotherapeutic schools. Here, I briefly review the core aspects of relational perspectives and critically analyze them through the lens of enactive theory.

3.1. THE RELATIONAL TURN

Over the last 50 years, several therapeutic schools have moved away from an individualist perspective on mental disorders and clinical practice. One of their main motivations for doing so has been to acknowledge the role of cultural, socioeconomic, and historical aspects in the etiology of psychopathologies and the social normativity psychopathological cathegories carry with them. The previously mentioned categorization of homosexuality as a mental disease is one of the clearest examples of historical and moral biases in diagnostic categories (Baughey-Gill, 2011). Moreover, the sociocultural and economic contexts of patients have proven to be pivotal factors in the emergence and development of mental disorders, manifesting in the higher incidence of mental disorders in lower socioeconomic strata, for instance (Wadsworth & Achenbach, 2005). In addition, the reductionist endeavor of pinpointing the intrapsychic neural mechanisms that underlie mental disorders has been unsatisfactory for many theorists because it reduces the multidimensionality and complexity of mental illnesses (Köhne,

2020a). Thus, several therapeutic schools shifted from looking for internalist explanations of mental disorders to conceiving them as emerging from interactions of the person with their environment and with others. This implies that both the origin of mental disorders, their persistence, and the corresponding clinical interventions have inexorable intersubjective, collective, and cultural dimensions. Although diverse strategies and flavors fall under the label of the "relational turn," they share a criticism of the individualistic model of psychiatry, which regards mental disorders as explained only by individual and internal factors (Köhne, 2020b).

A general feature of relational approaches is that they have been strongly influenced by American pragmatism (Curtis & Hirsch, 2011). Pragmatism rejects the idea of an objective, absolute, and world-representative truth in favor of a situated epistemology that conceived truth as inexorably linked to human practices. Pragmatists (Dewey, 1930; James, 1907) have considered truth as bound to particular perspectives, practices, and contexts and as relative to a finality. Contrary to the idea of truth as correspondence (Rorty, 2009), pragmatists emphasize the broader practical dimension involved in epistemology and the circular relation between epistemology, experience, and praxis. This perspectivist account strongly influences what we consider a good therapeutic intervention. Given that from the relational perspective the success of the intervention is evaluated in a consensual manner, there is no unique objective and epistemically detached perspective from which interventions are evaluated; rather, clinical goals, means, and practices are continuously negotiated by the therapeutic dyad. Thus, the validity of therapeutic interventions follows a pragmatic criterion: if it works and benefits the patient, then it is an effective intervention, so to speak. Consequently, the role of the therapeutic relationship becomes horizontalized. Therapists are no longer seen as the bearers of absolute knowledge that guide the clinical encounter; they are instead relocated as a dialogical other who sustains and accompanies the therapeutic process. The therapist moves away from the figure of the external observer to interact and participate in the communicative process with the patient —i.e., they become participant observers. The therapeutic situation can thus be regarded as horizontalized and "democratized" in relational approaches to psychotherapy (Orbach, 2007). The relational turn in psychotherapy was also influenced by constructivist approaches to psychotherapy, especially Hoffman's dialectical constructivism (Botella et al., 2004; Neimeyer, 1993), and developed along with the anti-psychiatry movement (Di Nicola & Stoyanov, 2021).

In addition, the general loss of faith in theoretical authority has led to criticism of the validity of protocolary techniques and unidimensional methodologies (Garfield, 1996). The reason is that protocolary techniques function in terms of linear causality, assuming that the application of the same intervention – even if different therapists apply it to different patients – will cause the same effects. However, that is a questionable assumption given the influence of the personal, interpersonal, and cultural aspects involved. Instead, relational approaches to psychotherapy account for the high complexity of the therapeutic situation. This implies that the linear causation of protocolary interventions is replaced by a

dynamical and complex causality in which the interactive and relational patterns between therapist and patient, personality traits, and sociocultural aspects play a relevant role in determining the outcome of the intervention (Schiepek et al., 2015; Seligman, 2005; Shapiro & Scott, 2018; Suchman, 2006). As a result of this increase in the complexity of the therapeutic situation, the horizontalization of the therapeutic situation goes along with an increasing uncertainty regarding the criteria to use for selecting the most appropriate intervention for each patient and particular situation (Norcross, 2009). Navigating this uncertainty has become a new challenge for therapists and may result in a joint application of a variety techniques and methodologies, often implying divergent theoretical assumptions. Thus, clinical intuition has become central in psychotherapy, which emerges from the development of a practical know-how and facilitates the intervention and the response to the moment-to-moment clinical situation (Marks-Tarlow, 2015).

Relational perspectives acknowledge the complexity of mental disorders and the therapeutic situation by recognizing the intersubjective, relational, and cultural factors involved but they differ in the role assigned to the quality of the therapeutic relationship in their intervention methodologies. The relational turn in psychotherapy emerged from the influence of Harry Stack Sullivan's work (Sullivan, 1953), which gave rise to two main lines of research and methodological tendencies, namely psychodynamic therapies and systemic approaches. Psychodynamic therapies focus on the relevance of the therapeutic relationship itself by building a strong therapeutic alliance and then revealing and resolving unconscious relational conflicts within the patient–therapist dyad (Messer & Warren, 1995). By contrast, systemic approaches do not work through the therapeutic relationship itself, but address the interpersonal system that the patient is embedded in – generally the family system – to find dysfunctionalities in the communication between individuals in the system (Boscolo et al., 2018). Systemic therapists do not specifically thematize the relationship between therapist and patient, but rather focus on the family system and interactional dynamics that give rise to a given mental disorder. Gestalt therapy can be considered as integrating the systemic and psychodynamic perspectives in terms of their formulation of field theory (Parlett, 1992; Perls, 1942/1992) and focuses on the *here-and-now* interaction between patient and therapist while adopting a holistic perspective of the situation. In a similar vein, cultural psychiatry emphasizes the influence of the sociocultural embeddedness interactors, whereas phenomenological psychiatry explores the intersubjective character of the structures of an individual's consciousness. In the following sections, I explain the particularities of various relational therapeutic approaches to contrast them with the enactive theory of intersubjectivity as participatory sense-making.

3.1.1. Relational Psychoanalysis

Relational psychoanalysis emerged in the 1980s in the USA under the influence of the British object relations theory (Fairbairn, 1954; Greenberg & Mitchell, 1983; Jacobson, 1964) and Sullivan's (1953) interpersonal psychoanalysis. It was established as a separate branch of psychoanalysis with the 1991 publication of the

journal *Psychoanalytic Dialogues* (Harris, 2011; Mitchell et al., 1999). Relational psychoanalysis is a multifaceted perspective that breaks abruptly with the biologicism and internalism of orthodox Freudian theory. Although the relational turn in psychoanalysis gave rise to relational psychoanalysis in the 1980s, discussions on intersubjectivity can be found in earlier formulations in the work of Sigmund Freud and his followers (Brown, 2013).

Intersubjectivity in psychoanalysis has been traditionally described as "unconscious communication," which is driven by the processes of transference and *countertransference* (Freud, 1912, 1905/1971). Freud's (1922, 1958) well-known topographical model of the mind divides it into unconscious, preconscious, and conscious realms. While the unconscious system would be composed of instinctual drives and wishes that aim to gain control of the conscious realm, the preconscious would be the locus where defense mechanisms of censorship against unconscious libidinal drives develop. The conscious system is thus understood as the volitional system, which is deliberately managed by the individual. Concerning unconscious communication, the analyst's unconscious is viewed as an analytical instrument that can receive or transmit unconscious information from or to the patient. This ability of the analyst to "tune" into the unconscious of the patient would facilitate the reconstruction of the meaning of the unconscious information. According to early psychoanalysts, unconscious attunement would be mediated by introjection and projection mechanisms (Aron & Harris, 1993; Ferenczi, 1932/1988; 1980; Ferenczi & Jones, 1909/1990; Reik, 1983). Patients would intend to actualize their internal conflict or unconscious fantasy in the analytic relationship by transferring certain features to the analyst. Although unconsciously, the patient would assume a certain role according to an internal fantasy that evokes a complementary role in the analyst, such as the child–father complementary roles. The analyst, in turn, would feel the projection of the patient as generating certain feelings and attitudes toward him, in an experience called countertransference. In the psychoanalytic literature, unconscious intersubjective processes have also been described in terms of the unconscious fantasy or daydreams of the patient (Grotjahn, 1942; Klein, 1952), the enigmatic realm, or dream-like telepathy (Freud, 1955).

The debate on the analytic roles of transference and countertransference has been central in distinguishing relational psychoanalysis from intrapsychic branches (Gerhardt & Sweetnam, 2001). Intrapsychic psychoanalysts advocate for a methodological use of countertransference. What the analyst experiences in relation to the patient can be used in the intervention as an indicator of the patient's projective and introjective mechanisms. For example, if the analyst feels that the patient is angry with him, this might reflect the anger of the patient toward some attachment figure, fantasy, or internal conflict, which is being projected toward the analyst. This methodological use of countertransference recognizes the experience of the patient as meaningful, but as directed toward the wrong person, so to speak. More traditional intrapsychic approaches would advocate for purifying the figure of the analyst and working countertransferential processes in a supervised third party, thus cleansing the analysis from the personal proclivities and reactions of the therapist (Sandler et al., 1970).

By contrast, relational perspectives view the role of the transference and countertransference movements as valuable analytic tools, which are central for mutual intersubjective engagement in therapy. The analyst would not only be an object of transference or a projection screen, but he would be also immersed as a genuine subject of experience. In this regard, Joseph Sandler (1976) used the term "role responsiveness" to describe the susceptibility of the therapist to being more likely to enter certain projections of the patient than others. This susceptibility concerns the analyst's own subjectivity and personal history and would make him or her respond by counter-transferring certain feelings and qualities to the patient. Thus, the self-disclosure of feelings and thoughts by the analyst makes the mutuality of the analytic exchange explicit[6], which requires a mixed attitude of authenticity and responsibility (Hoffman, 1992). In other words, what happens to the therapist in relation to the patient is relevant information for the patient for regulating not only their intrapsychic conflict but also the therapeutic relationship itself. Making this reciprocal impact explicit may help in the processes of mutually regulating the therapeutic encounter and building analytic trust (Ellman & Moskowitz, 1998).

Moreover, relational psychoanalysis advocates for a two-person psychology (Rickman, 1957), holding that minds emerge in the matrix of social relationships; that is, they are interpersonal as well as individual. It stresses the role of interpersonal relations (both actual and internalized) in the emergence of mental disorders, and promotes working through reciprocal relationships and mutuality in clinical encounters (Kernberg, 1988; Klein, 1946). Indeed, from this perspective, relationality is not simply a matter of the internalization/externalization of individual experiences (Bollas, 1987/2017). Indeed, relational perspectives understand basic Freudian instinctive drives (i.e., the erotic and sadistic unconscious impulses) as based most fundamentally on relations between the self and others. The main human motivational drive, according to this view, would be the need to form relationships (Fairbairn, 1954). Sadism and masochism, for instance, can be regarded as relational projects of ways to interact with others (Ghent, 1990). In this view, the unconscious is not an obscure source of individual drives but a "self-perpetuating patterning of organizing of self-in-relationship" (DeYoung, 2014, p.xvii) that is *enacted* in interpersonal interactions and shapes individual experiences (Jacobs, 1991).

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[6] The use of self-disclosure has been a matter of theoretical debate. Some are concerned by the harmful effects of the therapist expressing certain feelings to the patient. For instance, Davies (1998) describes a case where the analyst expresses the sexual feelings emerging in the therapy session with a patient that has suffered from sexual abuse and the risk of re-traumatizing them. However, what relational psychoanalysts hold is that even in the absence of explicit disclosure, the feelings and attitudes of the therapists are conveyed and expressed at the pre-reflective or implicit level in a pervasive manner (Aron, 1991; Davies, 2003). Trauma emerges when those feelings or events are not acknowledged and worked out in a safe context. As a consequence, treating them explicitly may contribute to building a patient's strategies to cope with the situation (Harris, 2011).

A perspective on relational psychoanalysis that resonates with enactive principles is the work of the Boston Change Process Study Group (BCPSG). They have described developmental processes of internalizations of embodied relational patterns that are re-actualized in the therapeutic relationship (BCPSG, 2003, 2008, 2010, 2013). In applying developmental studies to therapeutic settings, authors have stressed the role of implicit relational knowledge as the organizer of intrapsychic machinery, conflict, and defense. They have looked at the origins of relationality in infant–parent observation and the relevance of the ongoing regulation of ruptures and repairs in developing relational patterns (Beebe & Lachmann, 2003; Beebe et al., 2005). Implicit processing operates from birth in interactions with caregivers and encompasses gestures, vocalization, rhythms, and movements in a moment-to-moment interactive flow, enabling relational meaning to emerge. This implicit relational knowledge continues to operate in adulthood and constitutes the locus through which therapeutic change occurs by means of acquiring new procedural and intentional knowledge (Lyons-Ruth et al., 1998).

A key difference from previous formulations is that procedural and implicit knowledge is not just *conscious* or *unconscious*, but recruits fundamental embodied skillful actions. The phenomenological distinction between pre-reflective and reflective bodily consciousness is a clarifying distinction here. Pre-reflective bodily interactions would feed bodily memory and interpersonal schemas that are incorporated as habits in the individual. Such internalized interpersonal schemas resonate with the distributed agency proposed by sensorimotor and enactive approaches (Di Paolo et al., 2017). In this vein, Horowitz (1991), for instance, described internalized object relations as interpersonal sensorimotor schemas, which can be viewed as Minskian agents (Minsky, 1988); that is, simpler non-minded schemas that in their network organization and coordination give rise to mind-like properties. The BCPSG thus relies on the phenomenological and enactive pre-reflective consciousness as a nonthematic basic structure of experience, which differs from the Freudian unconscious as defined in terms of repression.

Daniel N. Stern's (1983) concept of *emergent self* becomes central to this relational approach. It refers to the stage of development in which we do not have a sense of self yet, but it is built through the trajectory of interactions with our caregivers. Stern postulates that the stages of development are present in every subsequent experience, in every moment in life, enacting ourselves in each interaction. This is why the relationship with the therapist can be seen as a re-actualization of the early interactions with attachment figures. This view on relationality of the self creates a change in the understanding of clinical interventions: Since the origin of personality is an interpersonal matrix, both healthy and pathological, it can only be cured through an interpersonal setting. Since the early fixed relational patterns of the patient are being actualized in adulthood, the therapeutic situation is now seen as the interpersonal situation where these patterns are enacted.

The relational perspective, as held by Daniel Stern, Beatrice Beebe, and the BCPSG, adopts a generative view on interpersonal relationships in general and the

therapeutic relationship in particular, which is in line with the enactive conception of participatory sense-making. Previous accounts in relational psychoanalysis (Loewald, 1986; Orr, 1954; Racker, 1968) have lost the generative power of by relaying the intersubjective dimension to transference and countertransference movements. Indeed, transference and countertransference are meaningful only in relation to individuals' history and do not give room for the co-construction of new shared meanings in the interaction. However, the developmental perspective views interaction as a continuous negotiation of meaning. Drawing on Jessica Benjamin's (1988, 2013) dialectical perspective on intersubjectivity, this perspective would view the therapeutic relationship as an open-ended system of negotiation of attachment and separation, subjectivity and objectivity, where recognition of the other and the breakdowns, ruptures, and recoveries in the process are fundamental for a process of self-growth. This dual subject–object character of the therapeutic encounter constitutes the "drama of intersubjectivity" (Benjamin, 1980), which the therapist must learn to navigate.

3.1.2. Systemic therapy

Systemic psychotherapy emerged in the 1950s at the Palo Alto Mental Research Institute under the leadership of Gregory Bateson (1904–1980). It was later developed at the Milan school by Mara Selvini Palazzoli (1916–1999) and her colleagues. Systemic therapy applies cybernetics and system theory in biological and cognitive sciences to the field of psychotherapy (Bateson, 1972/2000; Ruesch & Bateson, 1951). Cybernetics is a branch of cognitive science that studies the functioning of self-regulated systems (Wiener, 1948). A precursor of enactive theory, cybernetics studies communication and control within the system, describing the information transfer within it (Shannon & Weiner, 1948) as well as feedback control loops. So-called second-order cybernetics (Bateson, 1972/2000; Von Foerster, 1979/ 2003) studies the role of self-observation in the regulation of the system. In other words, the field moved from observed systems to systems observing themselves.

The systemic approach introduced holistic thinking in psychotherapy, claiming that to understand a phenomenon, one should not only understand the individual elements composing it, nor the isolated interactions between them, but one should also look at the totality of interactions of the system, which at first sight accords with the enactive relational holistic ontology presented in the previous chapter. For this reason, systemic therapists focus on the entire family system of the patient to explain individual symptoms. By introducing concepts such as self-organization, control, and information to the therapeutic context, systemic therapy examines self-sustaining interactive patterns of the family system, their regulatory feedback circles, and communicative patterns. In systemic therapy (Ruesch & Bateson, 1951), communication is central to understanding how two or more people influence each other. Communication is regarded as an open system that provides the backbone of the relational patterns of the family system, but it can also be a source of paradox and misunderstanding among members. Thus, the systemic approach

stresses the role of communicative rules in the establishment of interactive dynamics and aims at improving the communication strategies of the family system.

For instance, in his theory of the double bind, Bateson described how reiterated double and contradictory messages can generate logically paradoxical situations that reduce behavioral possibilities of individuals (Bateson et al., 1963). Consider, for instance, the impossibility of following the instruction to "be spontaneous." Such paradoxical demands can confuse an infant in such a way that accomplishing the required behavior becomes an inherently conflictive task, which if extended in time can damage the infant's development of relational skills. Inspired by this paradox, Paul Watzlawick formulated the *Principles of Human Communication*, which regulate the interpersonal mutual influence and whose breakdown can provoke pathological interactions (Watzlawick et al., 1967/2011):

- One cannot not communicate: Every behavior (even silence or stillness) is a form of communication and conveys a certain meaning to others. The application of this principle to psychotherapy implies that symptomatic behavior should be seen as conveying certain information of the system; that is, as expressing the pathological state of the system. Indeed, symptoms are not seen as deficits or malfunctions of the individual, but rather as an attempt to regulate and equilibrate the systemic dynamics.
- Every communicative action has two aspects, namely the content and the relationship: The former is the explicit message the interactor conveys, whereas the latter concerns the information about the relationships between interactors that the utterance conveys. This is the distinction between the *what* and the *how* of communicative events. For instance, the utterance "Keep calm!" in an exultated and hurried tone conveys two contradictory messages if we attend to the *what* and *how* aspects. A consequence here is that the qualitative aspect of the communicative event (i.e., the *how* aspect that conveys the relational information) modifies the explicit content of the message. Thus, the relational aspect becomes a form of metacommunication, since it conveys information about the communicative context of the message. For communication to be effective, the content and relationship aspects must coincide; otherwise, they can incur the aforementioned communicative paradoxes and relational misunderstandings.
- Communication can take place in *digital* and *analogic* modalities: While the content of a message is conveyed in a digital modality, meaning that it requires a symbolic decodification, the relationship aspect is analogic; that is, it uses nonlinguistic, unmediated, and directly understandable communicative strategies, such as speech tone, gestures, and other paralinguistic mechanisms. In analogic strategies, interpretation is less accurate or determined than in digital strategies, but also far richer in potentialities for communication because the interpretative scope is wider than in the digital modality.

- The nature of a relationship depends on what is known as the *punctuation* of the interaction: The punctuation in communication scenarios is the ascription of cause–effect or leader–follower roles to communicative agents. The idea is that both interactors have partial information about the whole communicative structure, and thus, one might misjudge one's communicative behavior as a response to the other's behavior (i.e., as a direct consequence of the other's behavior). For instance, imagine a couple arguing, where A shouts while B avoids A. A may think that shouting is a logical response to B's disregard while B thinks that his behavior is caused by A, so they actively reinforce each other's behavior, thus co-sustain the communicative structure of the argument. Nonetheless, this kind of belief in the linear causality of communicative units is due to the partial understanding of each participant's contribution to the system. Indeed, the feedback loops that occur at different time scales in the system make the communicative behaviors to be better understood attending to dynamic and complex causality.
- Communication can be symmetrical or complementary: Symmetry occurs when power equality exists between communicators or when the interaction tends to minimize the difference. Complementarity implies a power inequality in which one attempts to gain control and dominate the other or the interaction tends to maximize the difference. In the previous example, if the interaction between A and B tended to a convergence of their relational styles, then the communication would be symmetrical. If, however, the tendency was for A to shout an increasing amount and B to continue his agitation, then their styles would be opposing, which would indicate the existence of power inequality in the communicative dyad.

In contrast to psychoanalysis, in systemic psychotherapy the symptom is no longer a result of an internal conflict of the individual; rather, it is a manifestation of a communicative process that encompasses every participant of the system. The systemic move thus entails an externalization of psychopathology, in the sense that one must stop focusing on the intrapsychic to pay attention to the interactive dimension; that is, to the actual interaction of the family system to which the patient belongs (Watzlawick et al., 1974/2011; Weakland et al., 1974). Mental disorders are also seen as functions of the family dynamics as a result of the dissociation between individual needs-drives and the attitudes and behaviors that are generated by systemic pressure. Thus, the focus is on the communicative networks in the family system that create a defense against distress to protect the integrity of the self. In this way, the main target of the systemic approach is to change the communication patterns among individuals of the group. According to the systemic approach, communication patterns determine and individuate attachment styles of the family (secure, anxious, avoidant, and fearful-avoidant; Bartholomew & Horowitz, 1991). Therefore, the therapeutic work will be devoted to analyzing the narratives the individual makes of themselves and of the relationship with attachment figures, focusing on both content and structure in order to reformulate them (Vetere & Dallos, 2008). The assumption here is that attachment relational narratives function as internal working models that guide

our actions and predictions on other's behavior, and finding alternative narratives changes the way we interpret and interrelate with others. This practical and resolutive approach differs from the analytical endeavor of looking for the causes of a symptom in an early life situation or event. The interest in the unconscious as the target of the therapeutic work is replaced by the study of the actual structure and behavior of the system.

A core similarity with the enactive theory is the focus on the interaction between participants as the locus of social cognition. Moreover, systemic therapy acknowledges the basic tension between individual and interactive normativities. This tension is the locus of pathological or normal behavior and also what drives development (Boscolo et al., 2018). Systemic approaches recognize the mutual influence between individual behavior and the behavior of the system. Nevertheless, with regard to the role of the therapist, the systemic approach adopts a third-person perspective in its methodology and clinical practice. The therapist is not regarded as part of the system; instead, the role of the therapist is a kind of external observer who catalyzes the change in the system but is not affected by this change (Cigoli & Scabini, 2012). This lack of observer–participant mutuality overlooks the role of the therapist in the process and fails to acknowledge the effects of the therapeutic relationship or interactions. Regarding this concern, there is a widely accepted belief that systemic therapy does not require involvement of the therapist as intimate and close as that in one-to-one analysis, relegating them to a secondary role (Paterson, 1996/2018). Systemic therapists who recognize the value of the therapeutic relationship have to refer to psychoanalytic theory to incorporate the projective-introjective and transference-countertransference processes into their theory (Flaskas, 2018). Consequently, strictly speaking, systemic therapy should not be regarded as a second-person therapy as advocated by the enactive perspective (Galbusera & Fellin, 2014).

In addition, a core difference of systemic therapy from the enactive theory of intersubjectivity is the neglect of bodily processes as constitutive of the interaction. In systemic therapy, the de-individualization resulted in an undesirable de-focusing on emotions and feelings and a subsequent devaluation of embodied processes in favor of narrative ones. In this regard, more contemporary forms of systemic counseling, such as social presence theatre (Hayashi, 2017), U theory (Scharmer, 2009), and family and organizational constellations (Hellinger et al., 1998), aim to incorporate performative, spatial, phenomenological, and bodily experiences into clinical and counseling practice; however, they are relegated to being heterodox practices of mainstream systemic therapy. For example, systemic and organizational constellations work with more subtle phenomena linked to spatial atmospheres and embodied feelings. They place volunteer participants or objects representing the organizational structure of the system and view the structure and dynamics of the system resulting from intuitive and affective movements of individuals. This method can reveal hidden and unexpected roles, structures, and dynamics operating within the system, exploiting the pre-reflective embodied feelings of participants. As a result, these heterodox forms of systemic therapies are, through combining phenomenology and systemic perspective, more

akin to the enactive perspective because they attend to pre-reflective, embodied, and performative aspects of experience. The theory of enacted and situated affectivity I will develop in Chapter 6 and Chapter 7, I belief, can be considered an informative theoretical inspiration for these forms of systemic approaches.

3.1.3. Phenomenological psychiatry

Appeals to phenomenology in the study of psychopathologies has a long tradition, starting from the work of Karl Jaspers (1913/1997), followed by Eugène Minkowski (1927), Hubertus Tellenbach (1961/1980), Thomas Fuchs (2017a), Matthew Ratcliffe (2008), and others (Häfner, 2015; Stanghellini et al., 2019). Although phenomenological psychiatry has been established as an autonomous discipline, there is no phenomenological psychotherapy that could be regarded as another form of therapeutic school; however, phenomenology provides the foundations for an experiential and unprejudiced attitude to any form of psychotherapy. The aim of phenomenological psychopathology is to understand how different psychopathologies affect the structures of consciousness in order to understand the individual and subjective experience of patients, thus enabling therapeutic interventions to be improved. Phenomenological psychiatry thus analyzes perturbations in basic structures of consciousness, such as embodiment, spatiality, temporality, intentionality, and intersubjectivity, in order to classify psychopathologies according to these dimensions. Phenomenological psychiatry offers a nonreductive way of characterizing different psychopathologies that is grounded on the subjective experience of patients. Here, I briefly describe the classification reported by Fuchs (2010a), which examines dimensions of embodiment, temporality, and intersubjectivity in different mental disorders.

As explained in Chapter 2, the phenomenological tradition distinguishes two forms of bodily experience: body image and body schema (Gallagher & Zahavi, 2012). Body schema is the proprioceptive and pre-reflective experience of the body, while body image is its reflective representation. Following this distinction, the following two categories of embodiment disorders can be classified (Fuchs & Schlimme, 2009):

- Body-image disorders involve a perturbation in the dialectics between *being a body* and *having a body*. They include anorexia and bulimia. In these cases, the patient is alienated from the sense of the lived body and resorts to over-reflection (Cash & Brown, 1987). This is accompanied by a primary incommodity in the pre-reflective lived body that the patient attempts to mitigate through conscious over-control. Instead of following physiological appetences, the patient searches for an aesthetic ideal of the body. Dysmorphic disorder, where patients become obsessed with a particular part of the body, would also be in this category (Gallagher, 2001).
- Among body-schema disorders, schizophrenia is the most studied (Fuchs & Schlimme, 2009; Stanghellini, 2009). In patients with schizophrenia, the basic experience of ipseity is perturbed, which implies a disruption of the implicit functionality of the body affecting both perception and action.

There is a loss of the "mineness" or basic self-orientation of experience. The schizophrenic patient experiences a loss in the evidence of him/herself and feels like a strange and external being. This loss in the pre-reflective sense of oneself implies, in most cases, hyper-reflectivity and over-rationalization. One's pragmatic and embodied embeddedness in the world is perturbed, which also implies a loss of "common sense," tacit knowledge, and familiarity with the world. As we will see below, it is not only the dimension of embodiment that is perturbed in schizophrenia – disruptions at the basic intersubjective level are also found.

- A different disorder of embodiment can be found in melancholic depression (Doerr-Zegers et al., 2017; Fuchs, 2013a), where the body loses fluidity and motility, becoming a solid body that imposes resistance to the intentions and pulses of the subject. In this sense, in the same manner that schizophrenia can be described as a dis-embodiment, depression can be seen as a hyper-embodiment or "corporealization" (Fuchs, 2005a).

In the phenomenological tradition, consciousness is intrinsically linked to the temporality of experience (Gallagher, 2013a; Mensch, 2010); that is, temporality enables the unified perception of things and events that occur across successive moments (Husserl, 1893-1917/1991). While explicit – physical, objective, Newtonian – time explains the separation of moments in time, implicit – subjectively lived – time is a necessary condition for continuity of experience. Husserl's threefold structure of the lived present distinguishes the following three elements: *presentation* is the impression of each present moment, which maintains certain awareness of the just-passed moments through *retention*, and also exhibits an expectation of the next potential future changes, namely *protention.* These three aspects of temporality constitute the lived present and are conditions for the possibility of unity of experience across subsequent moments. Distortions in basic temporal experience can thus affect the dynamism and motivation of mental activity. Temporality of experience, instead, should not be understood as an individual feature; rather, as Fuchs (2013b) would argue, it is constituted by interpersonal coordination with the bodily rhythms, movements, and affective resonances of others.

Moreover, the temporality of experience is linked to affectivity (Varela, 2005; see Chapter 5 and Chapter 7 for a more detailed discussion). The affective poles of pleasant–unpleasant pre-structure the *protentive* field of temporal experience by predisposing the subject to novelty and change. This "conative affective energy" is conceived as the basic energetic momentum of mental life, which is at the root of directedness and spontaneity (Fuchs, 2013b). Thus, affectivity is the basic orientative activity that predisposes the subject to potential becoming. Consequently, affective disorders typically exhibit alterations in the speed of the flux of lived time (Fuchs, 2013b).

- In the maniac pole, the temporality of experience is accelerated. There is a general anxiety for the future, an acceleration of events, a lack of assimilation, and incoherence in the lived experience. Every event is new

and exciting. According to diagnostic criteria, symptoms such as increased rate of speech, racing thoughts, and hyperactivity are characteristics of mania. The formal structure of temporal experience in mania thus tends toward the protentive field, leading to an acceleration of lived experience (Fuchs, 2014a; Moskalewicz & Schwartz, 2020).

- In the depressive pole, by contrast, lived time slows (Lenzo & Gallagher, 2020). Time does not seem to pass, and there is a lack of openness to the future and a diminishment of potentialities in the experience of the present (Fuchs, 2013b). Corporealization and loss of affective resonance immerse the patient in an atmosphere of affective indifference (Fuchs, 2014a). Experimental tests of time rating have also corroborated this acceleration and retardation in manic and depressed patients (Bschor et al., 2004; Meck, 2005).

- The reflective temporal experience, namely narrative or autobiographical temporality, can also be disordered, as in cases of borderline personality disorders, where there is a fragmentation of the narrative of one's own life that results in incoherent stories and self-concept (Fuchs, 2007).

Concerning intersubjectivity, as described in Chapter 2, developmental studies distinguish between primary, secondary, and tertiary intersubjectivity (Trevarthen, 1998). Primary intersubjectivity refers to the pre-reflective and motor ability of newborns and infants to coordinate their affects and behavior with others (Trevarthen, 1979). It encompasses the ability of interaffective resonance with others, or the pre-reflective responsiveness to expressive behaviors of others. Secondary intersubjectivity, in turn, encompasses the abilities of joint action and joint attention to an object. This is a pre-linguistic ability developed at approximately one year of age and is regarded as the "cooperative intersubjectivity" of entering into person–person–object interactions through joint attention, pointing, and gaze behavior (Trevarthen & Hubley, 1978). Through this form of joint action, infants begin to see others as intentional agents and to recognize themselves as objects of others' intentions. This form is a precursor for developing the ability of perspective-taking. At the age of four years, tertiary intersubjectivity is established, which comprises more sophisticated symbolic and linguistic forms of intersubjectivity, meaning negotiation, and mutual recognition (Bråten et al., 1998). At this stage, narrativity shapes perspective-taking. Although humans develop toward more sophisticated forms of intersubjective interactions with language, primary and secondary intersubjectivity continue to operate throughout life.

Certain mental disorders can be seen as disturbances of intersubjectivity and bodily being-with-others (Fuchs, 2015). For instance,

- Autism is considered a developmental disorder where the primary and embodied intersubjectivity is altered (Gipps, 2004). This alteration encompasses sensorimotor integration, the capacity to imitate, and affective resonance.

- In schizophrenia, the ability of shifting self–other perspectives, namely the ability of meta-representation, is disturbed. This implies difficulties in monitoring one's own acts and thoughts as one's own, which lead to experiencing what is one's own as others' and what is others' as one's own. In delusions and hallucinations, for instance, thoughts are experienced as inserted from outside, and others' gazes might be experienced as overly intrusive (Henriksen & Nilsson, 2017; Stanghellini & Lysaker, 2007). This implies difficulty in secondary intersubjectivity insofar as the patient switches from a first- to second- or third-person perspective without control. This, in turn, is triggered by a lack of sense of the primary and embodied self – a dis-embodiment that generates a loss of self in interpersonal situations (Fuchs & Röhricht, 2017).

In the phenomenological tradition, although intersubjectivity is at the core of basic temporal, affective, and embodied structures of consciousness, its general heuristics of looking at structures of individual psyche mean that phenomenological psychiatry is not a fully intersubjective or second-person approach. From the enactive perspective that I defend in this thesis, it may critically be stated that phenomenological psychiatry tends toward individualism with regard to psychopathology and clinical practice. Although phenomenological psychiatry has extensively studied how the intersubjective dimension of psychopathologies are disturbed, it is not questioned that pathology may be extended to the intrapsychic realm of the patient. Primary, secondary, and tertiary intersubjectivity are seen as capacities of interaction that the patient acquires and enacts. The enactive approach, instead, aims at externalizing mental disorders by explaining them as constituted by interactive mechanisms that surpass the individual. Moreover, the psychiatrist or the psychotherapist does not receive explicit attention in phenomenological psychiatry. It is true, however, that several phenomenological psychiatrists have hinted at a first- or second-person perspective on diagnostic processes (Fuchs, 2010b; Galbusera & Fellin, 2014; Gupta et al., 2019; Jaspers, 1913/1997). The well-known Praecox feeling (Rümke, 1942) – namely the feeling of strangeness when interacting with a schizophrenic patient – is an example of the therapist's subjective feelings being used in the evaluation of the patient. Nevertheless, a proper second-person perspective, one that recognizes the mutual negotiation of the diagnosis, treatment, and co-construction of meaning, is lacking in much of the literature in the field. This *inner-intersubjectivity* proposed by phenomenological psychiatry, despite providing an insightful description of disordered intersubjective structures of mental disorders, may not be sufficient for talking about a full-fledged intersubjective or relational approach in enactive terms (Galbusera & Fellin, 2014). I raise these points not to diminish the relevance of this valuable research and its impressive conceptual achievement but rather to point to what still distinguishes it from a fully relational approach.

3.1.4. Cultural Psychiatry

Cultural psychiatry has its roots in colonialist and comparative psychiatry (Burton-Bradley, 1985), but it emerged as a critical view of them through the lens of postcolonial anthropology (Kirmayer, 2007). Colonialist and comparative psychiatry described differences in the etiology and nosography of mental disorders among different ethnocultural populations by adopting an essentialist, biological, and internalist perspective and neglecting the social and historical context (e.g., the colonial context) as a source of distress in individuals. Cultural psychiatry, by contrast, attends to the role of structural racism and discriminative institutional practices in social exclusion and mental illness (Bhugra & Bhui, 2018; Lewis-Fernández & Kleinman, 1995; Tseng, 2001).

As promoted by Laurence J. Kirmayer (2007; Kirmayer & Minas, 2000), cultural psychiatry has three main interests: First, it questions the etiology and universality of psychopathology and healing practices. It assesses the impact of ethnicity on mental health and illness, not by essentializing biological traits but by looking at the impact of social class, power relations, and institutional practices over people. Second, it tackles ethical and political dilemmas involved in psychological accompaniment to ethnically diverse populations. It examines the impact of institutions and practices on health and illness over cultural minorities, paying special attention to damage to the cultural assimilation of indigenous identities. Third, cultural psychiatry analyses the main psychiatric theories and trends as culturally and politically driven, particularly questioning the hegemony of Western psychiatric practices and acknowledging and valuing local healing rituals and traditions. Indeed, from a cultural perspective, psychotherapy can be seen as a form of symbolic action at the social, psychological, and physiological levels and shares essential features with traditional healing practices (Brislin & Triandis, 1980; Frank & Frank, 1993). Influenced by the "antipsychiatry movement" of the 1960s (Ironside, 1975), cultural psychiatry denies universal truths in psychiatry and adopts a critical position on the institutions and practices of psychiatry. It questions the Western maxim of egalitarianism, which advocates for all people to be treated equally, neglecting cultural backgrounds. It also draws attention to the social and political dimensions of psychiatric diagnosis by revealing the role of the pharmaceutical industry in influencing research on mental disorders (Lakoff, 2005).

According to cultural psychiatry, psychological processes are not located exclusively within the individual but include social discursive processes (Kirmayer, 2006). In this regard, Ian Hacking formulated the "looping effect of human kinds" (Hacking, 1999), which explains that the ways in which we categorize human groups (by subsuming them into a psychopathological label) has an impact on the behavior of people in those groups by changing institutional and social practices. This looping effect reifies social categories both as cognitive and social facts. Cultural psychiatry thus points to the role of narratives in building sociocultural identities and individual experiences. Drawing on discursive psychology, it focuses on the social construction and cultural embedding of experience by stressing the

role of the social discourses that constitute the narrative self (Horton-Salway, 2001). In addition to interpersonal interactions and social knowledge, culture is based on discourse (Kirmayer, 2006). For this reason, narratives are understood as situated in interactional dialogical and dialectical features of cultures that an undeniable impact on individual behavior and experiences. In this way, cultural psychiatry aims to bridge the gap between cognitive science and discursive psychology (Henningsen & Kirmayer, 2000).

Cultural psychiatry has had an enormous impact in making relational psychotherapists attend to the larger social forces that influence the dyad (see for instance social branches of relational psychoanalytic theory; Hoffman, 1992; Hollan, 2000; Zepf et al., 2007). The historical, social, and cultural backgrounds of the therapist and patient should be considered when assessing mental illness, negotiating treatment strategies, and interacting with patients. Psychodynamic approaches (those working through the therapeutic relationship; e.g., relational psychoanalysis, transactional analysis, and Gestalt therapy) overly rely on their interventions to maintain clinical empathy with patients. As explained in Chapter 2, clinical empathy can be understood in an operational or thematic manner; that is, as the "know-how" to respond to patients and as the "know-what" that the patient experiences. As Kirmayer (2008) noticed, understanding others' experience has its limits, particularly when it comes to people with different historical trajectories and social positions. Indeed, cultural differences constitute a challenge not only to the simulative and imaginative processes that underlie empathy but also to its operational and pre-reflective forms. Social practices and cultural traits are embodied in our gestures, behaviors, and interactive styles, which may also lead to confusion and misunderstandings. Cultural psychiatry thus points to a crucial consideration, namely that empathy is a situated practice and has its limits, which are continuously revised and negotiated through the therapeutic process (Vreeke & van der Mark, 2003).

The enactive approach is certainly concerned with this issue and proposes a framework that makes room for sociocultural factors in its theory of intersubjectivity (Di Paolo et al., 2018). The enactive concept of participatory sense-making advocates acknowledging the differences between individuals without subsuming them into a collective and homogenizing "we mode," and also without regarding otherness as "radical alterity." In this way, enactive ethics are based on the participation of different groups of people and the bidirectional openness of being transformed by the interaction (Di Paolo & De Jaegher, 2021). From an enactive perspective, empathy is considered a bodily skill of knowing how to respond to others that requires the confirmation of the other; thus, it is a partial act that must be negotiated and complemented by the patient. From this view, when assessing empathy, instead of looking to some momentary affective attunements, we should examine the dialogical process of *responding* to the other's situation in the long term, which also encompasses, to be clear, their social situation.

3.1.5. The field perspective in Gestalt Therapy

Gestalt therapy is an experiential and humanistic approach that aims to enhance a patient's affective, cognitive, intersubjective, and behavioral awareness (Brownell, 2010, 2019; Perls et al., 1951; Polster & Polster, 1974; Zinker, 1978). It emerged as a revision of psychoanalysis (Perls, 1942/1992) and as an application of *gestalt*[7] psychological ideas (Köhler, 1967) to psychotherapy; however, it became an independent system through the work of Frederic (Fritz) Perls, Laura Perls, and Paul Goodman (Perls, 1942/1992; Perls et al., 1951). It is strongly influenced by phenomenology, Kurt Goldstein's organicism (1939/1995), Jan Smuts' holism (1927), and Martin Buber's existentialism (1958/2012), and integrates them in a systematic theory. Gestalt therapy is an attitude toward therapy rather than a specific technique. Its core principles encompass the awareness of the *here-and-now* experience, the experiential *contact* as a recognition of the other, the self as an emergent phenomenon, and the belief in potential for human growth.

The relational perspective in Gestalt therapy has been articulated in terms of field theory, which understands an individual's behavior as being influenced by the larger situation that he or she belongs to (Francesetti & Roubal, 2020a; Jacobs & Hycner, 2010; Parlett, 1997; Parlett & Lee, 2005; Polster & Polster, 1974). Drawing on the metaphor of the electromagnetic field, the Gestalt psychologist Kurt Lewin (1951) postulated that there is a mutual influence between the particles (electrons) and the field of forces they generate and are influenced by. The behavior of a given particle is thus the result of many different interactions between all of the particles that compose the field. Therefore, a concrete individual behavior is considered a result of the dynamic interplay of interrelated factors. Field theory finds some resonance with the systemic perspective (Whitner, 1985), but the theoretical principles they are grounded in differ slightly (Staemmler, 2006). The main difference is that the field in Gestalt therapy is considered a phenomenological field; that is, it encompasses every experience of the individuals of the field rather than only observable behavior or communicative patterns.

Although the first formulation of the field referred to the organism–environment field (Perls et al., 1951), namely the inseparable system of the organism in interaction with the environment, its meaning has developed toward a more relational and encompassing concept. Several authors have discussed the meaning

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[7] In this context the German term *gestalt* refers to the configuration of the elements of a whole (Strombach, 1983). A melody is a clear example of a *gestalt*, which being more than the sum of the individual notes, it has a whole configuration that makes it identifiable as a melody (even when it is played in a different key). In a *gestalt,* when the relations between the elements change, the whole configuration changes. The medical anthropologist Victor von Weizsäcker (1950) — whose work has enormously influenced Gestalt Therapy —refers to the gestalt-circle to address the individual-environment system as a gestaltic whole, that is, as a dynamically coherent configuration.

of the field in Gestalt therapy (Francesetti, 2019b; Hodges, 1997; Parlett, 1997; Roubal, 2009; Spagnuolo Lobb, 2009), and they may use different definitions of it (Staemmler, 2006). However, as a common factor, the field is seen as an emergent phenomenon that is co-constructed in the interaction and can be perceived by individuals (Francesetti, 2019a, 2019b, 2019c). Malcom Parlett (1997; Parlett & Lee, 2005) defined five general principles of field theory as it is adopted in Gestalt therapy, which are presented as follows:

- The organization principle: Meaning emerges from the totality of the situation, that is, from the totality of events and acts happening in the field.
- The contemporary principle: There is no causal or temporal line that explains the actual behavior of the system; rather, everything that happens, happens in the phenomenological present. Consequently, Gestalt therapists do not look at past events to explain a given phenomenon but focus on the qualitative features of the *here-and-now* experience.
- The principle of singularity: Every person and situation are unique and there is no law or generalization under which they can be subsumed. Thinking in terms of analogies, similarities, and generalizations risks setting aside particular details of the present event that could be meaningful.
- The change process principle: The field is always in continuous change. For this reason, interventions should not be stereotyped, but they must be in synergy with the ongoing process. Since therapists cannot predict the trajectory of the process, the therapeutic attitude should be flexible and open to changes, like a weather vane that shows, moment to moment, the direction of the wind. Gestalt therapy thus advocates for sustaining uncertainty and presence (Staemmler, 2000).
- Possible relevance principle: Everything that happens in the field is part of the totality of the organism and is potentially meaningful. Gestalt therapists are interested in what is obvious and salient to them in bringing to light what is already invisible and automatic for the patient – but that has been *taken for granted*.

Gestalt therapy vindicates the role of the observer, which is a relevant aspect of the field that is usually invisibilized. The observer, be the scientist or the supervisor, also partakes in the field. However, there is no privileged point of view from which to address the therapeutic work. The field is co-constructed and modulated by the totality of the elements that comprise it. The kind of participation that the therapist adopts in the field perspective is thus substantially different from the systemic approach or phenomenological psychiatry. The field also includes sociocultural aspects that might influence the current experience (Robine, 2015). It is multilayered and encompasses the therapeutic relational field, but also family, social groups and structures, and cultural traits (Daniels, 2004; Francesetti, 2007; Frew, 2016). Thus, Gestalt therapy is imbued with political considerations (Stoehr, 1993), pointing at the continuity between therapeutic work and social change processes (Melnick & Nevis, 2017). In Margarita Spanuolo Lobb's words, "[i]f we take contemporary 'social sensing' into consideration, psychotherapy has the important task nowadays of resensitizing the contact boundary in order to support

the sense of self that emerges from being recognized by the other" (Spagnuolo Lobb, 2018, p. 57). In this way, the field theory aims at integrating the manifold intersubjective levels that may influence the actual experience in the dyadic encounter.

According to the field perspective, mental illness or suffering emerges from the entire field and, strictly speaking, it does not belong to the patient, but includes social and interpersonal aspects (Francesetti et al., 2013). In a way, "problems are problems of a field and the solutions are solutions of that field" (Yontef, 2002). Since the therapist and patient are considered aspects of a shared field, both are co-creators and are responsible for any event that occurs in the field. Interdependence and the need for others are recognized and valued above the self-sufficiency and self-responsibility advocated by previous intrapsychic formulations.

The field is experienced by *aesthetic relational knowledge*, that is, the pre-reflective and interaffective resonance of the situation (Spagnuolo Lobb, 2018). Similar to the implicit relational knowledge proposed by the BCPSG (Lyons-Ruth et al., 1998), aesthetic relational knowledge points to basic embodied forms of relating with others; however, Gestalt therapists emphasize the affective and aesthetic experience of the qualities of relational patterns. Gestalt therapy, in its relational form, should thus be understood as a radically experiential and phenomenological form of therapy. Moreover, the field perspective is strongly influenced by Buber's (1958/2012) account of intersubjectivity. He distinguished two main ways of relating to the world: the I-It mode, which implies an experience of the world comprising things that are separate from oneself, and the I-Though mode, which implies an intimate feeling that things and people in the world are aspects of a greater whole. Aesthetic relational knowledge is the awareness of the other and I being part of a greater whole, namely the relational field, whose movements and tendencies are felt affectively and pathically (Francesetti et al., 2013).

A crucial aspect of the field theory is that self and other are considered emergent processes (Francesetti & Roubal, 2020a). This implies that the self is not an individual attribute, but "emerges as an expression of the contextual field, as an emergent of the whole situation" (Francesetti, 2019a). Self and other are not seen as priory individuals that enter into interaction, but they emerge with the mutual recognition process, namely *contacting*. The self–other boundary is thus generated in the encounter from a more fundamental feeling of undifferentiation or belonging to the shared field (Francesetti & Roubal, 2020a). Therefore, the relationality of the self does not emerge only in interpersonal or interactive situations, nor is it bound to introjected aspects of early relationships with attachment figures, but it is a self-organizing force of the relational field. The self in Gestalt therapy is regarded as a regulatory force that emerges from a tension or imbalance in a given situation, a co-regulation of the relational space between the organism and its interpersonal environment. As a result, we can describe relational Gestalt therapy not as a therapy of the individual person but as a therapy of the

situation (Wollants, 2012). I will explain in Chapter 6 the implications of adopting this situational perspective to current debates in situated affectivity.

Notably, in contemporary Gestalt therapy, the relational approach acquires stronger relational and processual ontological commitments than in previous schools (Francesetti & Roubal, 2020a; Spagnuolo Lobb, 2018). Field-based clinical practice describes the relational field as ontologically primordial to the individuals, which implies that the subjects and the world emerge incessantly from a background of undifferentiated fields. The constitution of the world is conceived as a dynamical process in which the potentials of the field overflow perceptively into concrete *things* that exist in space and time.

> "The purpose of therapy, therefore, is no longer to analyze unconscious dynamics in order to enable the formation of a self based on the principle of reality, but rather to stay within the shared background and draw from it the solidity of perception which allows the differentiation of an I from a You" (Spagnuolo Lobb, 2018, p. 42).

The ontological primordiality of the field draws on the new phenomenological project of de-objectifying and radically externalizing the pathic and emotional experience of atmospheric affects (Griffero, 2016, 2020; Schmitz, 2002, 2019). In Chapter 6, I discuss the contributions of the new phenomenological approach and field theory to the enactive theory of sense-making and affectivity. For now, let me state that, as formulated here, the primacy of the relational field over the individual is *prima facie* at odds with the enactive conception of intersubjectivity as participatory sense-making. The reason is that field theory subsumes the individual dimension in the relational, and therefore, it does not give room for differences, discrepancies, and proper alterity. The emergent character of the self–other distinction is a result of a more fundamental "we mode" that encompasses both, which hampers the generative dialogue with a different other. Moreover, within this picture, since the self is a function of the relational field, it is hard to imagine what a tension between the individual and relational domains would look like.

Nonetheless, this form of radical relationality also has its advantages: First, it expresses the motivation of externalizing mental illness to the relational domain, considering therapists' involvement in the process of constitution of mental disorders. Second, it integrates systemic thinking, psychodynamic principles, and constructivist and political concerns, and incorporates both the subjective and intersubjective experience suggested by the phenomenological approach. Third, it maintains the psychodynamic commitment of recognizing the therapist as part of a field that changes instead of relegating him or her to a detached observer position. Lastly, it does not restrict one to dialogical and narrative aspects of interactions but also integrates embodied and nonreflective aspects, focusing particularly on affective experiences and their potential for meaning-making. For these reasons, the relational approach to Gestalt therapy has the potential to inform the enactive theory of participatory sense-making. In particular, it provides

a holistic perspective that fits well the relational holistic ontology that underlies the enactive approach.

3.2. SUMMARY

To summarize, this chapter has drawn complementarities and contrasts between various therapeutic approaches and the enactive approach regarding intersubjectivity and therapeutic rationality.

Concerning the enactive theory, in Chapter 2, intersubjectivity has been conceptualized as participatory sense-making. According to this view, people coordinate their pre-reflective and reflective intentional (e.g., movements, eye gaze, and speech) as well as nonintentional (e.g., pulse and breathing patterns) activities in their interaction, and thus jointly making sense of the environment and of each other. Phenomenologically speaking, participatory sense-making is experienced as mutual incorporation, that is, as the lived body of two (or more) interactors reciprocally expand and enter into a dyadic intercorporeal state (Fuchs & De Jaegher, 2009). A core point of the enactive approach to interpersonal encounters is that it postulates the emergence of an autonomous relational dimension that is under-determined by individual intentions. In other words, interpersonal dynamics can sometimes acquire a certain autonomy. The individual and relational autonomies should not be viewed as polarities but rather as interpenetrating and – in some sense – mutually constituting each other. The concept of participatory sense-making has been used in a wide range of situations, such as psychiatry (de Haan, 2020b), autism (De Jaegher, 2013), narratives and storytelling (Popova, 2019), joint music and dance experiences (Hermans, 2019; Ravn, 2016; Schiavio & De Jaegher, 2017), and sport psychology (Araújo & Davids, 2016). It helps to explain, in these varied contexts, how meaning is co-constructed and continuously negotiated in interaction.

According to the enactive approach, the management of the tension between interactive and individual normativities is at the core of the intersubjective nature of human beings (Di Paolo et al., 2018). Thus, the enactive theoretical framework shifts the perspective on social cognition from a detached third-person mindreading scenario to a second-person interactive one, where individuals are engaged in ongoing interactional dynamics and participate in each other's sense-making (Michael, 2011). From this perspective, empathy takes the operational form of embodied know-how to interact with the other, considering both of the following dimensions: (1) the individual history of embodied couplings that are sedimented in the individual's body-schematic interactive patterns and relational styles, and (2) the history of embodied interactions of a given interpersonal relationship that are stabilized in dyadic relational styles.

Concerning psychotherapeutic school, I have outlined the different formulations of intersubjectivity held by different therapeutic schools. All of them were framed

within the framework of the relational turn in psychotherapy. While systemic approaches (e.g., systemic therapy and cultural psychiatry) externalize the pathology to the entire system to which the individual belongs, psychodynamic approaches (e.g., psychoanalysis and Gestalt therapy) focus on the empathic presence of the therapist and the quality of the therapeutic relationship itself. Relational psychoanalysis, for example, works with transference and countertransference phenomena as well as the reorganization of implicit relational patterns. Systemic therapy, by contrast, focuses on the communicative rules between the people who comprise the family system. Phenomenological psychiatry, in turn, focuses on intersubjectivity understood as one of the fundamental structures of individual consciousness and describes anomalies of intersubjectivity in various types of psychopathologies. Cultural psychiatry, however, focuses on the effects of social and cultural systems on the etiology and treatment of various pathologies. Lastly, Gestalt therapy focuses on field theory, integrating various levels of influence on the shared experience of the here and now from a phenomenological approach.

Taking the enactive perspective, both have their advantages and disadvantages. Relational psychoanalysis, as described by the BCPSG, focuses on pre-reflective relational patterns as the locus of mental disorders and therapeutic work, which fits the enactive approach nicely and underpins the definition of empathy provided in this tesis. Systemic therapy, in turn, adopts an ontological position similar to that of enaction, namely relational holism, but its emphasis on information theory when describing communicative patterns devalues the relevance of pre-reflective and affective aspects of relational patterns. Furthermore, the detached role of the therapist or observer contrasts with the enactive undertaking of offering a second-person approach to the therapeutic process. Psychiatric phenomenology bears the same problem but for different reasons. The role of the therapist is left out in an attempt to provide a purely individual description of psychopathologies. Although psychiatric phenomenology has served as a source of inspiration for enactive approaches, the concept of intersubjectivity they employ is generally relegated to the individual sphere. Cultural psychiatry provides the social awareness necessary to develop any theory of intersubjectivity that considers social and cultural factors. Nevertheless, this social constructivist approach and emphasis on discursive psychology favor linguistic and reflective processes over pre-reflective and embodied experience. Furthermore, by focusing on social and cultural conditioning factors, one runs the risk of losing the individual's autonomy and agency. Finally, Gestalt therapy takes a radically relational stance where the self and the other are understood as emergent functions of a broader relational field. This view, however, loses the reference to the individual. Noticeably, these are broad-brush descriptions and do not capture the nuances, mutual influences, and combined approaches and methodologies that most of clinicians employ. But making those theoretical distinctions may provide a map to understand different forms of intersubjective participation in therapeutic encounters. In this regard, what the theory of participatory sense-making highlights is that a proper second-person approach to psychotherapy needs to make room for the generative tension between the individual and relational autonomies. In this way, the enactive

approach promotes a particular way of understanding psychotherapy. In Chapter 4, I will deepen this approach by focusing on two main question: how does the enactive perspective consider mental disorders? And how are the therapeutic encounter and interventions conceptualized?

4

TOWARDS AN ENACTIVE APPROACH TO PSYCHIATRY AND PSYCHOTHERAPY

Psychiatric inquiry covers two main lines of research: On the one hand, scientific effort has been devoted to the question of how to characterize and classify diverse psychopathologies. On the other hand, psychotherapists are interested in how to treat individuals who deal with mental disorders and other forms of human suffering. However, the aims of theoretical psychopathology and clinical psychotherapy are not always aligned, and what is favorable for the former might not be desirable for the latter and vice-versa (Jaspers, 1913/1997). For instance, an underlying assumption presumes that once we understand the particularities of each psychopathology, we will be able to treat individuals suffering from them using standardized protocols. However, therapists treat people, not pathologies. The theoretical aims of psychiatry and psychopathology as science might sometimes conflict with the practical needs of psychotherapy and clinical practice. In particular, the complexity of an individual's embodied experience and the intersubjective dimension of the encounter might be overlooked if we adopt a fully theoretical attitude toward psychiatry and psychopathology.

In this chapter, I wish to outline how the enactive approach tackles these two questions concerning the nature of psychopathologies and their treatment. First, I should clarify that despite approaching the question of the nature of mental disorders, psychotherapy, as I describe it here, is not restricted to the treatment of diagnosis-based mental disorders. There are many sources of human suffering that should not be seen as psychopathological, such as mourning, addictions, or existential issues, which are also objects of therapeutic intervention[8]. Difficulties

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[8] This opens the question of where to draw the line between psychiatry, psychotherapy, therapy or counselling. At first sight, it would seem that psychiatry deals with brain dysfunctions (especially where pharmacology is required) while psychotherapy would address behavioral issues. Counselling, which builds on positive psychology, aims at enhancing personal growth rather than treating dysfunctions. This distinction, I believe, reflects a gradual continuum between the reductionistic pole of medical psychiatry and holistic perspectives of humanistic counselling. However, when I refer to psychotherapy or therapy, I refer to overarching forms of accompaniment that do not necessarily imply pathologizing, but also encompass other forms of personal growth, self-efficacy, and psychological accompaniment.

in everyday life, such as work stress, family relationships, and couple issues, are targets of psychotherapy regardless of where we draw the line between the normal and the pathological. In this regard, the enactive approach provides an integrative and gradual account of mental disorders (and human suffering) that encompasses the complex and diverse dimensions that traverse mental disorders (de Haan, 2020b). In this way, enactive theory has the potential to overcome the dichotomic manner in which the debate about mental disorders has traditionally been framed. In section 4.1. I present the enactive approach to mental disorders. Then in section 4.2., I address how enactive theory describes the therapeutic situation and what the contributions are to the relational turn presented in Chapter 3.

4.1. ENACTIVE PERSPECTIVES ON PSYCHOPATHOLOGY

A core tenet of the enactive approach is that the mind is not located in the brain, but emerges from the embodied interaction of the agent with its environment. A direct consequence of this is that mental disorders are not reduced to pathological changes in brain structure and function. In contrast to the neuroreductionist stance, the enactive approach views whole brain–body–environment systems and their reciprocal influences as the locus of mental disorders (Colombetti, 2013). From an enactive perspective, mental disorders can be defined as disorders of sense-making (de Haan, 2020b), which implies that causal and constitutive factors of mental disorders can extend beyond the skin and the skull, including interactions with the sociomaterial environment. Consequently, "there is no privileged level of description, no privileged vocabulary of description and no single canonical agent or even canonical action" for defining pathology (McGann & Cummins, 2013). Mental disorders are thus not the direct consequence of brain disorders, but they should be understood in terms of nonlinear, highly complex interactions between the organic, sensorimotor, and intersubjective transactions with the environment (de Haan, 2020b; Maximino, 2021). Indeed, how others respond to our behaviors may favor or hamper the emergence, persistence, or recovery of a mental disorder. These forms of a complex dynamical systems view provide multifactor explanations, which are more adequate than linear causal explanations of psychiatric disorders and therapeutic change processes (de Haan, 2020a).

From this holistic and systemic perspective, interpersonal interactions acquire a cornerstone role, which has sometimes been downplayed in psychiatric accounts of mental disorders. Autism, for instance, can be better understood as a disorder of the pre-reflective embodied engagement with others in face-to-face encounters than as a dysfunction in the "theory of the mind" or mindreading module of the brain (De Jaegher, 2013; Gallagher, 2004). Indeed, a large proportion of our engagements with others imply a coordination or attunement (both in terms of the vital rhythms and affects) with others (Fuchs, 2005d, 2013b). Anxiety disorders may also result from complex interactions and feedback loops between individual behavior and interpersonal responses (Glas, 2020). Although some character traits,

such as attachment styles, may have a clear causal role in the emergence of anxiety disorders, individual traits do not fully explain the dynamical trajectory that leads a person to fall into a certain pathological state. In this case, the atmosphere at work, support of family and friends, and relational styles with others may contribute to a panic attack. The looping effect of others responding to one's behavior might reinforce the state of anxiety. To provide another example, schizophrenic delusions may emerge as feedback loops between biological, behavioral, and intersubjective factors (Fuchs, 2001, 2009; Van Duppen, 2017). Biological imbalances may contribute to social withdrawal that in turn leads to a misattunement with others, which feeds back onto the individual, thus increasing their probability of having a psychotic crisis and delusions. Indeed, the embodied minimal self, which provides a coherent sense of self and is disturbed in delusional experience, should not be understood as inherently individual, but as emerging from early social interactions and temporal attunements with others (Kyselo, 2016). Mental disorders are thus relational phenomena that stem from the dynamic interplay between individual and intersubjective interactions.

4.1.1. The existential dimension

In talking about enactive approaches to psychiatry and psychopathology, Sanneke de Haan's recent book *Enactive Psychiatry*, (2020b) deserves a closer attention since it represents the first systematic attempt of applying enactive ideas to the field of psychiatry. In her book, the author points to the necessity of attending to the existential dimension to fully account for the complexity and multidimensionality of mental disorders. Indeed, in her view, without the existential capacity of the human being we could not properly speak of *psychiatric* disorders. The existential dimension, as she describes it, encompasses the capacity of self-reflection and stance-taking on our own acts, experiences, and disorders. It is an additional self-reflective loop that opens up a sociomaterial world of ethical and moral values. Human beings do not solely aim at keeping alive but "at living a good life" (de Haan, 2020b, p. 168). We do not only interact with the world but also reflect upon our experiences and interactions according to certain values. This reflexive capacity can explain how, beyond a disordered interaction with the environment, the way in which a patient reflects on his or her own disorder makes a difference in the development of the pathology and recovery processes (e.g., the fear of having a panic attack in anxiety disorders, or the hyper-reflexivity in obsessive-compulsive disorder [OCD]). Indeed, the capacity to relate with individual experiences and pathologies, adopting one attitude or another, is a key factor in the recovery process, and it is a central theme in therapeutic processes (Stedmon & Dallos, 2009). As a result, de Haan argues that the existential aspects of mental disorders should also be incorporated in any enactive formulation of them.

Although I agree with the general enactive perspective de Haan takes in her book, I wish to highlight some reservations concerning the existential dimension being added here to the original definition of pathologies as disorders of sense-making. The author aptly argues that enaction makes room for continuity but also for

qualitative differences in sense-making that are proper to each form of life. The problem is that she highlights the difference more than the continuity, which may be at odds with the life–mind continuity perspective. The addition of an existential dimension as an autonomous regulatory dimension without a theoretical proposal of how it relates to the other dimensions of embodiment runs the risk of introducing discontinuities within enactive theory. This may fit with de Haan's earlier assumptions that the enactive approach is not apt to describe reflexive cognitive processes (de Bruin & de Haan, 2009). However, even as a solution to this problem, the simple addition of an existential domain seems like an *ad-hoc* strategy – one that is more descriptive of what is presumably missing than actually supplying it.

By contrast, adding qualitative jumps, which nobody denies the existence of, while upholding the life–mind continuity thesis implies demonstrating how the same organizational principles that rule life (e.g., autonomy, precariousness, and agency) also rule sense-making in different dimensions (Thompson, 2010). The lingering question is as follows: How does the reflexive capacity emerge from the complex interplay between the organic, sensorimotor, intersubjective, and linguistic domains? The reflexive capacity of the human being has been thoroughly linked to its complex sociality (Froese & Di Paolo, 2009; Tomasello, 2020a, 2020b). In this vein, the eccentric position required for the existential stance is sufficiently explained by appealing to linguistic processes that lead to the origin of reflexive stance-taking (Di Paolo et al., 2018). Moreover, self-relatedness can be seen as an internalization of developmentally achieved forms of perspective-taking (Tunc, 2019) and may result from the mastery and participation in interpersonally mediated narrative practices (Hutto & Ilundáin-Agurruza, 2020). Processes of social participation and distinction (Kyselo, 2014) give rise to the internalization of others' perspectives as virtual others to which we relate. Thus, acknowledging the intersubjective character of our existential stances and values helps us not only to maintain the continuity between interrelated dimensions of embodiment but also to avoid reifications of a domain of solipsistic reflexive thought. As a result, we can presume that the existential domain of mental disorders emerges from intersubjective interactions, which, from the perspective of this thesis, are grounded in bodily pre-reflective engagement with others.

I am by no means denying that humans are existential beings, but I doubt whether reflexive stance-taking is the best way to sufficiently characterize this existential quality. The reason is that life in general can be seen as an existential enterprise, since for each organism its life is an *issue for itself*, even if they do not take an explicit stance toward this fact (Jonas, 1992). Why should the way humans (sometimes skillfully) cope with this issue in a reflective manner make it the hallmark of "the existential"? Following Mathew Ratcliffe (2008), I understand the existential character of living not as requiring stance-taking and reflexivity, but as more linked to the pre-reflective and tacit way the world is disclosed to a form of life. Existential feelings are basic forms of self–world relatedness that encompass feelings such as familiarity, trust in reality, certainty, vitality, freedom, openness, situatedness, locatedness, and connectedness. Rather than localizing the

existential aspect of human beings in our self-reflective capacity (which after all is a form of intersubjective experience), the existential character can be understood as the primary affective move of disclosing the self–world relationship. In Chapter 7, I unpack this existential perspective further by analyzing the role of affectivity in mental disorders.

In a nutshell, I agree with the definition of mental disorders as disorders of sense-making, which encompasses organic, sensorimotor and intersubjective dimensions. The existential dimension of the living represents a crucial aspect of sense-making and mental disorders that must be addressed by the enactive framework. However, it does not necessarily imply reflexivity and stance-taking. Indeed, stance-taking is undeniably a critical factor in describing and treating human psychopathologies, but it might not be a necessary condition for defining them. In delusional experience or hallucinations, for instance, sense-making is disordered in a manner that there is no explicit stance-taking over the pathological experience. Indeed, patients may not be aware of the lack of reality of their experiences, but they may maintain an intact reflexive relation with themselves. Moreover, nonhuman or nonreflexive animals also suffer from behavioral disorders induced by stress or isolation (Stein et al., 1994). Although it is true, as de Haan argued, that whether nonhuman animals have reflexive capacities is an empirical question, it is also true that there are conceptual and terminological issues regarding this matter. If the mind is defined in terms of sense-making and all living beings make sense of their environment in gradually varying complexity, then we should consider the implication that all living beings could be mentally disordered in this fundamental sense. From this perspective, the categorical distinction between somatic and mental disorders would lose its grounds (McGann & Cummins, 2013).

4.1.2. Pathology, adaptivity, and normativity

An alternative enactive definition of mental disorders is that they may involve impairments in the realization of a person's autonomy. As introduced in Chapter 2, autonomous self-organization is a precondition for sense-making. In this regard, Kristopher Nielsen and Tony Ward (2020) defined psychiatric disorders as "dysfunctional behaviors," that is, as "relatively stable dynamic patterns within the brain-body-environment system of individuals that run counter to their values to a significant or atypical degree" (p. 812). This formulation, despite being overly functionalist (see the debate in de Haan, 2021; Nielsen, 2021), points to a core feature of mental disorders, namely their normative character. According to the authors, psychopathology implies a systematic or structural break in the self-organizational norms and values of the individual. This idea strongly resonates with Canguilhem's (2012) theory of pathology as an impairment in the capacity to build and follow one's own norms. For Nielsen, the intrinsic drive of the organism to strive to adapt represents the cornerstone of the normative dimension of psychopathology. Normativity stems from the need of the autonomous agent to adapt to internal or external changes. Adaptivity thus sets the basis for

distinguishing what is good or bad for the viability of the organism and sets the valences and values in the environment according to this viability condition. Nielsen's formulation aptly describes the naturalized character of enactive autonomy; however, a couple of clarifications should also be made in this regard.

First, normativity should not be understood as static, uniform, and general. By contrast, there is no unique, integrated, and coherent norm – or sets of norms – that drive the organism, especially in the human case. De Haan (2020b) also fell into a simplified version of enactive normativity by presenting an artificial and binary distinction between metabolic and existential values. Both proposals neglect the multiplicity of entangled normativities of the human form of life. As introduced in Chapter 2, sensorimotor and social dimensions also have certain autonomy from metabolic values (Di Paolo et al., 2017), resulting in intra- and inter-level normativities that may or may not contradict metabolic norms (Ramírez-Vizcaya & Froese, 2019). Organic self-maintenance should not be seen as the only reference point to which all norms subsume, but the self-individuation of sensorimotor and intersubjective identities opens up new domains of autonomous regulation and thus generate norms that are not linked to organic viability. Moreover, organisms also sustain opposing regulatory demands even at the organic level. If we assume that the basic tendencies of self-maintenance and self-distinction are inherently tensioned, then we should also acknowledge the variety of norms and tendencies that coexist in tension in the biological, sensorimotor, and intersubjective dimensions. Indeed, we could even speak of the coexistence of different identities and distributed agencies in the same organism (Garud & Karnøe, 2005).

An often-neglected aspect is that, in enactive theory, tension is the norm so to speak. This implies that we should not view functional norms of the organism as static, uniform, and coherent primary norms, but rather as momentary systemic values (Barandiaran & Egbert, 2014). The whole system instantiates a norm of self-maintenance by being operationally closed, but the norm is not in the mechanism or purposes of the system. Rather, norms should be understood as emergent phenomena that are linked to sets of possibilities for action and change in the system; that is, values are virtual (Di Paolo et al., 2010). The norms of the system should thus be understood as moment-to-moment evaluations of the set of possible actions, rather than as general and abstract rules that particular actions must follow. Thus, normativity is local, dynamic, multidimensional, and tensioned toward the future. Consequently, Nielsen's explanation that "the very reason a cluster of phenomena should be seen as a disorder is because it will ultimately run counter to the functional norms of the agent" (Nielsen, 2020, p. 123) fails if we assume the tensioned and dynamic normativities that the agent continuously navigates and the lack of an overarching single norm to which all norms and tendencies subsume.

In addition, there is a tendency among enactive-ecological scholars to define mental disorders in terms of adaptivity or maladaptivity (de Haan, 2020b; Nielsen, 2020; Toro et al., 2020), which is an idea that should also be critically reexamined

here. Following the adaptivist criteria (Goldstein, 1939/1995), the healthy organism is viewed as one that flexibly adapts to internal or external changes by changing its interactive norms. The organism adapts not only to its current situation but also to open-ended future possibilities. According to this view, the organism feels changes as an imbalance or disequilibrium in its homeostatic condition and aims to compensate through regulatory actions that restore the balance. The advantage of this explanation is that it accounts for the moment-to-moment dynamism in normativity rather than taking a static view and understands organism–environment coupling as the locus of mental disorders.

Nonetheless, there are convincing reasons to avoid the use of adaptation criteria to define mental disorders. First, cases exist where the individual is highly adapted that are considered pathological and vice-versa. For instance, cases in which an individual neurosis manifests in excellence (e.g., academic and work) or cases where neurodivergent people feel adapted in certain communities but not in others (Crompton et al., 2020). There are also cases of insufficient adaptation, such as sexual diversity in orthodox religious communities or political activism in authoritarian societies, which are obviously not pathological. These cases indicate that a person can be maladaptive without being neurotic and neurotic without being maladaptive. The conclusion can be drawn that adaptivity is neither necessary nor sufficient for defining mental disorders. Indeed, in the enactive framework, adaptivity refers to the ability of an organism to recognize and act upon its own viability conditions (Di Paolo, 2005), that is, the capacity of the organism to regulate itself with respect to its viability conditions. Adaptivity generates, together with autonomy, the basic conditions for any biological normativity to emerge, but does not constitute a norm in itself. The development of more or better adaptive mechanisms is not good in itself in the abstract, regardless of other consequences, nor is sustained failure to adapt a sign that something has gone amiss in the organism itself. Again, identifying *the* functional norm of the organism with its adaptation to the environment can be misleading. A more crucial point is that, according to enactive theory, there are no fully constituted organisms that need to adapt to an *a priori* constituted world, but rather organism–environment and individual–world are co-constituted by the self-individuation activity (of individuals and communities). Indeed, the adaptivity criterion posits a pre-established world to which the organism must adapt, but it does not account for the niche construction process by which the organism actively modifies its environment. Furthermore, this criterion can also promote pathologizing individual suffering created by genuine social structures. All these problems indicate that the adaptivity should not be regarded as the criteria for defining health and pathology.

In addition to the abovementioned problems, a growing body of research in self-organized dynamical systems suggests that we should move away from the homeostatic view of living and mental processes (Morgavi et al., 2005; Tognoli & Kelso, 2014). Indeed, the dynamics of the mind are better described in terms of metastability than homeostatic stability (Morgavi et al., 2005; Tognoli & Kelso, 2014). A metastable dynamic refers to a system that is inherently tensioned and

that sustains a state of criticality, where small perturbations can change the dynamics of the system. What characterizes life and mind, in the perspective being defended here, is this inherent tension and potentiality for change and growth, rather than stability, which would from this perspective imply death (Simondon, 1958/2020). A theory of pathology based on adaptation and homeostasis presupposes a stable, optimal, and stationary state of equilibrium to which the organism should return. However, from a dynamical systems perspective, such a state does not exist or does not do justice to the continuously changing dynamics of the living systems. Thus, convincing reasons exist to assume that living processes entail a dynamical regulation of situated norms, along different dimensions of embodied regulation, as gradients and trajectories that lead progressively to new and more complex organism–environment couplings. Applying dynamical systems models to mental disorders, I believe, would illuminate how these multi-level regulatory demands and tensions between them contribute to the emergence of mental disorders.

4.1.3. Avoiding the agent-patient dichotomy

Another aspect to be considered here is the pathic character of mental-disorders. Etymologically, "pathology" (*pathos* + *logos*) refers to "what is suffered" or pathically affects the individual (Tuke, 1892). Indeed, the word shares etymological roots with "passions." Being linked to the embodied instinctive drives, passions have been understood as obstacles to rational control and agency (Martins, 1999). The biomedical paradigm has adopted these passive, static, and negative connotations in its definition of pathology in terms of dysfunctional states; that is, they are constituted by symptoms to get rid of and disorders to fix (Deacon, 2013). In a similar vein, in the enactive and related literature, mental disorders have been linked to limiting individual agency. Trauma, for instance, has been described as a "collapse of the know-how to deal with the world" (Ataria, 2015), while depression has been described as an impairment in agency, particularly a dysfunction of the goal-oriented function of emotions (Slaby et al., 2013).

One of the considerations we can derive from the phenomenological tradition is that illness has a pathic character, which means that it is experienced as affectively and bodily moved from outside, so to speak (Francesetti et al., 2013; Svenaeus, 2021). Patients often refer to their pathologies as something that oppresses them – as an alterity to get rid of. This description can be understood in terms of the transparency and opacity of the lived body (Fuchs, 2005a; Svenaeus, 2011). In healthy experience the body is immersed in everyday activities, and thus, it is transparent to our perception and functions mainly in a body-schematic way, whereas in illness the body becomes present in consciousness as an obstacle to coping with everyday activities. The body is felt as an ecstatic body, as an external quasi-object that affects us. The body in illness becomes alienated from itself, being felt as an impediment to the realization of activities; that is, it is felt pathically as an oppression, contraction, or reduction of possibilities, affordances, and agentiality (Fuchs, 2005a; Gallagher, 2018; Krueger & Colombetti, 2018; Maiese,

2021). Mental disorders, in this sense, are seen as affective qualities to which we are *subjected,* rather than the *subject of.*

Although in a general sense psychopathology or mental disorders can be seen as a diminishment in the embodied agency of the individual (Stephan, 2013), some clarifications should be made. Describing psychopathologies as impairments of agency has the undesirable effect of devoiding patients of agency and of epistemic and cognitive marginalization (Houlders et al., 2021; Legault et al., 2021). As the neurodiversity movement has demonstrated (Huijg, 2020), identifying agency with possibilities for action is based on a capacity criterion that places agents in a hierarchy. To dodge this potential criticism, we should keep in mind that enactive agency is a technical concept that refers to the ability to actively regulate the organism–environment coupling. It is thus an inherent feature of living beings that allows them not only to react to changes in the environment but also to actively modulate their interactions with it. From this perspective, patients should not be seen as merely passive holders of disorders. As de Haan (2020b) noted, the attitude toward our experiences of the world and their active regulation is a fundamental aspect of people coping with mental disorders, and although this active regulation may go astray in some cases (e.g., in severe cases of psychosis or depression), it is relevant to acknowledge and recognize the agentic capacities of patients. Autistic people, for instance, often employ regulatory strategies to respond adaptively to the demands of situations. Echolalia is one example. It consists of the repetition of utterances, which can be viewed as an interactional function aimed at maintaining individual autonomy in interactional situations (De Jaegher, 2013; Jurgens, 2020). To put it succinctly, we should avoid dichotomic ways of understanding agency and pathology. Illness, in a way, is an existential form of being in the world (Aho, 2019a; Martinsen & Solbakk, 2012), where the implicit vulnerability and precariousness of the living being become explicit and come to the foreground of experience. An awareness of being thrown toward death lies at the base of every lived experience (Heidegger, 1927/1962). In this sense, it may be stated that mental disorders are not merely pathically suffered, but they are *enacted* by the individual (Svenaeus, 2021).

4.1.4. General overview

As introduced previously, the enactive perspective on health and pathology does not refer to a pre-established, internalist, and discrete function-dysfunction but it involves the whole organism and its interactions with the environment, thus, emerges in the context of the person-as-a-whole. From this view, mental disorders are relational and dynamical phenomena. Recalling Zachar and Kendler's (2007) dimensions that underlie the debate on psychiatric disorders presented in Chapter 1, enactive approaches can be noticed to dissolve rather than solve most of the dichotomies in which the debate has been framed, avoiding "either/or" formulations (de Haan, 2020b):

- The objectivist–evaluativist axis concerns the question of whether mental disorders are natural kinds or normative categories. The enactive

perspective, in providing a naturalized account of normativity, dissolves the dichotomy between the descriptivist and the normativist views. Life is imbued with norms and values (Thompson, 2010). Drawing on the organizational view (Moreno & Mossio, 2015), enactivists provide a naturalized account of organizational autonomy as the biological grounds from which more sophisticated forms of normativity evolve (Hamilton, 2010). The autonomous character of the living being makes it able not only to follow certain norms but also to create its own norms in virtue of the biological organization of a form of life. That normativity, as I have explained, implies a dynamical, moment-to-moment adaptation to changes in the environment while holding tensioned regulatory demands.

- With respect to the essentialist–nominalist axis, the enactive approach discards the idea of an underlying biological factor being the single cause of a pathology manifested at the level of the whole living being. Nevertheless, this does not imply that psychopathological categories are mere mental constructs that reflect social conventions and practices. Indeed, from an enactive perspective, we should not reduce complex phenomena such as mental disorders to either individualistic or social phenomena; rather, both individual and intersubjective domains dynamically modulate and co-determine each other. Given that our social and intersubjective conventions are entrained with organic processes in a complex way, the question of if mental disorders are conventional or biologic presupposes a dualism that enactivists wants to deny.

- The entities–agents axis refers to the following question: *Is it me or my pathology?* As I discussed earlier, mental disorders are often experienced as disturbances in embodied agency where the body becomes opaque and hampers the pre-reflective engagement with the world. Nonetheless, this does not imply that patients lack agency or that they cannot actively regulate their interactions with the environment. In this sense, mental disorders are enacted, encompassing both activity and passivity in an asymmetric manner (see a detailed discussion about asymmetry in Chapter 2).

- In the category-continual axis, considering mental disorders as disorders of sense-making entails, to some extent, that there is no clear-cut distinction between "normal"' and disordered sense-making but a dynamical gradation of "order". In this way, psychopathology can be considered as being in continuity with normal living processes. However, those variations in degree can generate identifiable patterns of behaviors, that is, differences in kind. The categorical difference should be seen as an emerging dynamic pattern that stems from the behavior of the individual constituting an identifiable attractor-type state the system tends to (de Haan, 2020b).

- Similar considerations hold for the causalism-descriptivism axis. From an enactive perspective, multiple and nonlinear causal trajectories — encompassing organic, sensorimotor, and intersubjective domains — can give rise to patterns of behavior that can be qualitatively described. In this way, although all mental disorders are multifactorial, and follow nonlinear causation, we can describe autistic or depressive profiles as being

qualitatively distinct. When it comes to treatment, as I will explain below, the enactive approach is compatible with a pluralistic perspective on treatment that encompasess organic, sensorimotor and intersubjective interventions.

- Finally, concerning the internalist-externalist axis of the debate, the very question whether the factors that individuate mental processes are only internal or they also encompass external factors is also a tricky question. Externalism —in its various forms (Carter et al., 2014) — does not imply that mental disorders are constituted only by external factors or that they are more explanatory and relevant than internal ones but it is defined as a negation of internalism, that is, as "not only internal" claim (Rowlands, 2003). At first sight, the enactive approach would clearly adopt an externalist perspective since mental processes — and consequently mental disorders — would involve mechanisms that are, at least partially, externalized to the interaction with the environment and others (Glackin et al., 2021; Krueger, 2021; Roberts et al., 2019). Indeed, from the perspective I am developing here, certain interpersonal interactions play a constitutive role in mental disorders. As a result, the relational account of mental disorders would be a moderate form of externalism as Nielsen and Ward (2018) describe. However, a closer look to the issue reveals that the enactive approach would question the assumptions the internal-external divide on the basis of its ambiguity (Lenay & Steiner, 2010; Thompson & Stapleton, 2009). Indeed, to speak of internal and external space of the subject is not so justified from an enactive perspective. The sense of space is not pre-given and objective, but the perceived world — and the sense of spatiality that goes along with it — results from the dynamic coupling between organism and environment. The lived world of the organism is constituted by the activity of the organism, that is, by its behavior, which takes place in the "in between". The space of the experienced world should be understood as the space of possibilities for the subject and as such, it is not located neither inside or outside, but extends to all the perceived world. For this reason, the very question of dividing internal and external factors to cognition does not make much sense to the enactive perspective.

As a final remark, I suggest considering another axis to this classification: the static-dynamic axis. Does the distinction between order and disorder in sense-making concern the structure of mental disorders or their dynamics? In other words, the criteria we use to determine disordered sense-making is its synchronic functioning or its development in time? At first sight, to be extended in time seems to be a requirement to consider a form of disordered pattern of sense-making a mental disorder. An instance of sadness does not make up depression, nor does a psychotic episode necessarily imply schizophrenia. From the enactive perspective, however, structure and dynamics are two sides of the same coin. As introduced in Chapter 2, structural patterns of behavior arise from dynamic interplay between organic, sensorimotor and intersubjective interactions with the environment. The self-organizing activity of the individual turns the process into structure which, in turn, determines future behaviors (Di Paolo et al., 2017). Similar to habits, patients

acquire certain disordered patterns of sense-making structures by repeatedly enacting them. There is thus a mutuality between the dynamics of behavior and sedimented cognitive structures (Fuchs, 2020b).

Despite this structure-dynamics mutuality, most scientific efforts (in phenomenological psychiatry, cognitive neuroscience, theoretical psychopathology) have been devoted to providing a synchronic descriptive portrait of mental disorders and less attention has been placed on their dynamics across different scales. Indeed, mental disorders have an inexorable temporal dimension and identifiable time courses, where we can distinguish stages, relapses, and recovery tendencies (e.g., panic attacks are more rapid and acute than depressive processes). Moreover, many subclinical disorders can be viewed as processes that a person undergoes, such as stress, anxiety, or nonchronic depression. Accordingly, what counts as mental disorders can be defined in terms of their dynamics (often chronicity) rather than solely in terms of their structure. They can be seen as dynamical patterns, such as chronification or attractor-like states, that emerge from self-organized interactions between interdependent biopsychosocial processes in a complex adaptive system comprising a person in its environment (Olthof et al., 2020). This dynamic perspective on mental disorders may allows us to build individualized models of disordered patterns and may facilitate a transdiagnostic understanding of psychopathology and the therapeutic process (Nelson et al., 2017; Salvatore & Tschacher, 2012). A dynamical perspective is necessary for understanding the time-course of the emergence, persistence, and decay of certain psychopathologies as attractor-type states as well as for identifying the interconnexion between short- and long-term effects of therapeutic changes and recoveries (Hayes et al., 2007; Schiepek et al., 2017).

As a conclusion, the enactive approach offers a non-reductionist theoretical framework that has the potential to reconcile many of the dichotomies that have framed the debate on psychopathology. It may be considered an integrative theoretical framework to define mental disorders as dynamic patterns of interrelated organic, sensorimotor, and intersubjective dimensions. Mental disorders are embodied, socio-materially and temporally extended, and normative. This conception goes along with a growing trend of moving away from the biomedical negative and rather static take on pathology towards a more embodied, processual, and situated perspective (Köhne, 2020b), resonating with abductive medicine (Viola, 2016) or person-centered approaches (Rogers, 1951). A question remains on the role of affectivity in mental disorders. As stated before, from the enactive perspective, sense-making is primarily affective (Colombetti, 2014). Consequently, mental disorders imply a structural disorder in affectivity as well. Affectivity traverses both organic, sensorimotor, and intersubjective aspects of sense-making and represents the basic embodied form of self-world relatedness. However, a thorough analysis of how affectivity is disturbed in mental disorders is lacking in the literature. I will address this question in Chapter 7 to extend the enactive conception of mental disorders as disorders of affectivity.

4.2. EMBODIED INTERSUBJECTIVITY IN PSYCHOTHERAPY

As I have stated several times, the enactive approach encompasses the organic, sensorimotor and intersubjective dimensions of life in an interrelated and intertwined manner. Consequently, this perspective is compatible with pluralistic approaches that make room not only for the use of drugs but also for alternative therapies, such as movement therapies, dialogical psychotherapies, and contemplative techniques. As aptly described by de Haan (2020a), moving away from linear causal relations towards a more organizational causality elucidates how different interventions may have global-to-local and local-to-global effects in the patient. When it comes to treatment, both psychotherapy and drugs may be effective but they have different causal trajectories and may intervene more globally (in the case of psychotherapy), or more locally (in the case of drugs). Mental disorders can be modeled as networks encompassing diverse factors and processes that are interconnected in a complex way. This, however, does not imply that anything goes, since each intervention will have more global or local effects in the network (see figure 4.1.). For this reason, the context the patient is embedded in may also influence the response to a given intervention. Indeed, changing the context of the patient may constitute a proper form of intervention. Within the enactive model, thus, interpersonal interactions taking place in therapeutic encounters constitute in themselves a form of intervention into the network, according with the psychodynamic principles described in Chapter 3. As a result, the enactive approach does not place either the individual or the interactive levels as fundamental, but rather it considers the mutually enabling relations between the two levels and the interconnection of organic, sensorimotor, and intersubjective factors in the emergence and treatment of mental disorders.
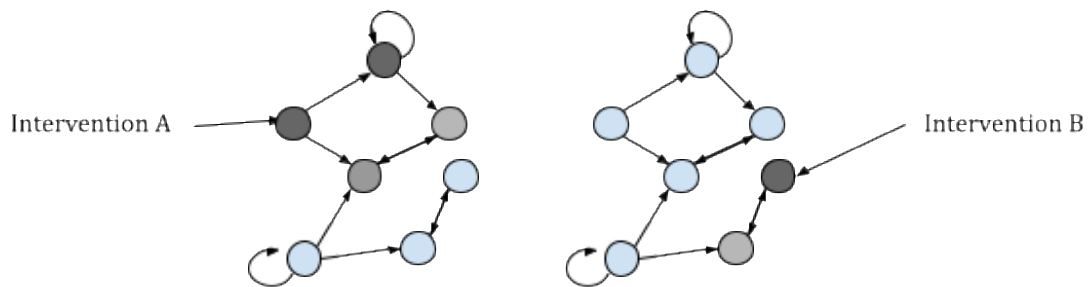
Figure 4.1. Differences between the effects of interventions A and B on the same system. Each node represents a process that innervates other processes conforming a self-sustained network. Intervention A and B influence different processes in the system resulting in different patterns of activation of the network. Intervention A has a more global effect on the system, while the effect intervention B is localized. However, both A and B influence the totality of the system. This is a version of the figures in de Haan, 2020b, p. 255.

Concerning the intersubjective dimension, as introduced earlier the enactive approach promotes the adoption of a second-person perspective on psychotherapy and clinical practice (Galbusera & Fellin, 2014). It draws our attention to pre-reflective embodied processes to understand how therapists and patients participate in each other's sense-making. This idea, however, is not new in psychotherapy, but can be found in several therapeutic interventions that are based on pre-reflective, body-schematic interactions between patient and therapists. For instance, Relationship Development Intervention for treating autism includes bodily coordination and turn-taking to restore affective resonance with others (Gutstein et al., 2007). Music therapy also facilitates autistic children to engage in dialogic interactions and coordination with others (Maiese, 2020; Wigram et al., 2006). In the same vein, dance-movement therapy focuses on enhancing pre-reflective awareness of the body, facilitating spatial and temporal interaction with others and enhancing affective resonance (Maiese, 2020; Payne, 1992). Individual and relational bodywork treatments, such as tai chi chuan, body awareness therapy, or Neo-Reichian therapies, also aim at increasing the feeling of body ownership and agency, increasing the sensitivity of the body and sensorimotor abilities. These forms of body treatments may serve to improve affect regulation, intersubjective interactions and cognitive processes (Gyllensten et al., 2003; Hedlund & Gyllensten, 2010). What the enactive framework provides, is a theoretical explanation for how body-oriented interventions may be adequate to treat mental disorders. One might think that body therapies influence mental disorders in an indirect or tangential way, but from an enactive perspective, acting on the body is acting on the disorder itself. In this way, we can envisage how pre-reflective interactions between therapist and patients may constitute the intervention itself in a way that are not less direct than the intake of medication.

The pre-reflective and intersubjective stream of intervention is particularly clear in bodily-oriented psychotherapies (Galbusera et al., 2018; Koch & Fischman, 2011; Röhricht et al., 2014; Samaritter & Payne, 2013, 2016). However, it is not restricted to them. Although these studies focus specifically on bodily oriented therapeutic schools, the effects of intersubjective pre-reflective engagement can be generalized to *any* kind of therapeutic intervention, including narrative, dialogical, or even problem-solving CBT approaches. An early criticism against the enactive theory was that it characterizes successfully non-verbal, online interactions, but fails to account for more sophisticated forms of social interactions that require stance-taking or perspective taking (de Bruin & de Haan, 2009) and thus, one could think that it is not adequate to account for dialogical forms of psychotherapy. But the therapeutic relationship, as a common factor in all forms of psychotherapy, lies on the ground of the success of the interactive process regardless of the specific technique implemented. The therapeutic alliance is built and maintained by pre-reflective engagements, coordination and re-enactments of the interactional history (Trasmundi & Philipsen, 2020). Those aspects of the underlying embodied interaction need to be brought into light for any kind of counselling situation.
This thesis aims at disentangling the effect of pre-reflective interpersonal interactions in therapeutic processes. The enactive theory, however, is not restricted to pre-reflective forms of interactions. The theory of Linguistic bodies

(Di Paolo et al., 2018) aims to answer the skeptic criticism that enaction is only suitable to explain "lower level" sense-making but not for "higher-order" sophisticated activities by scaling up the theory of participatory sense-making to language. In the book, Di Paolo and colleagues describe language as a form of intersubjective activity, rather than an abstract, rule-based, self-standing, and symbolic system. From this perspective, *languaging* is a form of embodied interaction. It is an activity that is embedded in sociocultural relations and thus reflects the primordial tension between individual and interactional normativities. Linguistic acts or utterances are seen as forms of regulating the tension of participatory sense-making. Indeed, linguistic utterances are seen as modes of incarnation and incorporation of others' agencies. We incorporate utterances of others introjecting also their mandates and intentions and thus incarnate their agencies when using those utterances. In self- and other-directed utterances, we enact the dialectical tension between being in relation and self-distinguishing from others. Our linguistic repertoire and style, thus, reflects our history of interpersonal interactions, which is enacted in every dialogue, and constitutes us as persons.

It is not the aim of this thesis to disentangle the implications of the enactive theory of *languaging* in psychotherapeutic interactions but, let me draw some tentative aspects of it that might be interesting for future research. First, from an enactive approach, we can see the self-reflexive attitude — what de Haan (2020b) described as existential sense-making— as a complex form of intersubjective engagement. Reflexive stance taking can be seen as a process of incorporation-incarnation of others —mainly early attachment figures'— whose attitudes and mandates are re-enacted. When treating a patient, a form of linguistic expression (communicative styles, opinion, voices) can be salient to the therapist as it reflects the history of interactive patterns of the patient. For instance, when encountering a patient with a salient self-exigent attitude, it may be clarifying to ask the patient "In your life, who has told you that you must be/do X?" in order to disentangle the relational patterns and meanings that hide behind the self-exigency. Looking at linguistic utterances as forms of self-individuation but also as forms of enacting our relationships with others (as proposed in Di Paolo et al., 2018), may serve to understand the complex network of intersubjective engagements the patient is embedded in, which may cause him or her certain undesirable ways of self-relating. Second, the dialogue between therapist and patient may be seen as a co-regulated social act that negotiates the therapeutic framework. Accordingly, participatory sense-making processes could be studied by analyzing the patient-therapist dialogues as composed by partial acts that are ongoingly complemented. This would illuminate how empathic dialogue and negotiation of therapeutic goals occurs in psychotherapy. *Languaging* may provide an extremely useful interpretative framework to conversational analysis studies in psychotherapy. Third, an interesting possibility to explore is that therapeutic change may go accompanied by changes in the communicative style of the patient. A new communicative pattern may emerge, one that is rehearsed within therapy and can be then generalized to other contexts. For instance, the ability to apologize, assertive communication patterns, or grammatical shifts in the utterances used

(e.g., a shift in the use of modals "have to", "must", "should" to "want", "would like", or a shift in the tenses used to describe thein personal situation). The embodied perspective on language proposed by the enactive theory may explain those changes as emerging from the interaction between patient and therapist. In sum, enaction has now a theory of language which explains dialogic processes in terms of intersubjective engagement, autonomy, agency and dialectics. Some of the ideas developed here might be useful to describe dialogic/linguistic aspects of psychotherapies. Notwithstanding, In the present thesis, I restrict the scope of the analysis to pre-reflective embodied interactions and leave this point to future research.

In this work, I claim that embodied intersubjectivity in terms of participatory sense-making is not only relevant in the study of body oriented psychotherapeutic schools, but it has crucial impact in all forms of clinical practice (Galbusera & Fellin, 2014; Galbusera & Fuchs, 2013). Even the most dialogical psychotherapeutic schools, such as psychoanalysis or the open dialogue approach (Seikkula, 2003), undergo a non-verbal stream of intervention and communication that operates at the pre-reflective level. In any conversation, there are also actions, postures, distances, and so on, that structure the relational experience between patient and therapist, influence the clinical reasoning (Øberg et al., 2015), lead the diagnosis process (Roubal et al., 2013) and constitute a significant aspect of the therapeutic intervention (García, 2021). Thus, disentangling the question of how embodied intersubjectivity operates in therapeutic contexts makes explicit the implicit stream of information and intervention at play in any form of psychotherapy.

Understanding the embodied intersubjective aspects of the therapeutic relationship will also provide a framework for understanding diagnostic processes and therapeutic interventions. Following an anti-reductionist trend, some authors have already suggested that not only must the subjective evaluation of the well-being of the patient be considered (Keyes, 2002) but so too should the phenomenological assessment of the therapist over intersubjective dimensions. This has a particular relevance in making explicit the implicit and embodied processes that lead to diagnosis (Pallagrosi et al., 2016; Picardi et al., 2017; Sholokhova, 2018). The enactive and situated psychopathology hints at the fact that diagnoses and judgments of the normal and the pathological – order and disorder – do not occur in a vacuum. The context where those judgments are made (e.g., who makes them and on what basis) needs to be explicited. Accordingly, diagnoses should be viewed as results of processes of interpersonal negotiations between the different parties involved. Practitioners should therefore be sensitive to potential conflicts and tensions between different intersubjective domains, considering that both they and their clients are mutually influencing components of a wider system. As McGann and Cummins (2013) succinctly put it, "questions of health are not independent from questions of systemic values and the shifting boundaries of system identity, where the systems in question may range from the subcellular to the societal" (p. 4).

By taking the participatory sense-making perspective of social cognition, I consider embodied intersubjectivity as the background from which new relational and organizational forms emerge. Indeed, as empirical studies have demonstrated (Koole & Tschacher, 2016; Ramseyer & Tschacher, 2011; Tschacher & Pfammatter, 2016), the psychotherapeutic working alliance is built by participation in the intercorporeal synchronization and de-synchronization in the therapeutic interaction. These studies support the idea that nonverbal attunement is at the base of every psychological intervention (Samaritter & Payne, 2013, 2016). In any form of psychotherapy, the therapeutic change is constituted by a change in the implicit bodily dimension and sensorimotor integration. As the BCPSG described (2013, 2008; see Chapter 3), the implicit bodily memory and style are changed within the therapeutic relationship by the emergence of more inclusive relational skills. Both participants are engaged in a mutual transformation in which neither of them knows the trajectory of the interaction in advance (Ventimiglia, 2011). The therapeutic encounter is thus characterized by this openness to new experiences, to possibilities to perceive and act differently. Opportunities for change are opened at this basic experiential level and co-constructed by the dyad.

At this point, some questions emerge: How is interpersonal coordination empirically studied? How can the enactive approach inform empirical research? Moreover, what are the bodily mechanisms that drive participatory sense-making in therapeutic situations? In Chapter 5, I address these questions by engaging with empirical studies on bodily coordination. Three original works are presented which demonstrate that, beyond a mere philosophical framework, enactive theory has the potential to inform empirical research in psychotherapy.

5

PARTICIPATORY SENSE-MAKING IN PSYCHOTHERAPY RESEARCH

This chapter is devoted to the application of enactive ideas to psychotherapy research. I will show that, beyond presenting an integrative and holistic theory and encouraging conceptual philosophical debates, the enactive theory of participatory sense-making can generate hypotheses, offer new classifications, and interpret empirical work. Putting enactive ideas at work thus represents the core of this thesis. Engaging with both quantitative and qualitative research methods, the enactive approach promotes a more phenomenologically informed research in psychotherapy. This chapter comprises three pieces of work that apply the theory of participatory sense-making to empirical research in psychotherapy. The first one (published as García & Di Paolo, 2018), responds to the question: how is participatory sense-making empirically studied? This piece addresses quantitative and correlational studies on non-verbal coordination and psychotherapeutic outcome, where we suggest a concrete hypothesis and an alternative interpretation of existing empirical data. Quantitative aspects of embodied intersubjectivity, however, need to be complemented by qualitative descriptions of pre-reflective embodied mechanisms at play in psychotherapy. To meet this requirement, the second piece shows a qualitative-phenomenological study that assesses changes in embodied interactions in the transition from face-to-face to online therapeutic settings (published as García et al., 2021). We extract some categories of intercorporeality and explore the experiences of therapists and patients in the shift from face-to-face therapy to online formats. The third work (published as García, 2021) is a phenomenological-enactive analysis of bodily interventions in therapeutic processes, with an illustrative case analysis, which offers a practical model and classification for therapists to gain awareness of their interventions on the body.

5.1. EMBODIED COORDINATION AND THERAPEUTIC OUTCOME: BEYOND DIRECT MAPPINGS

The study of interpersonal bodily coordination, both in laboratory and in semi-naturalistic conditions, can reveal subtle phenomena that take place during social interactions (Bernieri, 1988; Oullier et al., 2008; Paxton & Dale, 2017; Yale et al., 2003). The coordination of interpersonal variables spans a range of timescales and has been associated with longer-term cognitive and affective aspects of

interpersonal interaction; e.g., conversation (Abney et al., 2014), teacher-student interaction (Bernieri et al., 1988), synchrony in psychotherapy (Koole & Tschacher, 2016), and interpersonal influences on physiology (Palumbo et al., 2017). A general question of interest concerns the kinds of causal and constitutive links between interactive and unconscious coordination and interpersonal affect/cognition (De Jaegher et al., 2010). This question is particularly relevant for studies of embodied social interaction during psychotherapy.

As explained in Chapter 3, the idea of looking at the dynamics of social interaction in therapeutic contexts goes back to work started in the 1950s (Watzlawick et al., 1967/2011) and acquired a great relevance as a result of the BCPSG investigations. Nevertheless, it is only in recent years that data gathering and analysis techniques have allowed for more systematic studies. The cost and effort of sustained long-term experiments in conditions that are difficult to control, however, means this exciting area of research is still very much under development. A valuable example study is the work by Ramseyer and Tschacher (2011). The authors investigate correlations between interpersonal body motion coordination and therapeutic outcome. While the former is easily measurable and occurs at the scale of seconds or less, the latter condenses a broad set of factors based on therapeutic experience and corresponds roughly to a timescale of whole sessions and longer. Taking this work as an example, we propose to briefly examine the possible explanations for these correlations across such qualitatively different measures and timescales. We also suggest that further analysis beyond direct correlations may provide relevant evidence linking coordination with affect and, thus, with therapeutic alliance. As discussed in Chapter 1, the therapeutic alliance refers to the collaborative relationship between patient and therapist aimed at overcoming a patient's suffering (Bordin, 1979) and has been suggested as the main common factor of the success of a variety of therapeutic interventions and approaches.

Ramseyer and Tschacher (2011) use motion energy analysis to record the amount of individual head and upper body movements in patient-therapist during the first few minutes of a session. Using video tapes of dyadic therapeutic sessions, motion energy analysis allows measuring individuals' motion in a selected zone as the time series of the pixel variation in that zone. Synchronization is measured as the average of patient's and therapist's cross-correlated movement. Both therapeutic process and therapeutic outcome are assessed using a series of questionnaires. Results on the therapeutic process show that non-verbal patient-therapist synchrony correlates with three aspects of therapeutic outcomes: 1) self-efficacy; i.e., an individual's belief of being capable to successfully face challenges, 2) relationship quality, and 3) decrease of symptoms in pre and post treatment assessments. Based on the results, the authors suggest that body synchrony between patient and therapist may predict relationship quality and therapeutic outcome. In a related study (Tschacher et al., 2014), the authors suggest that body movements are implicitly related with emotional processes and thus episodes of synchrony in these movements may reflect the patient-therapist resonance in emotion regulation. Thus, it may be seen as a manifestation of the therapeutic alliance, that is, the emotional bond in the therapeutic relationship that allows

pursuing shared goals and overcoming resistance to change. Given all this, authors conclude that synchrony in bodily movements constitute the bodily substrat of higher order cognitive and affective attunement between patient and therapist. These results go along with other studies in interpersonal synchrony that measure physiological (e.g., heart rate or skin temperature) or linguistics (e.g., vocal pitch or language style) variables (Wiltshire et al., 2020). The situation is rather general and the work by Ramseyer and Tschacher is particularly useful for making this visible.

Ramseyer and Tschacher's studies on movement synchrony, have its limitations, such as the lack of qualitative assessment of movements, which would allow distinguishing between functionally different types of gestures and discriminate between different regulatory functions among them (Trasmundi & Philipsen, 2020). Within the acknowledged limitations, it seems plausible that bodily synchrony could be related with some kind of affective resonance and so with therapeutic alliance. However, the force of such results does not always emerge from prior hypotheses regarding theorized relations between interpersonal synchrony, affect, and outcome (Kleinbub, 2017; Koole & Tschacher, 2016; Salvatore, 2011). It is sometimes assumed that intercorporeal synergies signal positive interpersonal affect, but this is not always the case, nor is positive affect always a sign of therapeutic progress. The approach to embodied intersubjectivity we focus on in this thesis can serve the purpose of clarifying working hypotheses and interpreting empirical results such as these.

As previously discussed in Chapter 3, embodied intersubjectivity, from an enactive perspective, is always directly or indirectly linked to processes of participatory sense-making (De Jaegher & Di Paolo, 2007), i.e., processes where the active embodied sense-making of a participant in a social interaction is influenced, oriented, enhanced, thwarted, and sometimes even co-constituted by the activities of other participants. One of the implications of this view is that coordination breakdowns and their joint recovery mark important events of shared sense-construction in an interaction. Participatory sense-making has to do not only with being "in tune" or in "synergy" with others but to the attempt of keeping the interactive flow even when individual states do not match. By implication the more cognitively and affectively demanding the interactive scenario, the more significant and numerous we should expect breakdowns and recoveries to be. In support of this view, strict synchronous behavior seems to be modulated by the complexity of joint action contexts and is often less clearly manifest in more complex shared tasks (Wallot et al., 2016). Consequently, it is plausible to think that affectively demanding interactions, such the ones encountered in psychotherapy, require complex coordination rather than strict synchrony. For this reason, Di Paolo and De Jaegher (2012) and De Jaegher and Di Paolo (2007) claim that the relation between coordination dynamics and affect/cognition is not a direct mapping between presence or absence of synchronized movement and positive or negative rapport, emotion, and joint cognitive activity.

In view of this, we propose that a more informative measure for this relation is the quantity and quality of transitions between different states of coordination rather than the absolute values of intercorporeal synchrony. Transitions out of and into states of coordination may indicate how participants deal with breakdowns and recoveries in their interaction indicating passages between different phases of the dyadic relationship. Indeed, the attempts to be emotionally attuned with the other is often manifested in the ongoing endeavor of following coherence in interpersonal coupling. This endeavor explains the coping with continuous changes in the relationship and thus, the participatory sense-making process by which the relationship is co-constructed. As a consequence, we put forward the hypothesis that transitions between moments and kinds of coordination, rather than the absolute amount of synchrony, may better reflect changes in the psychotherapeutic relationship.

Transitions in coordination states are relatively sudden, qualitative changes in the global behavior of a complex system, reflecting changes at the level of the whole system (Olthof et al., 2020). If we understand therapeutic changes as qualitative changes in the emergent relational patterns as discussed previously, then both breakdowns and recoveries in coordination dynamics will mark significant events or reorganization of dyadic relational patterns. Notably, not all transitions in bodily synchrony are necessarily a sign of breakdown-recovery episodes, nor are all breakdowns manifested as bodily coordination transitions. However, looking also at transitions rather than only at average absolute values of synchrony, may provide good indications of moments in which habitual patterns of behavior change. For example, the moment in which patients acquire a new insight about themselves may be accompanied by a reduction of gesturing and backchanneling in the conversation.

In giving a dynamical systems account of therapeutic change, we need to distinguish between first-order and second-order changes (Gelo & Salvatore, 2016). First-order change encompasses every perturbation in the coupling in which the system remains organized around a quasi-stationary (semi-estable) mode of functioning. Second-order change, instead, implies a reorganization of the components that lead to a shift to a qualitatively new pattern of relating, such as a rupture, a resignification of the therapeutic alliance, and so on. Unlike average amounts of synchrony, the study of transitions in coordination patterns can help to understand those first and second order changes in therapeutic relationships (Schiepek et al., 2016). This would also contribute to assessing the relational resilience, that is, the capacity of the dyadic system to recover readily and adaptively from adversity and dispute and move from one quasi-stationary regime to another.

In short, the enactive perspective questions the notion that the relation between bodily synchrony and longer term affect and cognition is always that of a direct mapping from one domain to the other. Arguably, the amount of synchrony is not linearly correlated with therapeutic alliance (or other affective phenomena such as rapport between mothers and infants, e.g., Jaffe et al., 2001). Prolonged absolute

synchrony would be counterproductive for therapeutic change, as would the almost total lack of it. We would not expect a therapist that follows or mimics the movements of the patient to be very successful. Breakdowns and destabilizations are not contingent phenomena the participants could do without; they are instead necessary for changes, particularly second-order changes, to occur (Gelo & Salvatore, 2016).

We also question the idea that a moderate level of synchrony is, as such and by itself, good for therapeutic outcome because we do not think that the relation between shorter and longer timescales in participatory sense-making are those of a direct mapping. Indeed, as Paxton and Dale (2017) report, the interplay between high- and low-level constraints (e.g., conversation type vs. informative visual stimuli) on dyadic synchrony in conversations is not a simple addition but rather these constraints modulate each other in a context-dependent manner, giving rise to unique coordination patterns. If moderate levels of synchrony correlate with positive outcomes in some cases, we hypothesize, this is also because those actual cases are likely to show significant transitions in coordination too. Therapy sessions with a high absolute synchrony in the first half followed by extremely low synchrony in the second, averaging a moderate level, seem unlikely to be effective. Synchrony may reflect the fact that metastability in the relationship is being sustained, but in order to explain significant changes, such as the attainment of clinical goals, we should study the susceptibilities to breakdowns and the capabilities for recovery of metastable dynamical conditions that give rise to new configurations of patterns of interacting.

Looking at these complex coordination patterns would shed some light on how the therapeutic alliance and change processes occur in psychotherapy. We believe that in giving a compelling account of how alliance is constructed, in addition to synchrony, we should also study phenomena at different timescales along therapeutic processes, laborious though such a study may be. Regardless of the clinical approach used, therapeutic processes encompass a diversity of therapeutic phases in which different relational patterns predominate (Morán et al., 2016; Orsucci et al., 2016; Rodríguez et al., 2018; Searles, 1961; Westerman et al., 1995). There might be, for instance, an alliance building phase, an emotional support phase, a narrative phase, and so forth. We should expect that these different qualities will be manifested at the level of intercorporeal coordination patterns.

In support of this idea, Rodríguez et al. (2018) have measured therapist's and patient's EEG potentials along therapeutic sessions and found that there is more activation in the prefrontal cortex of the therapists during advanced periods of the process than at the beginning of the therapy. They suggest that emotional support is greater during the first sessions whereas reflective activities are more common in later stages. This does not mean that every therapeutic process has a prescribed development from emotional support toward a more rational configuration, but these results suggest the recruitment of different cognitive/affective capabilities in different psychotherapeutic phases. We can predict that these different enacted skills have a significant effect on coordination patterns. Indeed, a conversation-

type effect (e.g., argument, cooperative/competitive conversation, or funny task) has been reported to be significant in modulating synchrony patterns (Paxton & Dale, 2017; Tschacher et al., 2014).

In addition to all this, taking a second-person perspective, we should consider the therapist not as a "prototype" therapist, that is, as having homogeneous behavior tendencies. It is known that in any psychotherapeutic approach there are individual differences in the intervention style which are relevant for the construction of therapeutic alliance (Ackerman & Hilsenroth, 2003; De Re et al., 2012). This variability is not to be averaged out, since it is revealing of alternative paths to therapeutic progress, with potentially different dynamical signatures. A strong alliance may be a background enabling condition for the patient to rehearse new behavioral patterns within the therapeutic relationship. However, this cannot be triggered without some confrontation by the therapist to old behavior patterns. Switches in the therapeutic role are also likely to imply a shift in coordination patterns and consequent effects in the therapeutic alliance and change processes as explicitly shown in Voutilainen et al., 2018.

To sum up, an enactive theoretical background may be useful to frame coordination studies in psychotherapeutic dyads. We hypothesize that the relation between bodily coordination and longer timescale phenomena, such as affect and therapeutic alliance, would be better accounted for in terms of transition dynamics rather than by absolute measures of synchrony. At the same time, we suggest that a more complete picture requires us to explore the relation between different timescales in the therapeutic process, that is, between different therapeutic phases and styles of interventions.

As a final remark, unlike other physiological variables typically used to measure synchrony (e.g., heart rate and skin conductance), bodily movements have an inextricable qualitative aspect that needs to be considered to understand their regulatory function. Indeed, movements are never isolated events, but are part of actions and gestures, which have particular intentionalities, dynamical coherency, and may convey identifiable meanings. Although the quantity of movement may serve as an adequate measurement to assess interpersonal coordination from a third-person perspective, these quantitative measurements should be complemented with qualitative assessments of gestures, motor actions, and other bodily expressions that regulate the interpersonal space. For instance, in a dialogue, hand movements might be related to the content and intensity of the utterances, or eye movements might convey information of the cognitive function recruited by the speaker (e.g., memory, imagination, etc.). Head movements, instead, might function as regulators of the conversational flow of the interlocutor (Cuffari, 2012). All these movements may regulate the interaction in particular ways and may have different modulatory effects in the alliance building or change processes. In order to disentangle the specific functions of these bodily mechanisms, a qualitative assessment is required.

Moreover, a proper second-person epistemological stance demands considering the subjective and intersubjective experience of both patients and therapists. How do patients and therapists actually experience bodily regulatory mechanisms of the interaction? Can we classify those bodily regulatory mechanisms? The following study aims at addressing precisely these question by assessing qualitative aspects of embodied interactions in therapeutic.

5.2. EMBODIMENT IN ONLINE THERAPY

As a result of the worldwide state of emergency during the COVID-19 pandemic that started in 2020, there has been a massive shift towards the use of online communication for purposes of work and social contact. Face-to-face, on-site therapeutic processes have been moved to online platforms causing changes in patterns of practitioner-client interaction. Online psychotherapy has rapidly spread in recent years due to, among other things, its accessibility and convenience in reaching a wider population. Several comparative studies give support to this new modality assessing its validity, efficiency, and effects on the therapeutic alliance and treatment (Backhaus et al., 2012; Buchanan, 2021; Cataldo et al., 2021; Hilty et al., 2002; Norwood et al., 2018; Simpson, 2009; Simpson & Reid, 2014). Studies also scrutinize the advantages and disadvantages of online therapy (Kocsis & Yellowlees, 2018; Schuster et al., 2020; Stoll et al., 2020; Wegge, 2006). Notwithstanding, unlike therapeutic processes carried out mostly in the online modality, the current situation has compelled a shift to online platforms and many therapists and patients have had to adapt to a modality they were not used to. This situation allows us to explore the contrast between the modalities by examining first-hand experiences, particularly the role of nonverbal communication, embodiment, and intercorporeality before and after the switch. We use here the term intercorporeality, as coined by Fuchs (2016) (who draws on Merleau-Ponty's 1945/2012 original formulation), referring to the pre-reflective bodily intertwining where both bodies are reciprocally affected in the interactive contexts.

The effectiveness of online therapy, in which intercorporeal cues are altered (in general diminished) by the video-call setting, might be construed as a counterexample to the enactive perspective presented in this thesis. If online sessions can be effective (Lingely-Pottie & McGrath, 2006), then perhaps intercorporeality is not as necessary as I have suggested in Chapter 4. On this issue, literature on online therapy shows two apparently opposing views. On the one hand, efficiency studies report that there is no statistical difference between online and face-to-face interventions (Norwood et al., 2018) and the quality of therapeutic alliance seems also to be equivalent in both modalities (Cataldo et al., 2021; Simpson & Reid, 2014). On the other hand, there are compelling questions about whether online therapy can support the implicit nonverbal and embodied aspects of the therapeutic relationship. Russell (2018) examines the limitations of online therapy, without discarding its advantages. These limitations concern the role of embodied co-present interactions in building trust (see also Rocco, 1998) and the absence of implicit bodily cues that help patients and therapists regulate meaning

and memory together. The case is, as we explain next, that there isn't so much an *absence* as a *transformation* of intercorporeal patterns in online interactions and the question remains whether these changes have an effect on the quality of participatory sense-making.

5.2.1. Participatory sense-making in online social interactions

There is a tendency to consider digital online communication as a sort of disembodied virtual reality. However, all interactions with technology are embodied in the sense that they take place in the context of everyday sensorimotor engagements with the world (Price et al., 2009; Smart, 2014). The online/offline contrast should not be mapped onto a disembodied/embodied distinction. The idea that cognition is embodied and technologically extended encourages us to see our interaction with communication devices as constitutive of cognition in general (Clark & Chalmers, 1998; Wheeler, 2019). Work on cognitive anthropology and material culture (Hutchins, 1995; Malafouris, 2013) demonstrates how technologically mediated interpersonal encounters modulate, enhance, and constrain lived experience. Digital technology is rather a mediator, that is, more than just conveying a message, it transforms, translates, distorts, modifies and even scaffolds meaning (Håland & Melby, 2015; Latour, 2005). Indeed, from an enactive approach, there is no un-mediated perception strictly speaking since perception is always constrained and constituted by sensorimotor contingencies enacted by an agent (Di Paolo et al., 2017; Noë, 2004). Any environment offers certain potentials for action both physically and socially (Suthers, 2006). As an illustration, we may consider the measurement of Social Presence, which is often used to rate different technologies in terms of sociability and the moment-by-moment awareness of the co-presence and engagement with the other (IJsselsteijn et al., 2003). Although mediated communication is often seen as a poor transmitter of relevant information, such as emotions, it can also support new forms of communication and interaction (Furukawa & Driessnack, 2013; Newman et al., 2011; Price et al., 2009). Thus, we should move away from the "just transmitter" or "just impoverished" approaches to technology-mediated interactions in order to recognize new forms of embodied interactions that technology affords.

In asynchronous social interactions, such as e-mail communication or discussion threads on social media, the general attenuation of immediate shared rhythms and other intercorporeal processes can impair the co-creation of autonomous relational patterns, as Maiese (2013) suggests, for instance, in assessing transformative learning in online education, or in health technological services (Håland & Melby, 2015). Nevertheless, these intercorporeal processes are very much present in synchronous interactions such as video calls and phone conversations used in psychotherapy online encounters. As we have said, we must move away from the idea that technology simply impoverishes habitual forms of interaction and towards the idea that each technology affords specific modulations and interactive regulations (Arminen et al., 2016).

5.2.2. Methodology

Motivated by the question of whether online therapy fits within the enactive perspective on intercorporeality, we study how intercorporeal patterns change in the switch to the online modality. For doing so, we adopt a phenomenological stance (Galbusera & Fellin, 2014) to assess the experience of participants at the pre-reflective and implicit level. We use Interpretative Phenomenological Analysis (Smith et al., 2009), that is, a qualitative method that combines phenomenology and hermeneutics fostering a dialogue between participants' first-person experience and the enactive theory (Larkin et al., 2011; Stilwell & Harman, 2021).

Design

The lived experiences gleaned from the interviews are used as triggers for theoretical reflection. It is clear that these experiences are sometimes incommensurable, so we make no claim about their generality. We do, however, attempt to extricate in some detail the possible underlying factors that affect these experiences and provide interpretations from the perspective of embodied and situated intersubjectivity. Since the study focuses on relational, intersubjective phenomena, we applied a multiple perspective design (Larkin et al., 2019) by combining both therapists and patients' perspectives. This two-role focus is combined with a multiplicity of therapeutic schools in order to have a multiperspectival view on the phenomena.

Recruitment and participants

Between 15 March and 1 June 2020, we have interviewed 4 practitioners and 3 patients (one was excluded due to technical problems during the interview) [see Table 5.1]. Notably, patients are underrepresented in our data. Two pairs participate in the same therapist-patient relation: (Manuel/Martin and Julio/Javier; all names are fictitious), but we do not analyze the particularities of their relationship. The therapists are all experienced and belong to different schools. There was no specific filtering by diagnosis or population. All patients were adults and have not been diagnosed with any severe condition. All participants started their therapeutic process in the face-to-face modality and continued their sessions via video call. Participants were recruited via email with the collaboration of the Federation of Spanish Psychotherapy Associations (FEAP). The interviewees have all given their consent to participate and the study was carried out under the approval of the ethics committee of the University of the Basque Country M10_2018_184.

Therapist	Gender/Age	Type of therapy	Modalities	Prior experience with online therapy
Julio	Male/middle-age	Relational Psychoanalyst (RT)	Video call Telephone	No
Martin	Male/middle-age	Relational Psychoanalyst (RT)	Video call	No
Clara	Female/middle-age	Gestalt Therapist (GT)	Video call	Yes, new patients
Monica	Female/middle-age	Cognitive-Behavioral Therapist (CBT)	Video call	Yes, she uses online supervision

Patient	Gender/Age	Type of therapy received	Modalities	Prior experience with online therapy
Manuel	Male/~40	Relational psychoanalysis (P)	Video call	No
Javier	Male/~30	Relational psychoanalysis (P)	Video call	No

Table 5.1. Table of participants

Data collection

Interviews were semi-structured with the aim of identifying therapeutically relevant changes undergone due to the switch to the online modality. Unlike usual IPA interviews, due to the pandemic restrictions, we had to conduct the interviews over the telephone. A recorded research diary was kept to reflect on personal feelings in each interview. No specific impediments to the communication of

personal experiences were noted due to the use of telephone communication. The interviews contained 22 questions gathered into 4 topics: spatiality, temporality, embodiment, and relationship (duration approximately 1 hour). A list of questions can be found in Appendix 1. Transcriptions of the interviews (in the original Spanish) are available under request.

Data analysis

The analysis was performed using the Interpretative Phenomenological approach (Smith et al., 2009). We followed a three-step multiple perspective design (Larkin et al., 2019). In the phenomenological step data are analyzed idiographically by codifying and commenting each interview separately. We analyzed individual perspectives and identified each person's main thematic categories. We used a computer-assisted qualitative data analysis software (Atlas.ti) for codification and categorization. In the second comparative step, we identified the synthesis, integration, and/or resonance between themes keeping a two-related-role (therapist-patient) distinction. Some of the themes extracted (those related with the COVID19 effect on therapy and personal circumstances) were not included in the analysis. In the third hermeneutic step, we interpreted the themes attending to the concepts of intercorporeality and the primordial tension of participatory sense-making, advancing possible enactive explanations of the lived experience of participants. The analysis, thus, is not assumed to be theory-free, but it shows our reflexive engagement in the co-construction of meaning.

5.2.3. Results of the interviews

This section presents the four superordinate themes and the sub-themes that emerged from the analysis: Communication (Interferences, Management of Silences), Embodied Interaction (Corporeality, Visual Contact, Self-image, Distance), Space/Time (Transparency, Separation, Transition), and Relationship (Structure, Styles). A full table of results with selected quotes can be found in Appendix 2.

The general impression concerning the switch to online therapy was quite positive for both therapists and patients. Participants stress the value of having conducted previous sessions in a face-to-face setting in order to establish a strong therapeutic alliance. "The therapeutic alliance can withstand this [switch] and more" (Julio, RT). Having started treatment face-to-face, the therapeutic dyad needed to adapt to a new form of interaction. Due to such adaptations, online sessions are sometimes regarded as a "bracket", as transitory states, or as "a little break" (Martin, RT). Nevertheless, some participants report that after an adaptation period, they managed to overcome initial concerns and prejudices, carrying the therapeutic process forward. Thus, the results presented here correspond to this adaptive process and should not be generalized to long standing processes or to therapeutic processes that started in an online setting.

Communication

Both patients and therapists reported a loss of interactive flow and spontaneity in their interactions.

> "The fluency [in interaction] might be slower." (Javier, P)
> "[The interaction] is getting a bit solidified." (Martin, RT)

Nevertheless, some therapists show an increase in their verbal and non-verbal activity in order to compensate for such loss of the interactive flow.

> "I have found myself being a bit more controlling, telling them [the patients] "this and that". Like giving more direction in case there was a loss of attention in them or a bit more apathy due to the lack of physical presence." (Monica, CBT)

Some participants report communicative interferences produced by the signal latency of the video call as a pivotal factor for the loss of the interactive flow.

> "That small delay that we, you and I, are having, these microseconds. Who's going to say something? And then you interrupt yourself, "no, you go first". All this breaks the spontaneity that is, yeah ... basic, necessary, indispensable for a therapy to carry on." (Martin, RT)

According to some interviewees, changes in the management of silences are more salient in video call sessions than in telephone sessions. The reason is that the intrinsic latency that can sometimes take place in video calls can make "you interpret as silence something that isn't silence" (Julio, RT). Therapists, in particular, highlight the technical role played by silences in the therapeutic process. Silences are more difficult to sustain and work through in the online modality.

> "Physical space facilitates and normalizes silences that can be more reflective silences, more resisting, disquieting, or more felt. In the videoconference, having the therapist's gaze or the patient's gaze fixed, practically locked on you, those silences are more difficult." (Julio, RT)

Embodied interaction

All participants agree that the image on the screen focuses exclusively on the face, setting aside other parts of the body. This results in a loss of awareness of the whole body, posture, and potential misperceptions of hand gestures and other movements.

> "It's true that without a spatial reference, movements on the screen sometimes seem more pronounced than they really are." (Javier, P)
> "In online therapy I only see them from shoulders up." (Monica, CBT)

The screen does not modify only the perception of the other, but also their own posture and movements in front of the screen, and the embodied interaction between them.

> "The camera demands stillness." (Julio, RT)
> "I myself am sitting down here on the chair in a way I've never sat during therapy." (Martin, RT)
> "I think that the synchrony between patient and therapist, in a bodily sense, can happen more physically in face-to-face presence." (Monica, CBT)
> "You cross your legs, you lean backwards and you can see the other person moving. Normally it is more like a dance. Here, I think it doesn't happen, because you lose the lower body." "You are more rigid during the session." (Martin, RT)

The relative distance between therapists and patients in the online setting is felt as closer than in face-to-face interaction.

> "I see them closer, visually, the plane of the face is closer than if I was sitting in front of them." (Javier, P)

One of the main differences in the online setting is the lack of mutual visual contact. For most participants, direct visual contact is not possible:

> "Each one is looking at the screen, not at the camera. And if we looked at the camera we wouldn't make visual contact either. It is really impossible." (Manuel, P)
> "I think that if we had a very direct gaze across the screen—imagine it was the same as a face-to-face gaze—I think it would be very intimidating." (Clara, GT).

For Clara (GT) and Monica (CBT), however, even if there is no direct eye contact, they still perceive the interaction of the eye movements in online settings and use different clues to adapt.

> "Yes, I think so, there is such contact, more or less the same... that visual coming and going, stop looking, and reconnect back; I think it is there." (Monica, CBT)
> "I realize that [eye contact] is replaced by another type of gaze." (Clara, GT)

Concerning gaze behavior, Julio (RT) highlights the change in introspective and emotionally intense moments:

> "[In face-to-face sessions,] I don't remain looking at the person. I lower my gaze or look elsewhere. Not so much disconnecting myself, but allowing them to be as they are for the time they need, as if removing myself from the scene somewhat." (Julio, RT) He continues: 17 "When I'm here [in the video

call], I don't do this. I don't do it because I get the impression that the patient will think I'm disengaging. If I stop looking at the camera, then I stop looking at them." (Julio, RT)

In this vein, he reports:

> "they [the patients] feel more under observation than accompanied" (Julio, RT)

Another relevant aspect of the online setting is the possibility of seeing the self-image on the screen. In general, this is seen by both patients and therapists as potentially disrupting their attention from the therapeutic interaction, and changing the awareness of their own embodiment.

> "Yes, it's the strangest sensation, because you stop sensing yourself to look at yourself." (Martin, RT)
> "If it is there [the self-image], I sometimes look at it and I move my attention away from the relation with the patient." (Clara, GT)

Be that as it may, we find differences in how both patients and therapists use the self-image on the screen. Self-observation tendencies of the patient can also contribute to the interactive dynamics by providing relevant information to the therapist. The relationship of the patient with their own image and their self-observation patterns are a manifestation of self-regulation. This information is perceived by the therapist either reflectively or pre-reflectively and they can respond accordingly:

> "It gives you clues about the degree of emotional inhibition or how patients regulate their narcissism at that moment ... or their experience of embarrassment." (Julio, RT).

In this regard, a patient reports how seeing his self-image on the screen elicits a process of self-reflection and self-esteem:

> "[It helps me] tolerate my own image and my own presence in different situations." (Manuel, P).

On the therapist's side, self-observation is more related with the aim of guiding the interaction by providing adequate conditions for communication (lighting, noise, focus, etc.) and by controlling one's own facial and bodily expressions.

> "Especially if the emotions are uncomfortable, serious, or profound, I've found myself looking at my image to see if I was wearing the right expression, one that's fitting or congruent with the emotional charge being communicated." (Julio, RT).
> "I remove it [the self-image] or leave it on depending on the attention level I want to have. It is also a way of establishing distance, or not." (Clara, GT).

Space/Time

Interviewees remark on the changes in the space where patients and therapists are located. All therapists agree that the information provided by the space surrounding the patients affects their interventions in the online modality.

> "It gives you direct data about the person, about the place they inhabit." (Julio, RT)
> "It's like when a patient speaks about aspects of themselves, even though you're perceiving other aspects they don't talk about." (Clara, GT)
> "Yet they feel that this [the consultation room] is a place where they can be safe. And they feel safe because, among other things, this place is not "my place" but the therapist's place. In the therapist's room, the therapist directs, the therapist receives me, the therapist listens to me, questions me, confronts me, reaffirms me, the therapist supports me. It is the therapist's space. In such a place I feel safely welcome. This is a basic experience. This is lost in online sessions because the patient is in their place and you in yours, the consultation room. It is a physical difference, you know? And this makes patients not feel at ease in the same way." (Julio, RT).

Both patients and therapists comment on the relevance of having a transition process from everyday life settings to therapy sessions and back in order to prepare internally for the session and to assimilate the experience.

> "[In the therapy room you] leave all the shit there and come back feeling renewed. But this more physical process, you don't have it so much when you are at home." (Javier, P)

The immediacy of the online format does not allow for such extended transitions between settings. In compensation, both therapists and patients report having adopted rituals for keeping both spaces separated.

> "I wear different hats in the same room depending on the situation [metaphorically]." (Manuel, P).
> "As a therapist, I also have my rituals for getting ready, moving there, taking my time [...] I get ready to be a therapist." (Clara, GT)

Relationship

Participants report that the therapeutic relationship does not change significantly as a result of the switch to the online format insofar as the therapeutic alliance had already been built face-to-face. However, Martin (RT) reports a notable change at the level of the structure of the relationship.

"A more pronounced horizontality [in the relation], because horizontality is enforced [...] I think that new fields for horizontality are open, because it makes us, therapists, more open." (Martin, RT)

This horizontality is a result of being in similar situations, both with similar devices and each in their own place. Indeed, not having the possibility of modifying the physical arrangements of spaces and intimacy represents a relevant change in the usual relational asymmetry between therapists and patients. All of these changes also affect the intervention style of therapists, particularly, to their confrontational interventions.

"Perhaps in the face-to-face format if there's a confrontation that, say, puts the continuation of the therapy in doubt, I can take that risk more easily. Here [in the online format] I'm not sure how to take that risk." (Clara, GT)

5.2.4. Intercorporeal mechanisms and participatory sense-making

As extensively explained in previous chapters, from an enactive perspective, we define social interactions as encounters between participants where their individual autonomies are not curtailed by the encounter and, in addition, the relational interactive patterns acquire a dynamic autonomy of their own (De Jaegher et al., 2010). In this way, the primordial tension between relational and individual autonomies has its manifestation in the modulation of interactive patterns that are sustained through reflective, pre-reflective, and even non-intentional embodied processes (Di Paolo et al., 2018). In this regard, participants report how a switch from a habitual face-to-face modality of encounter to a different, online one systematically changes aspects of intercorporeality, potentially displacing non-intentional and pre-reflective patterns onto a more reflective register.

Communication

As therapists report in the interviews, in psychotherapy sessions, moments of silence can be clinically meaningful. Silence may indicate introspection, emotional connection, restructuring of behavioral patterns, beliefs and attitudes, etc. (Lane et al., 2002; Weisman, 1955). They are particularly relevant to understanding therapeutic micro-changes. In online sessions, some participants refer to the difficulty of sustaining moments of silence. Since the intercorporeal channel is reduced, participants tend to compensate by increasing verbal and nonverbal behaviors.

The difficulty of sustaining silences by therapists and patients can indicate two things. At the individual level, the lack of silences could indicate some emotional inhibition in the patients. At the interactive level, the overuse of linguistic inputs can function as a compensatory mechanism for the diminished intercorporeal cues that help sustain the interaction. Bodily resources such as orientation, joint attention, posture, gaze, and even subtler aspects such as breathing patterns work as intercorporeal processes that contribute to keep the interaction going. When

the spectrum of these resources is reduced, there is an attempt to sustain the interaction by increasing speech, permanent attention, fixed gaze, and postural rigidity, as ways of reaffirming one's presence and attention to the other. These compensations can be seen as manifestation of the primordial tension between the individual and the interactive autonomies of participatory sense-making. They are felt as demands on the participants' resources and strains on the lived experience of interacting. The management of silences modulates both the individual and the relational regulatory loops, reflecting and modulating the intertwinement between individual and interactive processes.

Embodied interaction

The uncertainty about what a silence might mean hinders the enactment of introspective silences. The difference between video call and telephone sessions in this regard reveals an apparent paradox. One might expect the use of intercorporeal channels to be easier in video calls than on the telephone due to the addition of the visual channel (Ball et al., 1995). Nonetheless, in video calls, we find a saturated visual channel, that is, a visual channel that has fewer degrees of freedom for interactive regulation. Thus, it is common to find a therapist with static attention, the gaze fixed on the screen, and visual interferences such as hands moving in and out of the screen without a clearly perceptible trajectory.

The example of Julio (RT) modifying his gaze behavior to regulate emotionally intense moments illustrates how intercorporeal channels, in this case gaze direction, must become more regimented in order to sustain the online interaction, and lose the flexibility needed to succeed in their regulatory function, supporting the saturation of the visual channel. Indeed, in face-to-face interactions the shared space allows for joint attention to a third object, a behavior that coordinates and regulates the intentionality of the interactors and contributes to alliance building (Roth, 2014). This possibility is hindered (practically removed) in online settings. A similar rigidity can be found in facial expressions and bodily posture too.

Participants highlight the difficulty in achieving mutual eye contact as another process that contributes to the saturation of the visual channel. In Western culture, eye contact in face-to-face encounters activates physiological autonomic responses and generates a synergy between participants (Senju & Johnson, 2009). In dyadic conversations, eye contact increases presence in communication and sense of reality (Storbacka, 2020) and it favors the phenomenological experience of togetherness and mutual recognition (Koudenburg et al., 2013). Coordinated gaze behavior and visual contact serve to negotiate the intersubjective space. It is worth mentioning that these findings are subject to cultural variations. While eye contact in Western culture may have a proactive regulatory function in interpersonal situations, in Estern cultures it might indicate an intrusion in the individual space of the other. For this reason, as cultural psychiatry claims (see a detailed discussion in Chapter 3), these results cannot be generalized or universalized, but should be interpreted within the cultural context they have been drawn from.

Besides, lab studies show that physiological responses such as autonomic arousal and facial movements are statistically equivalent in face-to-face and video-call conditions (Gehrer et al., 2020; Hietanen et al., 2020; Prinsen & Alaerts, 2019). However, it is questionable whether these results are directly applicable to naturalistic/ecological contexts, where the variability of devices and parameters are manifold. Although parameters such as the distance from the camera, the visual angle or the placement of the camera can be fine-tuned to obtain a semi-realistic condition (Huggins, 2016), those parameters are in general highly variable in typical devices (smartphones, notebooks, etc.). In most cases, there is no possibility of strict eye contact; instead, there is a situation of oblique gazes. It is unclear whether this oblique gazing can generate the same synergies as proper visual contact. Indeed, even if something like normal eye contact were possible, since the relative apparent distance between faces on the screen tends to appear shorter than in face-to-face interactions, it can still be felt as an uncanny situation.

Social cognition is qualitatively different when interacting with someone from when just observing them (Froese & Gallagher, 2012; Hari et al., 2015; Schilbach, 2016; Schilbach et al., 2013). As Martin (RT) reports, patients feel more under observation than accompanied. Patterns of observation and interaction can change in online settings, favoring more reflective and observational forms of social cognition. Indeed, one of the main interfering factors mentioned by interviewees is the possibility of seeing one's own image at the margin of the screen. Studies report that this can elicit negative affective reactions such as shame, anger, longing, dislike, and control (Storbacka, 2020; Wegge, 2006). Although most current applications give the possibility of modifying or removing the self-image, the mere possibility of self-observation can modify the proprioceptive attention in therapeutic processes.

This shift in proprioceptive attention can be explained by the phenomenological distinction between two modalities of body consciousness introduced in Chapter 2: body-schema and body-image (Gallagher & Zahavi, 2012). Body-schematic processes are those in which the body is perceived in a pre-reflective and unmediated way and includes proprioception, movement and posture regulation, and sensorimotor regulation. Body-image, in contrast, is the way our body presents itself in reflective consciousness. This mode of bodily consciousness is activated when we look at ourselves in the mirror, we visualize body parts, and so on. Generally, body-schematic processes, such as motor control and sensorimotor abilities or habits operate better when the object of our reflective intentional state is other than our own body.

In face-to-face interaction, the coupling between the sensorimotor systems of patient and therapist typically functions in a body-schematic way, leading to the synchronization of physiological processes (breathing, heartbeat) and coordination of movements (Koole & Tschacher, 2016; Palumbo et al., 2017). As discussed in the previous section, this dyadic sensorimotor coordination loop sets the basis for participatory sense-making and the emergence of interactive patterns.

It is reasonable, then, to expect that the perception of one's own image and the saturation of the visual channel can elicit the activation of body-image experiences to the detriment of the fluidity of body-schematic processes. Indeed, the participant's sense-making is modulated through a loop that adds an additional self-reflection process, mediated by the self-image that provides information on how one may be seen by others. This shift in awareness may generate interferences between patients and therapists at the intercorporeal level. This is an example of how inner and relational processes are reciprocally affected through the digital medium (see also Beebe & Lachmann, 1998).

Space/Time

A shared physical space enables and demands a wide range of intercorporeal activity, from coregulating interpersonal distance and bodily stance to the possibility of physical contact. Smells, sounds, and shared objects also contribute to regulating interpersonal stance and to the overall atmosphere of the encounter. Each of the environments discussed here is a *behavior setting* and offers certain possibilities for action and perception, thus affording certain behaviors while inhibiting others (Barker, 1968; Schoggen, 1989). Behavior settings are thus standing patterns of behavior that emerge in certain spaces, times and situations. I will revisit this concept in Chapter 6 to examine further spatial aspects of therapeutic settings since it explains how a given material space constrains individual and collective behavior. Concerning online psychotherapy, the space from where a patient connects reveals information that is unavailable in the consultation room. This information, in turn, affects the patient-therapist interaction and the construction of shared meanings and might also be incorporated into the therapeutic process. Monica (CBT), for instance, took the advantage of a patient being in their home environment to incorporate the patient's family to the sessions. Clara (GT), instead, uses these environmental cues to highlight incongruencies between a patient's narrative and their environment. Behavior settings establish a certain normativity on spaces by both physical arrangements, meanings and socially constrained behavior (Rietveld & Kiverstein, 2014). In online settings, three aspects are modified:

- At the behavioral level, the mediated distance between therapist and patient can make the relationship more vulnerable. The risk of the alliance breaking down in online therapy is manifested in the difficulty therapists can face at the moment of showing a more confrontational attitude. Confrontational behaviors are generally easier to sustain in face-to-face interactions due to the availability of intercorporeal resources and the shared physical setting. Consequently, the therapeutic style of the therapist can sometimes be compromised in online settings, changing the relational patterns in order to sustain the interaction.

- Concerning the meanings of space, interviewees refer to the symbolic significance of the therapeutic space in the imagery of the process. The consultation room is a well-guarded space of confidentiality and safety

where the patient can find refuge, feel comfortable and open. Nevertheless, in online therapy, the responsibility of sustaining the intimacy and safety of the space falls on the patient. Thus, the therapist's room, as the place of shelter, disappears.

- With respect to physical arrangements, the impossibility of the therapist to exert control over the physical space and framing of the session (exit mechanisms, intimacy, safety) also displaces the responsibility for the therapeutic framework towards the patient. This movement re-structures the therapeutic relationship and can generate an imbalance in the habitual relational asymmetry. The therapeutic relationship is thus levelled in a particular way. In face-to-face settings, the therapeutic framework entails a structural asymmetry between patient and therapist regarding ethical issues, responsibility, and self-disclosure. The online format, however, favors a certain horizontality (as noticed by Martin, RT) insofar as the patient acquires more control over the therapeutic encounter. In online settings, therapists may struggle with guaranteeing a safe and intimate space for their clients.

At the level of temporality, the immediacy of online communication generates a sharp transition of entrance into and exit from the session. Both the process of preparation before and the process of assimilation after the session tend to get lost. These moments are highly influential because therapeutic processes are not delimited to what happens within sessions, but also include expectations, projections, elaborations, and assimilation processes that play a significant role. In this regard, some participants refer to transition rituals that trigger a symbolic space shift in online settings. Furthermore, the immediacy of online applications modifies the significance of the therapeutic space, bringing it close to other online interactions such as conversations with family and friends, work meetings, and so on. As a consequence, the medium moves the therapist to the common place, a space where the therapeutic significance of the process is decreased.

As a summary, in this study we have applied the enactive theory as an interpretative conceptual framework to understand interviewers' experience of the transition from online to face-to-face therapy. The interviews provide diverse evidence of embodied mechanisms that participants employ in order to compensate for changes in intercorporeal cues in online settings and so sustain the therapeutic interaction. Video calls afford certain transparency, continuity, and immediacy between therapy and everyday life which, in turn, may modify the therapeutic relationship in terms of its structural asymmetry, its fragility, and the interactive patterns of the dyad. Intercorporeal processes such as the management of silences, gaze behavior, and eye contact as well as the temporality and spatiality of behavior settings undergo significant changes. Reflectively or not, some of these changes indicate attempts to compensate for differences with the face-to-face situation. Compensatory and adaptive behavior supports the enactive view of social cognition as being at least partly realized through the interaction process (De Jaegher et al., 2010). Thus, these adaptations can be seen as manifestations of

the primordial tension of participatory sense-making, that is, the coordination of individual and interactive processes and norms in social encounters. Attending to this tension between the relational and individual domains and how the interactive and self-regulatory mechanisms are altered may be useful to therapists facing a transition to online professional activity and to develop future guidelines (Kraus et al., 2004; Turvey et al., 2013).

5.3. PARTICIPATORY SENSE-MAKING IN THERAPEUTIC INTERVENTIONS

Having explored both the dynamics of embodied coordination and the pre-reflective mechanisms that are at play in therapeutic processes, a question remains to which practical implications we can draw from them. How is the awareness of those intercorporeal mechanisms useful to therapists in their work? Does the fact that intercorporeal regulations operate at pre-reflective level imply that they are out of reach or therapists or are they available as intentional forms of interventions? Certainly, as I introduced in Chapter 4, body-schematic processes are explicit targets of body-oriented therapies. Nonetheless, the pre-reflective stream of mutual regulation is present in every form of psychotherapy and enormously influences the course of the therapeutic process. Consequently, some forms of embodied interactions should be seen as therapeutic interventions themselves. In order to illustrate this point, I shall now complement the qualitative and quantitative considerations with a phenomenological exploration of therapeutic interventions on the body. Indeed, Merleau-Ponty's theory of *Fundierung* provides a useful model to disentangle the movements of participatory sense-making across pre-reflective and reflective domains and to underpin a classification of bodily interventions that may be informative for therapists in their practice.

5.3.1. The pre-reflective/reflective divide and sense-making

Merleau-Ponty, in his *Phenomenology of Perception* (1945/2012) introduced the idea that not every intentionality is a reflective intentionality of a thinking ego, but a pre-reflective and immediate intentionality, which is anchored to our corporeality, may set the foundation for reflective consciousness. Pre-reflective consciousness, unlike the reflective consciousness, is characterized by not having a determined content, which implies that it is not consciousness of a concrete thing, nor it has linguistic structure (Hutto & Myin, 2012). However, corporeal and pre-reflective intentionality responds to the solicitations of the environment in terms of bodily posture, movement quality, rhythm, and so on. Pre-reflective consciousness is thus particularly evident in bodily movements, mediating the coupling between perception and action, namely, "the intentional arc" (Dreyfus,

2002). To move the body is to point towards things in the world, by letting the body respond to the solicitations of the environment. This structural coupling between the organism and its environment takes place without appealing to any mental representations. Imagine, for instance, how movements are learnt: instead of drawing on theoretical or declarative instructions, movements and bodily skills are acquired by a bodily understanding that is primarily pragmatic. Hence, consciousness is not originally a declarative "I think that," but a pragmatic "I can." From this perspective, thus, reflective consciousness —which is contentful, linguistically accessible and lays on the foreground of experience— is founded on a more basic pre-reflective consciousness.

As explained in Chapter 2, enactive cognition theories define mental life as sense-making, which refers to the operation by which the subject brings forth a meaningful world. Sense-making is an active *process* of making meaningful a certain domain of interaction. In other words, it is a process of getting into consciousness or a mechanism of sedimentation/precipitation of experience in consciousness. If mental states, in the representational tradition, were seen as more or less static structures in reflective consciousness, sense-making would be the process by which those forms emerge in the first place. In Di Paolo's words "enactivism is concerned with explaining precisely these critical transitions between particular conditions that sometimes afford different functional descriptions and those "in-between" dynamics that (re)constitute these novel conditions' (Di Paolo et al., 2017, p. 27). The difference between mental states and sense-making is analogous to the *gestalt* and *gestaltung* distinction in which the former refers to the static conformation and shape of reflective conscious experience while the latter refers to the operation by which those forms are brought about. In gestalt psychological terms, sense-making is the activity from which a figure/ground scheme emerges in reflective consciousness as motivated by more basic pre-reflective experience.

The enactive framework thus places its emphasis in the dynamic and temporal aspect of consciousness. In this regard, Francisco Varela (1999, 2005) pointed to the pivotal role of affectivity in the dynamism of conscious experience. Drawing on Husserl's (1893-1917/1991) subjective temporality, Varela described the trifold structure of the time present. According to this perspective, the phenomenological present would encompass not only the actual present, but also the openness to what is about to become, which is called "protention", and the "retention" of the just lived present. It is whorth clarifying that retention is fundamentally distinct from memory, which constitutes a different kind of mental act that takes place in the phenomenological present. Protention and retention, instead, are intrinsic features of the experienced present time. Varela apty described affectivity as inherent to the experience of temporality, which is manifested in the structural asymmety between protention and retention. The idea is that while physical time (also called objective time) is symmetric with respect to past and future, the lived time is not. The reason is that while retention implies concrete, actual and determined events; protention, as the experience of "about-to-be", entails potentiality, undeterminacy and a degree of abstraction (see Chapter 6 for a

terminological clarification of *abstraction* and *concretization*). Moreover, while retention can be structured in a continuum of events, such sequenciality cannot be applied to the protentional field. What Varela proposed (with the support of the analysis of the dynamics of neural populations) is that affectivity configures the protentive field, pre-structuring the potentialities of becoming. This proposal places affectivity as playing a crucial role in modulating the conscious flow, leading its folds and unfolds so as it explains the dynamical changes in the flow of conscious experience.

Varela's analysis substantiates the idea of the primordially affective character of sense-making (Colombetti, 2014). Affectivity, in this context, is understood as the dynamic polarity of attraction-repulsion, which emerges from the self-organizational norms of the individual, and makes the world appear as valenced. In this way, affectivity makes certain aspects of the environment more salient than others to the organizational needs of the individual. Emotions do not merely accompany conscious states, but are immanent and constitutive of every conscious act since the affective valence pre-figures the salience of the objects of consciousness. In other words, the experienced world is affectively meaningful.

Affectivity, however, not only modulates the protentive field, but the affective polarity or tension between pleasant and unpleasant is what actually moves the organism. In Spinoza's terms, affectivity is a *conatus* or a primordial motivation (Fuchs, 2013c). Indeed, bodily movements manifest in themselves the affective force of being attracted or repulsed, of distal and proximal. As an illustration, the primary affective polarity of pleasant-unpleasant or interior-exterior can be seen in movements of going-coming, approaching-distancing, contacting-withdrawing, for instance (Frank & La Barre, 2011). For this reason, affectivity is typically seen as a predisposition to action or "action readiness" (Frijda, 1988), which highlights the co-emerge and co-determination between emotion and action — also referred to as *e-motion.*

Accordingly, sense-making can be seen as an operation that goes from the pre-reflective to reflective consciousness, that is, a form of folding-unfolding movement that is mediated by affectivity. Phenomenologicaly, this movement manifests as a "salience", that is, the emergence of pre-figurative contours that already have a certain fundamental orientation and eventually give rise to a concrete configuration or a fulfilled *gestalt*. Sense-making thus may be operationaly described in three conceptually distinguishable phases: First, a tendency to move (or action readiness) results from a tension in the primordial affective polarity. Then, the tendency is manifested as the emergence of a salience in reflective consciousness. Finally, the actuality of movement elicits the sedimentation and precipitation of a certain *gestalt* figure-ground configuration, in reflective consciousness. Notice that these phases do not necesrily happen sequentially, but they are generaly synchronic and only conceptually distinguishable. In Chapter 7, I will further elaborate on this perspective on sense-making by applying the Simondonian process ontology to the definition of sense-

making, its fundamental affective character, and the implications for the enactive perspective on mental disorders.

In the therapeutic context, the secuential model sense-making introduced here allows us to reformulate the concept of *therapeutic insight* (Reid & Finesinger, 1952). In the psychotherapeutic jargon, to have an insight refers to moments of awareness where a significant pattern, novel meaning or interpretation of a situation becomes clear, facilitating the change process of the patient. From the perspective proposed here, the therapeutic insight may be seen as the process by which a full-fledged *gestalt* emerges in reflective consciousness, which is not only a perceptual state, but also entails certain predispositions to action. In this way, the formation of a clear *gestalt* can be by itself healing (Perls et al., 1951), because beyond the grasp of the solution to a given problem or a thematic reinterpretation of a situation, having an insight would entail a new adaptive orientation of the individual with respect to its environment. Indeed. the ability to cope with changes in the environment and to re-orient oneself has to do with the adaptivity and flexibility therapeutic processes pursue. In sum, sense-making can be reformulated in the therapeutic context as the affect-mediated folding-unfolding movement from pre-reflective to reflective consciousness that brings new insights to the patient.

5.3.2. Intersubjectivity as participatory sense-making

Being described sense-making in this way, participatory sense-making can be seen as distributed interrelations between reflective and pre-reflective processes in interaction. The therapeutic setting is a dyadic system in which patient and therapist modulate each other at, both, reflective and pre-reflective levels (see Figure 5.1).
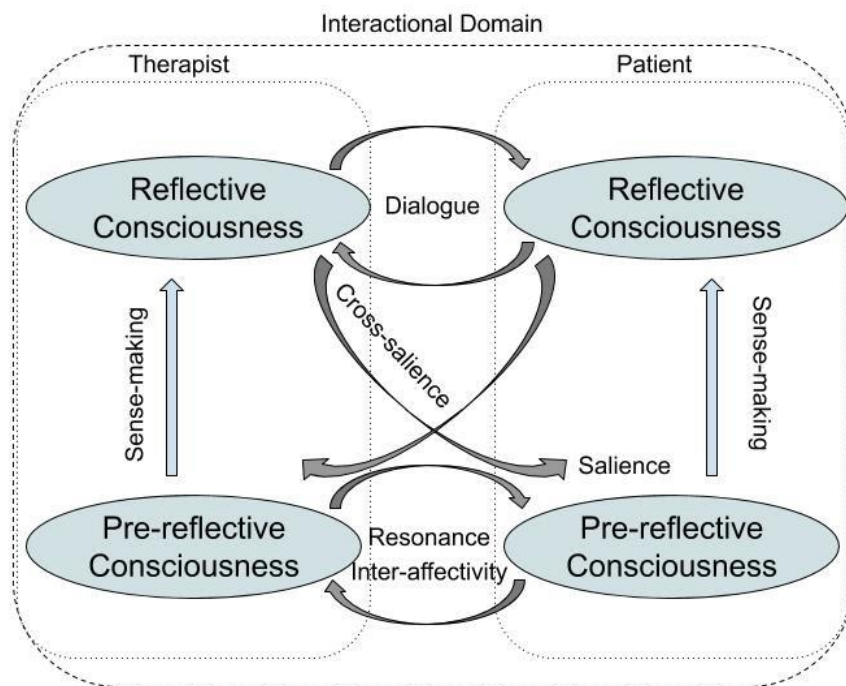
Figure 5.1. Movements of Participatory sense-making in therapeutic relationships. Two levels of consciousness (pre-reflective and reflective) of two people interacting (therapist and patient) influence each other's sense-making (the movement from pre-reflective to reflective consciousness) in different ways (horizontal pre-reflective and reflective modulations, and diagonal cross-salience modulations).

According to the model I put forward here, we can distinguish three different streams of interpersonal modulations. At the reflective level, the reflective dialogue between therapist and patient acts among each other's sense-making. In addition to paraverbal signals (e.g., such as voice pitch, rhythm) patients and therapists adjust their vocabulary to the situation and build up shared meanings (Peräkylä, 2019; Peräkylä et al., 2008). Being language a form of action, the dialogue becomes a form of genuine intersubjective participation and joint action (Deppermann & Pekarek Doehler, 2021). The pre-reflective level, in turn, is the level of bodily resonance and intercorporeality (Fuchs, 2017b). Sensorimotor coordination is modulated moment by moment, giving rise to an implicit and intuitive empathic contact that underpins the therapeutic alliance. At this level, individual affective impressions and expressions are co-modulated in interaffectivity (Fuchs, 2016), that is, the interpersonal affective resonance that operates in the relational field. This process of intersubjective affective regulation gives rise to dyadic affective states that modulate the mutual adjustment in interaction. From this perspective, affectivity is not located only within the individual, but it operates in the the *in between* of the intercorporeal space. Indeed, since affectivity's primary polarity of attraction-repulsion has already a directional force — either as an "outward" or "inward" vector— affectivity can be understood as in dialectic relation with alterity, i.e., to what is not the subject. This trademark of affectivity of being traversed by alterity, constitutes the aperture where the primary intersubjectivity permeates according to some authors (Benjamin, XXX; Daly, 2016; Métais & Villalobos, 2021). The dyadic adjustment at pre-reflective level by the interaffective resonance modulates and determines individual reflective conscious states. By the same token, the reflective dialogue between therapist and patient can also give rise to new insights in the individuals. These horizontal modulations (see figure 5.1. horizontal arrows) have been extensively described in the phenomenological literature (Fuchs, 2016; Fuchs & Koch, 2014; Mehmel, 2019; Plant, 2018).

Yet, an aspect of interpersonal modulations that has not sufficiently been emphasized is what I shall call *cross-salience* types of modulations (see Figure 5.1. diagonal arrows). There are not only pre-reflective and reflective modulations in dyadic relationships, but both levels are intertwined in interpersonal situations. Cross-salience refers to the reflective consciousness of the therapist being used as salience for the sense-making process of the patient. If, as described previously, salience is a phase where the individual prefigures certain contours that will yield to a full-filled form or *gestalt* in reflective consciousness, cross-salience refers to the possibility of reflectively triggering another's salience. A more fine-grained description of how these diagonal interactions operate in therapeutic relationships will be useful to complete the picture and to distinguish between modes of

participation in participatory sense-making that entail different modalities of embodied interventions in therapeutic contexts.

In this regard, psychotherapeutic interventions pointing to bodily expressions of the patient are commonly used. Gestures such as rubbing hands, caressing legs or shaking feet can be used as ways to unfold the experience of the patient to reach a meaningful insight, that is, a clear and defined *gestalt* in reflective consciousness. As an illustration, imagine an excited and agitated patient. The therapist can respond to the bodily expression of the patient in three main ways:

A) In a declarative way. I.e., "You are nervous, why?"
B) By means of bodily resonance; i.e., breathing in a calm way to slow down the patient's rhythm.
C) Reflecting what is obvious; i.e., "I am aware that your foot is trembling, what does it mean to you?"

While A operates at the reflective level and B at the pre-reflective level, C operates at the level of the pre-reflective-becoming-reflective. This latter intervention operates at the level of cross-salience. By addressing what is obvious, the therapist indicates where to put the focus of the patient's attention, that is to say, that the therapist highlights certain outlines from the background that can be useful for the patient to form a unified and coherent *gestalt.* Notice that the therapist's indication in a C type intervention does not presuppose a concrete and contentful reflective state as an A type does. On the contrary, it points to something that is non-declarative and non-reflective, but still relevant to unfold the experience of the patient. Notably, this pre-reflective intentionality has no concrete content yet.

Given that pre-reflective intentionality is always richer in possibilities and potentialities than reflective intentionality, the intervention of the therapist points to the realm of potentiality. Therapists operate over virtuality, which implies that they must adopt a transitory and hypothetical attitude. In other words, as a therapist, I can have a feeling of the wide range of possibilities of the bodily intentionality (which may or may not be consistent with verbally expressed intention,) but it can be the case that none of these feelings is an actuality for the patient. Hence, my feeling of what is salient in the bodily intentionality of the patient, is operating on the virtuality of the patient's experience. It can even be that reflective intentions of the patient can be individuated retroactively by the force of the interaction and can be manifested before in the reflective consciousness of the therapist (or vice versa) (Di Paolo, 2015). For instance, imagine that a patient looks at the clock in the session and the therapist says, "¿Is that enough for today?". The patient can respond, "I didn't mean that, but now that you said it, yes, I wanted to stop."

One could think that cross-salience entails some kind of objectivity of obviousness. However, what is obvious is fundamentally phenomenological and emerges from interactive history. The salience manifested by the therapist can also emerge from their pre-reflective resonance with the patient. Is in this regard that therapists

must be trained to identify their own affective and bodily states in order to be present in the interaction and disposed towards the patient in an attitude of openness to co-construction. Cross-salience, thus, is never determinant. The patient may or may not converge with the therapist's particular salience, and may or may not incorporate it into their process of sense-making. Cross-salience is, thus, an open and non-conclusive operation that does not individuate the experience of the patient, but rather, it drives the relational dynamics in a certain direction and modulates the range of possibilities in the experience of the patient. As a result, cross-salience has a hypothetical and transitory character. Even if the therapist points to a possible path for the interaction, they do not know the final destination, just like a weathercock that indicates the direction of the wind moment by moment.

The therapeutic process is a process of constant re-signification. A gesture or a movement quality can convey many meanings (Frank, 2013). Given that pre-reflective phenomena are richer in potentialities than reflective ones, it may be the case that no precise pre-reflective state is present in the patient before engaging in a participatory sense-making process. What was present was a wide range of potentialities that become individuated in interaction. These meanings are established intersubjectively in a process that can sometimes acquire a certain autonomy on its own. This is why our acts are to a certain extent dependent on how they are read by others within the emergent relational domain that is to an extent (sometimes, partly) autonomous from the individual intentions of participants. The therapeutic intervention, thus, not only modulates the sense-making process but *constitutes* it since the intervention permeates the level of temporality of the sense-making of the patient (see the distinction between constitutive, enabling, and contextual factors in Chapter 2). Since affectivity, as Varela suggested, is what opens and closes the dynamic landscape and the protentional field, the therapeutic interaction and empathic resonance move participants to open themselves to the phenomenological present. This is why bringing the patient to their bodily and pre-reflective awareness also implies bringing them to the "here and now", that is, the phenomenological presence that opens up the possibility of novelty (Wills, 1978). In this sense, coming to the phenomenological presence represents by itself a *momentum* of therapeutic change.

5.3.3. A case study

In order to illustrate different therapeutic interventions on the body, I will analyze a real case. This is a piece of the work *Gestalt Therapy Verbatim* in which Fritz Perls treats a patient while being observed by a training group. The therapist intervenes individually with the patient while sometimes addressing students to make some remarks on his ongoing intervention. This form of therapeutic setting is particularly useful to highlight the three types of interventions introduced above because the therapist explicitly explains the details of the intervention.

> *Jim: I have just a fragment of a dream. There's no voices in the dream.*
> *Fritz:* [To the audience] *Now, the first look is that Jim is open in his undercarriage, but closed up here—he is covering his genitals with his hands. So this is the first thing I see. Now, this is very important, which part is closed up, whether the total personality, or the lower or the upper carriage. The lower carriage is mostly for support, and the upper carriage for contact. This is how we stand up on our own feet, and this is where we reach toward the world, with our hands. So I see already a lot just by Jim sitting there: his posture, the way he moves his head, and so on and so on.*
> *J: You already have me pretty well shook up. (laughter) This has nothing to do with my dream, but that's a heck of a comment to make, because —*
> *F:* [To the audience] *You see the lack of ambidexterity in his gestures? He uses only the right hand and it always points to himself; he is relating himself to himself. That's what Kierkegaard said in the beginning—the relation of the self to the self. If you live like this, how much can you achieve?*
> *J : I'm afraid to move.*
> *F: That is exactly what I wanted to point out. (laughter)*
> *J: Now I know why my dreams are short.*
> *F: Would you enlighten me? I don't know why your dreams are short.*
> *J: I just have the typical recurring dream which I think a lot of people might have if they have a background problem, and it isn't of anything that I think I can act out. It's the distant wheel—I'm not sure what type it is — it's coming towards me, and ever-increasing in size, always increasing in size. And then finally, it's just above me and it's no height that I can determine, it's so high. And that's —*
>
> *[......]*
>
> *F: Notice how much of your unsureness has left you? How much you have already re-owned from the projection of the wheel?*
> *J: Yeah. I think I—as large as it is, right now, I think I'd do whatever I could. In other words, I've always had the feeling that—^what could I do?—but now I know at least I'd do whatever I could—to stop the wheel. . . And, ah—on this thing here, I'm sterile, and that entered into my marriage—that's the very thing I was ashamed of, and you know you said I covered my genitals.*
> *F: The big wheel. Yah?*
>
> *End of session*
> (Perls, 1969/1972, p. 126-129)

In this fragment, Perls' intervention consists mainly of showing what is evident for him in Jim's bodily posture by reflecting what is salient in his bodily disposition. Partially, this salience is deliberately interpreted by the therapist since he fills the patient's experience with a concrete declarative content (e.g., "The lower carriage is mostly for support, and the upper carriage for contact."). This form of intervention would be of the dialogic kind (A type in the previous classification). Initially, this interpretation is rejected by the patient (e.g., "This has nothing to do with my dream, but that's a heck of a comment to make, because….."). The

therapist, in response, changes the focus to another dimension of the corporeality of the patient: his lack of ambidexterity and the constant self-reference of his movements (C type intervention, cross-salience). Phenomenological flexibility and the absence of fixation of the therapist are necessary conditions for contacting with the ongoing experience of the patient. The constant reference to the body, in turn, brings the patient to the phenomenological present. Instead of talking about his dream, the patient focuses on his actual bodily experience (e.g., "I'm afraid to move"). From this bodily awareness, his dream acquires a different meaning, (e.g., "Now I know why my dreams are short"). At this point, a *gestalt* has emerged, a meaningful understanding that is not merely mentalistic or rational, but emerges from the pre-reflective experience of the here and now of the patient with the therapist being a co-author of this experience.

There are also pre-reflective modulations (B type interventions), that is, regulations of interaffectivity. This is evident in the use of laughter to release the tension of high intensity moments: "You already have me pretty well shook up (laughter)." These regulatory acts are used to synchronize the affective states of patient and therapist while they maintain an adequate level of tension for the therapeutic work.

After a dialogue about the dream (A type intervention), the sense-making process goes back to the initial salience, the patient's posture of covering his genitals, which now becomes meaningful and coherent in relation with his marital issues, the feeling of general impotence, and his sterility. This episode evidences that corporeality contains the richness of potentialities in pre-reflective consciousness that emerges along with bodily expression. The return to the initial thematic shows also the lack of linearity of therapeutic processes, which do not follow a consecutive temporal line, but the experience of the patient unfolds as a prism, generating many thematic lines that coexist in the corporeality of the patient. This means that, since there is no correct and objective answer to what is happening to the patient in a given moment, therapists' interpretations are always possibilities that need to be corroborated by the patient. As explained in Chapter 3, these considerations reside at the core of relational therapies.

In this fragment, the confrontative and frustrating style of Perls contrasts with the traditional idea of clinical empathy as a pre-condition for the success of an intervention. Further research should be aimed at disentangling the influence of different therapeutic styles in the alliance building and change processes. Nevertheless, from this fragment we can derive that there is no empathy that is prior to interaction and predicts whether an intervention will be successful or not, but rather, the empathic act occurs in the interaffective co-regulation on the one side and in the synergy between the salience of the therapist with the sense-making process of the patient, on the other (e.g., "That is exactly what I wanted to point out [laughter]").

Before finishing, I shall point out that several therapeutic schools use cross-salience based interventions on the body. For instance, a commonly used

intervention in Feldenkrais Method consists in the repetition and enhancement of a concrete movement in order to achieve a meaningful understanding of the bodily experience of the patient (Feldenkrais, 1972). Nonetheless, the present work provides an extended explanation of how these types of interventions operate in the therapeutic dyad and the mechanisms of reflective and pre-reflective co-regulation that operate in those interventions. Moreover, as already mentioned in Chapter 4, many of these methods work explicitly (and more or less exclusively) on the body. In choosing a piece of Gestalt therapy, which, despite its integrative character, is primarily dialogic, I evidence that the pre-reflective communication channel operates in psychotherapy at the generic level, whether explicitly or implicitly. Indeed, in choosing a therapeutic intervention that focuses on dream analysis, which have traditionally been understood as purely "mental" or "high-order" activity, I aimed to overcome the idea that the embodied approach can only be ascribed to low-level, bodily related, and basic cognitive processes (de Bruin & de Haan, 2009).

To finalize, the phenomenological analysis presented here may not exhaust all forms of bodily interventions and further research would be needed in this line to complete the picture outlined here. Body-oriented therapies, or performative therapies such as psychodrama or social presence theatre employ a wide variety of bodily intervention techniques incorporating direct touch, spatial arrangements, and performative techniques that would be worth considering. The model of participatory sense-making I have outlined here, however, provides a useful map that can be extended to other forms of bodily interventions.

5.4. GENERAL DISCUSSION

This chapter has been devoted to demonstrate the relevance of the enactive theory of participatory sense-making for psychotherapy research. The enactive framework of embodied intersubjectivity not only engages fruitfully with academic or philosophical debates on social cognition but has concrete implications for conducting research in psychotherapy. It has allowed us, among other things, to formulate concrete hypotheses about the dynamics of non-verbal coordination and the therapeutic outcome. We have suggested that looking at transitions between coordination states and to the interactive dynamics at different time scales would be more informative than linear correlations to understand alliance building and change processes in psychotherapy and we have outlined possible research routes in this regard. Moreover, we have complemented quantitative studies with a qualitative assessment of intercorporeal mechanisms involved in sustaining the interactive autonomy in online therapies. According to patients' and therapists' reports, the medium modifies substantially the mechanisms used to co-regulate the interaction adding reflective and verbal regulatory loops to compensate for the diminishment of intercorporeal clues, such as direct gaze, joint attention to an object, or the perception of the whole body. Participants place special emphasis on spatiality. They reflect on the characteristics and meanings of the consultation room and the new therapeutic resources the online spatial configuration affords.

The effect of space, as I will argue in Chapter 6, is of high interest when it comes to understanding the interactive dynamics of social encounters and has sometimes been not sufficiently emphasized in the enactive theory. Finally, I have provided an enactive model of intersubjectivity as participatory sense-making that allows us to distinguish different levels of mutual regulation that give rise to different types of therapeutic interventions. This is a crucial point because beyond providing a qualitative description of how pre-reflective regulatory mechanisms function, I suggest a map to describe the ways in which therapists can deliberately intervene on them.

In the light of these results, I outline some of the limitations of the present study. Further work should be aimed at looking at the dynamics of the movement energy in the dyadic interactions at different temporal scales[9]. The therapeutic process distinguishes different phases and moments, such as alliance building phases, rupture and repair moments, or *now moments*, that may have a distinguishable dynamical fingerprint and contribute to the trajectory of the therapeutic process in different ways. Assessing such differences would certainly help to build more accurate models of therapeutic change. This dynamical approach, however, must be complemented with qualitative assessment of significant moments in therapy. Specially in psychotherapy research, the subjective experience of patients and therapists should be considered. From the phenomenological analysis and interviews conveyed, two main aspects require a closer attention: the effect of the space in modulating the interactive dynamics and the pivotal role of affectivity in participatory sense-making. In what follows, I will attend to these two aspects to extend and deepen the concepts of sense-making and participatory sense-making that have been the backbone of the thesis.

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[9] In the original project of the present thesis, we designed an empirical study that combined motion-energy analysis of video recordings of Gestalt therapy sessions with qualitative assessment of the therapeutic phases and phenomenological interviews to therapists and patients. The aim of the study was to test the hypothesis formulated here on transitions in coordination dynamics and to assess longer-term dynamical fingerprints of therapeutic change of different therapeutic phases and moments. The study would also implement of some of the concepts developed in this chapter in an enactive research design. Unfortunately, due to the COVID19 pandemic, this study had to be cancelled. Some of the preliminary results of the interview, however, are reported in Chapter 6.

6

ATMOSPHERES AND ENACTIVISM

As demonstrated in previous chapters, the enactive theory of participatory sense-making represents a fruitful and operative model for investigating embodied interactions in therapeutic contexts. It allows us, among other things, to understand the therapy-patient dyad as a whole system, in which, from the history of interaction between individuals, a relational whole emerges.

The model of participatory sense-making proposed thus far accounts for the holistic character of therapeutic relationships. From this view, therapeutic relationships are not only constituted by individual participants but also the history of coupling between them. This implies that interpersonal relationships are under-determined by individual actions and intentions, acquiring a life on their own, so to speak. Interpersonal relationships are seen as open-ended participatory systems where embodied interactions between the individuals generate relatively stable relational patterns, which in turn foster subsequent interactions. Nonetheless, relational patterns do not exhaust the relationship because the tension between the individual and relational autonomies is never solved; rather, it is a dynamic and generative tension that calls for new interactions and re-actualizations of the relationship. As a result, relationships are always open for transformation and development. Relationships can be viewed as the structural counterparts of interpersonal interactions, which are the processual manifestation of relationships. Both relationships and interactions, structure and process, co-determine each other, resulting in generative and ever-changing relational dynamics. As I explained in Chapter 2, the ontology that underlies the enactive framework can be described as a form of relational holism (Thompson & Varela, 2001). This implies that in order to understand the phenomena that occur in the therapeutic process, such as the therapeutic alliance and change processes, we should look not only to individual behavior, but also to the interaction between participants as processes that unfold in time (de Haan, 2021).

However, does the two-person model of participatory sense-making presented thus far exhaust the explanation of the interactive phenomena occurring in therapy? I would answer that it does not. My reason is that it lacks explicit reference to spatial and temporal holistic features of the therapeutic situation. Indeed, in focusing on individual and relational spheres, we may lose situational aspects that go beyond the dyadic relationship but still modulate and shape the patient-therapist interaction and the therapeutic process. Situations are made up not only of the interactive dynamics between their participants but also of physical, affective, and symbolic dispositions in a given space and time. Situations are

emergent wholes that encompass a wide variety of sociomaterial and affective qualities in which the dyadic relationship is embedded. Whole situational aspects should thus be considered in providing a holistic explanation of how people make sense together and of each other. As I explained in Chapter 3, the field perspective in Gestalt psychotherapy already hinted at this holistic perspective in its articulation of the relational field (Francesetti, 2019a; Parlett, 1999). To put it succinctly, they consider individual behavior as the result of the dynamic interplay of interrelated factors and elements of the situation. Following this idea, in this chapter I will adopt a situational perspective on therapeutic encounters. I hereby suggest (in line with Wollants, 2012) that whole *situations* should be acknowledged as proper explanatory levels, which are particularly relevant in understanding the therapeutic process.

Indeed, situational aspects have not been sufficiently emphasized in the enactive approach, although some traces can be found in the original formulation of participatory sense-making (De Jaegher & Di Paolo, 2007). In the aim of identifying the factors that constrain the interactive dynamics, spatial features are key elements. In the paradigmatic example of the narrow corridor presented by De Jaegher and Di Paolo (2007), the authors illustrated how the interactive dynamics are highly constrained by spatial arrangements. Two persons who want to cross a narrow corridor coordinate their positions, unintendedly mirroring each other, leading to a momentarily symmetric pattern of movement that prevents them from crossing. The mirrorring relational pattern breaks when the symmetry is broken by one participant yielding the way to the other to pass through or inviting him to move to one side or the other. In this case, we can see how the spatial disposition of the narrow corridor highly constrains the mirrorring interaction and symmetry between interactors (indeed, there is no space for more movement and interactors are constrained to facing each other).

Similar considerations apply to the spatial disposition of the consultation room. The classical psychoanalytic divan, on which the patient lies with the analyst standing behind, shapes the patient-therapist relationship in a particular way. It keeps the analyst as a blank wall of projections that hampers mutuality (see discussion of relational psychoanalysis in Chapter 3). The two-chair setting, in contrast, favors interpersonal communication and reciprocity but the kind of attachment and possibilities for interactions may differ if a table is placed between the participants, for instance. A widely used setting that favors participation is two chairs but slightly angled such that the patient can regulate the visual contact between being immersed in the interaction or abstracting him or herself sideways. The spatial and orientational relations maintained between patient and therapist structure the exchange and facilitate or hamper the process of shared attention (Kendon, 1990). In turn, regulation of the interpersonal distance and orientation is linked to the quality of the relationship as well as intimacy (De Roten et al., 1999; Edinger & Patterson, 1983). Thus, spatial dispositions modulate, constrain and enhance interpersonal interactions in therapeutic contexts.

The interest in investigating spatial configurations in terms of their healing and transformative potential is not new, but it constitutes a research agenda on its own that can be traced back to the 1960s. Erving Goffman (1968) studied psychiatric institutions as "total institutions" that can reduce or enhance reciprocal social interactions and may subject patients to a pre-established hierarchical order and structure. Institutional spaces and protocols constrain the behaviors of practitioners and patients in ways that may reinforce, by means of looping effects, the passive, ill, and agentless role of patients. Wilbert Gesler (1992) also introduced the term "therapeutic landscapes" in 1992 to refer to certain environments and places that contribute to healing and well-being because they are endowed with certain material, affective and socio-cultural meanings (Bell et al., 2018). Sacred pilgrimages, spas and hospitals would be examples of therapeutic landscapes. Psychiatric institutions, as therapeutic landscapes, can thus be open or closed (Thoma et al., 2021), encompassing both aesthetic and affective qualities, physical arrangements, and social networks, and they may favor or hamper different routes of the therapeutic process (Smyth, 2005; Wakefield & McMullan, 2005).

In general, three ways in which situations influence the behavior of individuals in them can be distinguished: physical-material dispositions, interactional dynamics of relational networks, and affective situational qualities. From the 4E cognition perspective, physical-material dispositions have been sufficiently investigated mainly by ecological psychology, and Chapter 5 presented a perspective on how interactional dynamics can be investigated from an enactive perspective. In this chapter, I want to focus on an aspect that has received less emphasis in embodied cognition theories but is gaining interest in debates on situated affectivity: the holistic affective qualities of situations (Slaby, 2014a, 2016; Krueger, 2021). Ecological psychology has described the environment in terms of affordances, that is, opportunities for action offered by the socio-material surroundings in relation to a form of life. However, as I will argue in this chapter, the discourse on affordances does not exhaust the manifold ways in which a given situation modulates the behavior of an individual, and the interaction between patient and therapist in particular. I will argue that the attending to holistic affective responses to situations may complement enactive-ecological accounts of the role played by the environment in sense-making.

In this regard, increasing attention is currently paid to the concept of *affective atmospheres* (Griffero, 2016; Schmitz et al., 2011). Affective atmospheres are holistic affective qualities of experience that integrate disparate expressive features into a unitary *gestalt* (Anderson, 2009; Fuchs, 2013a; Griffero, 2016). They are diffuse affective qualities of situations, ascribed mainly to intersubjectively shared places. With few exceptions (Fuchs, 2013a; Slaby, 2014a), atmospheres have not captured the attention of embodied theories yet, but they are particularly interesting for our purposes of understanding intercorporeal experiences in therapeutic situations because they point to subtle affective modulations that are not fully captured by the enactive theory of participatory sense-making (as formulated thus far in this thesis).

This chapter is devoted to introducing the phenomenology of atmospheres and to examining the complementarities and contrasts with enactive-ecological theories. Although hinted at by a few authors (Fuchs, 2013a; Slaby, 2014a), this theoretical contrast has not been carried out in the existing literature. In this regard, I suggest incorporating atmospheric phenomena within the enactive framework in order to account for the subtle situational modulations in interpersonal situations. As I will argue, atmospheres highlight aspects of embodied intersubjectivity that have remained relatively implicit in the enactive approach; such as the centrality of affect in cognitions, and the resonant and pathic character of the living body. As I will argue, atmospheres complement ecological psychology's concept of *the field of relevant affordances* (Rietveld et al., 2018; Van Dijk & Rietveld, 2016) incorporating the pathic and affective aspects of situations into the active and interactive ones. As a result, the concept of the *pathic lived body* will allow a more thorough and encompassing understanding of the affective dimension of the lived body in the enactive theory.

This chapter thus represents a theoretical contribution to the 4E cognition theories, aiming at deepening the theory of sense-making and participatory sense-making presented in the thesis. This implies a significant step to move forward in our quest to understand embodied intersubjectivity and paves the way to elaborate an enactive definition of mental disorders as disorders of affectivity in Chapter 7.

6.1. PHENOMENOLOGY OF ATMOSPHERES

In phenomenology there has been a recent upsurge of interest in the atmospheric character of affects, revealing new ways of understanding embodiment and intersubjectivity (Böhme, 1993; Griffero, 2016; Schmitz, 2019; Tellenbach, 1968). The so-called *new phenomenology* brings subtle phenomena that occur in interpersonal situations (both at dyadic and group levels) into the light, and addresses situational processes that go beyond the interpersonal framework to the integration of affect-laden spatial surroundings in the interactive landscape. New phenomenology was developed by the German philosopher Hermann Schmitz in the 1980s (Schmitz, 1964/1980; 2019), but it is only recently achieving recognition within academic philosophy[10]. New phenomenology puts forward a non-mentalistic view of affective phenomena referring to affective atmospheres as room-filling affective qualities or ambiences of situations. Situations, such as sunsets, cathedrals, certain institutions or workplaces are examples of atmospheres. The phenomenology of atmospheres has recently gained interest in psychotherapy (Francesetti, 2019b; Kolehmainen, 2019), architecture (Abusaada & Elshater, 2020; Borch, 2014; Seamon, 2017), aesthetics (Biehl-Missal, 2013; Böhme, 1993), theater (Böhme, 2013), and it has also been used to describe certain mental processes such as memory (Kluck, 2019) and creativity (Julmi & Scherm, 2015).

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[10] In 1992, Schmitz's followers founded the *Society for New Phenomenology* (GNP), which has greatly contributed to the translation and spread of his work.

Following some of the principles of the 4E cognition approaches, the driving force behind the new phenomenological project is the criticism of what scholars call the psychologistic-reductionist-introjectionist objectification[11]. According to Schmitz, the history of philosophy has been imbued with the dualistic perspective that distinguishes objective matter from subjective soul. In this traditional epistemology, the subject constructs his or her experience centered on a private inner sphere that is separated from the outside world. As described in Chapter 1, this *mediational* epistemology has informed functionalist and behaviorist perspectives in psychology and cognitive sciences (Taylor, 2004). Moreover, the cognitivist approach to cognition has mainly identified the mind with rationality, leaving embodied affective impulses as passions to be governed by it. New phenomenology, by contrast, focuses on the pre-logical, affective, pre-objective, and holistic character of experience. For this reason, new phenomenology represents a promising newcomer to inform debates on enactive and situated affectivity.

6.1.1. Atmospheres: Neither inside nor outside, neither subjective nor objective

The cornerstone of Schmitz's theory is his view of emotions as authoritative and spatial atmospheres. Atmospheres are affective powers, not-yet-things, that are experienced in a holistic, blurred, and pathic manner (Anderson, 2009; Ash, 2013; Griffero, 2020; Michels, 2015). They move us, they affect us, they penetrate us in a way that we can barely deny their effects. Affective atmospheres irradiate from spaces and situations both in human-built places and wild spaces. They are moods or ambiences of situations that suffuse interpersonal spaces and influence an individual's affective states. The atmosphere created by a sunset falling into the wide horizon of the Atlantic sea on a summer evening, the atmosphere of solemnity of an organ concert in a catholic cathedral, or the climate of excitement in a stadium before the beginning of the championship final match are salient examples of atmospheres. Nevertheless, atmospheres are ubiquitous. They are present at our homes, workspaces, or cities modulating our affective states in a subtle, inconspicuous but pervasive manner.

Schmitz depicted affects as filling in spaces, involving the conscious subject, and permeating the boundaries of the lived body. His initial formulation of affects, however, might seem highly counterintuitive: they are depicted as existing *out there* almost as self-standing substances that fill spaces with a certain *aura*. Formulations like "indeterminate powers of feeling poured out into the expanse"

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[11] The somehow grandiose label of 'new' phenomenology wants to highlight the break with two tendencies of German phenomenological tradition: its alleged internalist orientation and the tendency to turn back to Husserl's phenomenological framework as the standard phenomenological method. The aim is to move away from apodictical justifications or transcendental speculation of contemplating essences of classical phenomenology. Although Schmitz is inspired by Husserl's method, his phenomenological method is no longer transcendental or egological and aims to free itself from classical commitments to truth, essence, and the dogma of intentionality (Blume, 2009).

(Schmitz et al., 2011, p. 243), "moods that were in the air" (Böhme, 2021, p. 1), or "centripetal and external vectors" (Griffero, 2019, p. 30) are common descriptions of atmospheres. The aim of atmospherology is not to go back to an ancient view of emotions as daemons emerging from a radically extrapersonal sphere, but rather to re-balance the predominant psychologistic-reductionist-introjectionist ontology towards a more relational view of affects, where the boundaries between inside and outside of the lived body are diffuse.

Despite these overly externalist formulations, atmospheres should not be understood as having a perpetual — substance-like— existence independent of the people experiencing them. Rather, the version of atmospheres that I hold here is relational, but, as I will show in this section, their relationality should be understood in a specific way. At first sight, there are two complementary senses in which atmospheres might be seen as relational phenomena. First, they are holistic and emergent phenomena involving relational aspects of the environment, not isolated elements, and they can be intersubjectively shared. Second, they involve subjective and objective elements, internal and external aspects, so they might be seen as relations between the subject and certain aspects of the environment. However, the relational account I am putting forward here (in line with Slaby, 2014; Svenaeus, 2016), posits atmospheres as a genuine way of world disclosure. Atmospheres do not represent relations between fully constituted entities and subjects, but participate in the process by which those entities emerge as concrete and relational. In this section, I will describe the core characteristics of atmospheres that motivate these three perspectives. But let me advance that the relational character of atmospheres, as I will argue, should be understood as aiming to dissolve the mediational ontology, that is, the divide between inside and outside, interior and exterior, of the experiencing subject, rather than just locating affective atmospheres outside of the divide or characterizing them as relations between internal and external elements.

To begin with, atmospheres are holistic and situational phenomena. Their qualitative features are not perceived as discrete, edged, solid, or cohesive things that can combine compositionally to create the desired atmosphere. Rather, atmospheres constitute a non-decomposable whole that coincides with their qualitative phenomenal appearance. However, certain things, objects, or even people contribute in an identifiable and particular way to the atmosphere of a situation by extending their qualities to the space they are in (e.g., the effect of having a TV versus having a plant in a living-room, or the effect of an authoritarian boss on the atmosphere of the whole workplace). A relevant consideration, however, is that although certain elements contribute to them, atmospheres are "not *composed* but *generated*" (Griffero, 2019, p. 39, emphasis in the original), which implies that they are not fragmentally experienced. Indeed, while perceptual experience can be decomposed into perceptual modalities and impressions (e.g., touch, visual input), affects are not fragmented in that way, but are felt as involving the whole body, and in the case of atmospheres, the whole situation. Imagine the atmosphere of a sunrise standing on a sandy beach. What new phenomenologists stress is that in perceiving concrete identifiable elements, such as the visual

perception of the sun rising or the touch of the sand, we have also a holistic affective impression of the whole situation, which cannot be reduced to the sum of those individual impressions, but functions as their cohesive context. In *gestalt* terms, the atmospheric affect would be the background feeling where individual impressions are situated. Moreover, the atmosphere does not emerge from the mere sum of the elements composing a situation, but the relations and interactions between those elements gives rise to a unique but open-ended configuration that conveys particular affective qualities. The atmosphere of a cafe is not the same in the morning or in the evening, nor when one is reading a book or talking to a close friend, for instance. The way the elements are related and interact with each other matter, so to speak. From this we can conclude that atmospheres are holistic phenomena. Consequently, one could describe atmospheres as relational in this particular sense, that is, as wholes emerging from the inter-relations of different elements of the environment relating to the quality of its experience.

Moreover, atmospheres are neither objective nor subjective. They express something vague, an ill-defined indefinite *something* that exceeds rational explanation and clear figuration. They are not known or represented in the mind as an objective and determinate thing nor do they have a propositional character. Consequently, even if different living bodies may feel differently in the same space, this does not imply that one of them must be wrong. For instance, the same funeral may affect someone as extremely sad and tragic while being a lovely and honorable ceremony for another. There is no objective atmosphere in the sense of there being one single condition of veracity or one mode of existence but rather, atmospheres exist as long as someone is pulled by them. However, atmospheres are not merely subjective either because they are not created or projected by the individual nor are they subjective judgments of the situation. Even if an atmosphere may be harmonizing or dissonant to a person, there are affective qualities of spaces and situations that are intersubjectively shared. Imagine the solemnity of a gothic cathedral, for instance. One may find it harmonizing or dissonant, but there is certainly an affective quality that emerges from the space and strikes the individual that goes beyond individual likes or dislikes. All this indicates that atmospheres cannot be reduced to subjective or objective elements, but they would be better described as relational phenomena involving aspects of both the subject and the environment.

Noticeably, another core characteristic of atmospheres is that one does not just feel an atmosphere, but gets gripped by it. For instance, working in a tense environment elicits feelings of stress and anxiety to individuals participating there. One can also be gripped by the atmosphere of excitement of a football final match in a stadium even if one does not like football at all. This is more evident in collective emotional manifestations such as political demonstrations, mass festivals or public religious scenes (Slaby, 2014a) where emotional contagion may play a role in their attractive character (Hatfield et al., 1993), but also in natural or architectural landscapes. One can be gripped by the sadness of a foggy and misty day, for instance, and modulate one's own mood and interactions with the world.

In this regard, as I will explain in more detail below, the gripping character of atmospheres may find similarities with the soliciting character of affordances.

Although atmospheres are experienced as pulling and soliciting, this does not imply that one is inextricably prompted to harmonize with the atmosphere of the situation. Indeed, a skeptical reader could argue that there can be a mismatch between the atmosphere perceived in the interpersonal space and the affective state of the individual. For instance, when a person in a party does not coincide with the festive mood of the situation, but feels uneasy and awkward. This example might indicate that some affects are more internal or external than others and that atmospheres have a prominently external or objective character. As a response to this skeptical criticism, we should consider that the "mismatch" can only be perceived if one is already participating in and being pulled by the atmospheric affect (Ahmed, 2007). Moreover, as I will explain in more detail in Chapter 7, the atmospheric feeling does not exhaust the complexity of our affective experiences. We may be at a festive party and be worried by a close deadline at work and, at the same time, feel embarrassed by an inappropriate comment from a friend which, in turn, may temporarily shift the atmosphere of the party. The fact that we can hold ambiguous and contradictory ("mismatched") affective experiences at once does not imply that some of them must be considered being outside and others inside, nor that affective states should be divided into collective or individual. Yet, although atmospheres are beyond truth and falsity, they can be more harmonizing or dissonant with other affects. To be gripped by an atmosphere, thus, does not imply emotional contagion, but to sensibly integrate the affective solicitations of the situation.

Thus far, I have shown that the relational character of atmospheres may be understood in terms of their holistic and neither-objective-nor-subjective character. The examples shown so far illustrate that certain situations or environments *have* or *express* an atmosphere. However, although certain situations may be considered paradigmatic examples of atmospheres (e.g., a church, the environment at the workplace, a rock concert), atmospheres should not be considered as mere entities or relations *in the world* but *a genuine way of disclosing the world*[12].

Indeed, epistemologically speaking, atmospheres are the holistic impression of the world that precede the identification of separated and concrete entities (Svenaeus, 2013). Our basic experience of the world is not constituted by individual impressions that come together in the mind, but it is the affective pull or gradient which draws our attention to concrete elements. Atmospheres predispose the felt

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[12] The distinction between concrete atmospheres as experienced in particular situations or atmospheres as a mode of world-disclosing can also be understood in terms of Heidegger's (1927/1962) distinction between the ontic and ontological levels of affectivity. While the ontic level refers to the various ways in which affects can manifest in experience (*Stimmungen*), the ontological level refers to affectivity as the condition of the possibility of experience, that is, the basic mode of existence and openness to the world (*Befindlichkeit*) (Elpidorou & Freeman, 2015). As I will explain in more detail in Chapter 7, this idea accords with Gilbert Simondon's account of affectivity, which would not only be pre-reflective but also pre-individual.

body to perceive and interact with certain entities by pre-configuring the affective background from where certain figures become salient. In Schmitz's words,

> "The world shows up not as a neutral realm of already separate entities but as the atmospheric fields of significant situations, opportunities or quasi-corporeal forces or 'opponents' that in the first instance become manifest to the conscious person in form of the 'internally diffuse meaningfulness' of holistic corporeal impressions. Articulation of significant situations into constellations of separate objects and structures is a later-coming achievement (although it is usually taken as primary by theoretical thinking)." (Schmitz et a., 2019, p. 244).

This quote aims to express that atmospheres are not only generated by entities, but the affective participation in whole situations also allows for the identification of distinct entities in a given situation, being the affective background from which certain entities become salient. The idea is that atmospheres are not only generated by particular elements but they modulate our access to them by making certain elements more salient while hiding others, promoting certain behaviors while inhibiting others, making certain emotions more or less likely to emerge than others, and so on.

I suggest that this process of going from whole to parts, so to speak, requires a form of *disambiguation* and *concretization*. From the enactive perspective, concretization refers to the epistemic operation of considering an element as embedded within a network of relations, that is, its constitution as a relational system. It opposes abstraction (*ab+trahere*), which refers to the process of decontextualization or isolation of the element from its relation with other elements (see Di Paolo et al., 2018, p. 92). Concretization, in this context, is thus an operation of going from holistic abstract and blurred affective atmospheres to identifiable constellations of concrete elements and relations between them. Indeed, the atmospheric way of disclosing the world is characterized by being fundamentally ambiguous as it holds opposite tensions that are dialectically related— "presence and absence, materiality and ideality, definite and indefinite, singularity and generality" (Anderson, 2009, p. 77). Noticeably, the very etymological term *atmos-sphere* refers to two opposed forms of spatiality—the tendency of aerial substances to fill in spaces (*atmos*) and a particular form of spherical organization of the space (*sphere*). Consequently, atmospheres can be seen as ambiguous and blurred totalities that sometimes call for concretization and disambiguation.

The example of uncanny atmospheres may illustrate this idea of disambiguation and concretization (Fuchs, 2019). An uncanny (*Unheimlich*) situation refers to the joint experience of strangeness *and* familiarity. For instance, when the face of a loved person suddenly looks like that of a total stranger or where the movement of dark and obscure shadows in a child's room can seem to him as ghostly animated beings. The experience of uncanniness emerges when two incompatible things are

experienced together or when two opposite meanings clash, such as an inanimate object that appears like animated, a known object appears as alien. Uncanny atmospheres call for disambiguation and concretization by giving a more coherent form to the perceived surroundings. For instance, walking in a forest at night may require disambiguating the meaning of shadows and noises. When this process fails, as in the case of schizophrenic delusions, a de-realization of the world occurs, that is, the experienced surroundings lose their meaning (Fuchs, 2005b; Ratcliffe, 2013). In non-delusional (or non-pathological) uncanny situations, however, the process of "realization" of the world requires making experience concrete and coherent by disambiguating it into a more concrete and stable organization of elements.

As a final remark, I want to briefly comment on another core aspect of atmospheres. Atmospheres are not only relations between aspects of the subject and the environment, but they represent a more fundamental mode of affective involvement (*affektives Betroffensein*, in Schmitz, 2005/1978, p. 260). As I will extensively discuss in Chapter 7, atmospheres can be considered a form of affective involvement that is prior to the full constitution of the subject experiencing them (Brown et al., 2019; McCormack, 2018; Riedel, 2019). The idea is that the process of concretization does not only apply to the experience of the world but also to the sense of self that accompanies that experience. This means that affective involvement may precede the full structuration between self and world, as it may be placed at the process from which self and world as distinct entities emerge in consciousness. What new phenomenologists see in affective atmospheres— and I wish to highlight here — is a way to talk about affective processes that do not refer to already constituted and well-defined individuals.

In sum, there are three aspects of atmospheres that make them relational. First, they are holistic affective phenomena involving relations and interactions between elements composing the situation (including the perceiver). Second, given that they are neither subjective nor objective, they can be seen as relations between aspects of the subject and aspects of the environment. Third, they are affective ways of disclosing the world that generally call for disambiguation and concretization of holistic affective aspects of the situation into concrete and identifiable elements and relations. In this way, new phenomenology proposes a shift in understanding affective experience: they are located neither inside, nor outside subjectivity, but are affective involvements that precede the boundary between them.

6.1.2. From Affordances to Atmospheres

Once the core aspects of the phenomenology of atmospheres have been introduced, how does this perspective inform enactive-ecological approaches and situated affectivity? As I explained before, atmospheres are felt as soliciting forces that grip us, and they modify our affective states making certain behaviors and

interactions more likely to emerge than others. In this sense, atmospheres may be described in terms of affordances as they are aspects of situations that modulate our disponibility to certain actions and behaviors. Some authors (Arbib, 2021; Griffero, 2019; Jensen, 2020; Slaby et al., 2019) have already hinted at this link in a general and non-specific way. However, a more thorough analysis of *how* and *in what sense* atmospheres may be seen as forms of affordances is lacking in the literature. Therefore, I now review different formulations of affordances, assessing their advantages and disadvantages and their adequacy to characterize atmospheric phenomena. I conclude that only one specific theory of affordances is compatible with the phenomenology of atmospheres, namely the enactive-psychological formulation of the Skilled Intentionality Framework (SIF) (Rietveld et al., 2018; Van Dijk & Rietveld, 2016).

The concept of affordance is central in ecological psychology (Heras-Escribano, 2019), but there is some controversy about its ontological status and its explanatory value (Ratcliffe & Broome, in press). According to Gibson's (1979/2014) initial formulation, affordances refer to what the environment offers to the animal, as either favorable or unfavorable. Affordances were seen as properties of the environment relative to the physical properties of the animal species. For instance, while a tree affords being climbed by a squirrel, it is not climbable by an elephant. Affordances, in this sense, are quantifiable animal-relative properties of the environment, which link biomechanical properties of the body with certain properties of the environment (e.g., the property of the tree "being climbable by a squirrel", Turvey, 1992). This realist and quantifiable character of Gibsonian affordances has made them explanatorily and methodologically useful in a wide variety of experimental settings (e.g., Borghi et al., 2012; de Wit et al., 2017; Gianelli et al., 2013; Kalénine et al., 2016) and in evolutionary studies (e.g., Chong & Proctor, 2020; Jenkins, 2008; Withagen & van Wermeskerken, 2010).

Gibson's original definition, however, has been revised and reformulated in order to explain not only behavior at the species level, but also individual perceptual and affective experience. Individuals may perceive the environment as "action possibilities" (Norman, 1988), which are directly perceived as doable or not, as favorable or not, in terms of salience, constraints, opportunities, and valences. According to this perspective, individuals would directly perceive the chair as affording sitting on it or a mug as graspable, for instance. Inspired by this direct perception perspective, some proponents of ecological psychology consider affordances to be central for a general theory of (perceptual) experience and find in them a path towards naturalizing value and meaning from an embodied, non-representational, and situated perspective (Baggs & Chemero, 2021; Chemero & Turvey, 2007; Heras-Escribano, 2019; Tillas et al., 2017). In this regard, one of the most influential proposals is the relational account of affordances (Chemero, 2003; Baggs & Chemero, 2018, 2021). According to this view, affordances are *relations* between the abilities and skills of a particular organism and features of the environment, rather than objective properties of the environment (Baggs & Chemero, 2018).

However, both the Gibsonian and the relational formulation of affordances as general theories of experience have certain limitations. First, a definition of affordances in terms of opportunities for action does not by itself explain why some affordances are more salient than others in a given situation, nor why some action possibilities are actualized by the agent while others are not. The soliciting character of affordances, which can be felt experientially, is not captured by a definition of affordances in terms of action possibilities, which can be described from a third-person and mechanistic perspective (de Haan et al., 2013; Dings, 2018). Indeed, while affordances are relatively stable, the solicitations associated with them are highly variable and dynamic. Second, when it comes to human experience, the environment becomes a sociomaterial environment where the normativity of an affordance does not only rely on biomechanical abilities, but also on a contingent set of sociocultural practices and patterns of social relations (Costall, 1995). Undeniably, social normativity exerts certain constraints over the performance of certain actions (e.g., eating behavior), motivates certain actions (e.g., prosocial behavior, altruist behavior) and even opens up new affordances (e.g., by means of linguistic behavior). In order to integrate individual and collective normativites to the definition, some researchers have introduced developmental perspectives (Corris, 2020) or socio-material normativity to the relational account of affordances (Heras-Escribano & de Pinedo, 2016; Rietveld et al., 2018; van Dijk & Rietveld, 2016).

However, as Mathew Ratcliffe has aptly pointed out (Ratcliffe, 2015; Ratcliffe & Broome, in press), a general concern is that the theory of affordances does not capture the manifold ways the environment appears as meaningful to us. "Things do not simply 'afford' activities; they appear significant to us in all sorts of different ways" (Ratcliffe, 2015, p.61, note 24). Furthermore, although ecological psychology aims to explain (perceptual) experience as linked to potential for action, this relation is overly variable and may encompass multiple chains of causation or affordabilities. This effect is particularly salient when taking a diachronic perspective on experience (i.e., looking at the meaningfulness of the experienced world as extended in time and encompassing various time scales). From a diachronic perspective, the landscape of future possibilities that a given thing affords opens up exponentially. For instance, Ratcliffe and Broome (in press) use the example of the gate of the airport as affording me to fly to New York. Beyond its direct physiognomic characteristics, the gate is meaningful and relevant to me in virtue of future possibilities which encompass multiscale "meanings", so to speak (e.g., the possibility of flying to New York to attend the job interview that I have been expecting for so long). This example shows that meanings go beyond the immediate solicitations to act but also relate to long term autobiographical, ethical, or affective potentialities, which may only indirectly lead to concrete actions. Indeed, not all the ways the environment appears as significant to us can be reduced to solicitations for actions, which indicates that affordances may not explain and distinguish the many different and complex forms of *potentialities* that constitute our subjective and intersubjective experience.

Atmospheres are a clear example of meaningful experiences that are not fully captured by traditional approaches to affordances. Affects, understood in an atmospheric way, modulate the felt body in a general way, pre-figuring subjective and intersubjective experience and modifying the pathic dimension of embodiment rather than soliciting a concrete, delimited, and quantifiable action. "While the environment can invite a certain action or even urge a person to do something, to an atmospheric affordance indeed one reacts not necessarily with a behavior" (Griffero, 2019a, p. 101). Atmospheres, in contrast to affordances, are not bearers of information or concrete and identifiable possibilities for action, but they are diffuse, undetermined, and pathic. In other words, they are meaningful not in virtue of their leading to a certain action, but in virtue of modulating the affective state of the individual in a general and holistic manner.

In this vein, recent approaches to situated affectivity have coined the term *affective affordances* to describe aspects of the environment that we perceive as "affording regulative opportunities to amplify, suppress, extend, enrich, and explore [...] our affective experiences" (Krueger & Colombetti, 2018, p. 214). The idea behind is that things do not only afford actions, but also bootstrap or scaffold emotion regulation (Colombetti & Krueger, 2015). For example, colored clothes or a rosary may trigger affective predispositions in certain people, making them feel more confident or connected, influencing in this way the complex field of possibilities for action (Colombetti & Roberts, 2015). In this regard, the manipulation of the environment according to the activity of a form of life — niche construction— would also involve arrangements of things so that they intervene as extended affective regulators (Krueger & Szanto, 2016). In this way, situated perspectives promote a view where affects are not a matter of individual inner states, but emerge from the interaction of the agent with their surroundings (Colombetti et al., 2018; Slaby, 2016; Stephan & Walter, 2020), constituting also an affectively extended self (Heersmink, 2020; Piredda & Candiotto, 2019).

Proponents of affective affordances open up the Gibsonian meaning of affordances as *opportunities for action* to *opportunities for affective regulation* (Krueger & Colombetti, 2018). This has advantages and disadvantages. While they expand the meaning of affordances to encompass other forms of experiences (not only perceptual), this move goes along with a loss in the reliability and quantifiability of Gibsonian affordances. One of the advantages of the Gibsonian formulation of affordances was that they relied on quantifiable possibilities for action that could be directly linked to physiological features of the animal (e.g., the graspability of a mug or the "sitability" of a chair). Affective affordances, understood as opportunities for affective regulation, are highly contextual and dynamically changing. As a result, the quantifiable and concrete aspect of the original formulation of affordances is lost. The reason is that, as aptly pointed out by Candiotto and colleagues (Piredda & Candiotto, 2019; Candiotto & Dreon, 2021), the potentiality of certain affective affordances to regulate our affective states does not rely on intrinsic properties of the object, nor to relational "static" properties of the agent, but it depends on the *affective practices* and *affective habits* of the agent in a given social community. This implies that affective affordances result both

from interactions between different elements of the situation and the history of the coupling between organism and environment. A black power suit may give you the security needed for a job interview, but not always and not to the desired extent. Moreover, certain affective experiences do not only reinforce a pre-determined regulatory mechanism, but affects may also trigger changes in habitual patterns of interacting with the environment, thus, they are transformative in addition to regulators of self-sustained habitual patterns (Candiotto & Dreon, 2021). Although there is a likelihood of certain situations eliciting certain emotional states (Schutte et al., 2008), the instantiation of affective affordances is not as consistent and reliable as Gibsonian affordances were.

The concept of affective affordance is, however, closer to the atmospheric phenomena I am interested in, but still not quite. In a general sense, the soliciting character of atmospheres can be considered an affective affordance or an "affective arrangement" (Slaby et al., 2019) because they appeal to an individual's bodily resonance and make the affective aspects of experience salient. Indeed, we actively manipulate the ambience of our homes, our workplaces, and so on in order to regulate our affective states. We may go to natural places to release stress or to a jazz modernist cafe in search of inspiration for writing. Certain spaces such as churches, natural landscapes, or museums can certainly be used to regulate the affective state of the individual and can be considered part of his or her affective niche. Nonetheless, there are some relevant distinctions to make between atmospheres and affective affordances.

To begin with, a clear contrast between affective affordances and atmospheres is their respective potential and actual soliciting character. Affective affordances are defined as those elements in the environment that have the *potential* for being used as affective regulators. The music I save in my playlists can be considered part of my affective niche even if I am not listening to it at this precise moment. Affective affordances are defined as "affective regulability" rather than actual affective experience. Atmospheres, however, exist only in their actual experience. It would sound absurd to talk about the atmosphere of the workplace when there is no one feeling it. It would be meaningless to speak of an atmosphere potentially eliciting a certain emotional response because the atmosphere *is the actual affective resonance with the situation*. Atmospheres exist in actuality of their being felt, not in their virtuality as opportunities for affective regulation. They are phenomenological categories, that is, forms of affective experiences and, as such, they can be distinguished from other types of affects such as emotions, moods or existential feelings – as I will discuss in more detail in Chapter 7. This phenomenological distinction between modes of affectivity may indicate different mechanisms of affective regulation that are not captured (at least in current formulations) by the concept of affective affordance. From this, we can conclude that the concept of affective affordance by itself lacks the phenomenological depth required to characterize atmospheres and to distinguish them from other forms of affective experiences.

Moreover, the atmospheres we experience in our everyday life are not limited to those intentionally created or manipulated, but we find ourselves in them unintendedly. The atmosphere of a high standing restaurant may not always be as calm and intimate as intended in the first place. The reason is that beyond the careful arrangement of things (eg., odors, the food, the musical ambience, etc.) the interactions between people participating in there modulates the moment to moment ambience of the situation (e.g., a person having a loud phone call at the next table). The interactions between the elements of the situation give rise to an identifiable configuration or *gestalt*. If one element of the situation changes, the whole situation also changes. As a result, although specific generators of atmospheres can be identified and studied (Böhme, 2014), due to their constitutive openness and unfinished character, the resulting atmosphere will be beyond the designed arrangement of things.

Another contrasting point concerns their ontological status. In certain situations, the *absence* of certain elements can condition the resulting atmosphere. For instance, the absence of a member of the family who has passed away recently may generate an atmosphere of nostalgia and sadness at a Christmas family dinner, the absence of personal belongings in a new apartment may generate a cold atmosphere of strangeness, or the absence of ambient noise may generate an atmosphere that promotes concentration. To give another example, the absence of leadership may cause an atmosphere of uncertainty and disorder in an organization. Not only the presence of certain elements of the environment influences our affective experience but sometimes the *presence of an absence,* is what elicits certain emotional and systemic responses. If we assume this possibility, then it is not easy to imagine how certain atmospheres could be described in terms of affective affordances. The reason is that ecological psychology departs from the ontological claim of an existing physical environment — the habitat of the animal species — *a part of* which is the world as perceived by the individual (Umwelt) (e.g., Baggs & Chemero, 2021). The perceived world thus is a *subset* of the physical world and, therefore, it must be described in positive terms. Atmospheres, instead, as phenomenological categories, although relationally defined — in a particular way, as described above — do not presuppose an objectifiable reality. Indeed, they are considered epistemologically prior to objectifiably perceived reality by some authors (Anderson, 2009; Griffero, 2017). Affordances, instead, presuppose a positive material element whose properties afford X to the subject.

Moreover, affordances are described as relations with *things.* The main issue here is that the discourse of affordances (including the concept of affective affordances) has been constructed on the paradigmatic example of canonical affordances (Costall, 2012), which refer to relationships with *artefacts.* Even if affordances are considered as emergent properties of the interaction between the animal and its environment and thus not reducible to their physical properties (Stoffregen, 2003), prototypical affordances refer to agent-object dyadic relationships. Indeed, affective affordances are typically described in terms of relations with artefacts (e.g., a rosary, the picture of the family, the color of the cloth, to use some examples

of Krueger and Colombetti, 2018). However, the meaning of an affordance, even in its canonical form, does not depend only on the features of the object and the agent (and their history of couplings) but on the constellation of affordances this particular affordance is embedded in, that is, it depends on the wider contextual framework or to the *situation* to be meaningful (Costall, 2012). In other words, the meaning of an affordance is instantiated within a wider context of the situation. In contrast, as already argued above, are meaningful as holistic situational characters and, strictly speaking, cannot be ascribed to artefacts.

A way of overcoming this issue would be to define affordances as relations between specific aspects of the agent and whole situations (as explicitly claimed in Chemero, 2003). Affordances would be relations between abilities of the agent with *features* (not properties) of whole situations, without the need for postulating particular objects (like raininess being a feature of a situation). This formulation would explain the fact that the situation as a whole may offer certain possibilities for action or affective regulation. The problem is that the relational account by itself does not distinguish the contribution of different affordances to a given situation. If affordances are relations with aspects of whole situations, how can it be that I ascribe the ability of regulating my affective states to certain things, places or people in any consistent or meaningful way? While the bare concept of affective affordances relies overly on concrete elements and misses the whole situation, the relational account relies on whole situations missing the concrete elements. The phenomenology of atmospheres, however, wants to describe how the situational affective qualities make certain concrete affordances more salient than others. It provides a conceptual apparatus to talk about the actual affective engagement with whole situations as experienced by the agent that serve as context from where concrete elements and relations emerge.

Another promising proposal is to understand affective affordances (scaffoldings) in terms of affective practices and habits (Maiese, 2016; Piredda & Candiotto, 2019; Candiotto & Dreon, 2021). The authors provide a perspective of affective affordances as forms of relatively stable patterns of channeling affectivity. These relational formulations, would consider affective affordances as emerging from interactions between the agent and the environment rather than being a matter of their "stable" properties and features. Moreover, habits cannot be viewed as belonging solely to the environment or to the agent but they are *enacted* in the interaction (Di Paolo et al., 2018). This enactive character implies that affective habits would have both actual and potential character, being both actual behaviors/affects and stabilized patterns in the behavioral/affective repertoire, so to speak. Despite affective habits offering a better characterization of affects as interactional (rather than solely relational), a potential issue with this proposal is that it may conflate explanandum with explanans. While the main aim of ecological psychology was to explain subjective experience and behavior from environmental features, characterizing affective experience in terms of affective habit may not by itself do the sufficient explanatory work. Moreover, when it comes to affective atmospheres, looking at them as affective habits does not capture their pathic character, that is, how they are felt as non-volitionally

affecting us, pervading us, or permeating us, often out of our habitual affective patterns (e.g., the uncanny atmosphere). As mentioned before, while affective affordances and affective habits refer to behavioral aspects of affective experience, with atmospheres, one does not necessarily react with a behavior, but with a general modulation of the affective state. Again, while this account may be suitable to describe emotional experiences, it may not suffice to characterize atmospheric affects.

In an attempt to provide a more encompassing and enriched perspective on affordances, Rietveld, Kiverstein, and others (2014; Rietveld et al., 2018; van Dijk & Rietveld, 2016) have proposed the Skilled Intentionality Framework (SIF). According to this view, since affordances offered by the environment depend on the ability of the individual and humans have a wide variety of skills (e.g., motor skills, but also linguistic, affective, cognitive and social skills), the environment must offer multimodal affordances of different nature and orders — encompassing higher order cognitive abilities, and affective affordances. They use the example of a towel in a public restroom which affords, not only drying hands, but also to be represented as a towel, to be correctly judged as a towel, to be linguistically referred as 'towel', and so on. All these affordances are organized in a *rich landscape of affordances*. These authors also emphasize that the normative character of human skills results from their being embedded in sociocultural practices. Affordances are not only bodily normative, but also socially normative (Rietveld, 2012; Rietveld & Kiverstein, 2014). This account thus encompasses the wide variety of possibilities for action (understood in a broad sense) that the environment affords to a population defined in terms of their socio-cultural practices.

Now, how does this account explain the soliciting character of the landscape of affordances? How can they explain individual differences in their soliciting experience? The authors distinguish between the rich landscape of affordances (which is relative to a particular population) and the *field of relevant affordances* (as actual solicitations experienced by an individual). An affordance is relevant when it is perceived by an individual as soliciting certain action, which is manifested as a bodily state of action readiness (Frijda, 1986). The field of relevant affordances is thus the dynamic and wide field of solicitations that the individual experiences in the interaction with the environment. In this way, the SIF overcomes the limitations of the Gibsonian and relational accounts of affordances. Indeed, they explain the soliciting character of affordances by linking them to bodily and social normativities which explains both the evolutionary pressure exerted by affordances and the individual experience. Moreover, they account for a variety of ways in which the environment appears as meaningful by widening the scope of what counts as *action* solicitation.

Since the relevant field of affordances is understood as a dynamic field of solicitations that encompasses a variety of ranges, modalities, timescales, and also affective affordances (van Dijk & Rietveld, 2016), it may resonate with the idea of atmospheres as soliciting affective qualities of whole situations. The concept of relevant landscape accounts for a totality that emerges from the dynamic

interrelations between multiple affordances and their solicitation. Moreover, solicitations are described as responsiveness to actions understood in a very broad sense, encompassing not only motor behavior but also mental processes, linguistic utterances, and also affective affordances. In this way, they account for both individual affordances and the whole situation.

This being stated, what is the role of affectivity in the emergence of the field of relevant affordances? A closer look at the theory reveals that there is a certain ambiguity in the role played by affectivity that should be clarified here. I identify three ways in which affectivity is involved in the field of relevant affordances: (1) affective affordances as elements that compose the landscape, (2) affectivity as the soliciting force of each individual affordance that composes the relevant field (e.g., the soliciting force of the graspability of the mug) and (3) affectivity as the soliciting character of the totality of the relevant field. I claim that only (3) is compatible with the way atmospheres are experienced and characterized. I already indicated certain problems with affective affordances (1), such as differences in the potentiality/actuality, their ontological status, and their deliberate use. Considering (2), affectivity would be identified with the soliciting character of affordances, rather than one type of action that a thing affords, as in (1). Affectivity understood as (2), we could say that all affordances are affective in this sense because they all have a soliciting character. Indeed, in their proposal, the authors define this soliciting character of affordances as bodily *action readiness*. According to the authors "states of action readiness characterize affective states in ways that reflect the strivings of organisms to modify their relation to the environment" (Rietveld et al., 2018, p. 55). The *relevance* of the field is thus felt as an affective allure and bodily responsiveness to the summons of affordances (even to the ones in the background of perceptual experiences).

This form of affective allure, however, is not of the atmospheric kind, but of an emotional kind. While emotions can be described as showing action tendencies, moods and atmospheres are not defined by their active aspect (Fuchs, 2013a, see also Chapter 7). Moreover, affective allure or action readiness are bound to a particular action possibility, that is, to the inviting character of a particular affordance. Atmospheres, instead, are better described as the modulation of the whole bodily affective state. This leads us to (3). Atmospheres can be seen as modulating the soliciting character of the whole field of relevant affordances, thereby making certain elements of the situation more salient than others. In this regard, they can be understood as the experiential counterpart of what the authors call "context sensitivity", that is, the "selective openness to a multiplicity of relevant affordances simultaneously" (Rietveld et al., 2018, p. 57). Context sensitivity is not mainly a matter of reflectively evaluating the situation, but rather an embodied affective resonance that modulates the field in a general way, which is realized by atmospheric affects. This particular form of understanding affectivity within the discourse of affordances, thus, is compatible with the phenomenology of atmospheres as presented here.

Moreover, this formulation captures the holistic features of atmospheres. As stated in Chapter 2, the enactive approach lays on a relational holistic ontology. From this perspective, in order to understand a system, we should not only look at the elements composing it, but also to the interactions among them and the concrete whole they generate. Concerning atmospheric experiences, although both material and non-material elements such as spatial configurations, arrangements of things, and more relevantly, people interacting in them, contribute to the creation of a certain atmosphere, this contribution is not of *mereological supervenience* (see the explanation in Chapter 2), that is, the relation of what wholes and parts are is not only determined by bottom-up constitution, but top-down constitutive relations matter. Becoming gripped by an atmosphere is not merely a sign of being solicited by the affordances that constitute it (Brown et al., 2019). Instead, elements of the field of affordances can generate macro level patterns, which are atmospherically felt and can, in turn, constrain the perception of particular. Atmospheres generate affective states that contextualize the salience of concrete affordances entraining the perception of concrete and objectifiable reality. Phenomenally, atmospheres modulate the whole landscape of affordances and the felt body that resonates with it, the background from where concrete and relevant affordances may emerge.

In a nutshell, I claimed for a compatibilist account between SIF and atmospheres, thus, proposing a particular way of integrating atmospheres into the enactive-ecological approach of the environment as composed by affordances. I have argued that atmospheres point to the limitations of the Gibsonian formulation of affordances by referring to a form of experience that is more general and affective than the one the discourse of affordances was built to explain. Indeed, one may aptly think that what makes affordances explanatorily relevant when it comes to affective holistic qualities of situations is the myriad of qualifications and clarifications that have been made to them rather than the original concept of affordances (Ratcliffe & Broom, in press). Nevertheless, the Skilled Intentionality Framework offers a more encompassing theory that is compatible with the holistic and affective character of atmospheres.

As a conclusion we can say that the two approaches, the enactive-ecological proposal of the SIF and phenomenology of atmospheres, pursue different but complementary explanations. While the explanatory strategy of ecological psychology goes from concrete and individual affordances to their combinatorial landscape, atmospheres aim to capture the effects of holistic situations on the emergence of constellations of elements and relations. In this sense, atmospheres and affordances point to two complementary ways of explaining the organism-environment relation. Affective affordances are ultimately something that *we do* relationaly in terms of our environment, which leads to concrete behaviors, while atmospheres are holistic situations that we feel ourselves immersed into and resonate with, most of the time, non-intentionally. While ecological psychology aims to explain human behavior (almost mechanistically) from the features of the environment, atmospherology is concerned with how the environment is affectively experienced. And while the explanatory strategy of ecological psychology takes individual and objectifiable affordances as primary and then

builds the experienced field from their combination, atmospheres point to a way of looking at the individual and environment as not fully constituted entities, but emerging from a more primary, blurred, and holistic reality. Both the SIF and phenomenology of atmospheres can thus be seen as holding complementary positions. Further research would be needed in this line to disentangle the ways atmospheres may inform current debates within the enactive-ecological approaches about the role played by the environment in cognition (McGann et al., 2020).

6.2. THE PATHIC ASPECT OF EXPERIENCE

The second central claim of new phenomenology is that the subject is not considered ultimately responsible for her experience, but it concerns the experience that people feel "without them having intentionally constructed it" (Schmitz, 2019, p.48). Schmitz calls this basic form of experience the "spontaneous lived experience", which is characterized by being pathic, undetermined, and non-intentional. What happens to us, what is felt unwantedly (in Spanish *padecer*) and spontaneously, has a pathic dimension that is inextricably linked to affectivity and corporeality. Atmospheres, thus, are seen as the ill defined "something" that precedes and moves the subject, which constitutes the fundamental aspect of the pathic dimension of the lived body. Atmospheres describe a mode of being-in-the-world that is primarily affective, aesthetic, and pathic.

Although new phenomenology may share certain motivations with the 4E cognition approaches, such as the centrality of embodiment in experience, overcoming the mediational epistemology and the in-out ontological distinction, it stresses, more strongly than 4E approaches, the pathic and receptive aspects of the lived body. This may be considered at odds with some situated perspectives on affectivity. More precisely, it contrasts with the action-oriented approach of enactive-ecological perspectives, at least apparently. However, as I will show in this section, atmospheres, in highlighting the pathic aspect of experience, may complement rather than contradict 4E cognition theories. In my endeavor of introducing phenomenology of atmospheres into the enactive-ecological perspective, this section will be devoted to describing the role of the pathic aspect of experience in both theories and to clarify potential conflicts and points of tension.

6.2.1. The pathic lived body

As we explained in Chapter 2, phenomenology is concerned with the body as lived and experienced from the first-person and second-person perspectives rather than the objective body of sciences. The lived body is a central aspect of new phenomenology. Although independently developed, new phenomenology and Merleau-Ponty's embodied phenomenology share some common assumptions and motivations. First, they both provide a phenomenological theory of the lived body

as the center of subjective experience. Second, they both aim to provide a non-internalist account of subjective experience describing it as relationally constructed. Indeed, we can find traces of atmospherology in Merleau-Ponty's *Phenomenology of Perception*. According to the French phenomenologist, "all things are *concretions* of a milieu, and every explicit perception of a thing is sustained by a previous communication with a certain atmosphere" (Merleau-Ponty, 1982, p. 334, italics added). In other words, atmospheres are the background horizon from which perceptual *gestalten* emerge.

However, what differentiates new phenomenology is that it stresses the pathic and undetermined character of the lived body, that is, "the affective involvement that the perceiver feels unable to critically react to or mitigate the intrusiveness of" (Griffero, 2017, p. vii). While for Merleau-Ponty the subject-world coupling is achieved mainly by means of embodied skillful action, for new phenomenologists it is achieved through embodied and affective resonance. This difference in emphasis allows new phenomenologists to articulate the pathic dimension of the lived body at the core of their investigation. At first sight, these two perspectives may be in contradiction, and more importantly for our matter, the pathic character of the lived body may be seen as at odds with the enactive theory. However, as I will argue below, the active and pathic views should be seen as complementary perspectives that need to be put in a dialectical relationship.

An excellent description of the pathic lived body can be found in the work of the psychiatrist Gianni Francesetti, "the pathic dimension is by definition alien to the subject, as it is situated at the root of the emerging of the subject, when the subject has yet to be formed, moving it by calling it to respond, incessantly" (2019b, p. 39). Here, the pathic aspect of the body refers to the feeling of the body as being affectively pulled by a situation and its capacity of being affected by the world. The pathic character highlights the "to me" of experience instead of the "by me", that is, being "subject to" rather than the "subject of". In this way, new phenomenology aims to highlight the primordial capacity of the lived body of being affected instead of one being the absolute active agent of her experience.

The pathic aspect of the body points to the *resonating* capacity of the lived body (Anderson, 2009; Fuchs & Koch, 2014; Griffero, 2019b; Schmitz et al., 2011). Atmospheres are overflowing qualitative features with which we, as lived bodies, resonate in a particular way. In this context, bodily resonance refers to the affectability and responsivity of the body which is manifested in a wide variety of bodily sensations, such as the sense of temperature, trembling, nuisance, tension, relaxation, pain, lightness, and so on (Fuchs & Koch, 2014). Bodily responses also involve gestures (e.g., leaning of the body, orientation), autonomic arousal (e.g., heartbeats, sweating), and/or facial expressions (e.g., grimances, gaze). The resonance capacity requires sensitivity and responsiveness and operates at the interplay between the capacities to affect and to be affected. An illustrative image would be a tensed string that vibrates with perturbations of the air while the vibration of the string, in turn, generates waves in the air. There is thus a causal

reciprocity or coupling between being affected by an atmosphere and contributing to its generation (Mühlhoff, 2019).

The relation between atmospheres and the lived body is not, as said before, between two constituted, solid, and self-standing entities, but rather atmospheres *permeate* the lived body. By permeation I mean the relatively slow feeling of impregnation of affective qualities of the situation in one's felt body. The sustained tense atmosphere of a job meeting may be felt as an obstruction in the gut, for instance, that can perdure once the meeting has finished, or the playful atmosphere of a playground may be felt as an expansion of one's body making it feel lighter and cheerful. Consequently, the experience of atmospheres takes place together with a sense of intrusion of the situation. Having defined permeability like this, we can imagine that a tired or a drunk body might be more permeable than a wake or a sober one, for instance (Fuchs & Koch, 2014). As these examples indicate, the articulation of the relation between atmospheres and the pathic body goes beyond mere "mutual influence", which conveys the image of object-like things — with discrete boundaries, determined, solid, and so on — that can be put into relation, towards a more permeating form of participation, that might be better described metaphorically as perfusion, suffusion, diffusion, and so on, without entirely dissolving one to the other.

These formulations reveal the peculiar spatiality and fuzziness of the boundaries of the lived body. Indeed, the pathic lived body is characterized as an ecstatic one. Bodies, landscapes, or things do not only *express* an outside but they *are* an outside, so to speak (Griffero, 2017). We experience the environment through our bodies and also experience our bodies through the environment, not only in being embedded in certain activities but also through affective resonance. This conveys a feeling of the lived body as extended to the whole situation. The idea is that the lived body cannot be closer or further than itself — strictly speaking, it has no center — but it extends to occupy all the perceptual space. Thus, since it does not occupy a concrete space, the lived body is not located *in* the atmosphere, but *lives through it*. This idea goes along with affectively extended accounts of the self (Piredda & Candiotto, 2019) for which affectivity would be the very means through which the minimal or embodied self is extended.

A crucial consideration is that the pathic lived body is the pre-intentional awareness of the body as being self-affected. For new phenomenologists, the affective involvement in the atmosphere, however, is a pre-condition for self-affection, which in turn, sets the basis of subjectivity. Self-affection is not another kind of intentional experience, such as the perception of a chair or the action of grasping a mug. While intentional experiences address certain aspects of the world or are "world-directed", self-affection is a tacit affective sense of self that accompanies all intentional experiences. Self-affection is, thus, a pre-intentional form of self-awareness, which is mediated by the resonance capacity of the lived body, what Schmitz calls "self-consciousness without identification" (Schmitz, 2019, p. 62). This self-consciousness or self-awareness, however, should not be

understood as a transcendental subjectivity that is detached from the stream of experience, nor as a reflexive stance-taking as de Haan would propose (see Chapter 4 for a detailed explanation), but, as introduced in the previous section, it is a pre-intentional and non-reflexive *affective involvement* in the world.

This characterization of the pathic aspect of the lived body is in line with Michel Henry's radical passivity of life (1965/1975). Henry considered that the phenomenology of the living entails a pathic self-revelation that is felt as the latent *tension* in the body, which is the condition of the possibility of feeling and affectivity. Henry would agree with new phenomenologists in the idea that the basic phenomenology of the living body is grounded in a pre-intentional form of consciousness. He calls this pathic affectivity that characterizes life and sets the condition of the possibility of any intentional experience in the first place the "transcendental affectivity of life". As I will explain in Chapter 7, a closer look at the role of this affective involvement in the constitution of the subject will be extremely relevant in providing an enactive account of mental disorders.

6.2.2. Overcoming the passive/active dichotomy

Thus far, I have established the centrality of the pathic dimension of experience in the phenomenology of atmospheres. Now, let me address some general considerations of this marriage between enactive-ecological perspectives and phenomenology of atmospheres. One criticism that can be raised against the phenomenology of atmospheres is that the pathic dimension of the lived body might be at odds with the one proposed by ecological-enactive proposals, which emphasizes the role of motor activity in cognition. The action oriented or "action first" perspective that we find in enactivism has been inherited from phenomenological formulations of Merleau-Ponty and Heidegger. According to this action-first perspective, the primary way of being in the world is not that of a subject intentionally thematizing an object, but rather a skillful "being-in-the-world" (Heidegger, 1927), which is anchored in the primary motility of the body and its motor intentionality, a primordial "I can move" (Mohanty, 1984) that shapes all perceptual experience. Indeed, the body's capacity of motility and displacement constitutes the point of reference from which the world is presented as oriented.

This action-oriented perspective has been incorporated in the enactive theory in its definition of sense-making in terms of evaluative interaction of the organism with its environment. Indeed, in great part of the enactive literature, which focuses on emotions as the standard modes of affective experiences, affects have been described in terms of the previously mentioned action readiness (e.g., Rietveld et al., 2018; Roesch et al., 2012; Stephan, 2013). However, this sensorimotor approach to emotions falls short of accounting for the rich and diverse ways affects constitute conscious experiences (Gallagher & Bower, 2013). Indeed, emotions do not exhaust our affective experience, but moods, atmospheres and existential feelings are also genuine affective forms that shape our sense-making and are not always linked to concrete dispositions to action.

I suggest that a proper integration of the pathic aspect of affective experience is needed in the enactive theory in order to avoid one-sided formulations that overemphasize motor aspects of it. There are two ways in which this imbalance can be redressed. First, recognizing the role of affectivity in the individuation process of the organism-environment system – Colombetti's (2014) work is a forward step in this regard. And second, acknowledging and reformulating the complementarity between activity and passivity within the enactive approach; that is, stressing the relational ontology that underlies the enactive framework (de Haan, 2020b).

In this regard, from the enactive perspective, the adjective "pathic" should not be understood as in opposition to "active". Indeed, one can imagine that a degree of basal activity is a precondition for the lived body being able to affect and to be affected. Following the example of the tensed string, in order to resonate, the string must actively maintain a certain degree of tension. Indeed, living processes are those that actively sustain certain tensions within the self-regulation of the organism which allows for change and transformation (Arandia & García, in preparation). Moreover, we should not understand the agent-pathic polarity in terms of passive-active dichotomy. As Bermejo and colleagues clarified (Bermejo et al., 2020), activity-passivity should not be understood as in opposition, but rather as involving different degrees and dimensions. For instance, letting oneself be passively moved by others implies inhibiting current tendencies, which requires a high degree of sensorimotor monitoring and control, sometimes even reflective display (Bermejo et al., 2020; Di Paolo et al., 2018). Letting oneself be moved, then, can be considered an activity with a high demand of control and monitoring. Accordingly, it can be argued that pathicity is not opposed to activity but they both constitute the mutuality affecting and being affected that underlies the resonance capacity of the lived body.

The enactive theory certainly aims to reject traditional dichotomies such as in-out, mind-body, subject-object and active-passive, but it establishes an asymmetry in the individual-world relationship where the individual actively regulates this relationship. What new phenomenology points to is that an excessive focus on autonomy and agency runs the risk of neglecting the affective and pathic aspects of this individual-world relationship. The phenomenology of atmospheres brings to the enactive theory a way of articulating this pathic aspect of the lived experience and counter-balances the excessive focus on action-based explanations. In this way, as I will discuss in more depth in Chapter 7, insights from phenomenology of atmospheres may contribute to fill in the picture of the individual-world relatedness.

As a final remark, let me illustrate the epistemological shift suggested by phenomenology of atmospheres as a shift from a touch-inspired epistemology towards an olfactory epistemology. The centrality of skillful action in enactivism moved from a vision-dominant epistemology of cognitivist and representationalist approaches towards a kinesthetic epistemology. Vision has traditionally been the paradigm of perception, where sensing the external stimulus triggers the

transformation into an internal and representative image by the sensory apparatus. In the history of philosophy many metaphors of knowledge have adopted vision as paradigm; for instance, enlightenment, perspective, point of view, and so on (Bernier, 1993). This paradigm, though, highlights the passivity of our perceptual systems which are impacted by the light of external objects and tends to relegate active movement to a mere output of perception and cognition (as in the sandwich model of cognition discussed in Chapter 1). In contrast, a kinesthetic epistemology of skillful action has an active touch as the paradigm of perception which highlights the centrality of bodily movement and the subject-object dynamic mutuality. Several metaphors related to affectivity have touch as base, such as being *touched* by, reading a *moving* novel, discussing a *hot* topic, having a *rough* day, the *gravity* of the matter, and so on. In touch, we are impacted by the object but also actively explore the object by touching it and by our own bodily sense of movement and effort. The perception of the softness of a sponge, for instance, would not be possible without exploratory movements and the sensorimotor contingencies that emerge from them as a result (Myin, 2003; Travieso et al., 2020). Sensory and motor operations come together, so to speak. As a result, in kinesthetic epistemologies cognition and manipulation come together in the explorative activity as there is a sensory and motor reciprocity of touching and being touched.

The phenomenology of atmospheres, in contrast, shifts this touch epistemology into olfaction-based epistemology (Griffero, 2022). This idea was already suggested by the psychiatrist Hubert Tellenbach (1968) and recently developed by Böhme (2019) and Griffero (2022). Atmospheres are not seen, but they are not touched either, because they are not an ontologically delimited, nor a solid reality that we can push on. Nevertheless, atmospheres are noticed like smells. They can be sweet, dense, tense, fresh, and so on, and they are perceived as qualities that are floating in the air. Smells are evocative, soliciting, blurred and undetermined reality, being minimally dimensional. They are felt as gradients. In smells, the perceptual process is slow, showing the epistemic movement of getting into it like in the uncanny situation described earlier. We do not smell directly as we do in touch or vision, but we smell by being penetrated by the odor and getting immersed in its atmosphere. Smells are not like soundscapes either. First, sounds are instantaneously perceived while smells are not. Odors reach us and penetrate and impregnate us. Second, sounds have some kind of dimensionality and structure, such as pitch, intensity, timbre, and duration. Smells are hardly describable in terms of dimensions —at least to common people, expert oenologists may utilize agreed criteria to dimensionate smells. Yet, smells are qualitatively and perceptually distinguishable. Although certain smells have identifiable causes (e.g., the perfume of a person, rotting meat in the kitchen) we smell surfaceless spatial ambients, that is, non-dimensional properties of spaces. This metaphor of the smell illustrates that the pathic way of experiencing atmospheres is more similar to olfaction rather than to visual, tactile or auditory perception. These are metaphors or analogies that, far from being "just metaphors", strongly influence philosophical debates on epistemology.

6.3. ATMOSPHERES IN PSYCHOTHERAPY

Once the concepts of atmospheres and the pathic lived body have been introduced and its complementarity with ecological-enactive suggested, let me motivate the application of this perspective within the therapeutic context. Why is it relevant to talk about atmospheres in our inquiry about embodied and intersubjective aspects of therapeutic encounters? As I illustrate below, atmospheres represent a proper category of analysis in psychotherapy and may inform therapeutic processes in different ways. There are two main aspects that should be considered: (1) the impact of atmospheres in diagnostic processes and psychopathological experiences and (2) the importance of the pathic aspect of experience in sustaining the therapeutic attitude.

To begin with, in the phenomenological psychiatry literature, the concept of atmospheres has proved extremely useful to describe the experience of certain psychopathologies; such as anomalous self-experiences (Sass et al., 2017; Sass & Pienkos, 2013; Sass & Ratcliffe, 2017; Tellenbach, 1968), paranoid atmospheres (Schlimme, 2009), delusional atmospheres (Mishara, 2009; Moskowitz et al., 2008; Thornton, 2012), or even healing atmospheres (Musalek, 2010). Delusional moods, for instance, are described by Jaspers as an "indefinable atmosphere" in which "something seems in the air which the patient cannot account for, a distrustful, uncomfortable, uncanny tension" (Jaspers, 1913/1997, p. 98). Moreover, atmospheres play a key role in diagnostic processes. Phenomenological psychiatrists have thoroughly described intersubjective elements of diagnosis in terms of atmospheres (Costa et al., 2014; Stanghellini et al., 2019; Tellenbach, 1968). Clinicians often rely on implicit and pre-conscious atmospheric elements that may differ from those they objectively report (Pallagrosi & Fonzi, 2018; Rümke, 1942). Objective diagnosis implies the therapist being in a scientific third-person perspective and relying on observable symptoms of the patient in order to compare the singular case with standardized classificatory categories. Intersubjective diagnosis, instead, resorts to pre-reflective, embodied and non-verbal processes in which the therapist is guided by ongoingly disclosing feelings and the affective qualities of the situation.

Intersubjective diagnosis, also called "aesthetic diagnosis" (Roubal et al., 2017), or "*diagnostique par penetration*" (Minkowski, 1927), is a tacit affective awareness of the situation, a sensitivity to the affective charge of the other. While the classificatory diagnosis operates through extrinsic criteria, the qualities of interpersonal contact provide intrinsic criteria that emerge from the interaction[13].

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[13] We could understand diagnostic processes using the metaphor of orientation tools in a territory. While objective diagnosis would be the map of the territory, intersubjective diagnosis would be the compass that orientates moment by moment the therapist in interaction with the patient. The map

Intersubjective atmospheric-based diagnosis does not necessarily result in a fixed category but rather it provides orientation to the therapist in his or her ongoing interaction with the patient. Despite that, particular atmospheres can be associated with particular psychopathologies. The well-known *praecox feeling* refers to the feeling of estrangement and alteration of the intersubjective space one has when encountering a schizophrenic patient, which represents a recurrent tool for diagnosis (Grube, 2006; Pallagrosi et al., 2016). Although intersubjective diagnosis is hard to operationalize, it comprises a fundamental resource for diagnosis and treatment, even if most of the time it operates implicitly or out of the awareness of clinicians (Stanghellini et al., 2019). Indeed, both methods are not mutually exclusive but complementary and must be combined in therapeutic processes.

In addition, the affective atmospheres of the situation may be viewed as manifestations of the healthy/disordered relational field. In the presence of a depressed patient, the whole patient-therapist field becomes depressed in the sense that the usual organization of the relational field is perturbed (Roubal et al., 2017). The depressed atmosphere of the situation may call for complementary or prototypical interactions such as cheering up, the feeling of pity, or getting depressed along with the patient. In some sense, we can talk about a "depressive organization" of the field. These attitudes respond to the self-organizing requirements of the situational atmosphere and might reinforce the depressive attitude of the patient. The atmospheric sensitivity of the therapist, thus, may prevent them from emotional contagion and stereotyped responses that may enhance the depressive atmosphere.

Apart from the concerns about psychopathology, the concept of atmospheric experiences and the pathic body may play a relevant role in understanding the therapeutic attitude. I propose that two aspects are fundamental to enhance the resonance capacity and pathic experience of the lived body: *bodily affective availability* and *presence*. By bodily affective availability I refer to the pathic attitude of being open to be affectively moved by a situation or by others. In order to be affectively available, one must not be engaged in a particular activity or mental or emotional process, but in an open state of attention to subtle affective changes that appear in the interaction. It requires not being involved in a specific task or intentional activity but being in a state of sensitivity to respond to the requirements of a given (interpersonal) situation. It is an attitude of being open to whatever comes, so to speak. In this regard, availability can be understood as the counterpart of the enactive term "readiness to interact" (Di Paolo & De Jaegher, 2012), that is, "a disposition to engage or participate in socially meaningful situations, which range from perceiving a stimulus that presents another person (e.g., a portrait, a film, a voice on the radio), to full-blown interactions". Readiness to interact would explain how before full-blown interactions our body is predisposed and oriented towards potential interactions with others. In contrast, bodily affective availability stresses the affective and pathic aspect of readiness.

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is an adequate orientation tool insofar as the territory stays stable, but in dynamic territories, those of psychological and psychopathological processes, a compass is required (Roubal et al., 2017).

Indeed, availability refers to the attitude of resonating with a variety of affects that can emerge in the situation, not necessarily implying action. The body is available when it is open to novelty and becoming, a disposition to be touched and moved. The psychiatrist Gianni Francesetti (2019a) aptly described this attitude as follows:

> "I get ready for anything I might feel sitting here opposite her. I brace myself for that tough moment in which I feel nothing and have to remind myself to be patient, but also for the moment when I feel something I would rather not feel, and have to remind myself that nothing wrong is happening and to be careful not to discard it. My body is here, waiting, giving neither form nor direction to anything." (p, 38).

In this context, presence refers to a state of non-focused attention, but it is a wide and open attention that is susceptible to capturing subtle changes and potentially meaningful phenomena in the environment (see also Geller & Greenberg, 2002). Presence encompasses appreciative openness, relational and situational engagement, support, and expressiveness, and facilitates participatory sense-making between patient and therapist (Schneider, 2015). It requires a sense of the physical space, a spatial awareness of "being there"[14], that is, of being immersed in the situation. Presence, in this sense, can be characterized by having an atmospheric attention, an attention to the subtle and blurred, which brings to light implicit, tangential, and hidden information. In this regard, both availability and presence are attitudes that one must actively sustain by actively "surrendering" to the dynamic flow of the situation, through bracketing individual expectations, trajectories, and intentions, in order to let the situation and its atmosphere permeate oneself.

In this vein, affective atmospheres point to a subtle form of intersubjective experience that is of particular interest for the therapeutic process and intervention, namely the feeling of affective systemic forces of the situation that are subtly managed by therapists. Indeed, atmospheric affects are those affective qualities of the relational domain that cannot be ascribed to individuals on their own, but point to a shared situation in the patient-therapist encounter. Those affective movements are felt as an imbalance, a systemic need, a *conatus* or a demand of the situation that the therapist must learn to manage. Francesetti (2019b) describes those feelings as demands of the situation in a therapeutic encounter:

> "I swing between feeling nothing—with some horror, a little too much it seems to me—and feeling that something is affecting me, but I don't know what. [...] Something weighs on the air. The wait—just a few seconds, probably, before Anna [the patient] starts speaking – becomes loaded with unexpected pressure, as though all of a sudden we had fallen into a dense liquid. Cubic meters of ocean bear down on us; I can especially feel it weighing down on my chest. My sight is hazy. I don't try to move, but I know that if I did my movements would be slowed down by the viscosity of the

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[14] In Spanish, two meanings of the verb "to be" are distinguished. *Ser* refers to the form of being that is independent of space and time and is linked to personal identity. *Estar*, in contrast, refers to the situated form of being, which is located in space and time. "Being there" captures this situated character of being.

medium. It is shapeless, and I don't want to stay here a moment longer. Fortunately, Anna starts talking.'" (p. 38-42).

This quote indicates that the therapist's awareness of the atmospheric affective qualities made him be bodily and affectively available to what is happening in the therapeutic process, a sort of anticipation of the evolution and change in the affective dynamics. I already mentioned in Section 5.3. that presence is a prerequisite for supporting the unfolding of an affective movement of sense-making. There, I described therapeutic presence in terms of temporality as bringing the attention to the bodily and pre-reflective awareness and the here and now experience of the moment, which opens up the possibility of novelty and transformation. Here, I highlight spatial aspects, more precisely the sensitivity to atmospheric aspects and awareness of belonging to a shared affective situation. Presence, in this sense, implies being permeated and moved by the atmosphere, which constitutes a momentum of therapeutic change. The attitude of the therapist must be present and available to the affective demands of the situation and how they influence them.

It is worth mentioning that the pathic attitude of the therapist, that is, availability and presence, should be considered as ongoing achievements that can be cultivated and developed by practice. Indeed, as indicated above, availability involves an active regulation of letting oneself be moved by the situation, and as such, it can be exercised as a skill. Indeed, while pathicity can be seen as a fundamental aspect of the lived body, their concretizations, that is, presence and availability are competences or attitudes that result from ongoing interactions and progressive sensitization to atmospheres. This awareness of the atmosphere will allow the therapist to feel in him/herself the situation, which is essential for avoiding stereotypical responses that could enhance the pathological organization of the situation.

Now, are atmospheres only relevant to therapists or can they also be experienced by patients? If so, how? As mentioned in the beginning of the chapter, spatial aspects play a substantial role in fostering the kinds of interactions that occur in a given consultation room (Langewitz, 2007). Apart from spatial arrangements of the consultation room, atmospheres are also influenced by many other factors, such as the level of external noise, the level of privacy, temperature, smells, the building the consultation room is located in, or the interactions between people belonging to an institution, for instance. The atmosphere generated may be coercive or open, may induce trust or shame, and facilitate or not facilitate healing processes. It can also be exclusive or inclusive and may promote participation or inhibition in certain situations (Jensen, 2020). This subtle atmospheric regulation of affectivity, although operating at the pre-reflective level, is accessible to patients and therapists. A patient named Claudia, interviewed in the context of the present investigation, reported the following:

> "I felt comfortable in the chair.... temperature also... I think temperature influences me a lot. ... Things and colors combine in these rooms, with a super well thought out *style,* the colors combine, the space is not full of things, but it is not empty and it is not like

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> ... hospital, but it is pleasant ... . I also pay attention to the light a lot.... You know that it is not a house, but it is not a cold place of distance, but rather it is comfortable, as cozy.... Those little things I pay attention to a lot because it gives me information about how the other person I am going to meet can be.... I feel that the space is very open as it is a space that welcomes all kinds of people." (Claudia, Gestalt therapy patient, unpublished interview, translated from Spanish by the author)

To Claudia, the aesthetic qualities of the space make her predisposed to interact with the therapist in one way or another. Even before meeting the therapist for the first time, the atmosphere of the waiting room makes her ready to encounter a certain style of interaction — with a person who is open-minded and with whom she already shares a certain aesthetic style. Atmospheres, though, can also be constraining and alien, and those subtle aspects can constitute a significant part of the therapeutic process. In this regard, an interviewee named Emilia reported the following:

> "That strangeness of saying 'I don't identify with this style at all' and nevertheless, afterwards I have been liking it a lot. My house now looks a lot like the consultation room... And I manage to identify with that character [of the therapist] as well, its way of decorating the space of colors, of the aesthetics that I actually do like" (Emilia, Gestalt therapy patient, unpublished interview, translated from Spanish)

A patient may feel the atmosphere of the consultation room as strange and alien like in Emilia's case. In this case, the patient does not identify with the atmosphere of the space and, consequently, she does not identify herself with the interactive style of the therapist either. But through the therapeutic process, the patient moves from a state of rejection to a state of identification with the character and interactive style of the therapist. As a result, there was a process of identification with the aesthetic qualities of the space as well, to the point of generating a similar affective arrangement in her own house. This does not mean that the therapeutic process should end up with patients adopting the aesthetic and interactive style of therapists, but what this case example illustrates is that the atmospheric and aesthetic aspects of the consultation room may be felt by the patient and that they may have an impact in the therapeutic process. The atmosphere of the consultation room may elicit feelings of relaxation, trust, and intimacy or feelings of shame, distance, and restraint, predisposing patients to certain affective states and styles of interaction while inhibiting others. The way that patients and therapists affect each other is again mediated by their affective resonance with the atmosphere of the situation. Further qualitative research is needed to disentangle how atmospheres of the therapeutic situation are felt by therapists and patients. This may inform further ways in which atmospheres influence the therapeutic process.

To conclude, evidence from various sources, encompassing self-reports of patients, self-reports of therapists, and the literature on phenomenological psychiatry, indicate that atmospheres constitute a fundamental category of analysis in psychotherapy research. Indeed, as outlined in this section, they play a significant role in diagnostic processes, in the experience of certain psychopathologies, in

defining the therapeutic presence, and understanding certain subtle intersubjective experiences between patients and therapists. Moreover, paying attention to affective atmospheres may mark a significant shift in understanding psychotherapeutic processes. In this section, I have suggested two possible routes that require further theoretical and methodological development: the characterization of the therapeutic attitude in terms of bodily affective availability and presence, and the phenomenological-qualitative exploration of patients' and therapists' experience of atmospheres with regard to their influence in the therapeutic process. I believe that attending to atmospheres can help us understand subtle modulations of the interpersonal interaction and eventually promote novel ways of intervention (e.g., Marcus & Sachs; Roe & Aspinall, 2011).

6.4. SUMMARY

To summarize, this chapter has introduced the phenomenology of atmospheres as a potential dialogue partner of enactive-ecological approaches. I have proposed a compatibilist perspective between atmospheres and the Skilled Intentionality Framework, specifying in what sense atmospheres can be understood in relation to affordances. Given their holistic, phenomenological and pathic character, they should be seen as holistic affective modulators of the field of relevant affordances, modifying the soliciting character of the field. In this regard, they may be regarded as the phenomenological counterpart of context sensitivity, which opens up the individual to a variety of affordances simultaneously. Defining atmospheres like this, we can observe a shift in our understanding of experience, from *possibilities for action* to *potentialities for sense-making*. In this regard, a question remains: how can the varieties of affective experiences be understood? What is the role of different modes of affectivity (e.g., moods, emotions, atmospheres, and existential feelings) in sense-making? In Chapter 7, I will address this question by building on Colombetti's concept of primordial affectivity and its link to individuation processes.

In addition, I have introduced the new phenomenological account of the pathic lived body and addressed the potential tension between this pathic character and the centrality of agency in the enactive approach. However, I have argued that the pathic aspect of the lived body should not be understood as in opposition to agency and active regulation of motor activity. Instead, the enactive approach holds a view of mutual reciprocity between activity-passivity or agency-pathicity, in an asymmetric relationship. What new phenomenology offers is a conceptual apparatus to talk about the subtle, pathic, and blurred aspects of experience, which have not been so stressed in the enactive theory. Moreover, the phenomenology of atmospheres extends the enactive framework of participatory sense-making by widening the scope from dyadic interactions to influences of whole situations. The therapeutic situation thus should be understood as a genuine explanatory level involving not only interpersonal interactions but also affective qualities of the situation.

Finally, this chapter has introduced the concept of atmospheres as a valuable category of analysis in the study of psychotherapeutic encounters. Evidence from different sources indicates that atmospheres play a significant role in second-person diagnostic processes as well as in the intersubjective experience of encountering patients with certain psychopathologies. Atmospheres also modulate, constrain or enhance certain types of interactions between therapists and patients and they are relevant to understand therapeutic attitude in terms of availability of the lived body and presence. Atmospheres can be seen as a form of affective pre-disposition of the lived body prior to full-fledged interactions. Due to their relevance in describing therapeutic encounters, articulating atmospheres within the enactive-ecological framework represented a significant step in our inquiry to understand participatory sense-making processes in psychotherapy.

7

AFFECTIVITY IN MENTAL DISORDERS: AN ENACTIVE-SIMONDONIAN APPROACH

In the previous chapter, I argued that the notion of affective affordances and the definition of affectivity in terms of action readiness does not exhaust the complexity of our affective experiences, nor does it fully explain the affective constitution of sense-making. The enactive approach to sense-making, however, places affectivity at the origin of cognition insofar as it implies affective and embodied appraisal, commitment, and care (Colombetti, 2014). As I will explain below, *primordial affectivity* captures the idea of the ongoing process of formation of the self–world structure as being mediated by affects. If we consider mental disorders as disorders of sense-making, as we concluded in Chapter 4, mental disorders can be viewed as disorders of affectivity in this primordial sense. From the enactive perspective there is no clear-cut distinction between mental and somatic disorders as both may be understood as disorders of sense-making. Indeed, all health problems may be seen as disorders of sense-making in a broad sense as they all involve organic, sensorimotor and intersubjective aspects (even if in different degrees or contributions). In this chapter, I will narrow down the scope of the analysis to account for certain psychopathologies that show identifiable structurally disordered patterns of self-world relation, but the theoretical framework presented here could be extended to other forms of psychopathologies or somatic disorders.

In the enactive-phenomenological literature, indeed, affectivity has been a cornerstone of the constitution of mental disorders according to many authors (Aho, 2019a; Boden et al., 2016; Brencio, 2018; Fuchs, 2020; Gaete & Fuchs, 2016; Kiverstein et al., 2020; Ratcliffe & Stephan, 2014). However, most research on the topic has focused on emotions as the paradigmatic cases of affective experience (Colombetti, 2010, 2014; Colombetti & Thompson, 2007; Frijda, 2004; Gunther, 2004; Hutto, 2012). Less has been said about other forms of affective experiences, such as atmospheres, their differences in intentionality, and their differential role in sense-making. In this regard, some questions remain underexplored: How does primordial affectivity coherently integrate diverse types of affective experiences, such as emotions, moods, existential feelings, and atmospheric feelings in the

process of self–world unfolding? In other words, what are the roles of different forms of affective intentionality in sense-making? Furthermore, what are the implications of these distinctions for psychopathology and psychotherapy?

This chapter aims to answer these questions by adopting a genetic perspective on sense-making and affectivity. First, I define the genetic perspective on sense-making in terms of Gilbert Simondon's (1958/2020) philosophy of individuation. I sketch the key concepts of Simondon's ontogenesis, such as transduction, metastability, and the pre-individual in order to define sense-making as a progressive concretization of the self–world transitive intentional structure. Second, I explain the primordial affective character of sense-making by distinguishing the role of existential feelings, atmospheric feelings, moods, and emotions in the individuation process. Finally, I define mental disorders as affective disorders and classify them within the genetic framework. Here, a tentative operational definition of mental health in terms of meta-flexibility is provided. It is worth mentioning that this is an incipient proposal for rethinking psychopathologies that should be further developed in future work. The aim is to introduce affectivity as a category of analysis in the enactive understanding of psychopathologies, similar to the categories of embodiment, temporality, and intersubjectivity described in the phenomenological psychiatry literature (see Chapter 3 for further details). This is thus a proposal that aims to deepen and extend the enactive understanding of mental disorders as disorders of sense-making (de Haan, 2020b). In the final section, I will draw the implications of the genetic perspective on affects and the philosophy of individuation in our understanding of participatory sense-making.

7.1. SENSE-MAKING UNDER THE LENS OF INDIVIDUATION

Phenomenological investigations can be divided into static, genetic, and generative analysis (Sousa, 2014; Thompson, 2010). Static phenomenology studies the formal structure of consciousness (i.e., intentionality, noetic–noematic correlation, and transitivity) and provides a synchronic description of those structures. By contrast, genetic phenomenology studies the process through which these structures emerge in conscious experience as motivated by simpler structures or processes; Merleau-Ponty's (1945/2012) description of *Fundierung* presented in Chapter 5, which states that pre-reflective consciousness underlies reflective consciousness, and Husserl's description of temporality as a precondition of conscious experience are examples of genetic phenomenology (Gault, 2017). From this perspective, intentional self–world and subject-object structures are not taken for granted but analyzed as products of more foundational processes. Generative phenomenology, in turn, studies the cultural, historical, and intersubjective constitution of conscious experience[15].

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[15] Jaspers in *General Psychopathology* (Jaspers, 1913/1997) made a similar distinction between static (descriptive psychopathology), genetic (developmental perspective of symptoms arising from more basic forms of personality) and hermeneutic (interpretative) phenomenological psychopathology

Phenomenological approximations of affective experience have focused thoroughly on the static and structural aspects through describing their intentional structures (Goldie, 2002; Gunther, 2004; Montague, 2009). From this perspective, affects – and more particularly emotions – have been described as relational phenomena with bidirectional intentionality: they are not only bodily experiences of the world but also experiences of ourselves; that is, they have an outward and inward expression (James, 1922; Scherer, 2000). The double directionality of affective phenomena can be considered a form of feeling "yourself in a certain way toward something" (Slaby, 2008, p. 508). As mentioned previously, this self-referentiality and self-affection of emotions underlies pre-reflective self-awareness, that is, the basic form of self-understanding and attunement to the world (Slaby, 2014a). However, what is lacking is a genetic account of how those self–world intentional structures are processually and temporally unfolded in the first place and what is the role of affectivity in that process.

The enactive conceptions of sense-making and primordial affectivity (Colombetti, 2014) hint at a genetic explanation of affectivity, not as a contingent phenomenon that occurs in consciousness but as a necessary and driving force of sense-making. Indeed, living beings have a point of view and disclose a world of significance (*Umwelt*, von Uexküll, 1934/2010) by virtue of being affected depending on their particular organization. Primordial affectivity does not refer to any episode or content of consciousness or quality that accompanies perceptual objects; rather, it is the expression of the primary purposefulness and concern that characterizes all living beings, the very process of disclosing the world of significance. In her work, Colombetti (2014) implicitly shifts her perspective from the static to the genetic phenomenology of affects. In her work Colombetti's aim is to describe the primordial affective character of sense-making and she aptly distinguishes it from other formulations, but she does not develop an account of the affective dynamism that coherently integrates diverse types of affective experiences, such as emotions, moods, atmospheres, and existential feelings in sense-making. Building on her work, I suggest a possible route to extend the concept of primordial affectivity.

In research toward an integrative and genetic theory of affects, Simondon's (1958/2020) philosophy of individuation is particularly useful[16]. It provides an

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(see Bürgy, 2016 for a threefold analysis of obsessive-compulsive disorders). However, the definition of genetic phenomenology I am adopting here, which draws on Husserl's definition, differs from Jasper's. In his later works, Husserl (1966, 1999, 2001) described a general genetic perspective on the temporal emergence of intentional subject-world, noetic-noematic structures. Temporality is described as the basic structure of consciousness that allows for continuity of experience.

[16] Gilbert Simondon was Merleau-Ponty and Canguilhem's student. His doctoral thesis comprised two theses: (1) *L'individuation à la lumiere des notions de forme et de l'information* (1958) and (2) *Du mode d'existence des objets techniques* (1958). While the latter was immediately published and received wide recognition in philosophy of technology, the former was published in 1964. This work, which constitutes his main thesis, has been translated into English in 2020 under the title "The individuation under the light of the notions of form and information" (1964/2020). His thought has been transmitted indirectly by Deleuze, Massumi, and Stiegler (De Boever, 2012; De Boever et al., 2012; Iliadis, 2013), but it is not until recently that we can find a thorough approach to

ontogenetic metaphysics that fits with the processual and relational ontology underlying the enactive theory of sense-making. It is worth clarifying that despite being Merleau-Ponty's student, Simondon is not a phenomenologist. Indeed, the philosophy of individuation challenges two fundamental elements of phenomenological tradition, namely, the epistemic privilege of the individual subject by taking it as the starting point for the genetic analysis and the methodological principle of bracketing out any ontological claim about non-experiential reality. However, both genetic phenomenology and the philosophy of individuation converge in the enactive approach. Enactivism is concerned with how subjective experience emerges from dynamical properties of living systems (self-organization, autonomy, precariousness, etc.). In this regard, it promotes a mutual illumination between subpersonal dynamic explanations and phenomenological descriptions of sense-making. Simondon's philosophy, as it is presented here, aims to bridge this gap by revealing how ontological principles of physical and biological individuation can inform the genesis of intentional structures in consciousness.

Simondon invites us to think of the genetic process by which individuals come to being instead of focusing only on finished and constituted entities (which can give rise to either physical, organic, psychic, or collective entities). Simondon was interested in understanding the ontogenesis of the individual, that is, the process of co-emergence of a particular individual in relation to its particular milieu and its potential to change. Thus, he focused on the immanent principles of transformation and becoming. Becoming genetically precedes an individual being, but it is at the same time an immanent principle of the individual being. Becoming is a dimension of being (ontologically simultaneous with it) that refers to the capacity of the individual being of being dephased with respect to itself. The individual being is in its becoming. The Simondonian ontology is also relational, which implies that relations are not mere links between relata that have a previous or independent existence, but relations are contemporary with the terms they relate and have, thus, status of being[17]. In this way, Simondon moves away from the substantialist ontology that sees individuals and their environment as pre-existing entities that are accidentally put into relation. This implies a shift from an essentialist ontology toward a processual and relational ontology.

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his work in English-speaking academic spheres. For a general introduction to Simondon's work, see Bardin (2015) and Scott (2014).

[17] Simondon does not advocate for a univocal primacy of relations over individual relata, as relational quantum mechanics advocates (Rovelli,1996) or ontic structural realism (French & Ladyman, 2010). Simondon agrees with these perspectives in the idea of relations (or structures of relations) being deffined as information exchanges in a physical domain (see also Candiotto, 2017). For Simondon, still, both those information exchanges constitute or give rise to structurally defined (concrete) individuals. For Simondon, thus, both materiality and information, relations and relata, structure and individuation process have ontologically primordial existence. Moreover, Simondon distinguishes also from relational quantum mechanics and ontic structural realism in that individuation does not only refer to the structure of physical matter, but it also operates at the organic, psychic and collective levels, giving rise to living entities or psychological entities (e.g., thoughts, memorelations) or collective entities (e.g., values, institutions).

The classical example of physical individuation is the process of the individuation of a crystal. Simondon claimed that to understand the constituted crystal, we should examine the crystallization process. Individuation of the living, however, does not take place by combination of free-floating elements, but entails a progressive process of structuration and concretization of an already self-organized individual. In the psychic-collective domain, for instance, Simondon focused on the process through which relatively concrete and structured emotions individuate from the stabilization of a variety of affective forces and trajectories (Heredia, 2012). His processual and integrative character makes it an adequate conceptual framework for articulating a genetic perspective on affectivity (Wrbouschek & Slunecko, 2021b). Before moving into the matter, let me clarify some core concepts of Simondon's philosophy.

Metastability

Simondon used the term *metastability* to indicate the dynamics of individuation. A metastable state is a state of tension where the system holds inherently conflicting demands as it is pulled by inherent forces in different directions. It is a state of critical tension or criticality (Werner, 2007). Metastable systems may seem relatively stable but maintain a state of tension, where small perturbations can trigger abrupt changes and phase transitions in the dynamics of the system. In the example of crystallization, the supersaturated solution is in a metastable state, where a small perturbation (e.g., dirt, temperature changes, or mechanical input) can trigger a phase transition. The dynamics of an argument between a couple can also be seen as a metastable dynamic, where small interventions might lead the couple to split up, reach a partial consensus, or continue arguing. To use another example, the uncanny atmosphere presented in the previous chapter can also be seen as a metastable state of incoherencies and ambivalences that call for disambiguation and integration. Thus, one can imagine that in order to maintain metastability in a given system, a certain degree of internal tension is required. Indeed, such a system must harbor potentials that have contradictory tendencies and can even be effectively incompatible. Those contradictory forces keep the potential energy of the system high so as they allow for its transformation.

In living beings, however, individuation does not happen at one shot as in the case of the crystal, but rather, living beings self-individuate by continuously renewing their potentialities so as to remain metastable and changeable. The living being is thus a supersaturated system that holds the potential of a variety of actualizations and concretizations (see Chapter 6 for a clarification of the term). This idea goes in line with the idea of self-organized criticality in living systems (Adami, 1995). Criticality is defined as states of a system at the edge between two qualitatively different dynamics and behavior, often described in terms of more ordered and disordered states, where the system becomes highly susceptible and sensitive to small changes and perturbations. It is thus a metastable state. According to this perspective, biological systems would naturally evolve to and sustain those critical states.

Pre-individual

Simondon used the term *pre-individual* for the tensioned field of incompatible forces prior to the emergence of more stable structures (physical, biological, psychological, and collective) through the individuation process. The pre-individual is the ontogenetic condition of possibility of the emergence of any individual in the first place as well as what drives its change. The individual is never fully constituted but is in a transitory phase in its individuation process. As a result, an excess of potentiality for change transcends and extends the individual. A multiplicity of becomings and potential trajectories coexist in the pre-individual. In this sense, the pre-individual is the potential energy that accompanies and overflows every entity, namely its potentialities for change. For this reason, "the *pre-individual being is being in which no phase exists*" (Simondon, 1958/2020, p. 4, italics in the original). This implies that the pre-individual is not yet part of the structured being.

The pre-individual is not a concrete thing but a relation between potentialities and actualities. In the physical domain, if we consider the example of the crystallization introduced above, the pre-individual would be the relation between the organized crystal and the free molecules that follow disparate trajectories and forces and keep a load of potential energy for further crystallization. In the organic domain, considering metabolism, for instance, the catabolism of nutrients generates an excess of potential energy (in the form of ATP molecules) that can be used by the individual for a wide variety of things. It can be used to construct part of its material structure, it can be involved in immunological responses to pathogens, or it can be used for motor activity to transform the environment. The living organism thus holds an excess of potential energy that is not yet internal or external, but is available to build the organizational boundary that determines what the organism and its associated milieu are[18]. Likewise, in the psychic domain, the pre-individual can be seen as the potentialities inherent in conscious experience. The temporal flow of conscious experience is such that there is an anticipation to potential events and objects in consciousness. The continuous actualization of potential experiences and the sense of self that emerges with them can be seen as a form of psychic individuation. Individuation will thus be seen as a differential process of partial disambiguation or pre-individual disparity. Since the pre-individual is a not yet structured but potential state, it can be seen as an undifferentiated state prior to internal–external, objective–subjective, and self-world structures. The pre-individual is the relation of the individual with its own potentialities where those polarities do not apply yet. The enactive concept of cognition as sense-making, as I will argue below, can be seen as a form of psychic individuation.

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[18] In living beings, the boundary between what is the organism and what is the environment is not necessarily a physical boundary (like the skin, or the cell wall), but it may be organizational, as indicated by the concept of operational closure (see Chapter 2, Di Paolo & Thompson, 2014). In the psychic domain, however, this boundary is an experiential boundary of what is considered as self and what is considered the world. As explained in Chapter 2, I use the term "organism-environment" or "organism-milieu" to refer to the system as described from a third-person perspective, leaving "self-world" to the system as experienced from a first-person perspective.

Transduction

Simondon used the term *transduction* to refer to the process through which pre-individual potentialities are actualized, giving rise to progressive determinations between structural states. Transduction refers to a chain of operations that progressively transform one structure into another. Each structure is the sedimentation/stabilization of the process and also its substrate that will amplify the structural information in a given domain. It is the mutual co-determination between the process that generates a certain structure and the structure that, in turn, exerts certain behavior in a domain of action.

> "By transduction we mean a physical, biological, mental, or social operation through which an activity propagates incrementally within a domain by basing this propagation on a structuration of the domain operated from one region to another: each structural region serves as a principle and model, as an initiator for constituting the following region, such that a modification thereby extends progressively throughout this structuring operation" (Simondon, 1958/2020, p. 13).

Thus, transduction is the operation through which individuation takes place; that is, the operation through which an activity propagates changing the dimensions and structures of its medium. In crystallization, for instance, free molecules incorporate into the crystal lattice according to the structure of the crystal by propagating the crystallization boundary. Transduction thus implies a behavior-structure co-determination. A relevant remark is that transduction is not the same as transmission. In engineering, transmission entails communication between systems where the channel is not supposed to change by the transmitted signal (e.g., an electrical wire). Transduction is different to this, because what propagates is a pattern of change itself. While transmission assumes unchanging entities and relations, transduction assumes the process of propagation is also a process of becoming of entities and relations. In crystallization, for instance, the propagation of the crystal lattice is the propagation of the phase shift from liquid to solid, that is, the becoming of the crystal.

This operation lays at the core of the enactive concept of sense-making and captures the enactive idea of "laying down the path by walking" (Varela et al., 1991). Indeed, sense-making should be viewed not as a conscious act of an already constituted individual but as the living process of unfolding structured patterns of self–world relatedness. "The psychic individuation is basically the (temporary) resolution of pre-individual tensions (conflicting impulses, distant orders of magnitude) through establishing an experiential polarity of an (sensitive, emotive, and mobile) individual oriented toward its associated milieu" (Wrbouschek & Slunecko, 2021a, p. 51). As explained in Chapter 2, from an enactive perspective, experience is coextensive with becoming an individual and anchored in the self-production and self-distinction activities of the organism (Di Paolo, 2018). In this regard, sense-making can be seen as a transductive process of bringing forth certain intentional structures in consciousness (e.g., subject–object, noetic–

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noematic structure, and organism–environment polarities), which in turn fosters subsequent meaning-making. This resonates with the processual character of sense-making. In the words of Di Paolo and colleagues, "[e]nactivism is concerned with explaining precisely these critical transitions between particular conditions that sometimes afford different functional descriptions and those 'in-between' dynamics that (re)constitute these novel conditions" (Di Paolo et al., 2017, p.27). Another way of interpreting this statement would be that sense-making is a transductive process of changing from one "mental state" to another by changing the structures that support those mental states in the first place.

In Gestalt psychological terms, sense-making not only brings forth *gestalten* or holistic forms in perceptual experience but also establishes the background from which those forms can be meaningful in the first place. Indeed, examples of Gestalt psychology are helpful to understand psychic individuation as resolution of visual tensions. For instance, the phenomenon of grouping, that is, the fact that we perceive some elements of the environment as "going together", can be understood as a form of psychic individuation. In grouping, the tensions of the scattered elements of the visual field are organized and structured into groups and distinguished between them in terms of proximity, directionality, size, orientation and so on (see Wagemans et al., 2012). These groups of elements constitute the structured contents of visual perception. Similar considerations apply to contour integration, where hidden or incomplete boundaries of a perceived object are completed according to the simplest form available. The idea is that psychic individuation in visual perception operates as a progressive stabilization of perceptual forms disambiguating visual tensions.

The Simondonian account receives certain empirical support from dynamic systems work on cognition (Kelso, 1995). The brain is considered as self-organized systems that generate patterns from nonlinear dynamical laws (Tschacher & Kupper, 2007). Mental acts such as perception, memory, acts, etc. arise as metastable patterns of brain activity that are produced by interactions among neural clusters that, taking in isolation, drive the brain to disparate trajectories and directions. Indeed, brain dynamics are neither stable or unstable, but function in progressive phase transitions from one metastable state to another. In order for this transition to happen, the system must exist a degree of tension and instability where, at the edge, can bifurcate into identifiable states (Kauffman, 1993). This degree of tension and instability may be understood as pre-individual potentialities inherent to psychic individuation, that is, what maintains the system's flexibility and adaptability.

Following Simondon, I propose looking at sense-making as a form of psychic individuation, that is, an ongoing and recurrent process of bringing forth a *gestalt*, a configuration, or a structure in consciousness — what traditionally has been called, a mental state. However, this structure does not arise in the vacuum, but emerges as a polarity, a transitive intentional structure of the subject intentionally being related to the *gestalt*. Along with the content of experience, the sense of self that sustains it emerges too.

Accordingly, in sense-making the boundary between what is self and alien cannot be taken for granted, but it is brought forth by the individuation process of the living. The self is continuously "actualized" through embodied and situated interaction of the organism with the environment and others. Experience emerges in this chiasm between self and world where neither self or world are *a priori* constituted entities, but are rather emergent properties of sense-making. As explained before, the metastable character of living beings is due to the preservation of a certain charge of pre-individuality that exceeds their organizational structure. This potential energy cannot be described yet by the self-world demarcation, but it is a diffuse and distributed potentiality from which said polarity emerges. As a consequence, in the psychological domain, the self-world and subject–object polarities are not prior transcendental conditions of conscious experience, but rather a "product" of sense-making, so to speak, which entails not only making sense of the world but also building up the intentional structural frameworks from which the world can be experienceable. Sense-making, in this regard, can be seen as the process that brings forth the self–world or subject-object structure in consciousness in the first place, that is, an ongoing process of concretization and structuration of pre-individual disparate potentialities.

In sum, the self-individuation of the living refers to the ongoing process of disclosing an organism–environment structure, and a processual resolution and disambiguation of conflicting potential trajectories and forces that gives rise to a relational organism-environment conformation. Accordingly, sense-making brings forth the self-world relationship. The actual individual is thus only one slice in the individuation process and undergoes a continuous process of stabilization, from diffuse and disparate potentialities to the partial resolution of polarities that tend toward a progressive stabilization in a coherent organism-environment and self-world structure. As a conclusion, the notion of self I manage here is an open and dynamical process-structure system where multiple descriptions and states are simultaneously possible (see also Marks-Tarlow 2015 and Tschacher & Rössler, 1996 for a dynamical systems account of the self). Even if consciousness can be viewed as a succession of stable states, it is a fluid and dynamic process of continuous stabilization of multiple affective forces. The self boundaries, thus, are also fluid and ever changing that are continually reconstructed on the basis of local affective dynamics that take place at multiple phases or dimensions of interaction with the environment.

7.2. A GENETIC PERSPECTIVE ON AFFECTIVITY

Now that the core concepts of the philosophy of individuation have been stated, what is the role of affectivity in sense-making understood as an individuation process? This question is important because, as described in Chapter 4, although the enactive approach to psychopathology has aptly defined mental disorders as disorders of sense-making (de Haan, 2020b), the affective dimension of sense-making has been absent in their explanations (see also Nielsen, 2020). However,

from an enactive perspective, sense-making is fundamentally affective (Colombetti, 2014). For this reason, disentangling the role of affectivity in the individuation process will allow us to understand the affective dimension of mental disorders. The study of affectivity, however, presents certain conceptual difficulties. Affective phenomena are difficult to distinguish and as a consequence, it is usual to find conflated notions of emotions, moods, passions, feelings, sentiments or other affective experiences in the literature. However, affective experiences vary in intensity, duration, and more relevantly, in their intentional structure. The phenomenological distinction of affective experiences, thus, is necessary to provide a more fine-grained answer to the question of the role played by affectivity in sense-making.

Affectivity has a central role in Simondonian philosophy as it operates at the transition from the pre-individual to the individuated reality, that is, it drives the individuation process (Heredia, 2012; Wrbouschek & Slunecko, 2021a, 2021b). The pre-individual load of the individual, namely its potentialities, is felt in affective dynamism. Indeed, affects often operate over potentials for change and becoming. They may have an anticipatory or regressive character (e.g., the fear of a future event or regret of a mistake made), but either way, they predispose us to certain future interactions and behavior. Thus, although our potential experiences cannot be perceived like actual experiences are, they are affectively prefigured. The living individual is always becoming, and thus, dephased from its actual being, that is there is a difference or mismatch between the constituted individual and its becoming. In this mode of being as change, the affective resonance of the living organism tends to its organizational coherence. The affective resonance is what orders and organizes the divergent pre-individual processes and potentialities in an interior–exterior polar axis, providing a primordial orientation to the individual with respect to its associated milieu (Wrbouschek & Slunecko, 2021b). Affectivity, in this view, is the primordial orientation of the organism with respect to its milieu. Affectivity is the felt gradient of individuation that mediates between two moments of the individuation process, namely the pre-individual and the actual individual, thus anticipating a partial coherence in the becoming individual. This is the function that orders a multiplicity of disparate pre-individual forces and tendencies into the emotive pole of pleasant–unpleasant, also bringing forth senses of interior-exterior and coherence in lived experience. This idea goes in line with the primordial affective character of the enactive perspective on cognition (Colombetti, 2014), for which sense-making is grounded in the fundamental normativity of discerning what is favorable and unfavorable for the self-maintenance of the organism. This valence is fundamentally affective. What the Simondonian theory brings is a conceptual toolbox to explain *how* sense-making is affective.

The Simondonian account of affectivity resonates strongly with Varela's account of time consciousness, as introduced in Chapter 5. Drawing on Husserl's threefold structure of time consciousness, Varela (2005) described how affectivity is at the core of the primordial asymmetry between *protention* and *retention*. Affectivity is viewed as the configuration of the protentive field, that is, the anticipatory

character of the stream of consciousness. Affectivity can be seen as the anticipation of certain coherence in experience and what actualizes potentials. It plays a crucial role in modulating the conscious flow, leading its folds and unfolds so as to pave the way for the constitution of objects and acts of consciousness. Both Simondon and Varela placed affectivity at the emergence of conscious experience as what opens the field of potentialities for novelty, change, and transformation. A key distinction, however, is that while Varela took the affective poles of pleasant–unpleasant or positive–negative valences as primary, Simondon considered the emergence of the pleasant–unpleasant axis a product of individuation rather than a primary principle of change. The reason is that the pleasant–unpleasant axis already presupposes a constituted individual–world relationship to which distal and proximal dimensions can be ascribed. For Simondon, however, pre-individual potentialities are multidirectional, multifocal, and multidimensional and their structuration into a pleasant–unpleasant affective pole is a manifestation of the self-world structuration process.

From the Simondonian perspective, affects are the processual counterparts of structured selves and are ontogenetically simultaneous to the process of subjectivation because they relate to "what is not yet the subject" (Keating, 2019). From the ontogenetic perspective, there is no prior fully constituted subject that undergoes affective experiences, but the orienting and integrating movement of affects makes the self-world polarity emerge in experience. Affectivity and subjectivation go together, so to speak. This goes in line with previously mentioned phenomenological accounts of self-affection as the condition of possibility of self-awareness. Affectivity is not a mere companion of mental states, but it is the precondition for any form of intentional experience. As Michel Henry would claim (1965/1975), the tension of the living is the source of self-affection. The tension of the living can be understood as the dephase between the constituted individual and its becoming, that is, its potentialities for change. Affectivity, thus, is affection and affectability at the same time, a transductive activity that extends in time as a force of reaffirmation and restructuring of the self.

However, as indicated previously, our affective experience is not uniform, but rather it encompasses structurally different affective forms, such as existential feelings, atmospheric feelings, moods, or emotions (as classified in Fuchs, 2013a). Thus, a question remains: What is the specific role of different affective forms in bringing forth the organism–environment, self–alterity, subject–world structure? Although in the enactive-ecological literature all these terms have been used almost interchangeably, drawing these distinctions is important to develop an account of sense-making that is phenomenologically informed. My proposal is that *each type of affective form connects the individual organism with a differential pre-individual phase of potentialities, that is, with a different phase in the pre-self-world polarity.* As I will explain below, existential feelings, atmospheres, moods, and emotions can be seen as modes of relating the individual with different phases in the individuation process, ranging from full undifferentiation to a fully constituted self–world transitive structure (Figure 7.1).
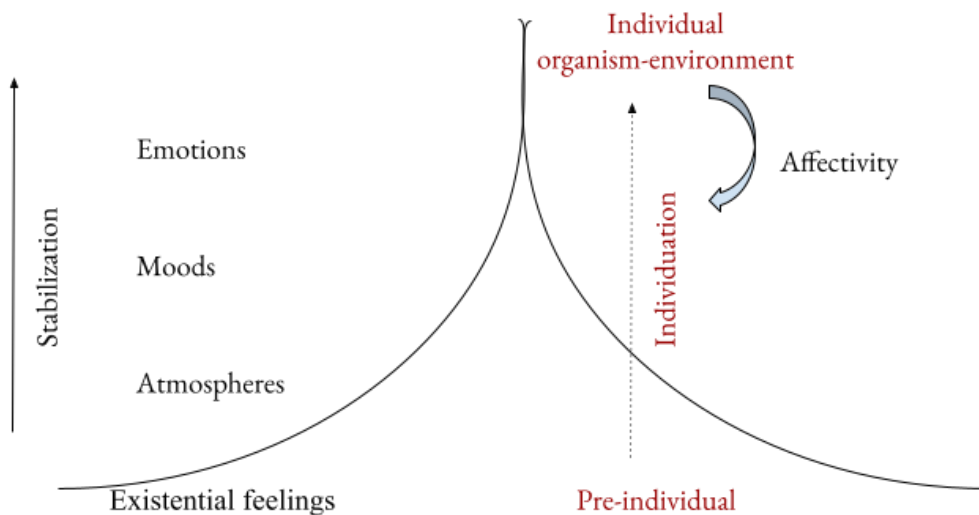
Figure 7.1. Schema of individuation and affects. A wide landscape of pre-individual potentiality progressively concretizes towards a singular (actual structure. The bottom of the figure represents the pre-individual state where there is no self-world structural distinction, while the upper sharp point represents the constituted self-world structure. Individuation is the progressive process of concretization and stabilization of wide pre-individual potentialities into constituted structures. Affectivity is represented as the relationship of the constituted individual with its own individuation potentialities. Different types of affects relate the individual with a different moment in its own individuation process.

Existential Feelings

Existential feelings refer to the basic and tacit form of subject–world relatedness (Ratcliffe, 2008) being the basic attitude from which the world discloses to us and that what makes possible any other form of intentional attitudes and feelings. They are world-constitutive phenomena that open up a world of significance. Because I relate to the world, I can experience it, but my experience of being related to the world remains in the background of all experiences. According to Ratcliffe (2008), existential feelings encompass feelings of familiarity, trust in reality, certainty, freedom, openness, situatedness, locatedness, and connectedness. Stern's (2010) *forms of vitality* can also be regarded as forms of existential feelings that are manifested in the holistic and dynamic qualities of movements. Existential feelings differ from moods and emotions in that they are not regarded as episodic or event-like affective states. Although moods, emotions, and atmospheric affects can present different forms of intentionality, duration, and intensity, existential feelings are ubiquitous and pre-intentional. As a result, strictly speaking, they cannot be described in terms of "aboutness" or world-directedness because they

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do not have a particular structure, but they pre-structure the horizon of our experience of the world and ourselves.

Although existential feelings generally operate in the background of our experience, they come to the foreground in particular situations, such as in near-death situations (Greyson, 2000), transformative experiences (Markovic, 2021; Tietjen, 2017), mystical experiences (D'isanto, 2008; McGinn, 2008), deep grief (Ratcliffe, 2010), meditation (Guenther, 1972), and psychedelic experiences (Letheby, 2021). In such situations, the whole existence of the organism is questioned. There is a feeling of transcendence, that is, of becoming "one" with the environment and with other beings. Existential feelings have been described as "oceanic feelings" (Saarinen, 2014) in which the psychological and sensory boundaries of the self dissolve and a feeling of unity and openness invades experience. Moreover, there is a feeling of losing one's self-centeredness in favor of a feeling of belonging to something larger than the self (Woollacott et al., 2021). Mystical experiences, for instance, have been described as relating to a meta-ontological "pure experience" that transcends the common self–world structure in terms of temporality, spatiality, situatedness, and relatedness (Parnas & Henriksen, 2016). These existential experiences, however, are salient forms of existential feelings that, most of the time, operate at the pre-reflective and pre-intentional background of experience.

From a genetic perspective, I suggest that existential feelings are related to the experience of the widest field of potentialities and possibilities. Feelings of vitality, for instance, open the affective space for all other kinds of intentional states available for the subject. For instance, tangibility, perceivability, localizability, affectability, permeability, and affordability are possible intentional forms that structure the self–world relationship that require an underlying sense of vitality to take place. The feeling of vitality, instead, is not perceivable, localizable, or affordable. These potential intentional structures are shaped by existential feelings and further concretized in sense-making by ascribing them a structured "content" that individuates them.

As a result, existential feelings relate the individual with the vast diffuse variety of pre-individual potentialities for change. For instance, feelings of openness unfold the sense of future and virtuality, whereas existential anguish faces us with an abyss of impotence, feelings of vitality gives us the sense of life as extended in time, and so on. These are fundamental feelings on which other intentional attitudes are built and organize the self-world structure. This implies that existential feelings relate the individual with a pre-individual phase where self-world polarity is not yet constituted or structured. Existential feelings thus relate the individual with the most undifferentiated pre-individual state, bringing to the foreground the possibility of disgregation and dissolution of the individual in the environment and the self in alterity.

Atmospheric feelings

As discussed in Chapter 6, atmospheric feelings are holistic affective qualities of experience that integrate disparate expressive features into a unitary, still ambivalent *gestalt* (Anderson, 2009; Fuchs, 2013a; Griffero, 2016). A core feature of atmospheric feelings is that they are not located inside or outside, but they permeate the boundaries of the self and world (Griffero, 2019). They are affective experiences that do not belong (only) to the subject experiencing them. Some feelings are felt as alterations, tensions, movements, or gradients, which are not necessarily experienced as *my* feelings but as affective climates of the situation in which I am immersed. People, objects, and places can emanate an atmosphere of tension, calm, lightness, or density by extending their qualities to the situation they participate in (Abusaada & Elshater, 2020; Seamon, 2017). Although some situations or environments are considered paradigmatic examples of atmospheres, such as the atmosphere of a church, a football match, or a sunset, atmospheres should not be considered entities "in the world" but rather ways of disclosing the world. As argued before, atmospheric feelings shape the self-world relationship in a pathic and general way, subtly modulating the landscape of potentialities that a given situation affords (Griffero, 2014).

From a genetic perspective, I suggest that atmospheric feelings relate the individual with a non-differentiated pre-individual phase in which there is a self–world structural distinction, but this boundary is still highly permeable. Atmospheres are those potentialities of the pre-individual that resonate with the lived body in the form of an indefinite something that is felt as a sort of transpersonal intensity or aura. Still, their intentional structure is more concrete and they are dimensionally more structured than existential feelings because they relate us to a more or less determined situation in the world rather than with the vast and wide spectrum of potentialities. Indeed, atmospheres are spatially and temporally structured, being particularly salient in spatial and interpersonal situations (Slaby, 2014a). Thus, although their spatiality and temporality are peculiar, atmospheres are spatially and temporally shaped. As quasi-things, they have an "absolute location of subjective orientation in a predimensional, surfaceless space" (Griffero, 2017, p. xix). Still, atmospheric affects are even more diffuse, contradictory, and paradoxical than moods. This ambivalent, contradictory, and despairing character is a manifestation of the pre-individual potentialities that comprise atmospheric feelings.

Moods

Moods are general, bodily felt affective tones (Fuchs, 2013a) that are felt as individual feelings. Although they may tinge the world with a particular tone, they do not show the permeability of atmospheres, but can be more clearly identified as individual affects. While atmospheres are ascribed to situations, people, events, and many kinds of entities and are (generally) felt as in and out, moods are ascribed to living beings. Moreover, they are linked to certain vitality of movements, bodily

expressions, and pre-reflective bodily arousal. Moreover, moods are ordered along a pleasant–unpleasant axis more clearly than atmospheric feelings. Unlike existential feelings and atmospheres, which are more ambivalent and fuse different affective forces, moods have a higher internal coherence. Furthermore, although they can be complex and encompass various affects, they can be (usually they are) disambiguated. I suggest that this character indicates that they are related to a phase of individuation in which the self-world distinction is structured, but yet not describable in terms of object-directedness Although they impregnate the internal and external milieu –when one is in a sad mood, the world appears gloomy, for instance– they are felt as belonging to an individual.

Moods, however, are less intense and more extended in time than emotions, and their form of intentionality is not object-directed but world-directed in a more general sense (e.g., anxiety as objectless fear; DeLancey, 2006). Moreover, they are more temporally extended and diffuse than emotions, but they still have an intentional or world-directed structure where a self–world demarcation is already constituted. In certain moods, certain concrete emotions are more likely to emerge than others. For instance, if one is in a melancholic mood, it is more likely that a commentary, an event, or just a gaze will trigger the emotions of sadness, anger, mistrust, or insecurities. Thus, moods are the background from which emotions are concretized.

Emotions

Emotions are the most studied affective forms and have often been considered the standard affective phenomena (Damasio, 1994; Frijda, 1986; Izard, 1977; James, 1922). They are episodic experiences, more intense and temporally bounded than moods, and they entail a feeling of bodily change and action readiness. Emotions have a relatively coherent internal structure, some internal resonance, and temporal consistency. They are constituted by feedback cycles between affection as resonance, emotional perception, and action readiness (Fuchs, 2013a; Fuchs & Koch, 2014). Their intentionality is not only world-directed but also object-directed. Indeed, emotions are directed toward more or less individuated entities in the world. Therefore, in emotional states, the intentional subject–object structure is more clearly defined than in moods, atmospheres, or existential feelings.

The intentionality of emotions is twofold: they are directed at the world and at oneself. Emotions combine an affective (pathic) centripetal force and an e-motive centrifugal force (Fuchs & Koch, 2014). The affective (pathic) aspect refers to the capacity to be perturbed by the external environment, whereas the e-motive aspect refers to the action readiness that is constitutive of emotions (Sheets-Johnstone, 1999). Moreover, they entail a cognitive evaluation of the organism in relation to its own normativity (i.e., an appraisal of a given situation) as well as a bodily directedness or bodily arousal. These two aspects, appraisal and body arousal, occur simultaneously according to enactive theory in the sense that bodily response is by itself the valuation of a given situation according to one's own norms

(Maiese, 2014a, 2014b). Their affective intentionality constitutes a nontrivial bodily directedness toward things in the world; a bodily orientation and arousal that favor concrete actions. Emotions, unlike moods and atmospheres, have an inherent action tendency (an e-motion) and can be defined as dispositions to action or action readiness (Frijda, 2004; Fuchs & Koch, 2014; Varela, 2005). Indeed, the term emotion has its origin in the Latin *emovere*, which literally means *to move out*. This definition implies a certain coherence and integration of disparate affective forces. From a genetic perspective, I suggest that the intentional structure of emotions indicates that they relate the individual with an already constituted self-world structure. Their episodic character indicates that emotions open up a small range of potentialities, their effect being spatially and temporally accurate.

	Structure	Intentionality	Aspects of individuation	Examples
Existential Feelings	basic form of world disclosing	pre-intentional	widest field of pre-individual potentiality	openness, familiarity, sense of reality
Atmospheric feelings	blurred, mutually permeating self-world relation	pathic, non-intentional	concretization ← → potentialities	oppressive institution, atmosphere of inclusion/exclusion uncanny atmosphere
Moods	constituted self-world	world-directed but not contentful	+ +	apathy, excitement, laziness, anxiety
Emotions	constituted subject-object transitive structure	object-directed and self-directed	narrow potentiality, episodic experiences	anger, guilt, joy, shame

Table 7.1. Classification of affective forms in terms of self-world structure, intentionality and individuation.

In the proposed classification (Table 7.1), the intentional structure of different forms of affects is gradually concretized from existential feelings to emotions. While existential feelings open up the potentialities of intentional structures available for the individual and their phenomenology is long lasting, emotions are bound to dispositions to concrete actions and have short-term effects. From a genetic perspective, I suggest, existential feelings are conditions of a possibility of more sophisticated and structured forms of affective experience, opening up a wider range of possibilities for individuation. It is crucial to remark that these moments in the individuation process should not be seen as linear causal processes where lower levels bootstrap higher levels. Instead, individuation implies a continuous renewal of potentialities for change, which implies that a baseline of

existential openness is maintained throughout progressive individuations. Moreover, these phases are not sequential but occur at once in sense-making, and they can only be conceptually distinguished as phases.

Linking the present discussion with the debate on situated affectivity of the previous chapter, from the perspective of the Skill Intentionality Framework (2014; Rietveld et al., 2018; van Dijk & Rietveld, 2016), emotions, defined in terms of action readiness, can be seen as the soliciting character of concrete affordances. The fact that certain opportunities for action become salient and pulling for an individual has to do with the object-directed intentionality of emotions. This does not imply that an emotional feeling reflects one being pulled by a concrete affordance, but rather that the intentional structure of subject-object we find in emotions is similar to those found in the soliciting character of individual affordances. Emotions are experienced as the directionality and orientation of potential movements in the lived space, not necessarily realized in the physical space (Fuchs & Koch, 2014). Atmospheres (and also moods), in contrast, have a more general effect on the field of relevant affordances. Their world-directed character reflects a modulation of the potentialities of sense-making rather than being ascribed to concrete action possibilities.

Making this phenomenological distinction is relevant because it allows us to distinguish differential effects of affective experiences in sense-making understood as psychic individuation. Each form of affective experience connects the individual with a more or less wide range of potentialities for change and meaning-making. If we assume the dynamic character of sense-making as the process of bringing forth the self-world structure in consciousness, different affects can be seen as different ranges of anticipation in this process, connecting the individual with its own pre-individual potentialities.

7.3. MENTAL DISORDERS AS DISORDERS OF AFFECTIVITY

If we assume the affective character of sense-making, then, the proposal that mental disorders should be seen as disorders of affectivity follows almost straightforwardly. This does not only apply to the disorders that have traditionally been defined as affective disorders, namely depression, mania, and bipolar disorders, but refers to the affective character of the very definition of pathology. It is a rather general claim. As explained in Chapter 3, phenomenological psychiatry has carried its analysis along certain structures of consciousness, such as temporality, embodiment, and intersubjectivity. What I propose here is a genetic perspective to explore how affectivity is disturbed in mental disorders as a fundamental feature of sense-making. Indeed, traditional psychiatry has relegated affectivity to a mere epiphenomenon in mental disorders, or reduced to cognitive appraisal processes (Roseman & Smith, 2001). However, a more thorough understanding of affectivity and the phenomenological distinctions made in the previous section will lead us to disentangle what I mean by disorders of affectivity.

In the previous section, I have described affective resonance as what organizes the pre-individual processes and potentialities in an interior-exterior polar axis, providing a primordial orientation to the individual with respect to its world. Moreover, I have distinguished the role of different affective forms as linking the individual with a differential pre-individual phase where the self-world structure is more or less coherent and stable. Now, how do we understand mental disorders from this perspective?

To begin with, we can say that in mental disorders the co-emergence of the self-world boundary takes place in a manner that the self becomes alien and the world is experienced as "unhomelike" (Svenaeus, 2000; Tyreman, 2011). Mental disorders, thus, can be seen as disorders (or lack of coherence) in bringing forth a self-world structure. Etymologically, *sub-jectum* and *ob-jectum* refer to the product of an action of being thrown to two different domains of reality, which implies an action that precedes them. This action is the individuation of the living being, which is mediated by affectivity and modulates the body as the chiasm of interiority and exteriority. For this reason, mental disorders are anchored in the lived body as the boundary between interiority and exteriority. In the process of building a coherent self-world boundary, the lived body has fallen on the wrong side, so to speak. Indeed, mental disorders are characterized by a loss in the implicit structure of the body, which undergoes a process of "corporealization" (Fuchs, 2005a); that is, the body acquires object-like features and turns into an obstacle. While in "healthy" experience the body is immersed in everyday activities, meaning that it is transparent to our perception and functions mainly in a body-schematic way, in illness the body becomes present in consciousness as opaque, forming an obstacle to coping with everyday activities (Svenaeus, 2001). The body is felt as an ecstatic body, as a quasi-object exteriority that alienates from itself being felt as something that impedes the realization of activities; that is, it is felt pathically as an oppression, contraction, or reduction of possibilities and agency. Mental disorders are thus experienced pathicaly– indeed, pathos and pathology share the same etymological root (see also discussion in Chapter 4).

Moreover, mental disorders may be characterized by a reduction of potentialities for self-individuation. The capacity to deal with incompatibilities and tensions by reframing them into a coherent subject–world structure may become impaired, and thus, unresolved tensions accumulate. The system gets stuck in a metastable state unable to reorganize itself according to the situation. In other words, the capacity to renew potentialities for further change may be hampered, resulting in a breakdown in the process of disclosing the world of significance. This may be manifested as a reduction in possibilities for action, a hampering of agency, and reduction of affordances available for the individual (Dings, 2020; Gallagher, 2018). The disordered sense-making in this context implies that the process of bringing forth a world of significance goes astray, together with a disturbance in the sense of self. Both go together, so to speak. In this regard, the process of sense-making can be disturbed in different pre-individual phases leading to various degrees of disorganized self-world patterns. As introduced in the previous chapter, each affective type of experience influences a phase in this process, which is manifested

in the intentional structure of each affective experience. Accordingly, mental disorders can be classified as disorders of affectivity attending to the self-world organization they present.

In the following paragraphs, I sketch a classification of a general spectrum of mental disorders based on the schema of affectivity presented in this work:

- First, according to the so-called "ipseity-disturbance model" (Nelson et al., 2014) in schizophrenia spectrum disorders, ipseity or the basic I-world structure is disordered (Hoenig, 1983; Sass & Parnas, 2003). Trait features of schizophrenia are anomalous self-experiences (Parnas & Sass, 2001) or delusional moods (Fuchs, 2005b) and disorders of the pre-reflective self-awareness (particularly in prodromal phases). Delusions in schizophrenia do not only present a breakdown in the meaning-making of the external environment but also a loss in the minimal self; that is, the ego-centrality or "zero point" basic orientation of experience, the basic mineness of experience that is mediated and realized by the body. The self–world boundary is unstable, which results in a disorder in basic structures of consciousness, such as temporality (Fuchs & Van Duppen, 2017), embodiment (Fuchs, 2005a), spatiality (Krueger & Aiken, 2016), agency, and intersubjectivity (Fuchs & Röhricht, 2017). We can relate schizophrenia with an existential phase in the sense that the self–world relationship is not yet constituted. While in non-pathological states existential feelings such as the sense of reality, vitality, openness, or familiarity are tacit and unquestioned, in schizophrenic disorders these existential feelings are disturbed or removed. There is a feeling of losing all affects, feeling alien to oneself, feeling of unreality of the world, are characteristic feelings of schizophrenic patients (Fuchs, 2013a). We can explain this state as the self-boundary of the patient getting stuck at the pre-intentional and pre-individual state of non-differentiation. He or she lives in potentialities, namely possibilities that are perceived as actualities in hallucinations and delusions. A simultaneity of incoherencies and disparities are not resolved by the structuration process of individuation. The patient is anchored in the existential phase, fused with the world and others and unable to distinguish him/herself by building self-boundaries. As a result, individuals lose not only their sense of self but also the feeling of being present and embedded in the world. The disturbance of the existential feelings implies also a loss in self-affection, which leads to a hyper-reflexivity and hyper-pathicity, that is an excessive reliance on external third-person perspective to situate and locate oneself in relation to the world. Anchored in the undifferentiated, incoherent, and blurry fields of pre-individual potentialities, the schizophrenic patient is bound to a metastable state of ambiguity and simultaneity of disparate affective trajectories that cannot be structured into a coherent self–world relationship.

- Depression, instead, can be regarded as a disorder at the atmospheric level. Thecapacity of the lived body of being affected is disturbed, which is

manifested in the diminishment of resonance with others and moods available. Depression is characterized not by a sad or depressed mood but by an atmosphere of affective indifference where nothing is saliently meaningful (Svenaeus, 2013). The body is objectified or "corporealized" (Fuchs, 2005a), resulting in a rigidity in the felt body that makes it unable to resonate with the world. There is a loss of potentiality of the body, since it cannot self-affect (Doerr-Zegers et al., 2017). The patient is in a static atmosphere that diminishes the range of alternatives for self-interpretation and individuation (Aho, 2019b). Basic structures such as temporality are also disturbed, particularly the future-directed structure of affective intentionality, resulting in a lack of appreciation of novelty (Ratcliffe & Broome, 2012). The patient is closed to the future. However, although depressed patients are rigidified into a concrete, gloomy, and sad atmosphere and do not present the usual mood fluctuations, their self–world boundary is slightly more defined than in schizophrenic patients. Except for some rare cases of depersonalised depression, where the very existence of the world and oneself is put into question (Sedman & Reed, 1963), in depresion the basic access and openness to the world is not impired. There is a sense of reality, familiarity, situatedness, and a sense of self, thus, the existential phase of individuation is not necessarily disorganized. What characterizes depression, instead, is a lack of attunement with different situational affective qualities, that is, an homogeneity of the atmospheric feeling one resonates with. We can say, thus, that there is a lack of permeability of the self-world boundary, a rigidity that does not allow patients to resonate with the situation and with others. There is a lack of affective attunement that isolates the individual from the world. This disturbance of affectivity at the atmospheric level also hampers the variability of emotions and moods available to the patient.

- The anxiety spectrum, which encompasses anxiety disorders, OCD, and phobias, presents a different structural organization to depression and schizophrenia. In anxiety, there is a strong and rigid sense of self–world distinction, with hypersensibility exhibited to perturbations to that boundary. The urge of self-preservation is a characteristic of anxiety disorders (Glas, 2020), where there is a constant fear of dissolution, depersonalization, and incompleteness (Bürgy, 2019a, 2019b; Fischer, 1991). The organism–environment structure is constructed, but there is an imbalance. The tensioned and contradictory affective pre-individual load is individuated in a self–world structure, where the self is left powerless, deficient, and lacking, which is experienced as fear of death and permanent danger. Attempts are made to safeguard the self-structure through resorting to defensive mechanisms, which result in actions, thoughts, and feelings that are never "completed." This enhances the sense of incompleteness, resulting in a feedback loop of imbalance and fear (Bürgy, 2019a, 2019b; Ecker & Gönner, 2008). This vicious circle gives rise to repetitive behavior, which manifests in OCD patients as compulsive

cleaning, fear of death, fear of touching and contamination, washing compulsions, and collecting and ordering compulsions. Unlike psychotic experiences, there is a sense of an individualized self and structured world, but the structural rigidity does not allow it to renew potentials and to individuate in a novel way. There is a reduction of effective potentialities as a result of structure and stability being maintained. The disparate affective feelings are ordered in a rigid mood of fear. In anxiety disorders, fear is a general mood that is not concretized into an object, but the world threatens in a vague and indeterminate manner. In OCD, by contrast, the vagueness of fear is filled with different and arbitrary contents (e.g., microbes, dirt, and collected objects) that do not mitigate anxiety. OCD can thus be seen as a disorder at the emotional level. The reason is that the intentionality of the OCD experience is object-directed and implies a disposition to action that is manifested in compulsive behaviors and a monopolizing salience in the field of relevant affordances perceived (de Haan et al., 2013). In OCD, thus, emotional intentionality is disturbed, namely the level of action readiness. Similarly, phobias can be regarded as disturbances at the emotional level that have a clear subject–object intentional structure.

This classification is not meant to be exhaustive and could ideally incorporate other mental disorders such as borderline personality disorder, bipolar disorder, and others. However, what I wanted to illustrate here is that affective disorders are not necessarily defined in terms of positive and negative affect valences, as reflected in the classical categorization of depression, mania and bipolar disorder. Rather, I suggest to focus on the stability of the self-world boundary as the counterpart of impairments in forms of affective experiences. The malleability of the self–world structure and affective resonance are, from this perspective, two sides of the same coin.

One common characteristic that results from impairments in affectivity and involves most forms of psychopathology is the diminishment of potentialities for sense-making. Sense-making becomes biased and rigidified, not necessarily in virtue of being stuck in a mood or emotion, but in virtue of not being able to frame the situation otherwise. In other words, healthy experience is the capacity to cope with novelty, in the sense of being able to change one's perspective toward the world; that is, the capacity for organizing and structuring the self–world relationship in novel, adaptive, and flexible ways. From the genetic perspective, the pre-individual state is a state of tension and disparate affective forces that pull the system to different directions. Thus, the pre-individual state is a state of high flexibility. Individuation is a process of re-organization and progressive stabilization of the self-world structure. Now, this process does not occur at once, but it is a recurrent process of regaining potentialities for future individuation and change. Thus, sense-making is a process of ongoingly ordering and disordering the system, so to speak. This is why both flexibility and rigidity are necessary for maintaining the system in a state of effective potentialities for change. Indeed, as dynamical systems theory postulates, a degree of disorder and instability enables

the cognitive system to maintain a metastable state of readiness, keeping highly responsive and sensitive to subtle changes.

Although the flexibility criteria have already been highlighted by some authors for assessing the level of disorder in sense-making (e.g., de Haan, 2020b, Lambert, 2020; Kashdan et al., 2010; Uddin, 2021), in psychopathology, the self-world structure of a person can be too rigid but also too flexible. Consider for instance borderline personality disorders or schizophrenia, where the minimal self-awareness is too loose and unstable. Not only rigidity, but also excessive flexibility is a source of disorder and diminishment of effective potentialities for sense-making. Indeed, this idea of being too rigid or too flexible is manifested in the classification of mental disorders along the psychotic–neurotic axis[19]. Psychotic symptoms such as delusions or hallucinations can be seen as an excess of flexibility in sense-making. The world appears as too meaningful, so to speak. Objects and landscapes may be experienced as animated and events as intentionally constructed by others. In turn, the self is too malleable and unstable. Neurotic symptoms, instead, sense-making is rigid so are the self structures. The world appears as threatening, as repressive or restrictive in a rigid way and cannot be resignified. Sense-making thus loses its variability. Feelings and behaviors become repetitive and recurrent and self-discourses are biased, limited, and there is a difficulty of self-reinterpretation. Psychosis can be described as an excess of flexibility in meaning making while neurosis implies a rigidity in the personality structure and the way of framing experience. This axis also reveals certain basic and higher self-structures that can be disordered, since psychotic patients can also be regarded as neurotic, but not vice-versa (Freeman & Garety, 2003). As a consequence, although health has traditionally been understood as flexibility to adapt to changes in the environment, we should consider both flexibility and rigidity, spontaneity and structure, order and disorder as necessary to maintain efficient potentialities for change.

The conception of health I am defending here, thus, is one that considers both rigidity and flexibility as aspects of the self-world structure. This aspect of mental disorders, I suggest, can be operationalized in terms of *meta-flexibility*[20]. In dynamical systems theory, meta-flexibility provides a measurement of the level of management of order and disorder of a system (Pincus & Metten, 2010). It refers

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[19] The classification of psychotic and neurotic disorders was first coined by Freud (1929), where he describes neurosis as a suppression of It functions by the ego and psychosis as a suppression of reality to give freedom to It drives. In other works, psychosis has been considered as having a biological/organic basis where neurosis has a developmental/functional aetiology (Beer, 1996). Jaspers (1913/1997) adopts an instrumental division of neurosis and psychosis to distinguish affective disorders from proper 'madness'. Although this is a classification that is controversial in current psychiatry, I suggest here to understand this distinction to illustrate the excess of rigidity and flexibility in the structuration of ego-boundaries.

[20] Meta-flexibility should not be confused with the flexibility in existential stance-taking proposed by de Haan (2020b) and discussed in Chapter 4. While de Haan refers to a reflexive capacity of the person to relate to herself and to evaluate her own behavior according to certain existential values, meta-flexibility as I define it here, does not require the reflective or active monitoring of the system, but it is a descriptive property of self-organized dynamical systems (analogous to their robustness or integration).

to the capacity of the organism to change its own structures in order to make it more flexible or more rigid, but without getting too loose or disintegrate. It is mediated, I suggest, by the ability to take advantage of interrelated processes for regulating and integrating diverse pre-individual forces in certain situations. Meta-flexibility should be understood as the capacity to manage tensions and integrate processes with incompatible regulatory demands becoming more or less structured, more or less flexible. It is what makes a system resilient, that is, capable of recovering from adversity by modifying its own structural properties. It gives a grip on the level of integration of the system and the capacity to manage tensions by generating certain structures and regaining potentialities for further changes. Meta-flexibility is thus a measurement of the balance between structure and process, individual and pre-individual, order and disorder, so to speak. For instance, the management and integration of processes of self-individuation and self-distinction, relatedness, and individuality (Kyselo, 2014; Kyselo & Tschacher, 2014), or the malleability of the self–world polarity, require meta-flexibility to maintain certain dynamic balance among processes with opposite regulatory demands. I believe that the operational concept of meta-flexibility may provide us with a better grasp of what we mean by disordered sense-making than the simple flexibility criteria and it may reflect the diminishment of effective potentialities in sense-making.

Now, what is the relation between meta-flexibility, which is a property of a dynamical system and affectivity? If we consider affectivity as the genetic force of structuring the self-world relationship as presented here, then affectivity may be an adequate variable to measure meta-flexibility in sense-making (as recently pointed out in Kleinbub et al., 2021 and Venuleo et al., 2020). Indeed, studies in dynamical systems theory have demonstrated that meta-flexibility can be operationalized by measuring the variability in the emotional states of patients using time-series analysis (Wichers et al., 2015). Indeed, smooth and fluid emotional changes are generally associated with health while rigidity and abrupt shifts are indicatives of disorder (Hollenstein et al., 2013). The variability of affective states and its dynamics may provide a quantifiable measurement of the degree of meta-flexibility of a system. Measurements of meta-flexibility at different time scales may inform about the time course of certain pathologies and allow us to predict particular phase transitions, such as relapses in depression, hallucinatory episodes in schizophrenia, or panic attacks in anxiety disorders (Hollenstein et al., 2013; Simons et al., 2015). These models of variability in affectivity may reflect the degree of self-world structure of each individual and may be useful to characterize the dynamical fingerprints of each psychopathology. Variability in affective states can be used as the basic variable for modeling disordered patterns of sense-making. Psychopathology, thus, is not directly related to the low correspondence or adequacy of our sense-making with respect to the environment, but rather with the affective variability, that is, the degree of metastability or affective tensions the individual manages, which may lead to either an overly volatile or an overly structured sense-making.

As a final remark, as already mentioned in Chapter 4, to consider mental disorders as disorders of sense-making implies that no clear-cut distinction exists between "normal" and disordered sense-making but rather a continuous and dynamic gradation of "order" (de Haan, 2020b). Anxiety or depressed moods are available for healthy people (indeed, it is healthy to be in such moods sometimes). Even delusional experiences might be experienced in transformative religious experiences or through meditation practices. Mental disorders, however, are characterized by patients being unable to frame the self-world relationship otherwise; that is, they are in the grip of attractor states that prevent the system from metastability and change. The enactive perspective on health and pathology thus does not refer to a pre-established, internalist, and discrete function-dysfunction, but it involves the co-emergence of the self and the world by the organism's interaction with the environment. As a consequence, in treating patients, disentangling if an emotion pertains to certain intrinsic functioning of the patient or as a response to his or her situation is not an easy task. For instance, in anxiety disorders, the fear a patient may feel may respond to a "real" situation of having lost his or her job or to an "intrinsic" emotional pattern derived from an individual's attachment styles (Glas, 2020). However, from the genetic perspective I am developing here, this distinction is not always easy to make since in the ontogenesis of the self, affects belong to a pre-individual state where the boundary between the self and the world may be still blurred, ambivalent, and fuzzy. Affects, in this case the emotion fear, is the anticipation of potentialities of finding oneself in the world, constituting the primary way the individual orients himself toward the future. Mental disorders thus are conceived as affective forms of being-in-the-world, where the general precariousness and vulnerability of life is manifested and brought to the foreground of experience (Martinsen & Solbakk, 2012; Ratcliffe & Broome, 2012; Svenaeus, 2011).

The notion of affective disorders I've suggested here can usefully supplement the existing discussions by introducing affectivity as a fundamental dimension of consciousness that underlies self disturbances in a variety of mental disorders. It can highlight central aspects of disordered patterns of sense-making that have not received much attention thus far. Particularly, it proposes to consider phenomenological distinctions between different forms of affective experiences and to examine the implication of each of them in different mental disorders. Indeed, defining mental disorders as disorders of sense-making may be seen as a tautological claim unless we make certain distinctions. We need 1) a way of operationalizing the degree of order-disorder and 2) a way of distinguishing different ways in which sense-making may go astray. By distinguishing the incidence of each affective form in the process of sense-making – understood as a form of psychic individuation– and by providing an operationalizable definition of mental disorders in terms of meta-flexibility I am to propose a way of moving forward towards an enactive perspective on mental disorders.

The theoretical framework presented in this chapter, however, represents only a preliminary advance in this direction. A proper investigation of how affectivity is disordered in diverse psychopathologies would require further theoretical and

methodological development. I hereby suggest a possible route. In order to assess the degree of flexibility or rigidity in self-world structures tools for phenomenological exploration might be developed. For schizophrenia spectrum disorders, the Examination of Anomalous Self-Experience (EASE) has proved extremely useful to characterize and assess anomalies in basic self-awareness in schizophrenia spectrum disorders, having a strong descriptive and diagnostic relevance (Parnas et al., 2005). Similar tools and scales might be developed to explore the degree of rigidity in self-structures and affectivity in other mental disorders. As a conclusion, the theoretical framework presented here may serve as the background for future work on rethinking psychopathologies attending to their affective nature.

7.4. PARTICIPATORY SENSE-MAKING REVISITED

Now that the genetic and affective character of sense-making and mental disorders has been stated, where do we stand regarding the general question of this thesis? How does the genetic perspective proposed here make a difference in our understanding of participatory sense-making?

As explained in previous chapters, participatory sense-making aims to capture the tension between the individual and the relational domain without reducing one to the other (De Jaegher & Di Paolo, 2007). A central aspect of the framework is that it keeps a tension in between two tendencies: the tendency of subsuming in a primary "we-mode" that subsumes all individuals in a homogenizing prior category or the abyss of cognitivist approaches that conceive the other as a self-enclosed individuality, whose mental and affective states are hidden and inaccessible. Participatory sense-making is a formulation that encompasses both tendencies without subsuming them to one another, holding the tension between the individual and interactive normativities.

These autonomies, however, should not be understood as binary on-off properties of systems, but as encompassing degrees of participation. Concerning affective participation, this may be reformulated as a tension between two tendencies: the affective dissolution in the other and the objectification of the other. Indeed, these feelings are poles of affective participation that we may experience in certain situations. For instance, in emotion contagion or interpersonal emotional transfer is particularly salient in collective religious experiences leading to a confluence in a collective feeling. Those feelings would not be possible without a fundamental sense of belonging or being-with. Conversely, affective detachment leads us to objectification of others as inanimate and non-affective entities. This form of insensibilization or anaesthesia might be useful in some cases such as a surgery or psychotic outburst containment. In order to account for these varieties of forms of affective participation, we need a theory of participatory sense-making that makes room for degrees in this process.

Simondon's philosophy of individuation helps us to clarify this. A Simondonian ontogenesis points to a form of intersubjectivity where the participatory character permeates the very process of individuation of participants. Simondon used the term *transindividuality*[21] to refer to the intersubjective character of the individuation process. Transindividuality refers to the feeling of the individual's existence as overflowing its own boundaries. The transindividual is "[...] that which surpasses the individual by extending it: the transindividual is not exterior to the individual and yet becomes detached from the individual to a certain extent" (Simondon, 1958/2020, p. 314). As previously mentioned, the individual for Simondon was a slice in a changing process who holds pre-individual potentialities for its ongoing transformation. This implies that every individual has a charge of undifferentiation that constitutes the condition of the possibility of every form of participation in a collectivity. In Simondon's words,

> "The being must be able to appeal in it and outside it to a not yet individuated reality: this reality is the information that it contains relative to a pre-individual real: this charge is the very principle of the transindividual; it communicates directly with other pre-individual realities contained in other individuals." (Simondon, 1958/2020, p. 243)

Transindividuality, thus, implies participation in and modulation of others' potential for change, that is the modulation in the anticipatory character of other's sense-making and their own becoming. The concept of transindividuality here points to a form of participation that is thus prior to these two-selves differentiation. From the genetic perspective I draw here, since every individual keeps a pre-individual load it has a charge of ontological undifferentiation, we can refer to a transindividual phase in which the self-other polar distinction does not apply yet. If the individuation process of the living brings forth a self-world structure, then in the intersubjective situation, the individuation process also brings forth the self-other polarity. Thus, if we assume Simondon's proposal of looking to the individuation process instead of individuated beings, we should think of an intersubjective scenario in which the interpersonal situation brings forth the self-other relation instead of taking this distinction as given in the first place. Understanding intersubjectivity in terms of transindividuality would imply to acknowledge the possibility of an undifferentiated origin of sense-making, that is, the acknowledgement of a primordial participation of every living being that is manifested in intersubjective experience.

In this way, we can distinguish progressive degrees of participation and involvement, from the belonging with the common origin to a proper interaction between two constituted selves:

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[21] The term "transindividual" was previously used by philosophers as Kojève (1933-1939/2013), or Lacan (1953/2020) in an spiritualist, idealist and psychoanalyst context respectively. However, the meaning that Simondon gives it differs strongly from the previous formulations as well as the central role it acquires in his philosophical system (Alvaro, 2016)
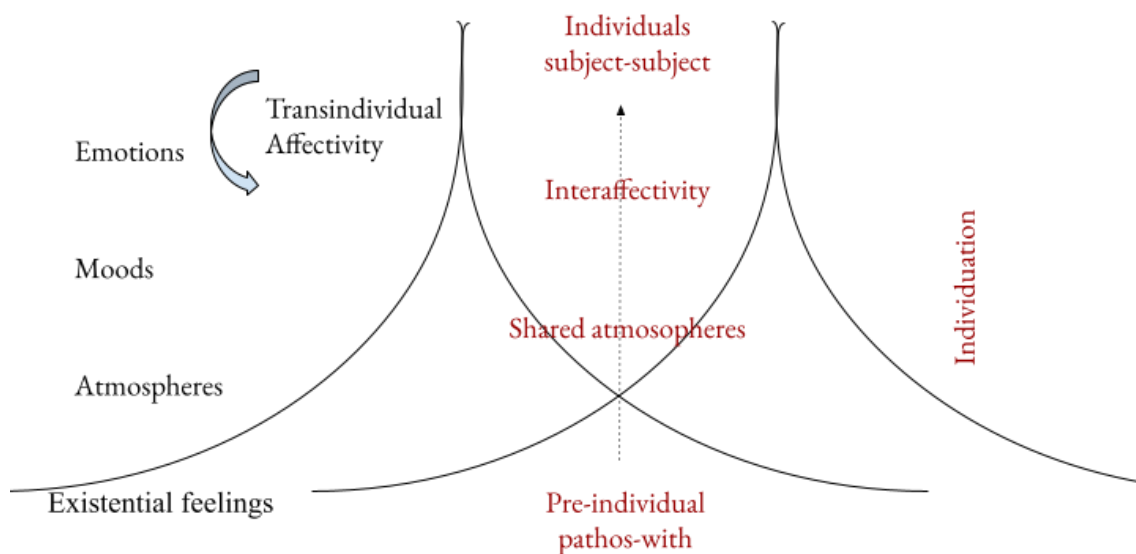
Figure 7.3. Diagram of transindividuality. It reflects different degrees of participation between two subjects from the pre-individual unity of 'pathos-with' to the individuated two subject distinction.

At the most basic phase of non-differentiation, the transindividual phase refers to the sense of belonging that can be described as Michel Henry's "pathos-with" (De Jaegher, 2015). This primordial participation fuses all living beings in a feeling of belonging to an a priori community to which they are always connected. What the transindividual dimension reflects is that in order to interact with a living other, I need to recognize it as an autonomous living being, not by having a cognitive evaluation of the other as alive, but as having a certain familiarity and empathic involvement with it, that is, by feeling the shared commonality. From this perspective, thus, the transindividual is an a priori condition of participation and relates with the pre-individual load of living process. The transindividual phase is the phase of existential openness of co-presence, the primordial sense of belonging, a radical empathy or pre-individual unity.

Atmospheric feelings conserve this potentiality of participation prior to individual concreteness, but they are ascribed to more or less concrete whole situations or *gestalten*. They are experienced in those situations where feelings cannot be ascribed to individual participants, but to the shared situation. For instance, consider the following situation: I enter a room where two people have been arguing. I can perceive a tense atmosphere through the tension in myself, however, if I say "I am tense" I would be missing a great part of my experience because I don't experience the tension as belonging only to me. If I say "you are tense", that would not represent what I am feeling either nor the statement "we all are tensed". The

right expression, in this case, would be an impersonal "there is tension here". Only later I can adscribe a concrete emotion of embarrassment or anger to myself or to others, not only by reflecting on what has happened in that room, but by the proper process of disambiguation and structuration of the affective disparity. As a result, the affective movements in a given situation are felt as an imbalance, a systemic need, or a demand of the situation that cannot be ascribed to individual affective experiences.

At the interaffective phase, the self-other demarcation is clearer than in atmospheric feelings. Still, there is a load of pre-individual shared potentialities that are manifested in the co-modulation of affective states, interaffectivity, and intercorporeality (Fuchs, 2016). Emotions are perceivable as bodily expression and behavior of the other. However, this implicit understanding does not have the subject-object transitive structure, it is not declarative or contentful yet (Hutto & Myin, 2012), but is based on the participation in each other's affective and corporal affordances (Fuchs, 2016). Emotions, in this sense are located at the shared intercorporeal space or the 'in between' of the intersubjective space. This typically gives rise to extended bodily feelings as a result of a dynamical process of mutual incorporation (Fuchs & De Jaegher, 2009). This is experienced as incorporation of each other's body in our own lived body schema as extending our lived body boundaries to the body of the other. At the interaffective phase, affects are extended to the interpersonal sphere and are instantiated in emotions, which imply a movement tendency and a structure in a centrifugal and centripetal dual directionality (Fuchs, 2016).

The transindividual potentiality resonates strongly with the idea of the *invisible excess of sense* in social interactions (Koubová, 2014). While the intentions of others are partially visible to me, their atmospheric expressions have a semi-transparent character that yet influence the interaction enormously. We can say that this hidden potentiality in a social situation is manifested as the atmosphere of the situation, a sometimes hidden, but pervasive affective force that charges the situation with an "excess of meaning", which we cannot perceive in the traditional sense, but can feel pathically. The idea is that social interactions have a transparency or invisibleness that is not a meaningless obstacle to be overcome but rather an active force driven by an excess of sense that functions as a hidden potentiality that contributes to the ongoing participatory sense-making.

The three phases of intersubjective individuation, namely, pathos-with, atmospheric and interaffective, should not be seen as separated, but they are closely intertwined by structure-process co-determination forms of feedback loops. The interaffective stage is the structuration or individuation of shared atmospheres that in turn presupposes a transindividual stage of pathos with. In turn, interaffective situations also generate shared atmospheres and modulate the existential relatedness. Understanding the primordial tension between individual and relational domains in participatory sense-making can be understood in terms of transindividuality as encompassing different degrees of participation in each other's individuation process. What is stressed from this perspective is the need to

question the idea that the two selves are individuated and self-acting and self-containing prior to interaction and affective participation. In enactive terms, the autonomy of the two (or more) subjects in interaction should not be considered as given or finished, but as forms of becoming mediated by affective participation (Di Paolo, 2021). This implies that the self that emerges in the situation is not only mine, so to speak, and will be partially determined by the situation in the primordial participation or 'being-with' (Heidegger, 1927/1962).

As a result, beyond the coordination of reflective and pre-reflective intentional activities between two or more constituted individuals, participatory sense-making should be understood as the tension between dissolution in the other and the self-individuated subjectivity. This encompasses differential degrees of pre-individual and pre-intentional affective participation. In this way, we can speak about a 'pre-conscious' that is not hidden in the vertical axis of the individual psyche, but rather in the horizontal axis of intersubjective contact with others.

CONCLUSION

Using the enactive framework of intersubjectivity as participatory sense-making, the present thesis has sought to understand the constitutive role of embodied interactions between patients and therapists in the therapeutic process. The work develops a second-person perspective on therapeutic encounters that goes along with the relational turn in psychotherapy but also elaborates it theoretically. The main contributions of the thesis can be divided in two: first, it shows the direct applicability of the enactive theoretical framework to empirical research in psychotherapy. Second, it proposes new conceptual and theoretical developments for the enactive framework to incorporate.

Concerning empirical research, markers of participatory sense-making have been operationalized as the synchrony of bodily movements, gestures, and other physiological measurements. However, we have pointed out that participatory sense-making is manifested in the ongoing endeavor of following coherence (without necessarily achieving it, or needing to acheve it) in interpersonal coupling. As a result, we have suggested that transitions in and out of coordination states rather than the average amount of synchrony better represent how participants deal with breakdowns and recoveries in interaction, showing the passages between different phases of the dyadic relationship. Embodied intersubjectivity is not a matter of synchrony or direct mapping, but rather an ongoing process of attunement and attempts to cope with changes in the coordination dynamics. The thesis demonstrates that the enactive approach allows to make novel interpretations of evidence in interpersonal synchrony in psychotherapy and to formulate new working hypotheses that are open to validation by future studies.

In addition, a definition of clinical empathy has been articulated. I have defended looking at empathy as a participatory process of pre-reflective knowing-how to respond to the solicitations of the other in a given situation rather than the individualistic definition given by previous mindreading approaches. We have also described the variety of intercorporeal mechanisms that sustain the relational autonomy of the interaction, such as gaze behavior, joint-action in a shared space, management of silences, and temporal transitions in and out of the therapeutic context. Those are pre-reflective processes of embodied intersubjectivity that make possible, constrain and modulate the therapeutic process. More specifically, we have conducted an Interpretative Phenomenological Analysis of the modification of those mechanisms in the shift from face-to-face interaction to online therapeutic settings, showing a potential displacement of non-intentional and pre-reflective patterns onto a more reflective register in order to compensate for the diminishment of the intercorporeal clues. Moreover, I have demonstrated how the intertwinement of reflective and pre-reflective processes in patient-

therapist interactions allows us to classify therapeutic interventions on the body, describing reflective, pre-reflective, and cross-salience types of intervention to the sense-making process of the patient. This classification proves to be extremely useful for dialogue-based psychotherapists to gain awareness of their interventions on the body.

As theoretical contributions, I have incorporated insights coming from the phenomenology of atmospheres and the Simondonian philosophy of individuation in order to better understand the co-emergence of individual and environment in the enactive approach. Given that atmospheres have proven to be particularly appealing to explain subtle phenomena taking place in therapeutic situations, such as the intersubjective diagnosis, feelings of systemic and situational affective forces, or some affective "aura" involving certain psychopathologies, the complementary contrast between phenomenology of atmospheres and the enactive approach appears as fundamental for the purpose of this thesis and potentially informative for the theoretical framework displayed in this work. I have offered a reading of the phenomenology of atmospheres that puts forward a conceptual machinery to describe holistic features of situations, which preconfigure the affective availability of the lived body prior to full-fledged interactions. This pathic and holistic perspective complements enactive-ecological formulations of the environment in terms of affordances and situated affectivity, by pointing to the complementarity of active and pathic aspects of the individual-world relatedness.

In a final step, I have shown that the enactive approach to cognition as sense-making, which emerges from the self-organizing activity of the organism, fits well with a Simondonian ontology, which focuses on individuation processes rather than on already constituted individuals. Building on work on situated and enacted affectivity, I have placed affectivity at the source of the individuation process of bringing forth the self-world boundary as an experience of potentialities for individuation. From this perspective, I have suggested looking at mental disorders as disorders of affectivity, that is, in terms of the process by which the self-world distinction is structured. Moreover, a tentative and operational definition of mental disorders in terms of meta-flexibility has been provided. Spelling out the implications of this approach to the understanding of intersubjectivity, I have pointed out that the concept of participatory sense-making may be understood as a transindividual process, which encompasses different degrees of participation ranging from a primordial sense of belonging to a shared community to interactions between already constituted individuals. I conclude that participatory sense-making holds the tension between being subsumed in a primordial we and the objectification of the other, two poles that are never achieved completely, but represent a generative tension of modes of intersubjectively being-with-others that are manifested in interpersonal encounters.

Considering some of the limitations of the present work, it is worth mentioning that there are still considerable distances to bridge between enactivism as a philosophical paradigm and empirical research in psychotherapy. However, this

thesis has outlined the principles of an enactive research program on psychotherapy, which integrates quantitative and qualitative research with insights from phenomenology and clinical practice in a coherent framework. It represents an integrative perspective that does not reduce individual and intersubjective dimensions of the encounter but understands the therapeutic process as a transindividual, co-constructed process of mutual transformation. It also offers the theoretical tools to continue to articulate this vision.

First, the thesis has highlighted an important factor of human cognition, namely that it is affective. Considering affectivity as a fundamental aspect of the structure of consciousness that is distorted in mental disorders opens up a variety of interesting research questions in phenomenological and enactive approaches to psychiatry: Can other forms of mental and somatic disorders be described as disorders of affectivity? How does affectivity relate to other structures of consciousness such as temporality or embodiment in different mental disorders? In this regard, the enactive framework presented here represents an incipient proposal to rethinking psychopathologies by focusing on the constitutive role of affectivity in the self-individuation process.

I have stressed the relevance of investigating situational aspects of the therapeutic encounter that go beyond dyadic explanations and to expand the scope of participatory sense-making accordingly. Taking affective atmospheres seriously would imply considering them as potential factors that contribute to the therapeutic alliance and changing processes. In this regard, it would be interesting to explore how patients and therapists experience situational atmospheres in psychotherapy by using phenomenological and qualitative methods. The ideas presented in this thesis can serve as a framework to complement Interpretative Phenomenological Analysis or Grounded Theory studies on therapeutic atmospheres. Do certain atmospheres promote therapeutic change and healing? How are those atmospheres experienced by therapists and patients? Making these qualitative distinctions and characterizing therapeutic atmospheres in more detail, I suggest, may provide clues to explain the outcome of certain processes and may promote novel forms of interventions, such as moving from indoor to outdoor therapeutic spaces, explicitly thematizing the aesthetic style of the consultation room and its meaning, or developing focussing techniques to enhance the atmospheric competence of patients and therapists.

Another theoretically interesting collection of issues arises in the context of the linguistic aspects of therapeutic encounters. Although the present work has been limited to examining embodied, pre-reflective and mostly non-linguistic aspects of the patient-therapist interaction, a question remains of how the theoretical framework of participatory sense-making can be systematically applied to analyzing dialogue and symbolic aspects of psychotherapy. In this regard, recent developments in the enactive theory of *languaging* (Di Paolo et al., 2018) can be informative for understanding such dialogic aspects of the therapeutic process from an embodied and situated perspective. As already mentioned in Chapter 4, we could describe self-reflexive attitudes of the patient as complex forms of

intersubjective engagements looking at the linguistic expressive style of the patient as expressions of sedimented relational patterns. Looking at linguistic utterances as forms of self-individuation but also as forms of enacting our relationships with others, may serve to understand the complex network of intersubjective engagements the patient is embedded in. This perspective may be useful to be employed in conversational analysis studies.

To finalize, it is worth mentioning that a great part of the conceptual apparatus developed in this thesis (enactive concepts of empathy, presence, bodily affective availability) refers to implicit operational attitudes and skills that clinicians and practitioners already employ in their practices. The aim of this work thus, by extracting what is already implicitly operating in therapeutic encounters, has been more descriptive than prescriptive. In this regard, the main contribution has been to articulate a systematic theory that accounts for the inherent tension of the clinical encounter which is often experienced by practitioners as the tension between letting oneself follow the relational demands versus conducting deliberate interventions, person-centered attitudes versus directiveness, or supportive versus confrontative therapeutic styles. Those often contradictory regulatory demands that may be hard to sustain sometimes represent the fundamentally intersubjective nature of human beings and as such, represent a generative tension that opens the possibility for therapeutic change and healing.

Supplementary Material

Appendix 1. List of questions of the interviews

General:
- What has been your experience with online therapy?
- Did you know the therapist/patient before the switch to online therapy?
- Has your relationship with them changed? How?

Spatiality:
- How is your experience of doing therapy at home? How does it change from the therapy room?
- Has the distance between you changed? How?
- Has intimacy changed? How?

Temporality:
- Do you notice any change in the temporality of the session? Is it longer or shorter?
- Is there any change in your communication? How?
- Are there any interferences? How do you manage them?
- Is there any change in the rhythm? How is it?

Embodiment:
- Is there any change in the other person's voice? How is it?
- How do you perceive non-verbal signals in online therapy?
- How do you perceive facial expressions?
- What is the visual contact like?
- And body movements? Do you notice any change? Hands or head?
- How is your experience of looking at your own image on the screen?

Relationship:
- Do you feel any difference in your relationship? How is it?
- Do you notice any difference at the level of transference/countertransference? How is it? (only to therapists)
- Is there any difference at the level of conflict or tension? How is it?
- Any difference at the level of empathy? How is it?
- Any difference at the level of therapeutic interventions and specific techniques? How is it?
- Which are the advantages and disadvantages of online therapy?

Appendix 2. Representative quotes from interviews according to theme

Table 2.1. Quotes translated into English

	Manuel, patient	Javier, patient	Julio, Relational Psychoanalyst	Martin, Relational Psychoanalyst	Clara, Gestalt Therapist	Monica, Cognitive Behavioral Therapist
COMUNICATION	"In a [face-to-face] therapy session everything is normally a bit more unhurried/measured."	"The fluency [in interaction] might be slower."	"I do find myself with slower reflexes due to annoying interferences." "I have found them [patients], in general, a tad more inhibited."	"I found myself much more active, both physically and verbally, like offering more inputs and more of my own associations, maybe more contributions to see what sticks." "[The interaction] is getting a bit solidified."	"It may be that I intervene more."	"I have found myself being a bit more controlling, telling them [patients] *this and that*. Like giving more direction in case there was a loss of attention in them or a bit more apathy due to the lack of physical presence."
Interferences	"It isn't easy to be interrupted when you're talking, because normally if one voice speaks the other remains silent so you can hear them." "You may need the other to say *sorry, what did you say?*" in order to know how the phrase ended."	"Well, I think that in videocalls it is always harder to interpret non-verbal language and if you can't interpret so directly, the conversation loses a bit of fluency."	"Speech latency during videocalls is longer than on the telephone [...] This technical latency makes it so that sometimes in videocalls you interpret as silence something that isn't silence. No. It's because the other person is still listening to you. There is no [actual] silence."	"That small delay that we, you and I, are having, these microseconds. *Who's going to say something?* And then you interrupt yourself, *no, you go first*. All of this breaks a spontaneity that is, yeah... basic, necessary, indispensable for a therapy to carry on."		
Silences			"Physical space facilitates and normalizes silences that can be more reflective silences, more resisting, disquieting, or more felt. In the videoconference, having the therapist's gaze or the patient's gaze fixed, practically locked on you, those silences are more difficult."	"I think that silences in the habitual therapy room are silences where you get in touch with something of your own [...] Here, you can't go through the introspective process that silence can facilitate in psychotherapy."	"Silence is fundamental for my way of working. Silence is a form of sound, and also a space for emotion. Silence is space; it's also the sound of *I am thinking*", "*I am allowing myself to accept*". Managing silences during therapy is a fundamental tool for me. In the online format, it is one resource for making contact."	

EMBODIED INTERACTION	"[The therapist] is leaning a bit, looking at the screen all the time." / "I notice that many times I am less aware of [the therapist]. Then, I get the idea that it is easier for me to evade his looking at me. Because I move my head away from his presence more easily."	"There are things about the face and the nonverbal language that you don't notice so easily in a videocall." / "It's true that without a spatial reference, movements on the screen sometimes seem more pronounced than they really are."	"The camera demands stillness. The thing is, with the camera, as soon as you move a bit, you come out of the screen [...] The camera, I think, generates some rigidity in your movements. There is a loss of naturalness."	"You cross your legs, you lean backwards and you can see the other person moving. Normally it is more like a dance. Here, I think it doesn't happen, because you lose the lower body. I do think they notice [body movements], but they capture more gestures and since they are late, there is no time..." / "You are more rigid during the session."	"Physical contact [...] Embracing at the end of a session or seeing them out at the door [...] All these things to do with contact, they are always absent." / "You perceive the other in their gesture, in their tone, in their speech, and their silence. All that is nonverbal also conveys a lot of information."	"I think that the synchrony between patient and therapist, in a bodily sense, can happen more physically in face-to-face presence. But online I get information from nonverbal communication in the same way as in face-to-face".
Corporeality	"I change my position all the time. But no, no, I don't catch anything similar on his side." / "I see his face and I say "this is the face I trust and I always tell everything to.""	"It would be interesting to investigate if there are differences in seeing only the face or seeing the entire body." / "[In face-to-face] you notice many other things, from "hormones" in the air, right? to the sensation you may experience of touch, a smell, a thousand things."	"The thing is the medium focuses excessively on the face [...] We lose the perspective of the body [...] Focusing so much on the face hinders the perception of facial expressions."	"I am very aware of my body and their body, and here, I only see up to here [neck]." / "I myself am sitting down here on the chair, in a way I've never sat during therapy."	"I think that you lose a bit of bodily expression, it is more gestural. I think we are more focused on the face, the hands are lost, and also body movements. [...] you lose the entire body, the whole."	"During therapy, since they are seated on a chair in front of me, they can give me more information than in a videocall, because in online therapy I only see them from the shoulders up."
Visual Contact	"Each one is looking at the screen, not at the camera. And if we looked at the camera we wouldn't make visual contact either. It is really impossible."	"Looking at a person's retina has nothing to do with looking through the screen."	"I stop looking at the camera, so I stop looking at him." / "It can be a bit uncomfortable because you see that the patient sometimes looks at you and sometimes looks at himself."	"There is no eye contact and [...] it is so important for all the unconscious perceptions that are going on."	"I realize that [eye contact] is replaced by another kind of gaze [...] I think that if we had a very direct gaze across the screen—imagine it was the same as a face-to-face gaze—I think it would be very intimidating."	"Yes, I think so, there is such contact, more or less the same... that visual coming and going, stop looking, and reconnect back; I think it is there."
Self-observation	"In Skype, the presence [of the self-image] is always there." / "[It helps me] tolerate my own image and my own presence in different situations."	"Oh no, that's horrible! No, no, because I would see all those ticks I have and then I'd probably be conditioned, I'd be more serious, as if something stuck up in the arse. Immobilized. I probably wouldn't be myself."	"To give the patient the chance to look at themselves does not favor spontaneity, or a natural, uninhibited stance." / "Especially if the emotions are uncomfortable, serious, or profound, I've found myself looking at my image to see if I was wearing the right expression, one that's fitting or congruent with the emotional charge being communicated."	"Sometimes I look at my image and think, "But, what am I doing?" [...] "Why am I looking at myself?" While I'm talking, I start wondering how they see me. And then of course you're lost, you miss things, you miss a great deal." / "Yes, it's a most strange sensation, because you stop sensing yourself to look at yourself."	"I remove it or leave it on depending on the attention level I want to have. It is also a way of establishing distance, or not." / "If it is there [the self-image], I sometimes look at it and I move my attention away from the relation with the patient."	"I don't see any interference."

			"It gives you clues about the degree of emotional inhibition or how patients regulate their narcissism at that moment... or their experience of embarrassment."			
Distance		"It seems as if you're closer. In fact, I see them closer, visually, the plane of the face is closer than if I was sitting in front of them."	"I think that the face-to-face distance is larger [...] We are seated in a pair of armchairs. They are further away."	"If we are going through an interesting moment I see myself stuck to the screen, like listening, to be closer." "Physical distance makes us lose a lot of what we built or a lot of what is spontaneous."	"I feel, in many cases, physically closer." "If we made a correlation between environments, in a corresponding [physical] space, we would be closer. And maybe that modifies the distance a little at the time of the intervention."	"Although you make the effort of being present, in the end, there is a distance. I think that distance is physical, but also symbolic of what happens within you, because I feel sadder when it is online all the time."
SPACE/TIME	"I see him always in the same corner, so, for me, it's very similar to where I see him in the office." "It is alright, because, for me, my space is a place that I am glad to share with people of my life. In the end, home presence is what I like the most. Even for socializing."	"Opening your heart and soul in your home surroundings, despite what people believe, is harder because you are not in a foreign place. For me it is like contaminating my vital space."	"It allows entering in part of their house" "It gives you direct data about the person, about the place they inhabit." "The atmosphere of confidentiality, of security that a face-to-face consultation generates will never be replaced by an online intervention."	"Entering a patient's house and the fact that they can enter yours implies a bit of phantasy, of elaboration of things that are interesting to work with." "In your office, you are much more protected, much more relaxed and there can be an atmosphere where they are the protagonists. Here, they put the light on you in many, many moments."	"it's like accessing that which you cannot access through the narration, but you get it from the environment." "it's like when a patient speaks about aspects of themselves, even though you're perceiving other aspects they don't talk about."	"With an online session from their home, they are giving me important information about how they live, about the condition of their rooms, who they live with." "*The thing is that at home, with my wife and kid, I don't have privacy*" So, I suggested doing family therapy because the situation was open."
Separation	"I wear different hats in the same room depending on the situation [metaphorically]."	"I didn't dislike going to therapy, with my therapist and in their room, because it was as if you go there, leave all the shit there and come back feeling renewed. But this more physical process, you don't have it so much when you are at home."	"It is more ordinary. Talking through a smartphone or a computer [...] *I talk the same way with my grandparents, with my siblings, and now I talk to the therapist.*" They move the therapist to the common place."	"I have arranged a small office here at home, in a separate room, so I don't work practically where I live and there is a space of separation."	"If I could choose, I would do it from my office. Separating the spaces of professional relation from personal spaces."	

Transition	"In the end it's like "*Hi, bye!*" You don't actually say goodbye, you don't shake hands. So, it's like that, press a button to see you, a button to stop seeing you, and that's it."	"I think that the fact that it is not immediate isn't bad, on the contrary, it allows you to prepare."	"They need a transition time from therapy to back to everyday life. At home, this is complicated."		"As a therapist, I also have my rituals for getting ready, moving there, taking my time [...] I get ready to be therapist. Here everything is more immediate and also confusing because it is the same space for all activities."	"When they come here, I think that more things can move within them because, of course, coming out, having to go somewhere else already entails a predisposition. Even along the way, you are thinking about things."
RELATION	"We have mutual understanding and sense of humor, so this hasn't changed." "For me, it's the same now. At least, what he gives me, I perceive it the same way."	"I think that it is very important, in this type of psychologist-patient relationship, let's say, that I have already been face-to-face and physically with [my therapist]. It significantly changes my perception of the therapy."	"The therapeutic alliance can withstand this [switch] and more. " "They [the patients] feel more under observation than accompanied."	"A more pronounced horizontality [in the relation], because horizontality is enforced. We are in similar situations [...] I think that new fields for horizontality are opened, because it makes us, therapists, more open." "I think it is like a little break. It is a break where the previous process surely remains part of building the relation, but it remains frozen and in standby."	"I was surprised with the fast and direct capacity of bonding through this medium." "[With the new patients] I've had a sense of freshness and intimacy from the beginning. Of course, I didn't have a point of comparison with the previous format, so to tell the truth, it has gone rather well. And with habitual patients, well, in a way I feel as if we still had to re-start somehow."	"I have had the chance of getting to know everyone [face-to-face]." "People can be more confident in meeting someone in person for the first time rather than going directly to the computer searching for someone."
Confrontation			"The delay in the online modality makes us interrupt each other during more confrontational or more conflictive moments. It isn't clear whether the other is talking or not [...] In such moments of conflict, this generates tension. A more fictitious tension. I mean, the therapist is not as annoyed as he seems, nor is the patient."	"You have a few additional microseconds or seconds to think about what to do and what to say. Because of this, I tend to stay paralyzed, not acting, talking or asking, not enquiring, particularly in cases of immature or unstable alliances or in situations where there is a breakdown whether due to a silly misunderstanding or a failure to connect or just because you forgot something. I don't do things that in a different situation I would normally do."	"I'm unfamiliar with confrontations in the online format." "Perhaps in the face-to-face format if there's a confrontation that, say, puts the continuation of the therapy in doubt, I can take a risk more easily. Here [in the online format] I'm not sure how to take that risk."	

Table 2.2. Quotes in original Spanish

	Manuel, patient	Javier, patient	Julio, Relational Psychoanalyst	Martin, Relational Psychoanalyst	Clara, Gestalt Therapist	Monica, Cognitive Behavioral Therapist
COMUNICATION	"En una sesión de terapia normalmente está todo un poco más pausado y tranquilo."	"Pues quizás esa fluidez es más lenta."	"Yo sí me he notado más lento de reflejos. Por incomodidad en las interferencias." "Yo los he percibido, en líneas generales, un punto más inhibidos."	"Me notaba mucho más activo, tanto física, como verbalmente, como ofreciendo más inputs, más, más asociaciones mías, quizás, más ofrecimientos para ver que se coge." "[La interacción] se está solidificando un poquillo más."	"Podría ser que yo intervenga más."	"Me he encontrado también estando un poquito más directiva, de decirles "*esto, esto y aquello*". Como dando más dirección por si hay una pérdida de atención en ellos o un poco más de apatía porque no está la presencia física."
Interferences	"No es fácil interrumpirte cuando estás hablando, porque normalmente, si una voz habla, la otra se corta para que tú la oigas." "Puedes necesitar que la otra persona te diga "*ay, perdona, ¿qué decía?*" como por saber cómo había terminado la frase."	"Hombre, yo pienso que cuando es por videoconferencia siempre es más difícil de interpretar el lenguaje no verbal y al no poder interpretar tan directamente, pierde un poco fluidez la conversación."	"La latencia de la palabra en la videoconferencia es mayor que en el teléfono. Esta latencia tecnológica hace que, en la videoconferencia, a veces estés interpretando como silencio algo que no es silencio. Y no. Es que todavía la persona te está escuchando. No hay silencio."	"ese pequeño retraso que estamos teniendo tú, yo ya en unos microsegundos. El "*¿quién va a decir algo?*" Y luego te cortas, "*no, di tú*". Todo esto rompe una espontaneidad que buah... es básica, es necesaria, es indispensable para una terapia siga adelante. "		
Silences			"El espacio físico facilita y normaliza esos silencios, pues más reflexivos o más resistenciales, o más inquietos o más sentidos. Y en la videoconferencia, al tener la mirada del terapeuta, o la mirada paciente, clavada, prácticamente clavada, dificulta esos silencios"	"Creo que un silencio, en la sala habitual de terapia, es un silencio donde entras en contacto con algo propio [...] Aquí, no permite ese proceso de introspección que un silencio puede dar en psicoterapia."	"El silencio es fundamental para mi forma de trabajar. El silencio es un tipo de sonido, es el espacio para la emoción también. El silencio es el espacio, es el sonido también del "*estoy pensando*", "*estoy dejándome aceptar*". Y el manejo del silencio en terapia es una herramienta para mí fundamental. En online, es uno de los recursos para vincularse."	

EMBODIED INTERACTION	"Está como un poco inclinado, mirando hacia la pantalla todo el rato" "tengo un poco la percepción de que soy menos consciente de él muchas veces. Entonces, creo que tengo como la noción de que es más fácil evadirme de si él me está observando. Porque aparto mucho más fácilmente mi cabeza de su presencia."	"Hay cosas de la cara y del lenguaje no verbal que no pillas tan bien en una video-llamada." "Sí que es cierto que esos movimientos, al verse en la cámara y no tener una referencia espacial, a veces parecen más movimientos de lo que son realmente."	"La cámara exige quietud. Tal vez, la cámara, a poco que te muevas, te sales de cámara [...] La cámara yo creo que genera cierta rigidez en esta cuestión de los movimientos. Pierde naturalidad."	"Cruzas las piernas, Te echas para atrás y puedes ver un movimiento en el otro. Normalmente es más un baile. Aquí yo creo que no, porque se pierde la cintura para abajo. Y yo creo que sí, que lo captan, pero captan más gestos y como van tardíos, pues no da tiempo .... " "Estás más rígido en la sesión."	"El contacto físico [...] El darse un abrazo al final o acompañarle hasta la puerta. Todas esas cosas que son de contacto, siempre están faltando" "Estás percibiendo al otro, en su gesto, en su tono y su tono verbal y su silencio. Todo lo que es no verbal, pues tienen también mucha información."	"Yo creo que esto de la sincronía entre paciente y terapeuta corporalmente hablando, puede darse más físicamente en presencia. Pero que en el online me da información la comunicación no verbal, me la da igual que presencialmente."
Corporality	"Estoy cambiando todo el rato de posición. Pero no, no, no capto por parte de él nada así." "Estoy viendo su cara y estoy diciendo "*es la cara en la que confío y a la que siempre le cuento cualquier cosa.*""	"Sería interesante de cara a la investigación, si hubiera diferencias en ver sólo la cara del plano o ver todo el cuerpo." "[En presencial] estás notando otras muchas cosas, desde las hormonas que están por el aire, hasta la sensación que uno puede tener del roce, el olor, miles de cosas."	"El medio precisamente se centra excesivamente en la cara [...] Perdemos la perspectiva del cuerpo [...] El focalizar tanto la cara, dificulta percibir las expresiones de la cara."	"Yo, sobre todo, estoy muy pendiente siempre de mi cuerpo y del suyo, y aquí sólo veo hasta aquí [cuello]." "Yo mismo, me estoy sentando aquí, en esta silla, como nunca me he sentado en terapia."	"Yo creo que se pierde un poquito de expresión corporal, es más gestual. Yo creo que estamos más centrados en la cara, se pierden las manos, también los movimientos corporales [...] pierdes es eso, toda la parte corporal, global."	"En terapia, como los tengo de frente sentados en una silla, te puede dar más información que la videollamada, porque en la terapia online yo les veo de los hombros para arriba."
Visual Contact	"Cada uno está mirando a la pantalla, no a la cámara. Y si los dos mirásemos la cámara tampoco estaríamos haciendo[...] Realmente es imposible."	"Mirar la retina de una persona no tiene nada que ver con mirar por la pantalla."	"Dejo de mirar a la cámara, con lo cual le dejo de mirar él." "Tiene una parte incómoda, porque tú ves que el paciente a veces te mira y a veces se mira."	"No hay contacto visual y [...] lo importante que todas las percepciones inconscientes que se están dando."	"Me doy cuenta que se sustituyen por otro tipo de mirada [...] yo creo que si tuviéramos una mirada muy directa a través de una pantalla sería muy intimidatorio."	"Sí, yo creo que sí, que hay ese contacto, más o menos la misma.... ese vaivén ocular de miradas, dejar de mirar, volver a conectar, yo creo que sí."
Self-observation	"Con el Skype, la presencia está siempre ahí." "[A mí me sirve para] tolerar mi propia imagen y mi propia presencia con muchas cosas."	"¡Ay no, qué horror! Quita, quita, porque además me vería todos esos tics que tengo y entonces, probablemente me condicionaría, estaría como más serio, más y más como con un palo en el culo. Parado. Probablemente no sería tan yo."	"Dar la posibilidad al paciente de que se pueda estar mirando, a la espontaneidad, a la naturalidad, a la desinhibición no favorece." "Sobre todo, si son contenidos de emociones incómodas, o graves, o profundas, sí que me he descubierto mirándome para ver si tenía el rictus que quería expresarle acorde." "Te dan pistas del grado de inhibición emocional, del manejo	"A veces me miro y digo "*¿Pero qué hago?*" [...] "*¿Porque me estoy mirando a mí?*" Cuando hablo. Intento pensar cómo me ven. Y claro, ahí te pierdes, te pierdes, te pierdes mucho, te estás perdiendo mogollón." "Sí, es una situación extrañísima, porque dejas de sentirte para mirarte."	"Lo quito y lo pongo yo en función del nivel de atención que quiera tener. Es también una forma de marcar distancia o no" "Si está, de vez en cuando miro y me saco de la atención de la relación con el paciente."	"No le veo interferencia."

			del narcisismo que tiene el paciente en ese momento."			
Distance		"Parece que estás cerca. De hecho, lo veo más cerca, visualmente, el plano de la cara es más cerca a que si lo tuvieras delante, en una butaca."	"Yo creo que esa distancia presencial es más extensa… Estamos sentados un par de sillones. Ellos están más lejos."	"Estamos en un momento interesante y me veo que estoy pegado a la pantalla como para escuchar, para estar cerca." "La distancia física nos hace perder mucho de lo construido o mucho de lo espontáneo."	"Yo me siento, en muchos casos, más cerca físicamente." "Si hiciésemos una correlación en lo ambiental, en un espacio correspondiente, estaríamos mucho más pegados. Y quizás eso modifica un poquito la distancia también a la hora de intervenir."	"Aunque tú hagas el esfuerzo de estar presente, pues, al final hay una distancia. Yo creo que esa distancia es física, pero es también simbólica de lo que te pasa por dentro, porque yo me siento más triste cuando es online todo el rato."
SPACE/TIME	"Le veo siempre en el mismo rincón, entonces, para mí, es como muy similar a donde le veo en el despacho." "Está bien porque, para mí, mi espacio es algo que estoy encantado de compartir con la gente de mi vida. Es, como al final, la presencia casera es lo que a mí más me gusta. Casi hasta para socializar."	"Abrir tu mente y tu corazón en tu entorno de tu casa, a pesar de lo que la gente podría pensar que es más difícil porque no estás en un sitio extraño, para mí es como contaminar mi espacio vital."	"Te permite entrar en parte de su casa." "Sí que te da más datos en directo sobre sobre la persona, sobre el lugar en el que vive." "El clima de confidencialidad, de seguridad que genera una consulta presencial no podrá ser sustituido nunca por una intervención telemática."	"Poder meterte en la casa de los pacientes y que se metan en tu casa, conlleva un compendio de fantasía, de elaboración de cosas que son interesantes de trabajar." "En tu despacho estás mucho más protegido, mucho más tranquilo, y donde se puede dar un ambiente donde él sea el protagonista. Aquí te ponen el foco en muchos, muchos momentos."	"Son como accesos que no tienes acceso en la propia narración. Sin embargo, te los da el ambiente." "Es como cuando un paciente habla sobre aspectos de sí, aunque tú estés percibiendo otros de los que no habla."	"En online en sus casas, me están dando una información mayor de cómo viven, de cómo están sus cuartos, de con quién viven." ""*Lo que pasa es que yo en mi casa con mi mujer y mi hijo, privacidad no tengo.*" Entonces, le propuse hacer terapia familiar porque es como que estaba abierto."
Separation	"Yo cambio de sombrero en la misma habitación, en función de cada situación."	"A mí, el hecho de ir a terapia con mi terapeuta, en su despacho, a mí no me disgustaba porque como que vas, dejase ahí toda la mierda y te vas renovado. Pero ese proceso más físico, pues no lo tienes tanto en tu propia casa."	"Esto es algo más ordinario. Esto de hablar por un smartphone o un ordenador, pues… "*Lo mismo que hablo con los abuelos, con mis padres, con mis hermanos, pues, ahora hablo con el terapeuta.*" Trasladan al terapeuta al lugar común."	"Yo me he organizado un despachito aquí en casa, en un cuarto aparte, para no trabajar donde prácticamente vivo y que sea un espacio de separación."	"Si yo pudiera elegir, lo haría desde mi despacho. Separar los espacios de vinculación profesional con los espacios personales."	

Transition	"Al final es. *"¡Hola, adiós!"* No te despides, no te estrechas la mano. Así que sí, es pulsar un botón de verte, un botón de dejar de verte y ya está."	"Yo considero que el hecho de que no sea inmediato no es algo malo, sino todo lo contrario, que te permite prepararte."	"Necesitan como un tiempo de transición de la terapia a la vuelta a la vida. Esto, en la casa, es complicado."		"En mi caso como terapeuta, también tengo mis rituales de preparación, de irme para allá, de tener mis tiempos [...] Me preparo para estar terapeuta. Y aquí está más inmediato todo y además está más confuso porque es el mismo espacio para todas las actividades."	"cuando vienen aquí, yo creo que a lo mejor se pueden mover más cosas en ellos, porque claro, es una predisposición ya de tener que salir, el tener que ir a un lugar. Ya solo en el camino, ya vas pensando cosas."
RELATION	"Tenemos bastante complicidad y sentido del humor, entonces no ha cambiado nada." "Para mí, es ahora mismo igual. Al menos, por lo que él me aporta, lo percibo de la misma manera."	"Creo que es muy importante el hecho de que, en este tipo de relación, vamos a decir, psicólogo-paciente, de terapia propiamente, el haber estado yo físicamente presencialmente con [mi terapeuta] antes. Cambia significativamente mi percepción sobre la terapia."	"La calidad de la alianza resiste esto y más. " "Más que sentirse acompañado, creo que se siente observado."	"Una mayor horizontalidad, porque es obligada la horizontalidad. Estamos en situaciones muy parecidas… Creo que se abren nuevos campos por esa horizontalidad y porque nos lleva a ser más abiertos a los terapeutas." "Pero yo creo que es como un descansillo Es un punto y aparte, donde el proceso previo, por supuesto que es parte de la construcción y del vínculo que se tiene, pero se queda un poco en standby y congelado."	"Me ha dado gran sorpresa ver la capacidad de vincularse tan rápida y tan directa a través de este medio." "[Con nuevos pacientes]he tenido una sensación de frescura desde el principio y de intimidad. Claro, no tenía la comparación con lo anterior y la verdad es que ha ido muy bien. Y con los pacientes habituales, pues siento como si de alguna manera estuviese pendiente retomar"	"Yo con todo el mundo he tenido la ocasión de conocerlos." "Que la gente puede darle más confianza conocer a alguien en persona, no ir directamente al ordenador a buscar a alguien"
Confrontation			"Esa latencia que tiene la vía telemática hace que en los momentos más confrontativos o más de conflicto, claro, nos interrumpimos. No tenemos claro si el otro está hablando o no está hablando[....] En los momentos de conflicto, esto genera más tensión. Una tensión más ficticia. Es decir, ni está el terapeuta tan enfadado como parece, ni lo está el paciente."	"Tienes cinco o seis microsegundos más o segundos más para pensar lo que vas a hacer, lo que vas a decir. Y eso en alianzas terapéuticas verdes, en alianzas terapéuticas inestables, o en situaciones donde haya un desacompasamiento, ya sea por un malentendido estúpido o por un fallo de la conexión, o directamente, porque no recuerdas algo, normalmente tiendo a quedarme más paralizado o a no actuarlo, a no decir o no preguntar, a no indagar, que creo que es un mecanismo que, en otro caso, sí que haría."	"No tengo familiaridad con cómo confrontar desde el formato online." "A lo mejor en el formato presencial, una confrontación, por ejemplo, que pone más en duda la continuidad de la terapia, me la juego más. Aquí no me la sé jugar."	

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