

An Introduction to Functional Psychology

The BES Concept in Clinical Work with Depression

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ABSTRACT

In Functional Psychology, Basic Experiences of the Self (BES) are necessary for an integrated and whole development of the Self. The article focuses mainly on the BES of Sensations and Contact, which are always altered in alienation and lack of flow, and related to depressive disorders. We reflect on the need to intervene with such BES for individuals suffering from depressive disorders.

Keywords: depression, Sensations and Contact, cure, Functional Psychology, Basic Experiences of the Self

Submitted: 20.08.2019

Revised: 15.03.2020

Accepted: 31.03.2020

International Body Psychotherapy Journal
The Art and Science of Somatic Praxis

Volume 19, Number 1,

Spring/Summer 2020, pp. 75-81

ISSN 2169-4745 Printing, ISSN 2168-1279 Online

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A

According to the World Federation for Mental Health (WFMH, 2012), depression is the largest cause of mental illness worldwide. More than 350 million people of all ages are faced with a clinical diagnosis of depression.

Depression is a mood-related disorder. In technical terms, it is mood distress that combines cognitive, behavior, somatic, and emotional symptoms that more or less worsen one's mood and affect one's social adaptability and capacity to function. (APA, 2013)

Therefore depression is not, unlike what is often believed, just a change in mood. Depression consists of several more or less severe symptoms apt to heavily alter the way one sees, thinks, and represents oneself, others, and the outside world.

Body psychotherapy is especially beneficial for this depressive disorder, as it addresses the whole person by working not only on the cognitive and emotional aspects, but also on the behavioral and somatic aspects (Rohricht, 2009; Rohricht et al., 2013).

Some results suggest that body psychotherapy may be an effective treatment option for patients with chronic depression. Findings in the Röhrich, F., Papadopoulos, N., Priebe, S. (2013) trial show significantly lower depressive symptom scores in treated patients. In another study, patients who received body psychotherapy treatment showed a reduction in depression and bodily dissatisfaction (Winter, D., Malighetti, C., Cipolletta, S., Ahmed, S., Benson, B., Röhrich, F., 2018).

Functional Psychology

Functional Psychology was developed by Luciano Rispoli (1993). It is a body-based psychotherapeutic intervention that addresses the specific manifestations of health and mental health conditions. Functional Psychology epistemology regards the person as a whole organism formed of interconnected and virtually integrated func-

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tions. Functional Psychology as a clinical approach allows for individualized focused interventions to address cognitive, affective, behavioral, and somatic symptoms of depression.

The Concept of Function

Each Function (Rispoli, 1993) represents one working mode of the organism: for example, breathing changes according to the quantity of oxygen requested by the Self. In a calm state of mind, breathing is slow, deep, diaphragmatic; in an aroused state of mind, breathing gets faster, thoracic, and involves the upper part of the lungs.

When the Self is suffering, breathing loses its adaptive capacity, becoming still in a symptomatic mode. For instance, in depressive disorders we often see an apnea type of breathing: shallow, almost clinically unnoticeable. From a global point of view, an altered breathing state affects the whole Self, and the low oxygen levels in the blood (hypoxia) cause a consequent state of chronic tiredness, which is typical of the depressed person.

We wish to point out that Functions can be described in their own physiological, emotional, postural, or even cognitive expressions, but each Function is an expression of the entire Self, and therefore affects the whole organism.

Figure 1 is a way to describe the entire Self as a combination of Functions. The whole Self can be descriptively

divided into four planes. Each plane is a set of Functions:

- Upper left section: the cognitive-symbolic plane
- Upper right section: the emotional plane
- Lower right section: the postural-muscular plane
- Lower left section: the internal neurophysiological systems.

It is important to specify that the Functions highlighted in the diagram are only part of all the existing Functions.

In each person’s daily life, Functions show up in specific forms according to what is experienced at that particular time. These specific forms are called BES – Basic Experiences of the Self.

Basic Experiences of the Self

BES (Rispoli, 2004) are in fact our life foundations, being those capacities that allow human beings to satisfy their needs and live in general well-being. Each experience has its own form of body-mind Functions, and all life experiences can be connected to one or more BES.

The concept of BES was developed by analyzing what Stern (1985) calls wraps of experiences. In his theory, children learn to recognize those elements that remain constant in various circumstances in such a way as to build a model of a world in which they can intervene (Benitez & Sabella, 2014).

Rispoli redefines the concept of experience envelopes as

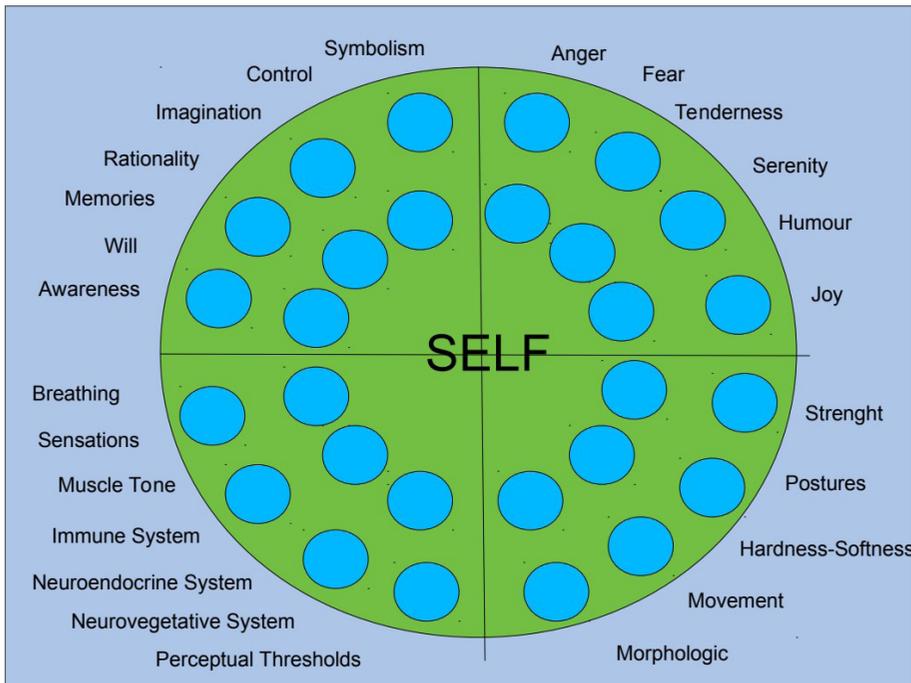


Figure 1. Diagram of the Self and its Functions

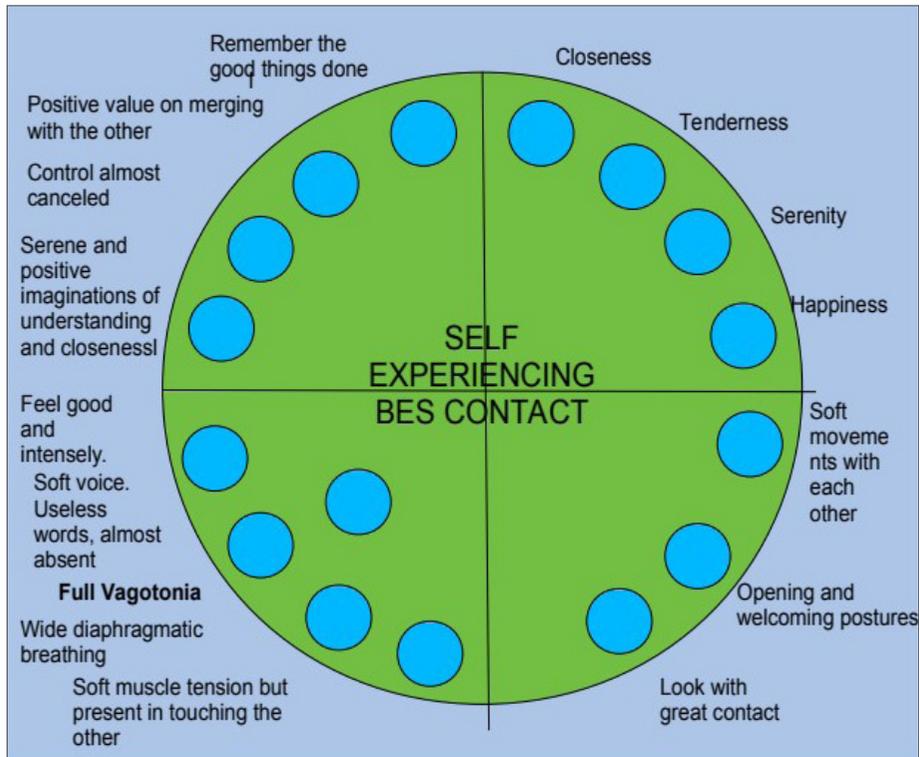


Figure 2. Functional Configuration of BES Contact

Functional Processes intimately linked with a given association, and carrying those characteristics that the infant has managed to abstract from the extreme variability of events. He thus theorizes that the particular “shapes” taken by the different Functional Processes can be seen as fundamental ways in which human beings learn and develop. They are organized in specific configurations to meet individual needs and specific requests from the environment. These forms are experiences that every human being goes through, and Rispoli defines their importance as Basic. By going through these Basic Experiences, human beings, from the beginning and throughout life, consolidate them, completing their evolutionary development.

A Basic Self Experience is therefore a configuration of Functions where each Function assumes a characteristic mode, a shape that is congruent with the vital experience the organism seeks to perform in the world. In other words, the Functions are organized in a characteristic configuration of that Basic Experience in the most adaptive way possible to achieve the need the person wants to satisfy (Benitez & Sabella, 2014).

As an example, if Figure 1 shows several Functions present in the Self, Figure 2 shows the prevailing Functions present when a person experiences the Contact BES.

The concept of Experience is used here in a double asser-

tion: it is an experience of a process whereby individuals become involved in an activity with their whole being, with their emotions, thoughts, and sensations. It is also what the individual acquires, learns, and assimilates from this process as the result of this involvement – that is, learning skills.

For this reason, Rispoli conceives BES as fundamental experiences within developmental stages. In adults, BES are called Basic Functional Processes since they generate capacity acquired through the repeated experience of these particular Experiences during development, from the beginning to the end of life.

If the Basic Functional Processes are the basis of the entire range of human behavior, they are also responsible for the general state of well-being an individual experiences in life (thanks to the skills consolidated with the crossing of BES). If altered, however, the Functioning become responsible for any illness or disease, including psychological disorders. This occurs when some BES have not been adequately mastered, thus not allowing the subject to develop adequate capacities or resources to draw on.

Some of the most important BES have been identified (Rispoli, 2004). Each has been analyzed and defined in its developmental progression, or in the way it presents at different ages. Each BES is viewed from the differing perspective of each of the four Functional Planes (emotional,

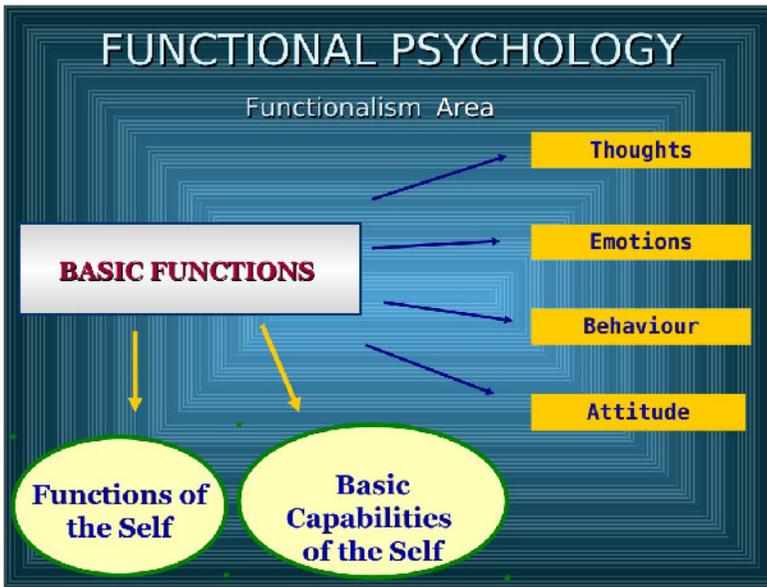


Figure 3. *Functional Psychology*

physiological, postural, cognitive).

In this article, we focus on Contact and Sensations because of their importance in the development of depression. We will look at how they express in the four Functional Planes and in their adaptations.

Contact and Sensations BES

Contact as a BES is not only as per its etymological Latin word “cum tactum” meaning mutual touch. It is also pleasure in closeness to someone, the feeling of someone with us from whom there is no request nor obligation to give or act. It is about developing togetherness. Contact as a BES is the connecting experience between me and another, where two bodies blend into a single one, differing from the earlier “I” and “You.”

Correspondingly, there is an empathy through which individual boundaries loosen, allowing one to experience the other’s feelings. All forms of Contact – all contact-related experiences – go through a synchronization process that helps mutual knowing and understanding.

This is possible due to the activation of Functions working in a specific mode in the Contact BES. As shown in Figure 2, some Functions become particularly important in the general formation of the Self, assuring the full BES. Among them we find tenderness, peace of mind, closeness, contentment, coming together with an open welcoming look, soft postures, moderate and flowing moves, full touching, relaxed muscular tone, open diaphragmatic breathing, slow and clear voice, few words, full abdominal breathing, openly flowing sensations.

With Sensations as BES, people are able to perceive the other, the world, and even themselves. It is an experience in which they are in touch with their inner self and with the outside world, exploring and feeling, opening up to the new, and finding the new in what is known.

What is the actual meaning of Sensations? Each one of us has our own meaning. In this case, we are talking about BES Sensations. Sensations are always present and inform us of our state. They guide our choices, our behaviors, our reactions; they are similar to a dog’s nose, constantly guiding every move. Sensations are, therefore, information from our body on how we are reacting to a given

event, to our thoughts or memories. For instance, if our stomach contracts following an examination, we must pay attention to it and manage it.

Depression and Alterations of Contact and Sensations

In Functional Psychology, depression is a disorder where some BES – such as strength, sharing, anger, vitality, pleasure, autonomy – are altered. We now bring the focus on altered states of Sensations and Contact.

As previously seen, Contact is a primary BES allowing us to fully live our needs. Like all other BES, Contact can change (Rispoli, 2004). In depressive disorders, all the activities linked to the experience of exchanging with the other are altered. Closeness does not activate pleasure; there is no capacity to put oneself in the other’s shoes, to emotionally share the other’s experience. One feels that with such closure, it is no longer possible to receive and absorb affection, warmth, and kindness from a relationship with another. For these reasons, people have difficulty giving to others and to themselves, and are unable to receive.

The alterations of Sensations can branch in two opposite directions:

- We can have a sort of sensory anesthesia in which Sensations are no longer recognized, or sometimes not even felt; we lose the connection.
- Or we limit to already-known sensory data – old, and repeated old tracks which outshine new ones – as if there were no more space for new learning, for example: to learn different feelings, to expand knowledge, to open up to the new.

Expansion of the Self

In depressive disorders, it is difficult to let one's Sensations flow. In fact, what is not recognized as known is left out, avoided, removed. Depressed patients therefore block out their own feelings, and stop the free flow of sensations. So their breathing is shallow, barely visible; pain thresholds are altered and tend to become very high.

In depressive states, we can see how alterations to Sensations and Contact BES are the prime cause of constant states of psychological distress and real pain. Functional Psychology uses specific body-mind techniques to face this kind of distress by working directly and indirectly on all vital systems – cardiovascular, vegetative nervous system, endocrine, etc..

Clinical Intervention for Altered BES

Working on altered BES means promoting free movement and the full range of Functions within that BES. Contact like BES often expresses its alterations through several altered Functions. Working on this BES means to reopen and remodulate its own Functions.

Porges' Polyvagal Theory has greatly contributed to the field of clinical psychology (Porges, 2011). We notice that it has given greater consistency to body psychotherapy and to techniques that activate the ventral vagal complex. When we work with the BES Sensations and Contact, the activation of the ventral vagal complex is intrinsic to the mobilization and modulation of the various Functions activated.

From an emotional perspective, patients will have to experience contentment and joy anew, and let go of any chronic sense of lack. It is important to restore full tenderness, a softness patients can direct onto themselves, leaving out harsh self-judgments and cold hardness. Replacing loneliness and isolation with restored feelings of mutual closeness and togetherness is just as important. From an emotional perspective, feelings of contentment and peace must be restored in order to let go of chronic emptiness.

In order to feel open and welcoming of the other in a body experience, and to enjoy one's flowing and relaxed movements, patient movements and postures can be modified by reopening and expanding what is closed, narrow, rigid, still. Through suggested therapy techniques, touch can be modified from shifty, elusive, and expressing the impossibility of contact and connection with another, to full participation, even coming into close contact and embracing if necessary.

It is essential to work on the more rational-cognitive Functions to modify ancient fossilized notions about self and others, as well as change fixed mental schemas. First, make patients aware that not everything they are and do is

negative. Instead, enhance the value of the good they have accomplished, as well as their capacities and resources – which although often wrongly or not at all perceived, are nonetheless always there.

It is necessary to show that closeness is goodness, to feel that deep understanding and empathy can come from others who are not only a source of detachment and indifference, or even disapproval and hostility. Control can soften, even vanish, allowing patients to let themselves go to Contact experiences in a newly alert free state.

Physiologically, the work on breathing aims to shape it back into its deep, broad, slow, diaphragmatic mode, thus replacing the apnea mode. This restoration of vagal tone lowers many neurophysiological parameters, allowing the person to relax and let go. The voice Function in the Contact BES will change to become soft and open, potentially better tuned in and connected with other voices, rather than low and strident. At the same time, words will not be necessary and will yield to sensations.

Sensations are often blocked in the depressed patient, hidden behind a feeling of overall emptiness, killing all other sensations. Sensations are often kept at a distance, as their perception brings back the suffering of old pains and scars. To work on Sensation as a BES means to awaken the awareness of old pains in order to reconnect them to one's Self and newly experience them from a more resourced perspective.

The aim is to feel all proprioceptive body movements internally: the body's own changes, the signals coming from inside, and the information about the feelings. In order to achieve that, patients must acknowledge what is occurring inside.

Throat tightening, muscles tensing, stomach pain surfacing, sudden cramping, dizziness, arrested breathing instead of flowing, floating-like feeling, expansion in the body (amongst many possibilities) are all signs of what is happening inside us. They describe our inner state and how we perceive and react to certain events, memories, or thoughts, to meeting someone, to reading a book, or watching a movie. All these signals must be acknowledged, recognized, and reconnected with so that our patients can identify their significance. To achieve this, it is of overall importance to help patients not feel defensive, as no danger is coming, because these signals belong to part of oneself. They are not alien to the self.

In regard to Sensations and Contact, voice, movements, and breathing Functions are to be mentioned. In body psychotherapy, it is well known that diaphragmatic breathing allows the awakening of both pleasant or stressful sensations. It will be the psychotherapist's job to be present with the distressed, hardened sensations by tolerating and acknowledging them as such. Specific techniques focused on movements and postures, aimed at Sensations BES, will

allow patients to open to the proprioception on their own sensations. Voice is among the techniques in Sensations BES acting as an amplifier of internal experience. Voicing one's own feeling, in all its emotional significance and ways, helps patients better perceive and know themselves. As for the rational-cognitive aspects, the conceptualization of what comes from the body, and the importance given to it will have to be redefined in order to modify the fixed mental schema linked to feelings. Patients learn to better acknowledge and know their inner self, and experience an enhanced clearer, more coherent awareness.

Berlin Presentation

The 2018 Berlin Congress was an opportunity to introduce

our colleagues to group work using specific techniques focused on the integration of Contact and Sensations BES. Such group work is always exciting and impactful because group techniques are highly beneficial when carefully guided and aligned with therapeutic goals.

In Functional Psychotherapy, we present experiences focused on the cure of many BES, a comprehensive approach aiming at the processing and integration of Functions. The techniques presented at the Congress, "Discover the world with your hands" and "Discover the other with touch and movement" are two among many used in Functional Psychotherapy, both suitable to work with Sensations and Contact BES, with the aim of guiding patients towards deeper awareness and integration.



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REFERENCES

- American Psychiatric Association (APA) (2013).** *DSM-5. Manuale Diagnostico e Statistico dei Disturbi Mentali*, tr. it. Raffaello Cortina, Milano, 2014
- Benitez, C., & Sabella, L. (2014).** *Il Concetto di Esperienza Basilare del Sé. NeoFunzionalismo e Scienze Integrate*, Rivista Sef n°2. Retrieved from <http://www.psicologiafunzionale.it/sef/rivista-psicologia-pdf-sif/>
- Pedrelli, E., Sabella, L., Passarini, M. L., Rosin, R. (2016).** Embodied Protection: Body Self Functional Treatment for Cure of Panic (PDA). In: *The Embodied Self in a Dis-Embodied Society*. Atti Congresso EABP, Atene
- Porges, S. (2011).** *The Polyvagal Theory*. New York: Norton & Company, Inc.
- Rispoli, L., Vacca, R., Pedrelli, E. (2018).** Porges' Polivagal Theory and its Possible Impact on Clinical Practice: The Neo-Functionalism Perspective. In: *Activitas Nervosa Superior Rediviva*, vol. 60, n.2 2018
- Rispoli, L. (2004).** *Esperienze di Base e Sviluppo del Sé [Basic Experiences and Development of the Self]*. Milan: Franco Angeli
- Rispoli, L. (1993).** *Psicologia Funzionale del Sé*. Roma: Astrolabio
- Röhrich, F. (2009).** Body Oriented Psychotherapy. The State of the Art in Empirical Research and Evidence-Based Practice: A clinical Perspective. *Body, Movement and Dance in Psychotherapy*, 4:2,135-156

Röhrich, F., Papadopoulos, N., Priebe, S. (2013). An Exploratory Randomized Controlled Trial of Body Psychotherapy for Patients with Chronic Depression. *J of Affective Disorders*, 151, 85-91

Stern, D. (1985). *The Interpersonal World of the Infant*. New York: Basic Books

Winter, D., Malighetti, C., Cipolletta, S., Ahmed, S., Benson, B., Röhrich, F. (2018). Construing and Body Dissatisfaction in Chronic Depression: A Study of Body Psychotherapy. *Psychiatry Res. Dec*, 270:845-851. DOI: 10.1016/j.psychres. Epub 2018 Oct 30

World Federation for Mental Health (WFMH) (2012). *Depression: A Global Crisis*. Retrieved from https://www.who.int/mental_health/management/depression/wfmh_paper_depression_wmhd_2012.pdf