

Intercorporeity and Intersubjectivity

A Conversation with Genovino Ferri

Madlen Algfari



The most sophisticated being on this planet, humankind, is the only one to emerge as a presumably-aware subject that dissociates itself from the planetary body and considers it to be a mere object.

■ *How did you move from psychiatry to body psychotherapy?*

If you don't mind, I would like to turn the question around and tell you how I went from body psychotherapy to psychiatry, which was actually the journey I really made.

I went into analysis when I was 23 and a student of medicine. I had a thousand questions, but I had or received only a few answers. My doctor, to whom I would ask all these questions and reveal my concerns, very politely suggested that I speak with a friend of his, a well-known professor and psychiatrist. He in turn proposed a course of analysis, as I was an "intelligent" young man with significant questions. He assured me that a course of analysis would certainly be beneficial.

That is how I came to meet my first analyst, who had studied Adler but was also training in body psychotherapy.

The first six months were only verbal psychotherapy, which was "nice" – a word I often use to say that a therapeutic element certainly doesn't hurt, yet neither is it significantly effective.

I was about to walk away from the experience when my analyst, perceiving a possibility, proposed some "actings" or "psychocorporeal activations,"¹ as I might call them today.

For me, this was an extraordinary turning point. I could feel associations, emotions, and sensations of myself that were bypassing my careful cognitive control. My ego was "offline," and my corporeity was emerging, with all its unknowns, as a third confirmation for me and my analyst.

I was able to tap directly into information from my unconscious, which registered through my body, as Reich described in *Character Analysis* and *Character-Analytical Vegetotherapy*², although at the time I was unaware of his work.

The completion of my studies in medicine coincided with the end of my first course of analysis, and I was presented with a choice. Should I continue studying to become a surgeon, or a psychiatrist?

My analyst advised me to discuss the question with his then-trainer, Federico Navarro, who was a student of Ola Raknes, Reich's former pupil.

The meeting was a great relational explosion between me and the man I consider to be my cultural grandfather. Today, using *Analysis of the Character of the Relationship*, I would interpret the explosion as being a formidable, syntonic encounter between implicit trait requests.

I decided to become a “surgeon of the mind,” not least because one of my concerns about working as a surgeon was that repeating the same operations might eventually become somewhat boring.

I liked surgery then, and I still do now – so much that I defined the bodily activations described in my last book, *Body Time*, as being “psycho-surgical.” Surgery is a true operational profession; you cut open, sew, and repair. But I was worried that the actions might become repetitive.

This doubt helped me to decide!

A psychiatrist/psychotherapist could be a surgeon for the mind, with continuous variation in the nature of the intervention. And, since everyone has their own ontogenetic history, an extremely specific, appropriate intervention could be required for every individual.

This is why I applied to study psychiatry, and two different worlds that I dearly love – deep analysis and acute care psychiatry – met and have since become embodied within me after sharing a constructive dialogue for over 40 years.

Further training in clinical-analytical body psychotherapy with Navarro, and postgraduate training in phenomenology and relational systemics³ were enhanced by managing a center for mental health and, following that, by becoming head of a hospital department providing psychiatric diagnosis and treatment. These experiences were permeated by the novelty and invigorating atmosphere produced by the closure of the asylums and the growing social awareness regarding difficulty and alienation.

This all represented a great opportunity for study, and the variety of converging viewpoints I had gave me the capacity to focus on seeking appropriate interventions for psychotherapy and psychopathology, leading me to consider body psychotherapy as an opportunity for excellence in the future of psychotherapy.

■ *What have your patients and psychopathology taught you? What do symptoms tell us?*

They taught me everything!

The people – I don’t really like the word “patient” – I have had the opportunity of examining, analyzing, and treating have taught me about life in its complexity.

Someone who is in difficulty and expresses symptoms is using a particular code as a means of communication, with its own implicit richness and very powerful intelligent meaning, which should always be cross-referenced with “where,” “how,” “when,” and “why.”

Psychotic decompensation, for example, occurs when a person becomes disorganized and is losing energy and shouting out loud. Paradoxically, it represents their most efficient solution for interaction between themselves and the world, revealing extraordinary, unique complexity and an opportunity for us to learn.

Symptoms always tell us everything! They represent a clear guideline that can be traced back – if you take hold of it and follow it, the trait they are expressing emerges.

Psychopathology is really beyond-threshold⁴ traits, or, rather, beyond-threshold dysfunctional relationships imprinted, during the corresponding developmental stages, in the corresponding relational bodily levels, and in the corresponding central, brain areas. This beyond-threshold excess marks and modifies the synapses and their neuromediators⁵.

Symptoms tell us about yesterday’s vulnerability at a specific moment of development, which is re-actualized today because it resonates with external events, which have resurfaced and re-exposed the vulnerability.

What I am responding with is a primarily bottom-up, 3D view of evolution, which permits me to read the other both in *the here and now* and in *the there and then*, so that it is possible to make the analytical-therapeutic project appropriate in terms of its possible “active principles⁶.”

■ *What do you owe to Wilhelm Reich, and what would you like to discuss with him?*

Let’s be clear that I love my “great-grandfather,” which is why I cannot go easy on him.

I am very grateful to Reich for the decisive contribution he made to psychoanalysis with *Character Analysis* in 1933, which represented the first, very important, negentropic bifurcation from classical psychoanalysis. This work actually introduced complex systemic thought that was capable of examining a series of interconnected patterns as a functionally greater system and already implicitly included the body and corporeity.

I am very grateful to Reich for having introduced corporeity, which represents a very precious, active resource in the psychoanalytic setting. In 1935, just a few years after *Character Analysis* was published, and in continuity with it, vegetotherapy emerged and the seven bodily levels were identified, on the basis of which Reich performed the first therapeutic bodily activations.

I would, however, have strong words with him about his getting lost in the downward spiral of orgone therapy, while skating rapidly over the, albeit rough, diamond of vegetotherapy without studying or polishing it (and without really looking at it), about allowing himself to be distracted by illusions emanating from much more complex truths, about his lack of meta-communication, about his projection of guilt, about his inability to read himself with his own character analysis, and about his level of clinical competence.

I would like to have strong words about his beyond-threshold masochistic-depressive positions, which led to his death in 1957. And then, after this vehement protest, I would embrace him warmly, and thank him for the platform he gave us, which has permitted the wealth of developments in body psychotherapy today, including my own. Yes, I would embrace him warmly, and tell him of the position of honor he deserves in the all-time greats of “psy-world” literature!

■ *What is your contribution to body psychotherapy?*

One contribution I have made, although I was unaware of its full importance at the time, in 1983, was suggesting reading the basis for psychosis in the deep umbilical-abdominal area, which is a peripheral relational bodily level, and the central projection of the base nuclei of the reptilian complex. That was to say that clinical, beyond-threshold symptomatology of the ego’s field of consciousness represented only the most easily observed epiphenomenon when examining an individual, but was, in reality, only the attic in the building representing the person’s personality – which was collapsing because of deep seismic action striking its foundations.

This opened the way to unimaginable developments, which have progressively led to contemporary Reichian analysis⁷.

In fact, this insight turned out to be an extraordinary tool, unlocking the developmental sequence of relational functioning of the bodily levels Reich had identified, and introducing the negentropic arrow of time⁸.

The developmental stages were redefined, being amplified to include intrauterine time, while the bodily levels were connected to the other-than-self relationships of each stage, which imprinted the bodily levels with “incised marks⁹,” outlining future trait patterns.

The true life story of the person was thus carried from the peripheral afferents to the central nervous system. Everything became clear and visible, and was, primarily, bottom-up and three-dimensional.

The key time, moving the window of observation back as far as the very beginning of life, meant that psychopathology was embodied in the depths, and that body psychotherapy was enriched by further bodily activations, which today are appropriate for, and specific to, evolutionary stage, bodily level, and trait¹⁰. Vegetotherapy’s rough diamond has been progressively polished, until it now shines brightly.

In 1992, the “relational-bodily” turning point guided me to the *Analysis of the Character of the Relationship*, which focused on countertransference of bodily level trait, which itself represents a precious, powerful resource in the setting.

I consider the relationship to be the first therapeutic active principle, and I interpret it as being a complex living system (1999), which is built together by the analyst



and the person being analyzed in trait language¹¹. This is a third form of idiomatic communication, in addition to verbal and body language, through which relationships between people establish a dialogue. It came to my mind and is clearly evident if we decipher the harmonious or disruptive encounters there can be between the implicit requests that we all have, which are deposited in each of our traits.

This represents an indispensable resource for every psychotherapist, which makes the “how” the password for contact with the other.

I would finish this response with a final contribution from recent years, which is clinical body psychotherapy, which goes hand in hand with, and completes, analytical body psychotherapy¹².

Bodily activations are phylo-ontogenetic bodily movements that have been neurologically stratified throughout the developmental stages and are common to all individuals. They have been redefined as passwords, granting access and the opportunity to act on the person’s relational bodily areas in the clinical setting.

In my book *Body Time*, the 20 main activations from four generations of therapists are described. Some of these have been used for over 90 years and date back to Reich; others are from Raknes and Navarro, while some are mine. They traverse time, and are highly coherently stratified in ascending order.

For each of us, bodily activations reveal the specific life experiences deposited in the various “apartments” from which our personality is built and has inhabited ever since our intrauterine life.

Bodily activations reveal the unconscious marked in our bodies, and our highly sophisticated subjectivity, which is the most recent, yet still vulnerable, evolution of the self.

In today's world, we are living through an incredible acceleration in external time, both chronologically and cognitively. This causes the social body to spend too much time outside, while causing each of us to spend too little time inside, in internal time, which represents time for feeling and sentiment.

Bodily activations reveal the therapeutic afferents, which are true peripheral portals, granting access to the various “apartments” in the building of our own personality.

These bodily activations are precious. They can be appropriate for all, and they are capable of rebalancing dysfunctional relational patterns.

They pass along the corticospinal pathways, modulating yet another “language” – that of the neuromediators, which is a reflection of our life history in the central areas.

— *In the terms of this language of neuromediator, what do we lack, and what do we have in the world today?*

Let's be clear that I love my “great-grandfather,” which is why I cannot go easy on him.

As a preamble, I usually say that there are three As to describe the language of neuromediators:

“A” for alarm, “A” for affect, and “A” for action!

These three states can be generically and didactically associated with the three corresponding neuromediators: noradrenaline (NA), serotonin (5HT), and dopamine (DA).

They are continuously interdependent; they are always conversing with the different apartment-areas of our personalities in the then-and-there of every stage of development, and in the here-and-now of every relationship, and they should always be in dynamic equilibrium.

Let's try moving to greater bodily orders of magnitude.

In today's world, we are living through an incredible acceleration in external time, both chronologically and cognitively. This causes the social body to spend too much time outside, while causing each of us to spend too little time inside, in internal time, which represents time for feeling and sentiment.

Were I to make an evaluation of the social body, I would say that today, it is at risk of becoming borderline, and that, as Baumann said, society has become liquefied by the acceleration of time.

We could say that dopaminergic acceleration dissociates the social body from continuity with the planetary body.

Indeed, changed climatic conditions have been generated by the prevalence of a certain type of human, the “it's mine” type, which, in the language of traits, I would say has a defectively insufficient oral trait with narcissistic reactivity. They treat the planet as being a mere object, like a form of prey, rather than as an entity in its own right within a two-way relationship.

We are today at a zero time limit, and a turning-point for our relationship with our world.

The dopaminergic action is beyond this limit, and it signals an attempt at reparative compensation. The excess dopamine is not only induced by a lack of serotonin, but also by correlated noradrenergic alarm, which continuously activates and re-activates dopaminergic acceleration.

This is an entropic dialogue that describes agitated depression masked by acceleration, the clinician in me would say.

There is great loneliness and great individual narcissism; there is no longer an affective network; the connections inside have been rarefied by the demands outside calling us away. The vertical continuity of developmental narration has been interrupted. The affective limbic circuits are under attack, and an amygdala-to-prefrontal-cortex axis, which is to say reptilian-to-neopallial, is strengthening more and more, bypassing the chest and the heart. The expression of aggression is increasing; the expression of violence is increasing; the reptilian brain is dominant and has the neopallial brain at its service. We should not forget that while diversity means enrichment for the neopallial, for the reptilian, it is the enemy!

We are today at a zero time limit, and a turning-point for our relationship with our world.



■ *What represents cancer of the soul. and what are its metastases?*

I believe that a lack of humility is both a symptom and cause of cancer of the soul, because *being* without humility leads to paralysis of life's negentropic pulsation, which ebbs and flows throughout and permits being an undivided person.

A lack of humility reduces the organism's energy, and disconnects parts of the self, contributing to the emergence of what Reich called the emotional plague, which in character-analytical terms belongs to a defectively-insufficient oral trait with narcissistic reactivity.

Being a person (etymologically, from *per-personare*, meaning resounding throughout) and *being* humility have an extraordinary quantitative and qualitative energetic range and power as dimensions of *being* that are in continuity with *having*.

Narcissism, whether generated by defense mechanisms, by alarm, and or by insufficiency, always leads to a hypertonic stiffening of the neck, which humility dissolves, restoring balanced muscle tone and permitting contact between the head and the heart – meaning that there is the opportunity to listen and learn.

In the language of the body, a lack of humility is therefore an indication of blockage at the neck.

The cancer of the soul, caused by the hardening of the neck, leads to a lack of empathy and relational capacity, and a lack of meta-communication about the scene in the world and about the self. Above all, it leads to a lack of downward return towards our humus, Mother Earth, preventing us from being able to *sink our roots* back into nature, preventing us from being able to tap into energy,

and preventing us from reaching ever-greater heights. Being able to do this permits pulsational respiration, the vertical spirituality of our evolutionary narration as open, complex, living systems, and a form of continuity from chlorophyll and photosynthesis to our own awareness.

Cancer should be interpreted as a symptom of sub-systemic disorganization, which no longer shares identity or belongs to the self carrying it. Metastases should be interpreted as the new formation's bridgeheads, attempting to expand and colonize the self. Were I to put it in clinical psychopathological terms, I would say it is a dissociative, psychotic beyond-threshold.

Which are the metastases of this particular form of cancer, the cancer of the soul, that can together bring on the emotional plague?

They are financial greed, preconceptions, mania for authority, career politics, gossip, pornography, defamation, thirst for power, racial hatred, usury, fundamentalism – anything using the other and taking from the other, which Reich, my great-grandfather, had already said, and I can confirm his diagnosis.

■ *How do intersubjectivity and intercorporeity vary?*

Intersubjectivity is the encounter between two subjects, and brings its own question: At what point do we become subjects?

If the indispensable pre-condition to being a subject is the capability of being in space-time, then we progressively emerge as subjects together with the development of our three-dimensional, stereoscopic, ocular vision, and the mastery of visual convergence. These developments accompany the activation of many other

motor circuits, which do not occur before the age of six months. Thus, according to this bodily evidence, intersubjectivity begins to emerge from weaning onwards.

Preceding intersubjectivity is intercorporeity¹³, which is the contact throughout the primary object relationship during the first 500 days of life. From fertilization onwards, there is intercorporeal contact in which there are communicative codes and languages, which do not, however, represent those that are specific to subjectivity.

Intercorporeity both precedes and accompanies intersubjectivity in communication between people throughout our entire lives. Although we do indeed use words to speak, they are always accompanied by how they are said, and how they are said – the prosody – belongs, together with other bodily movements, to body language.

This is a similar situation for phylogenesis – the body language used by mammals, for example, to express emotions, has existed for 70 million years, while verbal neopallial language, emerging from three-dimensional ocular vision and bipedal deambulation, was added only two million years ago.

Intercorporeity and intersubjectivity go hand in hand throughout our lives, but the very beginnings of relationships are intercorporeal in a bottom-up, developmental sequence.

The self comes to mind in continuity, as I often say, paraphrasing Damasio.

Returning to one of the previous questions, subjectivity often falls into the trap of forgetting corporeity and the ego. In its little omnipotence, it dissociates itself from the body, as it does when considering a body on a greater order of magnitude.

The most sophisticated being on this planet, humankind, is the only one to emerge as a presumably-aware subject that dissociates itself from the planetary body and considers it to be a mere object.

Until humankind becomes aware of being an open, complex system and learns to consider the planet as living and intelligent, it will not have intersubjectivity or intercorporeity with the planet.

Achieving these will complete the continuity of a cosmic, evolutionary narration in respecting the other, which will be respect for the self and for its possibility of survival.

Life and humankind are indeed miracles, but the planet was already there before life, and life was there before humankind – we are not indispensable!

The unconscious was discovered on this planet only in 1895, and the narration of the continuity of humankind's evolution, from the *élan vital* to us, optical mammals, is beginning to grow in our awareness; I really hope it continues to spread.

■ *Some colleagues suggest that the world is living in a borderline area, how would you respond?*

It is true: humankind, the planet, and society are living in a borderline area. If the clinical emblem of today's psychopathology is the borderline disorder, and if the planetary body is characterized as borderline by its beyond-threshold climate, then I would give a little more consideration to the time society has, which is itself, without doubt, become borderline.

A borderline area indicates the result of excessive acceleration, with a lack of pauses, restitution, and recovery, all of which are necessary to return to rhythmic, affective, limbic pulsation.

We are living in a time that is borderline, which is ever more rarefied and less liquid, never mind solid. There are more instants and fewer roots, more emotions and less sentiment, more excitation and less awareness, more communication and less relationship, more information and less knowledge, more indifference and fewer differences, more disembodiment and less embodiment. We are living more *on* time, rather than *in* time.

Technological attractors and the media in general, although they represent evolutionary genius, are today at the service of an unbalanced, corporate economy, with values in which *having* defines *being*, and they constitute a new superego, which is unemotional, demanding, persecutory, excluding, superficial, narcissistic, and without reciprocity. They perpetrate what I call the theft of time from affective relationships.

By fraying and breaking the network of circuits dealing with affective proximity, while pointing the individual's flux vectors towards themselves, this superego can create a thoracic limbic vacuum, moving the other to constant oral insufficiency with ocular and cognitive effort constantly indicating the luminous object to pursue.

A lot of I's and very few we's.

Yes, we are indeed in a borderline area with very significant difficulties regarding the question of limits!

■ *You often speak of intelligence, but don't you find that people today have become less intelligent in terms of emotional intelligence?*

The word intelligence is derived etymologically from *inter-legere*, meaning reading between, and reading is not uniquely a neopallial cognitive capability. Intelligence is a property that belongs to living systems, and has been around for millions of years. In our specific case, it was born with our last, universal, common ancestor (l.u.c.a.), the first living organism from which we are all descended.

Even a single-celled organism has its own intelligent membrane, which can read the external environment and select substances to maintain its own autopoiesis. The planet is also intelligent in that it is capable of reading the external environment and transforming energy

through chlorophyll and photosynthesis, which is the starting point for the negentropic evolutionary journey that has reached as far as us.

Intelligence is a property of life, and is proportional to both the complexity of organization of the living system and to its evolutionary stratification. Could we and should we be in continuous contact with intelligence, from the planet to ourselves, then I would have no trouble in affirming that we are the peak of a magnificent form of intelligence, because we have passed along and are running back over its vector at the thousands of points of evolutionary bifurcation.

Let me explain using MacLean's three brains. The reptilian brain presents survival intelligence and precedes and accompanies the subsequent greater limbic brain with its affective-relational proximity intelligence found in the world of mammals. The limbic brain itself precedes and accompanies subsequent cognitive intelligence, bringing space time and organized projects, which is what sets us apart from other living organisms with our capacity for reflection, meta-communication, and awareness.

However, should the evolutionary continuity of the vector or arrow of intelligence be interrupted for whatever reason, then, as I mentioned in the previous response, the risk, which we are beginning to have some insight into, is dissociation – meaning that a different hierarchical ordering of the three brains may predominate in response to the demands of the external environment.

For example, in the case of threat and danger, primary reptilian intelligence is reactivated, which is very powerful and is not by definition relational. Cognitive intelligence can be enslaved to serve the reptilian project, which is destructive for the other, which always represents enemy to the reptilian.

Reptilian intelligence does not always have negative connotations, because, when it does not belong to one alone, it can be precious. The threat from Covid, for example, has reactivated reptilian survival intelligence, but for the species as a whole. And thus, future generations will change the object relationship so that it will no longer be *mine* but *ours*. They will try to save the planet and its climate, and the object will be read “commonly” and “in its entirety,” *Greta Thunberg docet* (from Latin, meaning “as Greta Thunberg teaches”).

Intelligence is a sum of different forms of intelligence, and the I-subject can, and must, reach and achieve a form of meta-intelligence that can coordinate and govern the self's other forms of intelligence, including the three mentioned above, as well as many other sub-systemic forms. There must be a balanced, harmonious equilibrium with the capacity to reconnect forms of intelligence, rather than have them dissociate from one other.

In this way, the future will still be possible, and we can continue to encounter greater forms of intelligence, given that the 10 kilometers of membrane wrapped



around the Earth that our biosphere represents is bursting at the seams with intelligent networks.

— Those who predict the future suggest that cybersecurity and psychotherapy will become the two most important professions. What do you think, and how do you see the future of body psychotherapy?

I have some respect for futurists, but I am not one of them. In the theory of complexity, the countless variables inherent to a process of development make the outcome largely unpredictable.

On the topic of cybersecurity, I would prefer there to be less need, because continued necessity would mean that we were still in the patterns of the other as enemy, which is different and threatening.

This doesn't mean that the reptilian mustn't be present, just, rather, that it should be in the right measure, and not dominating the overall equilibrium among the three brains. In this way, threat is not so much attenuated by dopamine in service to paranoid patterns, but, rather, by serotonin-dopamine serving inclusive patterns – being *with*, granting the opportunity of being together and, thus, of climbing evolutionary stairs.

On the question of psychotherapy, my initial response is that it is true that there will probably be an increase in the demand for psychotherapy. This would indicate the degree of difficulty people are encountering in dealing with the new adaptive and organizational challenges that they face in today's world.



People require greater awareness and new relational patterns, and they require new intercorporeity and new intersubjectivity. A psychotherapist must be a specialist in relationships, which represents the first active principle in psychopathology and in psychotherapy.

I would, however, associate the increased demand for psychotherapy with another increase in demand – for psychopharmacotherapy, which I consider to be the third active principle.

Antidepressants, atypical antipsychotics, and mood stabilizers reduce the entropic, clinical, beyond-threshold suffering, and are among the most common categories of medicines used around the world, which confirms the great difficulties that people are facing. However, if psychotropic medicine is not employed in combination with the first therapeutic active principle, the relationship, then their use is dissociated from the person's analytical-therapeutic narration and from their implicit requests – meaning that instead of improving health, they generate senselessly-eternal patients.

As far as body psychotherapy is concerned, I firmly believe that it represents possible future excellence in psychotherapy. I am quite unable to think merely in terms of verbal psychotherapy because the body is always there even for that. How could it not be?

It is not possible to do anything but start from the complexity of the self, which displays a body-to-mind developmental direction. And it is certainly not possible to speak of the mind without the body, because we cannot really know without feeling, and we cannot feel without the body!

All psychotherapy must take the body into account and, preferably, by using specific appropriate activations (the second therapeutic active principle) which, above

and beyond any specific school of psychotherapy, already have their own well-codified and systematized set of rules for application.

Activations are always used in coordination with specific, appropriate countertransference (the first therapeutic active principle) and, when clinically necessary, both of the first two active principles are used together with specific, appropriate psychopharmacological prescriptions (the third therapeutic active principle).

Clinically and analytically, the best guideline is to hold dear the coordinated use of these three active principles as part of a targeted project for the specific person. Words, and how they are said, modify synapses. Bodily activations and the correlated countertransference modify synapses. Psychopharmacotherapy modifies synapses. So, by using these three instruments in concert, you really can make some good music!

■ *Having had many decades of professional experience, what is your message for psychiatrists and psychotherapists?*

Do personal analysis! This is because good analysis permits you to better govern the psychodynamic levels of your own life story, the levels of your own neuromediators, and the complexity of your own relational patterns. Further, it permits you to distinguish your relational patterns from the other's in the clinical setting, so that you are then able to accompany them towards awareness with full, ethical respect and great competence.

I would, therefore, suggest that having your own analytical experience is the priority, because trying it on lights the way to really knowing the other.

Then, of course, frequently doing training courses and clinical-analytical supervision is fundamental and, lastly, so is studying a lot.

All psychotherapeutic experiences are validated by evidence during the period of shared observation.

Marrying into diversity, and contaminating yourself with that diversity means enrichment, and the most significant will pass the test of time and remain potent. Intelligence is spread everywhere, and various combinations produce new creative forms, leading to the emergence of solutions that are often unexpected.

■ *Where is God's place in body psychotherapy?*

It is in the body's intelligence, which is a marvelous, sapient, intelligible, objective sign from which to be informed. It opens us up to the greater intelligent design that we are in, as is our blue planet and its biosphere, the solar system, the Milky Way, and all the galaxies and black holes of the universe or the multiverse, be that as it may.

The greater intelligent design, about which we know almost nothing, is largely invisible to us, but we intuitively feel that it is probable. Certainly, one piece of evidence

is found in the intelligence of life, which becomes logos in the body, as I wrote on the flyleaf of my book, *Body Sense*.

■ *What questions do you ask yourself?*

You are asking me a question that touches me, and takes me back to my childhood and what I suggested at the time when I was asking myself what I would be when I grew up. I thought that I would really like to be an angel, because even traveling at the speed of light wouldn't have given me enough time to get to know the whole cosmos. Even at 300,000 kilometers per second, you would see nothing of the universe, and 80 years of life is a heartbeat in which you can't even get around the whole Milky Way, which is why the innocent solution, which occurred to me as a child to get to know space, was to become an angel.

Today, among the many questions, there are two, in particular, that accompany me: How can we find, and keep on finding, the beauty in Life? And how do we search for, and keep on searching for, appropriateness in taking care of people?

I believe that, starting from the possible responses to these questions, achieving good knowledge means bearing witness to future generations of psychotherapists, because, by taking the baton of evolutionary narration, they can become the new basis from which to continue intercepting more intelligence, more beauty, and more negentropy (as these often dwell together). I believe the new generation can assist people, society, and the world in finding greater awareness and better equilibriums.

Given that beauty certainly predisposes us towards pleasure, because it activates the mu-receptors, then appropriateness predisposes us towards negentropic ordering. As long as it is activated by a body code, by body-time and by body-sense, then we have a guideline which will allow us to move to and return from areas in the body, in time, and in a person's relational patterns, while offering the differences to the other's subjectivity.

By supplying information and permitting learning, it is only the differences that provide an opportunity for the other to make a choice. In this way, while reconnecting the other to their life-history, deposited in their corporeity, increased freedom can be granted to their subjectivity.



Glossary

(1) Psychocorporeal or Bodily Activations

Psychocorporeal activations are phylo-ontogenetic body movements that are neurologically stratified and correspond to the progression of the evolutionary stages. These movements are common to all individuals and act upon a person's relational development – for example, the mouth's sucking motion during the orolabial stage. Through the body, these movements reveal analytically-useful life experiences to the mind. These movements were laid down in *bodily compartments* at specific points in time. These bodily compartments can be thought of as separate apartments in a tall building that represents our personality. The apartments have been successively inhabited from intrauterine life onwards and reveal to the mind precious, therapeutic afferents that support integration in analytical psychotherapy. These activations have featured consistently in the evolution of this school of psychotherapy, from Wilhelm Reich through to contemporary Reichian analysis.

(2) Character-Analytical Vegetotherapy

Vegetotherapy made its entrance in psychotherapy in 1935 when Reich shifted the emphasis of treatment from character to the body. The term Char-

acter-Analytical Vegetotherapy was used to confirm that analytical work on the mind and the body was one and the same. Reich identified seven bodily levels that could be treated by psychocorporeal activations, but had not systematized these activations. This was done later by Federico Navarro, in line with the activations suggested by Reich, and with the approval of Ola Raknes, one of Reich's European students. The bodily activations were further systematized to include the developmental stages and the corresponding relational bodily levels by Genovino Ferri, with the approval of Navarro, who had been a student of Raknes.

(3) Systemic-Relational Formation

Ludwig von Bertalanffy's general systems theory and cybernetics for the study of communication have given life, in psychotherapy, to the relational-systemic approach in which the individual is an integral part of the evolution of the family system. The individual's symptoms are the result of the complex interaction between subjective experience, the quality of interpersonal relationship, and the capacity to evaluate one's own situation. Since the late 1950s, through the current work of the Mental Research Institute in Palo Alto, the main authors of this approach have been Paul Watzlawick and Gregory Bateson.

(4) Beyond-Threshold

Only bodily and verbal expression are a basis for psychopathological semiotics – the study of signs and symbols and their use or interpretation. Although a within-threshold trait can be considered functional within its normal limits, the dysfunctional amplification of relational patterns historically laid on the trait can lead to clear, clinical symptoms and beyond-threshold syndromal expression. This is psychopathology. There are fixed psychopathological configurations at specific developmental stages, acting on character traits and their corresponding relational bodily level that allow a degree of prediction and appropriate therapeutic treatment.

(5) Neuromediators or Neurotransmitters

Neuromediators – or neurotransmitters – are chemical substances (noradrenaline, adrenaline, serotonin, GABA, dopamine, melatonin, etc.) produced in the nerve endings for the transmission of impulses in the central and peripheral nervous system. Neuromediators are contained in the synaptic vesicles, which are thicker at the extremity of the axon at the point where it forms a synaptic connection with other neurons. They provoke excitatory or inhibitory response in the post-synaptic neurons that affect a person's behavior. Words, prosody, psychocorporeal activations, and psychopharmacotherapy all modify synapses.

(6) Active Principles

In medicine, the term *active principle* indicates a substance that performs a specific biological action. This refers to all substances that have a beneficial or damaging therapeutic effect, based on the precise dosage administered which varies depending on the type of treatment and therapeutic aim. In addition to being used in psychopharmacotherapy, in psychotherapy, active principles refer to the effects of the therapeutic relationship and the significant effects of psychocorporeal activations that can modify synapses and neuromediator dynamics if they are applied appropriately, and in the right dosage. They may become harmful if used inappropriately.

(7) Contemporary Reichian Analysis

In 1983, locating the “earthquake” that causes psychosis in the depths of the sixth Reichian bodily level – the umbilical-abdominal area – led to the progressive evolution of the Reichian paradigm. The seven bodily levels identified by Reich are to be read from the bottom-up, and are connected to the other-than-self relationships precisely as experienced during the individual's development. The bodily levels are the “first receivers” and are specifically marked by the imprints that reach them. They are the peripheral afferents for each of our future personality trait patterns.

The relational connection goes on to influence relationship in the environment with clarification of trait countertransference and the associated relational bodily level. The theory of complexity plays an important role in the development of Contemporary Reichian Analysis, as it is now called, given the fundamental developments and the ongoing triad between psychoanalysis, neuroscience, and the body. Contemporary Reichian Analysis now includes character analysis and vegetotherapy using the developmental stages within the analysis of the relationship between the analyst and analysand. The therapeutic setting is interpreted as a small biosphere where the three system – the analyst, the analysand, and their interpersonal relationship – all increase negentropy.

(8) The Negentropic Arrow of Time

In 1944, Erwin Schrödinger, the Nobel prize winner in physics and the founder of quantum mechanics, introduced the concept of negative-entropy, or negentropy. This referred to a negative variation of entropy, which from an original value always moves towards greater orders of organization and developmental stratification. In Contemporary Reichian Analysis, entropy and negentropy can be represented by two opposite directions on the arrow of time, one moving towards entropic zero, and the other moving towards an increase in negentropy – for example, from the birth of an individual, the origin of life, or the beginning of a relationship.

“Close to equilibrium matter is blind and it begins to see only when it is far from equilibrium,” Ilya Prigogine, Nobel prize winner in chemistry, 1977.

(9) Incised Mark

Etymologically, the word character means *incised mark* or impressed mark according to the history and the phonetic, morphological, and semantic evolution of the term. Character refers to a person's own specific way of being. It represents their past and their adaptive and reactive behavioral responses to the incised marks they received from their relationships over their lifetime. These incised marks are registered on the bodily level associated with each developmental stage.

(10) Developmental Stage, Relational Bodily Level and Character Trait

A developmental stage is the period of ontogenetic evolution in which the self receives imprints from relationships with the partial objects of that time. It is the interval bounded by two transitions that are biologically marked on the evolutive arrow of time. Within each stage, an imbricated set of behavioral patterns and modules are deposited that have been established by the relationships with the other-than-self's specific partial objects. These result from each of our own life stories in a specific stage, and

they define the trait patterns of our character. The relational bodily level is the somatic location associated with the time of that specific stage in which the imprints are recorded, and where the peripheral and implicit memory of that particular character trait is deposited.

(11) Trait Language and Communication Between Traits

Trait language is an extraordinarily rich, intelligent, third language existing in addition to verbal and bodily languages. It is a fundamental metalanguage which includes verbal and bodily languages. Trait language allows the trait mind to decipher the connections between trait thoughts, trait intelligence, trait patterns and the associated bodily level. It is a language belonging to the self-system while the other two languages are subsystemic to the self. In fact, our phylo-ontogenetic history teaches us of their successive appearance and of their current contemporaneousness. Traits share a deep dialogue among themselves, exchanging the implicit developmental requests that have been experienced throughout a person's life story. In other words, an implicit trait request will elicit an implicit request trait response from the other person's own historical "baggage." This third language is the privileged language of relationship. It speaks of compatibility and incompatibility, of attraction and antipathy, of sustainability and unbearableness, and of psychodynamic symmetry.

(12) Analytical Body Psychotherapy and Clinical Body Psychotherapy

Analytical body psychotherapy and clinical body psychotherapy are not synonymous, and both are often

present in the psychotherapy setting. Analytical body psychotherapy includes the relational aspect of a dyadic intercorporeal-intersubjective setting where a person is cared for by the analyst-psychotherapist. Clinical body psychotherapy includes the relational aspect of a monadic setting, where a person is the object of treatment and care. The focus on functionally resolving a person's clinical symptomatic or syndromal beyond-threshold experience usually directs the analyst's interventions towards clinical body psychotherapy rather than analytical body psychotherapy.

(13) Corporeity and Intercorporeity, Subjectivity and Intersubjectivity

During the primary object relationship stage – from the creative explosion of conception through weaning – the mother-child relationship is intercorporeal. In ontogenesis, the I-subject is born because of the growing prevalence of the prefrontal cortex which develops from the progressive myelination of the pyramidal pathways and the striated musculature, prompted by the acquisition of the upright stance and bipedal locomotion. This allows three-dimensional, stereoscopic, and volumetric vision. In this way, the conception of space-time – as in before and after – becomes possible, as does the ego's field of consciousness. Ontogenesis resembles phylogenesis in the evolution of its development in human beings. The neopallium appeared only two million years ago and is wrapped around the mammalian limbic brain which is 70 million years old. From an evolutionary perspective, intercorporeity precedes and accompanies our interpersonal communication for our entire intersubjective lives because our words are always accompanied by *how* they are said, which belongs to the limbic circuits.



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