A Clinical Exploration of Atmospheres. Towards a Field-based Clinical Practice.

Gianni Francesetti

1. Introduction

Just a few metres away and I'm alone,
in terrible space, in terrible time.
Then a body,
removed from the symbolic sounds of a hello, how are you,
is flung into the distance.
We have to call out to each other, continuously
Mariangela Gualtieri (2003)

The concept of atmosphere has been widely explored by philosophy, especially in aesthetics (Griffero, 2014; Böhme, 2010; 2017; Schmitz, 2011). In psychopathology, however, it has instead been used sporadically and by only a few, albeit authoritative, authors, from Karl Jaspers (1963) through to Hubertus Tellenbach, in particular (1968; see also Costa, Carmenates, Madeira and Stanghellini, 2014). Although such contributions have been few and far between, and are largely neglected by debate in psychiatry and psychotherapy today, they are particularly interesting because they point to and support a conception of psychopathology that goes beyond a symptomatic and individualistic understanding of human suffering. The dominant paradigm in clinical psychotherapy and psychiatry today makes use of third-person descriptive diagnosis and clinical work aims at changing the way the patient (dys)functions. Such an approach is far from satisfactory. To begin with, a diagnosis that is limited to comparing observable traits to a set list of symptoms is highly problematic (Barron, 1998; Borgna; 1988; Galimberti, 2006; Francesetti and Gecele, 2009; Migone, 2013;) and inevitably tends to neglect the specificity and richness of the patient's experience. That constitutes a major loss for therapy, but also for the potential clinical practitioners who have to learn from the singularity of each of their patients and open up their conception of psychopathology towards new horizons. Moreover, by limiting the scope of action to modifying dysfunctions in the patient, the risk is that the functional purpose of the symptoms fails to be grasped and the transformative meaning of suffering overlooked, while suffering itself is attributed entirely to the patient, without taking into account co-creation phenomena in psychotherapy in the therapy setting. Such an approach has not proven to be successful in addressing the problems it promised to resolve (Bracken, Thomas, Timimi *et al.,* 2012).

In this chapter, I will attempt to describe how the concept of "atmosphere" can help open up a different understanding of psychopathology, diagnosis, and clinical practice. I will also attempt to show how the concept can help steer us towards an *aesthetic diagnosis* that goes beyond the diagnosis of symptoms, and towards a *field-based clinical practice*, which goes beyond the individual. It is a paradigm shift that will lead us onto new epistemological ground, one that is different from the individualistic perspective where clinical work focuses on the suffering individual to effect change, but also from the bi-personal paradigm which sees the relationship co-created by two individuals who come together and jointly produce change. This new horizon *posits the relationship before the related*, where subjects and the world emerge incessantly from an

undifferentiated ground in which they are not yet defined. As such, even suffering and therapy come from something much vaster than the people involved—the patient and the therapist—who therefore find themselves in a landscape that imposes limits, but also offers possibilities.[1] To affect this shift in perspective, we need to focus on the original and constituent *momentum* from which we move and which continuously moves us. A *momentum* which, although it is constituent, is ephemerally changing, and hence open and tending in and of itself to evolve. Change happens only if there is a sufficient degree of freedom and support for the movement that is already in the making in the situation. Thus, we find ourselves squarely in a field perspective, where emergent phenomena are seen as the ecstatic manifestations of the situation and its tendencies towards new forms.

Thus, the aim of this chapter is to chart a journey towards a field paradigm in psychopathology and psychotherapy—a journey in which we will inevitably encounter *pathos* and *atmos*.

It should be stressed that my intention here is *not* to propose the perspective as an alternative to a mono-personal or bi-personal approach. Rather, I wish to present a Field-based Clinical Practice from which therapists and supervisors can draw to broaden the possibilities of therapy, by shifting—with awareness—between an individualistic, co-creative and field-based approach. Of course, I consider this last perspective to be the most radically relational, which is why in moments of impasse, when the therapist finds himself profoundly involved, the field perspective becomes particularly useful, at times even necessary, to make sense of the situation and find new openings for the therapy process.

2. "We are the form / that forms blindly / in talking about itself / by vocation" **The pathic dimension, where the subject and the world co-emerge**

If our place is where
silent contemplation among things
needs us
saying is not knowing, it is the other
all fated path of being.
This is the geography.
That is how we stay in the world
pensive adventurers of humanity,
that is how we are the form
that forms blindly
in talking about itself
by vocation
Silvia Bre (in Buffoni, 2016, p. 33)

In the group, Anna asked me to work with her[2]*. Since that morning, I had seen her visibly touched and moved by something that had emerged from the theoretical folds of the discussion on anxiety and panic that we had placed in the field. After the lunch break, the group preferred to stay in the background for a while. It wasn't the time for theory or small group work. Anna stepped*

[1] See the chapter by Jan Roubal in this volume.

[2] At the start of this section and the following sections, I have provided a partial transcript of a session conducted at a theoretical and experiential seminar. My aim is to describe, as best I can, some crucial passages of a therapy session and the experiences of the therapist, in the hope of illustrating the theoretical aspects addressed in this chapter, in particular the concepts of panic, atmosphere, intrinsic diagnosis (resonance and *atopon*) and how the therapist modulates his presence in lending his flesh to support the transformative processes at play.

forward, proposing personal work. It seemed like a good time for it, the group was supportive. As I have been doing for several years now, I asked Anna to choose where she wanted to sit in relation to me, and invited the members of the group to sit wherever they wished in the room, at whatever distance they felt they wanted to stay. This helps me feel the presence of the group more and it seems as though people tend to arrange themselves along invisible force lines of the field, like iron filings on a piece of cardboard held over a magnet. We start. Anna sits in front of me. The group arranges itself around the room. I adjust myself on my seat and take a deep breath. I try to find the right position, a mid-way point between myself and the environment (I don't know how else to put it), so that nothing is already a figure. 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. Anna and I look at each other. Her blue eyes cannot resist mine and glance elsewhere, as she smiles and leans forward slightly, resting her hands on the frame of her seat. Her jaw looks like it's trembling slightly. Something is moving, but I don't know what. 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.

In ordinary, everyday life, we live in a world in which subject and object are givens, separate figures that are not problematic. Husserl calls this mode of experience the *natural attitude* (Husserl, 1913), where objects are something given, something out there that I can perceive as separate from me. That attitude is the starting point for how the subject enters into contact with the world—cognitively, emotionally, affectively, and behaviourally. It is a perspective that underpins the conception of the mono-personal mind, giving rise to a psychopathology that treats suffering as a dysfunction in the patient and therapy as a means of correcting that malfunction. One way of overcoming that approach is to observe how subjects interact with each other and with the environment, and how artificial it is to abstract them from each other and the world they live in: the isolated individual does not exist. Such a position has radically characterised Gestalt Therapy ever since its beginnings (Perls, Hefferline and Goodman, 1951), alongside the systemic perspective (Bateson, 1979) and, more recently, psychoanalysis (albeit not in all its currents), through Sullivan's interpersonal psychoanalysis and, later, the so-called "relational turn" (Greenberg and Mitchell, 1983; The Boston Change Process Study Group, 2010; Lingiardi *et al*., 2011). In this way, we have moved towards a paradigm—what we might call the paradigm of the bi-personal mind—where subjects co-create their experience and together affect change. There exists a more radical paradigm, however, where subjects are not given, but emerge themselves from something that comes before them. Indeed, as Husserl teaches, the natural attitude is not an unequivocal description of reality, of *how things really are*, rather, it is the outcome of a process that constitutes experience in that way. We see the vestiges of this process in the words *subject* and *object*: *sub-jectum,* in the Latin, means cast down below, *ob-jectum* means cast out there, thus bearing evidence of their not being original essences but the product of the act of being cast into two different regions of the experience. German Berrios (Marková and Berrios, 2012) notes how the current meaning of "object", as something independent, and subjective, as something mental and relative to the individual, only developed during the XVII century with the establishment of the scientific method. Before then, the terms were used to mean the outcomes of a process. Even in physics, objects are no longer, and have not been for quite some time, the stable objects of Newtonian physics (as we perceive them to be with the natural attitude), but energy processes which collapse perceptively into "things" that exist in a space-time that is itself created by neurological processes (see, for example, Schrödinger, 1944; O'Neill, 2008; Rovelli, 2016). Hence, if the world as we conceive it—a world inhabited by subjects separated from stable objects—is the outcome of a process, what can we say about the process itself?

Let's start with the work of Gestalt psychology on perception and follow the analysis of Klaus

Conrad[3], in particular the work of Metzger (1941). These researchers provided empirical evidence showing that perception is a process which, in just fractions of a second, leads to a perceptive experience in which the subject perceives himself as separate from the object, where the subject is detached both spatially and emotionally and the object possesses a clear, definite outline. This outcome of perception, which Metzger called *Endgestalt* (final Gestalt) is the result of a process that arises from a very different, original perceptive moment. The perceptive forms of that initial moment are called *Vorgestalten* (pre-Gestalten). With *Vorgestalten* the perceptive experience is diffuse, undifferentiated, and global. The figure has yet to stand out separately from the background; something is there, but it is an unstable, confused and indefinite presence. It is an experience of non-rest, and hence of restlessness, before a subject is distinguished clearly from an object. In this first phase, *expressive physiognomic qualities* predominate—qualities that are affectively charged, which communicate something in an immediate, pre-reflexive way. They are experienced in a passive way, as though seizing the subject, giving rise to a sense of expectation of development, of a purpose that has yet to be defined here, and if that development is delayed, tension emerges and restlessness grows. When Endgestalten finally emerge, *structural-material qualities* are what predominate, characterised by a feeling of relief in perceiving a distinct figure which objectively stands out and from which the subject feels he is separate and in a position to observe with critical judgement and emotional detachment. The sensation of being passively drawn into something indistinct and disturbing ends.

This Gestalt analysis of perception is in line with the description of the emerging of the self developed by Antonio Damasio (2012).[4] According to this model, based on his neurological studies, during the process of perception the self "comes to mind", emerges progressively, in stages: the proto-self, the subjective self, and the autobiographical self. In the original, initial stage, the proto-self is alerted to the presence of *something*, without it being clear *what* it is or *who* it belongs to. A state of rest becomes a restlessness that cannot be attributed to me as a subject yet, it is not yet *my* sensation, because the sense of being a separate subject will only emerge at a later moment. From another perspective, the concept of the *emergent self*, developed by Daniel Stern (1985), also embraces this initial datum of all experience. The emergent self characterizes the first couple of months of life of infants. At this time of childhood development, there is no definite sense of self yet, nor is it clearly and stably distinct from the world; rather it is the *emergent process* of the self that is figure. In Stern's model, the stages we go through in development are present in every subsequent experience, in every moment for the rest of our lives. These three empirical explorations (Gestalt psychology, neurosciences, and infant research) support the phenomenological perspective, a philosophical tradition that points to an original dimension of experience in which subject and object are yet to be differentiated and describes the natural, naive attitude (Husserl, 1913) that normally characterizes perception as a product and not as an original experiential datum, although we normally pay no attention to it (Merleau-Ponty, 1945; Alvim Botelho, 2016; Waldenfels, 2011).

With *Vorgestalten* at the origin of all perception, the experience is atmospheric and pre-dualistic, lying at the basis of our pathic life (Tellenbach, 1968; Griffero, 2014; Böhme, 2010; 2017; Schmitz, 2011; Francesetti, 2015a).[5] *Pathic* (or *pathos* - πάθος) refers to what we feel immediately and passively. We are seized by the pathic; we do not choose it, we are moved by it; pathic has the same root as passion and pathology, both happen to us and take us without choice: it is something *to*

[3] Conrad was the first to define and use a method of investigation in psychopathology which he called "Gestalt analysis" (Conrad, 1958).

[4] Cf. https://www.youtube.com/watch?v=8LD13O7dkHc

[5]

which we are subject (rather than *of which* we are subject). The construct of *being moved*, and its implications for psychopathology, is not very well developed in psychology yet, but a growing interest can be found in the recent literature (Menninghaus, Wagner, Hanich *et al*., 2015). Pathos eludes causal logic since that "by which" we are moved cannot be grounded in something earlier than us, in the sense that what comes before the emergence of "me" is not some-thing that is already defined. Pathos emerges by its nature from mystery, from the mysterious and impenetrable dimension from which experience originates: "we start elsewhere, in a place where we have never been and will never be" (Waldenfels, 2011, p. 84). 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. Its contrary is apathy: "once the 'affective relief' (*Hua* XI:168; *ACPAS*: 216)[6] is flattening, an experience goes to sleep" (Waldenfels, 2011, p. 27). It is the phenomenon of coming to light, of origination pressing its way to find form and life. The logic here is one of emergence, leading us to the epistemology of complexity (Morin, 2008; Maturana and Varela, 1992), chaos (Gleick, 1987), and non-equilibrium (Prigogine, 1997), and not the linear logic of cause and effect. The patient, by definition, is he who suffers what he feels, which implies that he is not free to feel anything else. In this way, therapy, as we will see further on, can be considered a process that broadens the freedom in responding to pathos in the therapy session.

This paradigm in which subjects emerge from the undifferentiated ground of the situation can be found in the conception of the self, developed in PHG (1951) at the very origins of Gestalt Therapy, where the self is not an individual attribute, but emerges as an expression of the situation itself, and the possibility of exercising choice is itself a product of the making of the self in each and every situation (Robine, 2006; Philippson, 2009; Vázquez Bandín, 2014).[7]

3. "There you are at the origins / and to decide is foolish: / you depart later / in order to assume a face."
The atmos and its traces

There no one scrutinizes himself
or stands apart hearkening.
There you are at the origins
and to decide is foolish:
you depart later
in order to assume a face.
Eugenio Montale, *Portovenere* (in Cary, 1993, p. 257)

Something weighs on the air. The wait—just a few seconds, probably, before Anna starts speaking - becomes loaded with unexpected pressure, as though all of a sudden we had fallen into a dense liquid. Cubic metres 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 medium. It is shapeless, and I don't want to stay here a moment longer. Fortunately, Anna starts talking. It's a relief, and the liquid dissolves, turning back into the air. "I've had a stomach ache since this morning, and I'm afraid somebody might die—my husband,

[6] Husserl, *Analyzen zur passiven Synthesis* (=*Hua* IX). The Hague: M. Nijhoff, 1966. English translation: *Analyses Concerning Active and Passive Synthesis*, trans. Anthony J. Steinbock. Dordrecht: Kluwer, 2001 (=*ACPAS*).

[7] For more on this, see Robine (2016).

myself, or my son." Now she is trembling. The weight on my chest has transformed into a weight in the pit of my stomach. I feel a strong urge to go away. I don't want to be here anymore, I want to escape. I find it highly inappropriate, cowardly even. I don't understand this urge to go away and leave her on her own.

In the sensorial dimension of the pathic, in the moment of the *Vorgestalten*, perception is atmospheric; it is what Minkowski (1927) calls the "vague and confused". It is something I perceive somewhere in the air, without being able to attribute it to myself or to the other—or rather, calling it "something" is too defined, but it certainly is not nothing. In that hiatus without language, the word *almost-entity* or *quasi-thing* comes to the rescue, indicating an atmospheric that has yet to precipitate into a subject or into an object (Schmitz, 2011). As Schmitz conceives them, atmospheres exist in the environment independently of the subject, seizing it from the outside. That is not the case, however, in the perspective I am presenting here. Rather, the atmospheric is the way we originally, vaguely, and globally perceive the situation, before subject and object stabilize into stable poles, and hence without being able to situate what we feel completely inside or outside of us. In the atmospheric, figure and background are not yet defined, but form an affectively charged tone that is diffuse in space, immediate and without clear boundaries, from which subject and object will emerge, impregnating and colouring the nascent experience, which encompasses subjects and objects in a reciprocal, circular making. We could say that it is here that the experience consists of observing objects which in turn observe us, in that they have yet to be constituted stably as objects and imbued with subjectivity. Space itself and time are far from the objective characteristics we attribute to clock time and metric Euclidean space. If we consider the natural attitude as being the ordinary state of consciousness, then the nascent state of perception is clearly an altered state of consciousness. This is the dimension of *Das Unheimliche*, "the uncanny"[8] described by Freud (1919), which we encounter when something is perceived as both familiar and strange at the same time, hovering between the animate and the inanimate, the living and the dead, the new and the well-known, revelation and homeliness[9]. In that initial moment there is no clear distinction between different senses and the perception tends to be synaesthetic (Merleau-Ponty, 1945; Masciandaro, 2016; Griffero, 2014; 2017). The pathic is felt as something that just *happens*, well before it *happens to me*, as it is from that happening, which needs to be attributed, that a "me" is constituted. It begins as shapeless and then takes shape, inevitably losing in the process certain characteristics of shapelessness. It happens in the region of what is not yet effable, and hence it is ineffable. Since it is an ante-predicative and pre-reflexive moment, the translation of this experiential moment into language cannot be taken for granted. Language, in fact, is an expression of a universal grammar (Chomsky, 1968), which has a subject + verb + object structure. In such a grammar, the atmospheric experience of pathos, where subject and object have yet to be differentiated, cannot be expressed. Thus, there is a constituent incommensurability between that moment of experience and language, and the word can only approximate the welling moment of experience, which remains ineffable. But that approximation, that circling around lived experience without ever managing to capture it—a phenomenon that I call aesthetic excess (Francesetti, 2017)—is the fount of the constant search, birth and rebirth of the word, just as is the case for incommensurable numbers, such as *pi*, which can only be approximated because they are never ending and the closer one comes to pinning them down, the more decimal points emerge, forever to infinity (Mazzeo, 2013). When language does manage to latch onto this moment, it becomes poetry (PHG, Ch. 7)—but here we are

[8] I thank Carla Martinetto for her contribution to this passage.
[9] See the chapter by Fuchs in this volume.

not talking about formal poetry, but rather the living language defended by Paul Goodman, distinct from both objective scientific prose and the distant, neurotic verbalization of lived experience. By reifying and crystallizing subject and object as polar opposites, modern Western culture, ever since Descartes at least, has neglected the phenomena that occur between them in the instability of their emergent moment. This is captured in what PHG calls the "disease of language" (1994, p. 155 footnote), a disease which permeates modern Western culture, which has lost the *middle mode*, a grammatical structure present in ancient Greek which describes an experience that falls neither entirely with the subject or the object, but which lies in a middle realm where the subject and object play and are played with, and which would be able to express the co-originality and reciprocity of me and the world (Sichera, 2001; Francesetti, 2012, 2015a). This language disease expresses a cultural disease, of having lost sight of the phenomena that populate the middle realm and which are not ascribable or reducible to an event that is either subjective or objective. A verbal form is lacking to describe its spontaneity, for it is "both active and passive […] it is middle in mode, a creative impartiality" (PHG, 1994, p. 154). Thus, the linguistic expression of the atmospheric would appear to face a constituent hurdle tied to the problem of expressing what is undifferentiated in language (which by its nature differentiates subject and object), as well as a cultural hurdle tied to the specificities of a mindset that jumps between the hyper-defined opposites of objectivity and subjectivity, without ever stopping to notice the nascent phenomena between them.

The atmospheric is, therefore, and first of all, vaguely corporeal and only later verbalizable. But since it is pathic, its corporeality is not something that is given as "mine". Rather, it is the alien that emerges and defines a "me" by its difference—it is the out of place, the uncanny, the atopon, from which the novelty of the world emerges (Francesetti, in press). Atopon, from the Greek, means out of place: "Gadamer reminds us that the Greeks had a word for that which brings understanding to a standstill. That word was *atopon*, which in reality means 'that which cannot be fitted into the categories of expectation in our understanding and which therefore causes us to be suspicious of it'" (Costa, Carmenates, Madeira and Stanghellini, 2014, p. 356).

In psychopathology, psychotic experience itself can be viewed as a disruption in the coming into being of subjectivity, in the emergence of subject and world as distinct, but at the same time appurtenant to each other. In schizophrenic experience, the boundary is not clearly given and subject/object are not stable categories, for which one's experience is not stably one's own and the other's experience is not stably the other's. The patient may feel, for instance, that the other's gaze is penetrating his mind and stealing his thoughts, or that the mysteries of the universe are revealed to him directly. In melancholic experience (the other typical kind of psychotic experience), the patient's experience of space and time is not felt to be shared and she feels disconnected from a common world which she struggles to be a part of. Thus, psychotic experience can be seen as the outcome of a disruption in the process of constituting experience according to transcendentals that enable us to take it for granted that our experience is a part of a common and shared world, to which we are connected, but separate. Disturbances of the *minimal self*, or of the feeling that an experience immediately belongs to oneself, as evidenced by various authors (Zahavi, 2017; Ratcliff, 2017), are a disturbance in these transcendentals, as feeling something to be one's own presupposes a "me" that is not yet distinctly constituted here. People who have psychotic experiences live in the atmospheric, in the glowing hot crucible from which subject and world struggle to emerge without managing to. The drama here lies not only in the anguish for a separate world which fails to be constituted, but also in the lack of a language to convey the experience in communicable terms. The artistic and poetic capacity of those who have psychotic experiences also lies in the extreme struggle between the unspeakable and the urge to speak: madness is thus seen clearly here as the unfortunate companion of poetry (Clemens Brentano, quoted in Béguin, 1939). Even delusion is a creative attempt to give narrative form to unspeakable anguish, and hallucination an extreme attempt to constitute an object out in the world, distinct from oneself. The same problem of language arises every time we find ourselves in situations where the pathic is amplified and we take a step back from the natural attitude, such as in altered states of consciousness and mystic states,

regardless of how they are elicited. Here, the perceptive process is altered and we are unable to reach an ordinary, natural attitude; pathos, namely the sense of being absorbed by the alien, becomes overwhelming and communication constituently problematic.

Hence if we focus on the nascent state of perception, we encounter the pathic and atmospheric, from which subjectivity and the world will finally take shape. A shape that is never stable, as it is continuously shifted by the invasion of the alien pathic. A sensorial and corporeal dimension in dynamic tension with the reflexive and linguistic dimension, which feeds from the former and circularly feeds back into it, bearing its traces. The capacity to let oneself be absorbed by the atmospheric and feel the pathic, to be moved and to let the alien emerge, is the same capacity for being alive; it is contact with the world-of-life. Without novelty—which cannot but be alien—invading feeling, the flesh[10] is dulled and dies. If the self emerges from the pathic, without the pathic there cannot be a self. Only the *other* can give me my flesh, which s/he does not have: "My flesh vanishes when its unique condition of possibility, the flesh of the other, disappears" (Marion, 2007, p. 119). Only by feeling that which is not already mine—that which is other, *Unheimliche* and alien—can I find myself and feel myself alive.

A number of ethical implications can be developed from these premises (Bloom, 2013), which, however, transcend the purposes of this chapter. Nevertheless, what I would like to point out here is how to take in the alien pathic, lending it flesh as the only way to receive one's own, points to a rather precise way of being with the other, where only by taking in the alien can we feel ourselves—and hence be-alive—and renew ourselves—and hence be-new. The opposite of pathic is apathy and indifference, an all-important ethical issue for our times, on which this perspective can help offer new windows for thought.

4. "So much sparkle in us that urges to combust in flames."
Psychopathology in a field perspective: suffering that is revived in the atmosphere of the encounter

A century of dust weighs
On our eyelids and
Rubble in the chambers
Of the heart
(…)
So much sparkle in us that urges
to combust in flames. To dry up
Into a diamond.
(…)
Mariangela Gualtieri (2010, p. 129)

Anna says she's had a happy life, that she loves and is loved, and finds joy in her work. But she is profoundly troubled by this overriding fear of something happening, that someone could die and everything could be lost. It overwhelms her at times, becoming overriding anxiety and insomnia. Yet

[10] I use the term "flesh" (*chair* in French) in the acceptation given it by Jean-Luc Marion (2007), along the lines of French phenomenological literature, starting from Merleau-Ponty (1945). The terms corresponds, more or less, to "Leib", as used by German authors, starting from Husserl (1913).

there's no reason for it, she says. During the seminar, the fear becomes more intense, to the point of wanting to run away and go home, back to her husband and son. As we talk, the conversation becomes more and more fluid, and I no longer want to run away; nor does she. It's easy to talk to her, pleasant, carefree. I feel at home in this, but the trace, the fear, the weight from before has not entirely left me. I'm stunned at how easily we have come to talk with such ease. Where did that heavy ocean go, that weight that oppressed me so intensely and so suddenly just shortly before? I ask her where her fear is now. Anna says, "It's not here anymore." "And what does your body feel?" Anna replies, "I'm fine… though… it's like I have a stone in my tummy, here at the pit of my stomach… I realize now that I've got used to it." So that's where all those cubic metres weighing down on the room have gone, I think. A dark mass of ocean that has solidified into a small stone, into an Amen. "Put your hand there, on the stone…" Anna presses her knuckles against her stomach, the same way I remember my medical semeiotics professor used to do when I was an intern in hospital—an explorative and invasive gesture, exactly how you would look for a stone in the gut. "No, wait, do it more softly, like this…" I show her how using my own hand on my stomach. Anna nods and adjusts her hand. Her touch is softer now, more gentle. She starts to cry. Something mobile and warm moves between us. It reaches me, touches me, and saddens me. It does me good.

Identifying and valuing the atmospheric pathic dimension, as we have sought to do, enables us to focus on the fact that in the therapy session, the patient and therapist emerge from a pre-dualistic and undifferentiated dimension. The experiential phenomena of their coming together emerge within a horizon of possible forms that I call the *phenomenal field* (Francesetti, in press). They are perceptible as an atmosphere, an affectively-charged space-time made up of horizons of restraints and potentialities. In the phenomenal field of the specific session, certain phenomena can emerge while others cannot, well before any choice can be exercised. It is pathos that absorbs us and gives us shape within the present therapeutic situation. Neither the therapist nor the patient choose what to feel—that happens on its own, within the limits of possibility of the session itself. As it is a therapeutic encounter, the forms that emerge follow the intentionalities of caring and seeking care, for which suffering and transformation acquire particular importance. To suffer, from the Latin *sufferre* (from *sub*, "from below" and *ferre* "to bear") means to bear upon oneself. The patient is therefore he who bears something and brings it to the therapist. What does he bring? First of all, he brings what he himself suffers, something which he can neither choose to bear or not bear, which is pathos. What the intentionality of the therapeutic situation entails is that the patient brings to the therapist the pain of his personal story, which he has not been able to face, which is revived here so as to be faced. If that pain has not been faced it is because the conditions did not exist for that to happen, *first and foremost* the presence of the other. The assumption here is that the pain needs the flesh of the other to be faced. To give an example, a child who is the victim of neglect, mistreatment or abuse is a child that has experienced the absence of the other and bears within her an embodied memory. Absence is not just when the other was away (as may be the case with neglect). Rather, and above all, it is when a person was physically present but absent in the relationship, showing no respect for dignity, uniqueness, otherness, needs and the call for love. That child will be unable to bear her pain upon herself because that would be the outcome of a 'fair formulation' of what happened, which is only possible if it is processed relationally, and so assimilated. Instead she will give that memory the least intrusive form possible, through dissociation, for instance, which will enable the emotional pressure of the experience to be reduced—in part, at least. Thus, suffering will be borne as absence, as an impossibility of being fully present in the relationships of her life, where the dissociated affects are relevant. What is brought to the therapy session, therefore, is not the form of her pain but the way the memory has been borne up until the here and now. What arrives is an absence. An absence in flesh and blood, as Sartre would have put it (1964), a retreat from the encounter, from existing fully—from the Latin, *absens*, present participle of *ab-sum*, "to move away from the other", from fully being-with.

Absence leads us to presence, from the Latin, *praesens*, present participle of *prae-sum*, "to be with the other"—thus presence is radically relational, tending toward the other, toward being together (Francesetti and Zarini, forthcoming). We could say that what the patient bears is what he does not have (a pain seeking the light with the other, but which is manifested as the absence of pain), which the therapist makes present by lending it his flesh. In clinical experience, "lending one's flesh" is not a metaphor, but a concrete and simple experience, which lies in feeling something that does not already belong to me, but which comes from the field from which I emerge. Of course, putting it rather simply, we could say that the therapist feels something that does not belong to him—as it is pathic, it does not belong to anyone yet. But "lending one's flesh" has a much more intense connotation, which underscores in a concrete sense the corporeal dimension of the phenomenon and is rooted in a phenomenological tradition of philosophy that enriches its semantics.

It is important to note how the pain is not something pre-defined and formulated, simply waiting to be revealed—as orthodox psychoanalysis would see it, with its theory of repression, where remedy lies in its revelation through interpretation. Here, instead, it is an urge that needs to find a form in the possibilities of the therapeutic encounter, an experience that is not yet formulated, which lies in the plane of the atmospheric and ineffable as it is pathic in nature. This is close to the conception of unformulated experience proposed by Donnel Stern (1997), which also nods to the atmospheric dimension through which what is not yet formulated emerges. The form that suffering will take depends on the conditions of therapy and on the background of the therapist himself, on what he himself brings to the session. For even the therapist brings his own pathos to the encounter, and with it his own embodied experience, which will deeply affect the ways in which the unformulated can find form in therapy.

The therapeutic situation is therefore a crucible for the emergence of the phenomenal field, which is the ecstasy (*ec-stasy*, or *coming up*) of the situation, where the therapeutic intentionalities that the patient and the therapist experience through their being absorbed by the pathic of the moment are put into motion. What happens to them, without their being able to choose it, is the actualization in the here and now of the intentionalities of the therapeutic encounter. The therapist becomes (or does not become) someone for the patient and the patient becomes (or does not become) someone for the therapist. It is not simply the repetition of something past, but the use of present possibilities to bring to light an unformulated—and hence unassimilated—experience that has never seen the light in any relationship and has remained unformulated as an absence in the flesh of the patient, persisting in space and time to the here and now. From the point of view of chronological time, the urge comes from past experience, but from the point of view of lived time, it comes from the here and now, emerging as a new potentiality that runs the risk of repeating—in a new way—what has already occurred. Bearing—suffering—seeks a clearing to exist (*ex-sist*, to *come out*), where it is taken in and taken up. Here we are describing, from a different epistemological perspective, and hence with different languages, openings and risks, the phenomena that psychoanalysis calls enactments, or acts of transference and countertransference (Jacobs T., 1986).

Thus, no psychopathology exists in the abstract, and no psychopathology pertains exclusively to the patient. From the very first instant of the encounter, the therapist is already participating in the atmospheric movement of suffering, contributing to it by the fact that he bears and is borne. The suffering that we can recognize emerges concretely in the here and now, according to the possibilities and limits of the situation. It is manifested in the encounter as the phenomenon of absence in flesh and blood, which calls for presence (Francesetti, *Pain and Beauty and Psychopathological Fields*). Therapist and patient emerge from a unique, never to be repeated force field that gives them form, enabling the actualization of the absences that have the potentiality to be transformed in the present moment. Suffering is pathos; it emerges in an atmospheric way and absorbs the patient and therapist in the phenomenal field from which they emerge, and which gives form to their experience. The session, therefore, is an occasion for the revival of pain in the forms of absence and for their transformation into presence.

5. "*Listening as well to all that is missing / the harmony between all that is silent*." Diagnosis in the field perspective: feeling what is calling out to be felt

(…) I tell you
That I listen to
the thump of the pine cone and the acorn
The lesson of the wind
And the lament of your sorrow
With its sigh amassed on the pillow
A chant enchained that doesn't come out.

Listening as well to all that is missing,
the harmony between all that is silent.
Mariangela Gualtieri (2010, p. 128)

"I don't know why, it's out of the blue here… but I can't help but think of my mother." Everything changes again. There's no ocean collapsing into a stone anymore, no more desire to run away, no more the feeling of being a coward in flight. Something is opening up and I'm ready, now I'm really ready and not just waiting for something to happen. I want to pursue this track now, whatever it takes, and I'm alert as can be. Anna goes on, "I don't know why she's come to mind… I went to therapy for years and worked extensively on my mother…"

"I don't know why either, but I'd like you to continue."

Anna's father already had another family of his own and had abandoned her and her mother shortly after Anna was born. After that, her mother went through periods of very deep depression, which got particularly worse when Anna was a teenager. Her mother would often say she wanted to end it all and the atmosphere at home was oppressive, tense, bleak, and silent. Anna managed to survive by detaching herself from that climate, working hard at school and having friends, leading in a certain sense two separate lives, one at home and one outside of home. When Anna was twenty, her mother fell into a particularly long and deep depression. After months of living with that abyss, Anna come home one day and found her mother wasn't there. She was found after four days of searching, hanged from a tree in the woods. Anna spent those anxious days of wait, and those that followed, at home alone.

I don't feel a weight anymore now, I feel pain. Anna also feels pain. We feel it together. I feel we are together in that pain and it is helping us. I ask her what kept her going in that period. "Looking forward. I never stopped looking forward, forward to the future. The day they found her was terrible, but it also marked the end of a nightmare and the start of freedom." I feel the truth of what she's saying and would like to say, of course it did, that she was finally free and the time had come to live her life. But when she says 'it marked the start of freedom', I also feel something else. I don't know what it is, but something hurts, something at the pit of my stomach again. I explore further, feeling my way around again. I ask her who was with her in that period. Lots of people, she says, but nobody who had anything to do with the life she led with her mother—that was off-limits. It seems to me that the death of her mother was the slice of the knife that freed her from an oppressive weight, like the tethering that holds down a hot-air balloon, which when cut finally frees the balloon to float up to the sky. A compelling image that has supported her in these twenty years since her mother's suicide, a freedom legitimised over years of therapy.

So what's missing? What's eating at me? Completely unexpectedly, I start thinking of my own father and his death, and at what kept me going when at nine years of age life was upended and overturned by a tsunami. The terror of that moment comes back to me, but also what came afterwards, the years in which I refound my father. Immediately, what kept me going was my adolescent future, life drew me forward and I wanted to follow it, but then it was fundamental that I

found a way to keep him in me.

"Looking ahead kept you going, of course… What do you keep in you of your mother? What do you have of her? Anna stops. Time itself comes to a stop for a moment, suspended. Her eyes look at me as though they were seeing me for the first time, her pupils wide open. She's looking at something she's never seen before. My question has placed her in front of a new landscape. "I don't know, I've never thought about it… After the funeral I fled and closed the door on that life. I already knew the man who would later become my husband, I had my studies, my friends. My life started over, finally happy and free."

Time is flowing now without obstacles.

"What are those tears that are flowing down your face? They seem new, different from the ones before…" "Yes… I don't know… I feel sorry for my mother. I don't know, I feel sorry for her… I think, maybe, I miss her…" Anna is now crying with a new freedom, and with new tears.

Referring readers to the previous literature for a discussion and insight into diagnosis in Gestalt Therapy, (Francesetti and Gecele, 2009; Francesetti, 2012; Francesetti, Gecele and Roubal, 2013; Roubal, Gecele and Francesetti, 2013; Roubal, Francesetti and Gecele, 2017), here I will focus solely on a fundamental point, which is that if suffering emerges in the therapeutic situation in forms of absence in the encounter, then diagnosis is the process of evaluating those absences and their calling for presence. The diagnosis we are speaking about here is not the extrinsic diagnosis of measuring what the patient relates, does and is against an external grid of reference. Such diagnosis (for instance the DSM or the ICD) is often necessary to support the therapeutic process and the clinical practitioner needs to know its procedures, as well as its limits. The greatest risk involved with extrinsic diagnosis is that of assuming its truth uncritically, or rejecting it altogether without careful and critical deconstruction and contextual relativization—something which both, "preconceived" positions fail to do. Instead, what we are speaking of here is intrinsic, or aesthetic, diagnosis, involving an evaluation of the quality of the flow of experience in the here and now of the session. Aesthetic diagnosis is, first of all, an evaluation of the emergent phenomenal field and hence of the pathic and atmospheric that appears in the therapeutic situation. Taking in the movement of the flow of experience is already a contribution to its taking on form.

The attitude that makes this type of diagnosis possible[11] requires the therapist, to begin with, to be attuned to his bodily experience, as though the body were a sort of seismograph able to intercept even the slightest movement in the field, and to carefully listen for the resonances in him (Francesetti, in press), the fount of aesthetic relational knowledge (Spagnuolo Lobb, 2018). He prepares himself for not knowing what will happen, what alien will emerge, and so he waits, tolerating a profound uncertainty (Staemmler, 1997; 2006). To do this, he leans on his own corporeality and his breathing, in a form of epoché (Bloom, 2009). He is open and attentive to anything that could emerge in his own lived experience, curious about any sensation or image that might appear. He is willing to be moved, even by something he least expects, to find himself in a landscape in which he is thrown by no choice of his own. He is aware that any sort of definition he might give to what emerges will only be provisional, imprecise and by its nature incomplete. He will not even know whether what is perceived belongs to the therapist or the patient, and the greatest risk here is that of attributing it to either one or the other, when very often attributing it is of little importance. It is fundamental that the therapist has undergone therapy himself to be aware of the way in which he places his own suffering in the field, but the emphasis on the need to

[11] For a description of the skills implied in this process, see Francesetti, in press, Francesetti and Roubal, forthcoming.

distinguish what pertains to the patient and what pertains to the therapist belongs to an epistemology in which two defined subjects co-create their experience. Here I want to focus on the therapeutic situation as a setting in which the patient and the therapist co-emerge, where it is not always possible to distinguish what pertains to the therapist and what pertains to the patient, because what emerges is a function not just of their subjectivities, but of the uniqueness of the situation and the Gestalt Therapy principle that the whole is more than the sum of its parts. What is more important, clinically and ethically, is that it is not attributed strictly to either one or the other and that a process is supported enabling the original actualization of suffering and its transformation.

In emerging, the pathic is indefinite, synaesthetic, atmospheric, challenging all definition, including verbal definition (Griffero, 2014). It is not about discovering something preformed, but about taking in what is without form and tends to take on form in the situation.

What is drawn out by the therapy situation and by transformation processes are those parts of the patient's experience that have yet to find form and place in a relationship. As such, what is relevant often emerges as out of place, as disturbing, uncanny, as atopon, as what was excluded from the relationship cannot but be branded as unexpected, as a disquieting guest, the alien *par excellence*. But an alien that has always lived with us. The therapist will feel it as something he would rather not feel, something out of place, as we said. For instance, it may be a feeling of boredom or anger, of annoyance or attraction, or sleepiness or inadequacy, of a solitude he wished he did not have, which he tries to dismiss, or of disturbance or interference. It is a quality that often comes with the emergence of something that has long remained in the shadows, ineffable and formless, which presses to come to light. These are the pointers of greatest interest and potential for transformation in the therapeutic situation, and the therapist needs to abstain from attributing his own resonances to the patient, something he instead does every time he rushes to the conclusion that the patient is wearisome, boring, annoying, long-winded, impossible, likeable, disagreeable, disgusting, attractive, seductive, manipulative, etc. When it does happen, he needs to realize and distance himself, and let the boredom, annoyance, long-windedness, etc. float in the air, without prematurely, and defensively, attributing it to the patient. This is not just a clinical matter, as since the relationship is an asymmetrical one, in terms of power and responsibility, it is also an ethical matter.

Thus, usually, there is no truth to be revealed, rather it is about taking in and giving form to the drives that follow the intentionalities for contact at play. To perceive is already to give shape to the shapeless, and here we see a concrete relational application of Heisenberg's uncertainty principle, whereby it is impossible to observe without modifying what is observed. In the indefinite of the atmospheric, there is already a movement (or a suffering for its absence, which in any case presupposes the taking in of a movement in its absence), for there is an expectant waiting that implies a more or less intense tension. It is how we experience the drive of emergent intentionality, which moves towards its evolution. That movement is neither random nor driven by a rationale external to the situation; it follows an intrinsic criterion of creating a good form—what is good, beautiful, with grace and energy, elegance, fullness and presence is felt, without the need for an external rule and without the need for interpretation (PHG, Ch. IV, § 13; Bloom, 2003; Robine, 2006; Spagnuolo Lobb, 2013; Francesetti, 2012; Tellenbach, 1968). "There are two kinds of evaluation, the intrinsic and the comparative. Intrinsic evaluation is present in every ongoing act; it is the end directedness of process, the unfinished situation moving towards the finished, the tension to the orgasm, etc. The standard of evaluation emerges in the act itself, and is, finally, the act itself as a whole" (Perls, Hefferline and Goodman, 1994, pp. 65–66). Taking in that flow and, inevitably, at the same time supporting the process that gives it form is diagnosis and therapy in one and the same act. As such, it is not the patient that is evaluated and treated, because what is evaluated is the process of figure formation, the *Gestaltung*. That is from where the term 'Gestalt Therapy' comes, because what is supported is the formation of the *Gestalt* (Francesetti, 2012; 2015a).

As mentioned at the start, we can differentiate intrinsic, or aesthetic, diagnosis from extrinsic

diagnosis, in both its semeiotic and hermeneutic forms (Francesetti, 2015a). Semeiotic diagnosis is based on the use of a code to make sense of the signs that are observed—street signs and the DSM are both semeiotic, albeit with different degrees of complexity. Hermeneutic diagnosis uses a theory, or a narration, to make sense of what is observed. Different theories exist, for instance, to explain narcissism, and I can make sense of what happens in a therapy session by calling on those theories and finding direction through them. Aesthetic diagnosis instead lies in the intrinsic evaluation of what emerges, which requires specific competence to be able to take in and appreciate the pathic dimension of the experience and make use of it in therapy. Extrinsic diagnosis and intrinsic or aesthetic diagnosis are not mutually exclusive alternatives. Typically, the therapist will move, more or less intentionally, between the one and the other (Roubal, Gecele and Francesetti, 2013). Extrinsic diagnosis requires knowledge of codes and theories and can be made even from a rather detached position in the relationship, with all the iatrogenic risks that can entail, such as the crystallizing of the suffering, the objectification of the patient, leaving her on her own, yet again, and the exercise of power, which, in such conditions of vulnerability, can be asymmetric and violent. Aesthetic diagnosis instead requires deep-rooted engagement in the encounter, which itself entails a number of iatrogenic risks, in particular the blurring of boundaries. Nevertheless, it is the road that leads us to take in how what is not formulated calls out to emerge and be transformed in the encounter: "Every being silently clamours to be read otherwise" (Weil, 2004, p. 43).

Diagnosis is therefore a delicate process that calls for great skill, awareness, and care in dealing with clinical and ethical aspects. The therapeutic situation is the delegated arena for the revival of suffering. As such, it is a privileged situation for suffering to repeat itself—giving rise to retraumatization—and be transformed—offering cure.

6. "There is a crack in everything, that's how the light comes in". **Therapy in a field perspective: modulating the presence of the therapist**

We asked for signs
The signs were sent
[...]
Ring the bells
That still can ring
Forget your perfect offering
There is a crack, a crack in everything
that's how the light comes in
that's how the light comes in
Leonard Cohen, *Anthem*[12]

"I never realized it… my life was beautiful, but I ran away from a nightmare without ever looking back. Actually, no... I did look back, but I only ever saw the nightmare I had left behind. Sometimes I dream with dread of my mother coming back and me running away. Now I feel something else…" Anna can look at me now without turning away; it's the same for me. Both of us lean forward, drawing nearer to each other. There's pain, a good pain, which smells of something new. "What have you learnt from your mother?" Anna smiles, and a gush of joy illuminates her face. "Um… lots of things, I think… I've never actually thought about it. I learnt to dance with her.

[12] From the album *The Future* (1992).

We would put music on and she'd dance—we'd dance together, like two crazy fools, but it was wonderful. She loved Leonard Cohen and would always listen to his music. They were beautiful moments. Yes, my passion for music and dancing came from her… and drawing, too, she loved drawing—she was really good—and I like it, too! I draw and dance with my son so much, but I never stopped to think that it came from her." The atmosphere is different now. It's all here, now. Levity is no longer someplace else. It has emerged from that same world that was so grim and grave before, now so intense, painful and joyful all at the same time. "What was a song she liked, for instance?" Anna pauses thoughtfully. "I can remember a Leonard Cohen song, Anthem I think, which goes, "There is a crack in everything… that's how the light comes in'…". "That's how the light comes in…".

With those words, a new awareness emerges, a new pain takes shape, a different light shines on the landscape, transforming it. Anna cries and smiles, showing a profound gratitude—for herself, for me, for her mother, for the singer of that song, for the group, moved with emotion like us, for being able to live this moment, for life. I take Anna's hands in mine and she grasps them. Without any need for words, we hug each other. Anna sobs, and a profound tenderness takes over me. We stay there as long as necessary, then say goodbye.

The group, touched and moved, waits, and then shares the experiences it went through during the work.

Thus we have posited our theoretical premises. Therapist and patient come together—in the sense that they find themselves and come to exist—in the therapy setting. A phenomenal field emerges, perceptible in an atmospheric way, and they are moved by the pathic following the intentionalities at play, within the limits and the possibilities implied by the situation. The therapist is open to being absorbed by the emergent atmosphere, which transports him into an auroral landscape which at first is undefined, and he prepares himself to take in the resonances in him, focusing in particular on those most alien and disturbing—the atopon. We have seen how taking-in is itself an act that gives form and hence how it is therapeutic for the unformulated experience that urges to see the light. But it is not enough. Here we are still hanging in the balance, on the fine line between retraumatization and cure. The crucial step is made here. When a resonance emerges, the therapist inevitably risks putting it into circulation by bringing it into play in a retraumatizing way (Francesetti, in press; Jacobs, L., 2017). It is a risk that is inevitable, as avoiding it would mean abstracting oneself from the relationship, which carries no lesser risk. What step will put the therapist on a different road to repeating, albeit in a new way, the trauma or the same old game? The question is a central one, because while it is true that as long as we are absorbed by the phenomenal field, by the pathic that moves us, we are open to the possibility of therapy, it is not itself the "cure", but only the start of the journey. For now, we are simply in the landscape where suffering becomes present, which is no small thing, but we risk simply reviving it and etching it even more deeply in memory. To describe the move to be taken, we can say that the therapist takes in the resonance, the way in which he is moved, but does not identify with it. Instead he opens up a breach by being curious, by recognising that something alien is knocking at the door, emerging and coming in, in a shadowy, twilight world where something is happening. The therapist is awakened by that knocking, but does not prematurely attribute a meaning to it, or take it as a defined and definitive truth about the patient, himself or the situation. He waits and hesitates,[13] from the Latin, *haesitare*, to hold fast. He stops, uncertain and perplexed. And in that non-doing, that holding fast in suspension, letting what happens happen and happen to him, the therapist does something

[13] On the relationship between hesitation, experience and aesthetics see Tagliapietra (2017).

important: he intentionally lends himself to the situation, letting the situation "use" him for the transformation processes at play to unfold (Yontef, 2005)). His awareness is an element that makes the difference. It means he is aware of what he feels, of what is happening to him, and turns to it with curiosity, taking in what will be the first impulse towards doing or saying something, without acting on it or dismissing it. Even if what comes is out of place, an annoying atopon he would rather discard, he holds onto it—the stone the builders reject will become a cornerstone. There are two risks here at this moment: that the therapist acts out the resonances he feels without being aware of it, or that he discards them as disturbances. In the first case, he will put the theme of suffering back into circulation; in the second he will inhibit an unformulated part of the field from emerging through him.

Resonance is a vibration corresponding to "something" that is *present* and at the same time *neglected* in the phenomenal field, which seeks flesh to come to light. Thus the therapist does not dismiss the resonance, he lets it be with a sense of curiosity, asking himself "what do I feel in feeling this?", "what is the sense of what I feel?", and what will generally happen is that something will emerge around the edges of the resonance, after the first impulse. It might be a feeling about that resonance, or an image, a memory, a desire, etc. At first, for instance, he might feel disinterested in the story of a tragic accident that happened to the patient. If he stops and pays attention to that disinterest he feels to be out of place, and does not let himself be overcome by the sense of inadequacy that can arise, but instead values the feeling and asks himself what it can mean, after a while a sense of sadness may emerge at not managing to be closer to the patient in the experience. At that point, he can try to share that sadness and perhaps explore his disinterest with the patient, probing together with her the landscape in which they have come together and noticing how by exploring it, it changes. This step towards the self-disclosure of what the therapist is experiencing is both an important and delicate one, because it supports the process of suffering becoming present, which is necessary but also runs the risk of retraumatization. A criterion I suggest here is to not make the resonance one feels explicit until it is all one feels—the terrain needs to be left to develop a bit by biding one's time and being curious, by dwelling, waiting and hesitating; a curious attitude is needed, which focuses on what is happening without identifying with it completely. Borrowing the words of Jean-Luc Marion once again, the therapist lends his flesh to the other so that what is borne—the suffering—can emerge. The patient has deserted his painful flesh, leaving behind an absence that only the other—in this case the therapist—can dwell in by lending his own flesh. But he does not lend *all* of his flesh. If he did, he would only be acted upon and would lose sight of the game that is being played out and the margin of freedom there is to choose whether and how to play it. Therefore, being absorbed by the pathic of the situation is inevitably the first event of each encounter. The therapist then takes in his being absorbed and the resonances in him, neither dismissing them nor acting on them, but observing them with curiosity while waiting for something else to emerge. Suffering seeks other flesh that makes room for the unformulated pain that it bears, and when it finds it in the flesh of the therapist, the pain will be felt anew and in a new way, for it emerges here together with the pleasure that something good is happening. Again, in the words of Marion (2007, p. 119): "By pleasure, we understand my reception by the other's flesh; […] Inversely, by pain, we understand the resistance of the other's flesh to my own (or even the resistance of mine to hers), such that it contests or refuses my own flesh".

The therapist's realization of what is happening to him and his incomplete identification with it marks the shift from the phenomenal field absorbing the therapist to the *phenomenological field* (Francesetti, in press). That shift is marked by the introduction of a greater degree of freedom in the situation, for which the therapist is able to realize and verbalize—within the limits inherent to language, as we discussed earlier—what is happening. Now the therapist is not just absorbed by the field, but he becomes aware of how he is absorbed, of what happens, and of the game that he is called upon, and that he himself calls, to play. Here he can make choices, as there is sufficient freedom to do so. The first choice is to wait for something else to emerge and to feel free not to rush

into action, to give himself time to feel what call is calling. Therapy work in this perspective is the modulation of the therapist's presence and not the changing of the patient (Beisser, 1970). Only at that point can an exploration of the situation begin and with it the experiencing of new ways of encountering—only now that the old game has been actualized can a new degree of freedom be introduced that is sufficient to take up what is borne without reproducing it. Following Sartre's lead (1946), something can always be done with what is done with us. For a description of the therapeutic steps involved in this perspective (which I call HARP) and the skills necessary, see Francesetti (in press).

It should be clear by now that the paradigm I am describing involves a major shift from the model in which the therapist is an expert who acts on how the patient functions to modify him and make him better (the medical or mono-personal paradigm). But neither is it equivalent to a co-creation paradigm in which the therapist and the patient interact and together effect change (the co-creation or bi-personal paradigm). What we are proposing is a different scenario, which I call a *field paradigm*, underpinning a *Field-based Clinical Practice* where the therapist is at the disposal of the transformative forces in the field, which transcend both him and the patient. His contribution lies in being sensitive to what moves him, in taking in the ways in which he himself is absent in the situation and modulating his presence to enhance it—he is the Socratic midwife, not for the patient but for what is gestating in the field; he is the flesh through which absence takes on form and becomes presence. Absence is the way in which pain that cannot be formulated is borne, hence it is suffering. The moment in which the therapist becomes present to the absence, the pain is no longer absent and can unfold, taking on new life in the flesh of both, and both become more alive. Mortified flesh is revived. Silenced flesh can sing once more. We see an enhancement of being, as Simone Weil would have put it (2002). Bearing witness to this process is the ephemeral yet eternal beauty that emerges in the encounter.

The field paradigm enables us to include, study, and understand among the factors of therapy not just the direct action of the therapist and interaction between the patient and therapist, but also environmental and contextual factors and the effect of different settings (for instance how therapy can differ if conducted in one's own private practice or in a public service where one works in a team, or the difference between a group session and an individual setting), and even the use of altered states of consciousness and the use of psychoactive substances that amplify pathos, driving the unformulated to emerge with greater force and find space in the therapeutic situation (Carhart-Harris *et al*., 2014). The other vector that emerges from a field perspective, but which transcends the purposes of this chapter, is the significance of the cultural and social climate in the formation of social psychopathologies, or phenomena experienced and acted on individually, which are widespread and normal in a particular social context (Salonia, 2013). Being aware of the spirit of the times and how it moves us is the only chance we have of acquiring a sufficient degree of autonomy to act freely within the restraints of the situation, and thus be present and alive.

7. "We have a soul at times". Will beauty save the world?

We have a soul at times
No one's got it non-stop,
For keeps.

Day after day,
Year after year
May pass without it.
...
Joy and sorrow
Aren't two different feelings for it.

It attends us
Only when the two are joined.

We can count on it
When we're sure of nothing
And curious of everything.
...
We need it
But apparently
It needs us
For some reason too.
Wislawa Szymborska (2005)

If suffering therefore manifests itself in the clinical encounter as pathos and atmosphere, colouring and permeating the space and time of the encounter, then do different atmospheres exist for different types of suffering? In other words, is it possible to outline a typology of psychopathological atmospheres? It would appear the answer is yes, and such a typology would become a description of the perceptive qualities of the different types of absences that can emerge in therapy sessions. It is certainly not hard to distinguish the atmospheric qualities of a depressive field from an anxious field. In a depressive field, for instance, the air is gloomy and grave, space dilates, and something pushes or pulls bodies down (Francesetti, 2015b); whereas in an anxious field, time typically speeds up, space contracts and something draws us upwards. If the anxiety is the kind associated with panic, bodily organs are pushed to fore in their dysfunction, and a mortal danger winds through the air, paralyzing us (Francesetti, 2007); whereas with anxiety of the obsessive kind, space-time rolls into siege time, where things close in, pressing against us, time becomes linear, uniform motion and wait becomes alarm and the control of boundaries (Francesetti, 2017). In a paranoid type of psychotic field, the air can become suspended in anguishing expectancy, something is about to happen or arrive but we do not know when or from where, and the sense of alarm is an incessant hissing from which it is essential not to be distracted (Francesetti and Spagnuolo Lobb, 2013). We could go on for every single type of suffering and expand the descriptions to make them increasingly more detailed and evocative. Every clinical atmosphere is the epiphany of a way of bearing pain on oneself, of suffering, of sketching out landscapes that convey an unspeakable experience that seeks to exist through the encounter and the opening of the flesh. Every atmosphere is singular—both unique and typical at the same time—just as human beings are. Such an exploration could perhaps support both the extrinsic and intrinsic diagnostic process, potentially constituting a point of intersection between the two methods by focusing on an evaluation of what emerges in the encounter. And it could also perhaps steer the clinical practitioner towards the call that the specific actualized field bears with it, thus pointing the way for therapy to follow.

There is one atmosphere, however, that deserves a privileged position in our discussion, as it is an atmosphere that emerges as a sign that a clinically significant transformation is underway (Francesetti, 2012). Whatever the psychopathological field we start from, when unformulated pain is taken-in in the flesh of the therapist, a shift can be felt in the situation towards an opening that is touching and moving and felt to be good and beautiful. It is a particular quality of beauty that is neither objective nor subjective, but rather emerges precisely as an atmosphere that is clearly perceptible to all present when doing group work, when something beautiful appears and floats in the air. When it emerges, our attention becomes more acute, fatigue vanishes, time slows down, space lightens up and, in varying degrees of intensity, surprise, expectation, and wonder appear, just like when watching a new baby being born—an atmosphere that is perceptible perhaps in certain Italian Renaissance paintings of the nativity. It is not a beauty one wants to possess, however; rather it is "a fruit we look at without trying to seize it" (Simone Weil, 2002, p. 150). A beauty that stirs us and *moves us together*, that touches us deep down and has the quality of the sacred—in the

etymological sense of a fenced, protected and separated place in which an event is happening (Galimberti, 2012), where event is understood in Maldiney's terms (2007). Yet, it is not just pleasure, but rather a pleasure that at the same time strikes the chords of pain. Or, to put it in other words, the pleasure we feel when pain, after infinite and inenarrable voyages, finally finds its landfall in the encounter. In this sense, the emergent beauty of the encounter is the epiphany of the therapeutic transformation, and although it is ephemeral as an atmosphere, it leaves a lasting trace on the embodied. The relationship between pain and beauty is a theme that permeates the works of Dostoevsky (*The Idiot*, 1869, p. 85 eng. trans. 1992):

> *"Madame Yepanchina studied Nastasya Filippovna's portrait for some time in silence […]*
> *'Does that kind of beauty appeal to you?' she suddenly addressed the Prince.*
> *'Yes… that kind…' the Prince replied, with a certain effort.*
> *'You mean just that kind?'*
> *'Just that kind.'*
> *'Why?'*
> *'In that face… there's a great deal of suffering…'"*

In another passage, Ippolit asks the Prince tauntingly and ironically what kind of beauty will save the world:

> *"'Is it right, Prince, that you once said the world would be saved by "beauty"? Gentlemen,' he suddenly shouted loudly to all and sundry, 'the Prince says the world will be saved by beauty! And I say he has playful notions like that because he's in love. Gentlemen, the Prince is in love [...] What beauty is going to save the world?…'"* (*ivi*, p. 402)

I will leave that question open here. We all know we do not know the answer, but I would at least like to change its tone to be neither a joke nor a provocation, but a serious question.

And I would go so far as to say that in clinical work, when such atmospheric beauty appears, coming to light and illuminating us in turn, a small piece of the world is, perhaps, saved.

References

Alvim Botelho M. (2016), *Id of the Situation as the Common Ground of Experience*, in: Robine J.-M., Ed., *Self. A Polyphony of Contemporary Gestalt Therapists*, St. Romain-La-Virvée, France, L'Exprimerie, pp. 317-336.

Barron J.W., Ed. (1998), *Making Diagnosis Meaningful: Enhancing Evaluation and Treatment of Psychological Disorders*, Washington, DC, American Psychological Association.

Bateson G. (1979), *Mind and Nature. A Necessary Unity*, New York, Dutton.

Béguin A. (1939), *L'âme romantique et le rêve* [The Romantic Soul and the Dream], Paris, José Corti.

Beisser A.R. (1970), *The Paradoxical Theory of Change*, in: Fagan J., Shepherd I., Eds., *Gestalt Therapy Now: Theory, Techniques and Applications*, Palo Alto, CA, Science and Behavior Books, pp. 77-80.

Bloom D. (2003), *"Tiger! Tiger! Burning Bright". Aesthetic Values as Clinical Values in Gestalt Therapy*, in: Spagnuolo Lobb M., Amendt-Lyon N., Eds., *Creative License. The Art of Gestalt Therapy*, Wien-New York, Springer.

Bloom D. (2009), The Phenomenological Method of Gestalt Therapy: Revisiting Husserl to Discover the Essence of Gestalt Therapy, *Gestalt Review*, 13, 3: 277-295.

Bloom D. (2013), *Situated Ethics and the Ethical World of Gestalt Therapy*, in: Francesetti G., Gecele M., Roubal J., Eds., *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*, Milano, FrancoAngeli, pp. 131- 148.

Borgna E. (1988), *I conflitti del conoscere*, Milano, Feltrinelli.

Böhme G. (2010), *Atmosfere, estasi, messe in scena. L'estetica come teoria generale della percezione*, Milano, Marinotti (or. ed.: *Aisthetik. Vorlesungen über Ästhetik als allgemeine Wahrneh-mungslehre*, München, Wilhelm Fink Verlag, 2001).

Böhme G. (2017), *The Aesthetics of Atmospheres*, New York, NY, Routledge.

Bracken P., Thomas P., Timimi S. *et al.* (2012), Psychiatry Beyond the Current Paradigm, *British Journal of Psychiatry*, 201, 6: 430-434.

Buffoni F., Ed. (2016), *Italian Contemporary Poets. An Anthology*, FUIS (or. poem in: Bre S., *La fine di quest'arte*, Torino, Einaudi, 2016).

Carhart-Harris R., Leech R., Hellyer P.J. *et al*. (2014), The Entropic Brain: A Theory of Conscious States Informed by Neuroimaging Research with Psychedelic Drugs, *Frontiers in Human Neuroscience*, 8, 20.

Cary J. (1993), *Modern Italian Poets (Saba, Ungaretti, Montale)*, Chicago-London: The University of Chicago Press (or. poem in: Montale E., *Ossi di seppia*, 1925; Milano, Mondadori, 2016).

Chomsky N. (1968), *Language and Mind*, New York, NY, Harcourt, Brace and World.

Conrad K. (1958), *Die beginnende Schizophrenie* [Incipient schizophrenia], Stuttgart, Germany, Thieme.

Costa C., Carmenates S., Madeira L., Stanghellini G. (2014), Phenomenology of Atmospheres. The Felt Meanings of Clinical Encounters, *Journal of Psychopathology*, 20, 4: 351-7.

Damasio A. (2012), *Self Comes to Mind. Constructing the Conscious Brain*, New York, NY: Vintage.

Dostoevskij F. (1869), *The Idiot*, trans. by A. Myers, Oxford-New York: Oxford University Press, 1992.

Francesetti G. (2012), Pain and Beauty. From Psychopathology to the Aesthetics of Contact, *British Gestalt Journal*, 21, 2: 4-18.

Francesetti G. (2015a), From Individual Symptoms to Psychopathological Fields. Towards a Field Perspective on Clinical Human Suffering, *British Gestalt Journal*, 24, 1: 5-19.

Francesetti G. (2015b). *"Absence Is the Bridge Between Us". Gestalt Therapy Perspective on Depressive Experiences.* Siracusa: Istituto di Gestalt HCC Italy Publishing Co.

Francesetti G. (2017), "Suspended from Shaky Scaffolding, We Secure Ourselves with Our Obsessions". A Phenomenological and Gestalt Exploration of Obsessive-Compulsive Disorder, *British Gestalt Journal*, 26, 2: 5-20.

Francesetti G., *The Field Perspective in Clinical Practice: Towards a Theory of Therapeutic Phronesis*, in: Brownell P., Ed., *Handbook for Theory, Research and Practice in Gestalt Therapy* (2nd edition), Newcastle upon Tyne, UK, Cambridge Scholars Publishing, in press.

Francesetti G., Gecele M. (2009), A Gestalt Therapy Perspective on Psychopathology and Diagnosis, *British Gestalt Journal*, 18, 2: 5-20.

Francesetti G., Gecele M., Roubal J. (2013), *Gestalt Therapy Approach to Psychopathology*, in: Francesetti, G., Gecele, M. and Roubal, J., Eds., *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*, Milano, FrancoAngeli, pp. 59-78.

Francesetti G., Spagnuolo Lobb M. (2013), *Beyond the Pillars of Hercules. A Gestalt Therapy Perspective of Pychotic Experiences*, in: Francesetti G., Gecele M., Roubal J., Eds., *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*, Milano, FrancoAngeli.

Francesetti G., Roubal J., *Towards a Field-based Clinical Practice: Paradoxical Theory of Change reconsidered*, forthcoming.

Francesetti G., Zarini P., *Absence, Présence*, forthcoming.
Freud S. (1919), *Das Unheimliche*, in: *Gesammelte Werke*, Frankfurt am Main, Fisher (eng. trans.: *The Uncanny*, in: *The Standard Edition of the Complete Psychological Works of Sigmund Freud, vol. XVII (1917-1919): An Infantile Neurosis and Other Works*, London, Vintage, 1999, pp. 217-256).
Galimberti U. (2006), *Psichiatria e fenomenologia*, Milano, Feltrinelli.
Galimberti U. (2012), *Cristianesimo. La religione dal cielo vuoto*, Milano, Feltrinelli.
Gleick J. (1987), *Chaos: Making a New Science*, New York, NY, Viking Penguin.
Greenberg J.R., Mitchell S.A. (1983), *Object Relations in Psychoanalytic Theory*, Cambridge, MA, Cambridge University Press.
Griffero T. (2014), *Atmospheres. Aesthetics of Emotional Spaces*, Farnham, Ashgate/Routledge.
Griffero T. (2017), *Il pensiero dei sensi. Atmosfere ed estetica patica*, Milano, Guerini Scientifica.
Gualtieri M. (2003), *Fuoco centrale e altre poesie*, Torino, Einaudi.
Gualtieri M. (2010), *Bestia di gioia*, Torino, Einaudi.
Husserl E. (1913), *Ideas. General Introduction to Pure Phenomenology*, New York, NY, MacMillan, 1931.
Jacobs L. (2017), Hopes, Fears and Enduring Relational Themes, *British Gestalt Journal*, 26, 1: 7-16.
Jacobs T. (1986), On Countertransference Enactments, *Journal of the American Psychoanalytical Association*, 34: 289-307.
Jaspers K. (1963), *General Psychopathology* (trans. from German by J. Hoenig & M.W. Hamilton), Manchester, UK, Manchester University Press.
Lingiardi V., Amadei G., Caviglia G., De Bei F., Eds. (2011), *La svolta relazionale. Itinerari italiani*, Milano, Raffaello Cortina Editore.
Maldiney H. (2007), *Pensare l'uomo e la follia*, Torino, Einaudi (or. ed.: *Penser l'homme et la folie*, Grénoble, Jérôme Millon, 1991).
Marková I.S., Berrios G.E. (2012), The Epistemology of Psychiatry, *Psychopathology*, 45: 220-7.
Marion J.-L. (2003), *The Erotic Phenomenon*, Chicago, IL, University of Chicago Press, 2008.
Masciandaro N. (2016), Synaesthesia. The Mystical Sense of Law, *The Whim* (blog), 1/11/2016 (now available on academia.edu: https://www.academia.edu/30002887/Synaesthesia_The_Mystical_Sense_of_Law).
Maturana H.R., Varela F.J. (1992), *The Tree of Knowledge. The Biological Roots of Human Understanding*, Boston, Shambhala.
Mazzeo M. (2013), *Introduzione*, in: Tellenbach H., *L'aroma del mondo. Gusto, olfatto e atmosfere*, Milano, Marinotti.
Menninghaus W., Wagner V., Hanich J. *et al.* (2015), Towards a Psychological Construct of Being Moved, *PLOS ONE* 10(6): e0128451. https://doi.org/10.1371/journal.pone.0128451
Merleau-Ponty M. (1945), *Phenomenology of Perception: An Introduction*, New York-London: Routledge, 2003.
Metzger W. (1941), *I fondamenti della psicologia della Gestalt*, Firenze, Giunti Barbera, 1971 (or. ed.: *Die Entwicklung ihrer Grundannahmen seit der Einführung des Experiments*, Darmstadt, Dietrich Steinkopff Verlag, 1941).
Mitchell S.A. (1988), *Relational Concepts in Psychoanalysis*, Cambridge, MA, Harvard University Press.
Migone P. (2013), Presentazione del DSM-5, *Psicoterapia e Scienze Umane*, XLVII, 4: 567-600.
Minkowski E. (1927), *La schizophrenie. Psychopathologie des schizoides et des schizophrènes*, Paris, Payot.
Morin E. (2008), *On Complexity*, Cresskill, NY, Hampton Press.

O'Neill B. (2008), Relativistic Quantum Field Theory: Implications for Gestalt Therapy, *Gestalt Review*, 12, 1: 7-23.
Perls F., Hefferline R.F., Goodman P. (1951), *Gestalt Therapy. Excitement and Growth in the Human Personality*, Highland, NY, Gestalt Journal Press; Gouldsboro, ME, Gestalt Journal Press, 1994.
Philippson P. (2009), *The Emergent Self. An Existential/Gestalt Approach*, London, Karnac Books.
Prigogine I. (1997), *The End of Certainty. Time, Chaos and the New Laws of Nature*, New York, NY, The Free Press.
Ratcliffe M. (2017), *Selfhood, Schizophrenia, and the Interpersonal Regulation of Experience*, in: Durt C., Fuchs T., Tewes C., Eds., *Embodiment, Enaction, and Culture*, Cambridge, MA, The MIT Press.
Robine J.-M. (2006), *Il rivelarsi del sé nel contatto. Studi di psicoterapia della Gestalt*, Milano, FrancoAngeli (or. ed.: *Plis et Deplis du Self*, Bordeaux, Institut Français de Gestalt-thérapie, 1997; 2004).
Robine J.-M. (2016), *Self. A Polyphony of Contemporary Gestalt Therapists*, St. Romain-la-Virvée, L'Exprimerie.
Roubal J., Gecele M., Francesetti G. (2013), *Gestalt Approach to Diagnosis*, in: Francesetti G, Gecele M. and Roubal J., Eds., *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*, Milano, FrancoAngeli.
Roubal J., Francesetti G., Gecele M. (2017), Aesthetic Diagnosis in Gestalt Therapy, *Behavioral Sciences*, 7, 70. doi:10.3390/bs7040070.
Rovelli C. (2016), *Reality Is Not What It Seems. The Journey to Quantum Gravity*, London, UK, Allen Lane.
Salonia G. (2013), *Social Context and Psychotherapy*, in: Francesetti G, Gecele M. and Roubal J., Eds., *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*, Milano, FrancoAngeli.
Sartre J.-P. (1946), *Existentialism Is a Humani*sm, New Haven, Yale University Press, 2007.
Sartre J.-P. (1964), *The Words*, New York, George Braziller.
Schmitz (2011), *Nuova fenomenologia. Un'introduzione*, Milano, Marinotti.
Schrödinger E. (1944), *What Is Life? The Physical Aspect of the Living Cell*, Cambridge, UK, Cambridge University Press.
Sichera A. (2001), *A confronto con Gadamer: per una epistemologia ermeneutica della Gestalt*, in: Spagnuolo Lobb M., Ed., *Psicoterapia della Gestalt. Ermeneutica e clinica*, Milano, FrancoAngeli, pp. 17-41.
Spagnuolo Lobb M. (2013), *The Now-for-next in Psychotherapy. Gestalt Therapy Recounted in Post-Modern Society*, Milano, FrancoAngeli.
Spagnuolo Lobb M. (2018), Aesthetic Relational Knowledge of the Field, A Revised Concept of Awareness in Gestalt Therapy and Contemporary Psychiatry, *Gestalt Review*, 22, 1: 50-68.
Staemmler F.-M. (1997), On Cultivating Uncertainty: An Attitude for Gestalt Therapists, *British Gestalt Journal*, 6, 1: 40-48.
Staemmler F.-M. (2006), The Willingness to Be Uncertain. Preliminary Thoughts about Interpretation and Understanding in Gestalt Therapy, *International Gestalt Journal*, 29, 2: 11-42.
Stern D.B. (1997), *Unformulated Experience. From Dissociation to Imagination in Psychoanalysis*, Hillsdale, NJ, Analytic Press.
Stern D.N. (1985), *The Interpersonal World of the Infant. A View from Psychoanalysis and Developmental Psychology*, New York, N, Basic Books.
Szymborska W. (2005), *Monologue of a Dog*, Boston, Houghton Mifflin Harcourt.
Tagliapietra A. (2017), *Esperienza. Filosofia e storia di un'idea*, Milano, Raffaello Cortina Editore.

Tellenbach H. (1968), *L'aroma del mondo. Gusto, olfatto e atmosfere*, Milano, Marinotti, 2013 (or. ed.: *Geschmak und Atmosphäre: Medien menschlichen Elementarkontakts*, Salzburg, Muller).
The Boston Change Process Study Group (2010), *Change in Psychotherapy. A Unifying Paradigm*, New York, NY, W.W. Norton & Co.
Vázquez Bandín C. (2014), *Sin tí no puedo ser yo. Pensando según la terapia Gestalt*, Madrid, Sociedad de Cultura Valle-Inclán, Colección Los Libros del CTP.
Waldenfels B. (2011), *Phenomenology of the Alien. Basic Concepts*, Evanston, IL, Northwestern University Press.
Weil S. (2002: or. ed. 1952), *Gravity and Grace*, trans. by E. Crawford and M. von der Ruhr, London-New York, Routledge.
Weil S. (2004; or. ed. 1970), *The Notebooks*, trans. by A. Wills, London-New York, Routledge.
Yontef G. (2005), *Gestalt Therapy Theory of Change*, in: Woldt A., Toman S., Eds., *Gestalt Therapy History, Theory and Practice*, Thousand Oaks, CA, Sage Publications, pp. 82-83.
Zahavi D. (2017), *Thin, Thinner, Thinnest: Defining the Minimal Self*, in: Durt C., Fuchs T., Tewes C., Eds., Embodiment, Enaction, and Culture, Cambridge, MA, The MIT Press.