

SUPERVISION IN REICHIAN ANALYSIS

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There are two parts to Reichian Clinical-Analytical Supervision.

In the first you listen carefully to the historic becoming of the case described by the psychotherapist, starting with the evolutive development on the biographical-biological arrow of time of the person.

In this way the first four case histories can be evaluated — from Analytical-Psychodynamic, Remote Pathological, Current Pathological and Socio-Economic viewpoints.

You then identify the incised Marks determining the Character, the Evolutive Phases and Dominant Personality Traits, the Bodily Levels and Stage and Prevalent Field Transitions, the Evolutive Brains and the Object Relationship Styles, even for "beyond threshold" pathology.

In this way an Analytical-Characterological Diagnosis, a Clinical-Psychopathological Diagnosis and a Relational Diagnosis are made and the Differential Diagnosis is also examined in detail.

You then proceed to the Explicit and Implicit Questions raised by the narration.

In the "second" part of the Supervision there is clarification from a Complex Viewpoint of the Psychodynamic State Transference of Trait and Bodily Level, of the 'phantasm' of the person being analysed and the Psychodynamic State Counter-Transference I of Trait and Bodily Level of the analyst-psychotherapist.

You then continue by defining the Degree of Progression of the Analytical-Therapeutic Relationship (if it is a Group Supervision, you also evaluate the Psychodynamic State Counter-Transference of Traits and Bodily Levels that are expressed in the Group).

Finally, on this basis, you elaborate the Targeted Clinical-Analytical Project aimed at the 'phantasm' which has been portrayed during the Supervision and you propose the appropriate psycho-corporeal guidelines for the analyst-psychotherapist to use which are capable of leaving "incised marks" to realise the Project.

From a practical-operational perspective, we suggest you follow our carefully-elaborated 18-Step Guide to three-dimensionally orchestrating Reichian Clinical-Analytical Supervision.

Step 1: Case History from an Analytical-Psychodynamic Perspective

Considering the Gene to be "pure intelligence of the living" and a time-capsule where incised marks have been deposited by relationships during phylogenesis, case history from an Analytical-Psychodynamic Viewpoint involves the careful collection, from the person's narration, of the other incised marks such as:

- The How of the Scene from when the person came into the world and the Why they came into the world - "In which implicit project?"
- The Dialogue of the Primary Object Relationship, its density, the thickness of its reciprocity "from the intrauterine to weaning", is a genuinely biological dialogue, which represents a fractal prototype for subsequent dialogues along the arrow of evolutive time. It is also the terrain for and, probably, the main factor in determining Resilience, which is decisive in the person's capacity to endure future adaptive stress.
- The How and the When they came out into the Light (Birth), which will resonate with and influence the possible modalities of the various "birth-passages" during their life.
- The How of their Weaning, another incised mark, which will resonate with and influence the possible modalities of their separation from the First Field Mother and their breaking off from a future relational 2.
- Birth Order (first, middle, last or only child).
- The How of the Relationship in the Second Field Family, of the 3 with the Father, of the relational 4, 5, 6 etc. and of age-grouping.
- The Oedipal Scene, which is an extraordinary cross-roads and turning point for the vectors which determine trait patterns.
- The Leader of the couple, the Leader of the scene and their personality Traits, which will influence the terrain of our relationship with Authority.
- The Positions of the Parental Relationship, the Family Atmosphere and its Dominant Subsystems.
- The How and the When of Puberty and the relationships in Third Field Sociality.

We hold this Case History to be fundamental and indispensable, because it necessitates the careful collection of the "incised marks" from the Object Relationships, from the How of Evolutive Stage Transitions and from the Atmosphere of the Other than Self Fields of that person.

They form our Character (etymologically Character = incised mark), our Combination of Traits, which are stratified in the Segments of the evolutive Stages and marked on the Bodily Levels corresponding to those stages.

Step 2: Remote Pathological Case History

- Which Remote Pathologies have struck the person?
- At which Evolutive Stage?
- In which Enlarged Systemic Scene?
- Which Bodily Level or Area or Apparatus were involved?

Step 3: Current Pathological Case History

- Does the Person display anything that is clinically "beyond threshold" symptomatologically?
- Which are the first 5 main symptoms?
- Which portrayal, even corporeally, do they express?
- When did they appear?
- Are they related in any way to concomitant events?
- Does hyper-expressivity of structural vulnerability of the personality emerge?
- Which trait do they belong to?

Step 4: Socio-Economic Case History

This should be interpreted as paying attention to other significant historic-biographical variables which have contributed to determining that person in their unique, unrepeatable being:

- Sex
- Weight and weight variation
- Regional culture
- Religion
- Study
- Economic ease or difficulty over Time
- Occupation and unemployment
- Home Relocations
- Social status

Step 5: Prevalent Fixations

From our observations we feel that the marks incised by the Object Relationships and by Decisive Other-than-Self Variables along the arrow of time establish the Prevalent Fixations in the story of the person.

In Reichian Analysis we consider "*the connection between object relationship, evolutive stages, stage and field transitions, character trait and evolutive brain*" to be fundamental - a real *turning point*.

It allows us to bring biology back into psychoanalysis, to bring the body into psychoanalysis and psychoanalysis into the body, and so to three-dimensionally design every analytical-therapeutic project.

- *The Object Relationship* defines the How of the Relationship that a subject has with their world, which is the complex result of a specific organisation of the personality. It should be interpreted in terms of an inter-relationship and reciprocity (excluding-including, persecutory-welcoming). In Reichian Analysis the object, which may be partial or whole, is real. It is present in the biological-biographical history of the person and it marks, even on the bodily level, a prototypical how of trait.
- *An Evolutive Stage* is a period of ontogenetic evolution in which the Self receives imprinting's and incised marks from the partial object of that time. It is an interval between two stage Transitions and is marked by clear biological boundaries. The evolutive stages are inscribed in the background of the three successive Fields of the Other than Self (the fourth is the aim for the evolutive stages).
- *A Character Trait* is the history we each have from that particular stage. It is an overlapping set of patterns and modes of behavior which were received from the relationship with the partial object at that time.
- *Bodily Level* is the somatic source. It is the area of the body in which the imprintings of the relationship with that stage's partial object are marked and it is the first receiver of the relationship with the Other than Self. It is also the peripheral interface of the evolutive stage that has been passed through and it is the solid substrate on which the architecture of thought of the trait rests.

- *Our Encephalon* is the result of the recapitulation of phylogenetic evolution within the ontogenetic process and it is the central interface Where the imprintings from each stage's partial object relationships arrive, penetrating from the periphery, and are deposited.

The large nuclei at the base form the Reptilian Complex is the most ancient formation in the brain and certain functions including "defence of territory, competition for rank within the group, copulation and ritualised or compulsive sequences," can to be attributed to it. "Everything that is not recognised is treated aggressively and is therefore seen as being hostile." - we are in an area which is very close to entropic zero and difference is threatening to the living system.

The Limbic Cortex (which first appeared in very ancient mammals) has functional prevalence in ontogenesis from the 3rd or 4th month of intrauterine life onwards, as indicated by the sucking reflex and the production of prolactin (the quintessential maternity hormone in mammals). It adds the emotional-affective dimension with the care of the young and of the species, as well as audio-vocal communication (the call of separation) and it introduces play.

It is responsible for what an individual feels or experiences, just as what the individual knows or recognises is a function of the neopallium, which developed for the three-dimensional, stereoscopic vision of the upright stance.

The Neopallium is responsible for space and time, for before and after, for cause and effect, for higher, logical, meta-relational and meta-communicative cognitive processes. Most of the evolutive stages and the greater part of character formation, with all the associated baggage of incised marks received from the object relationships, are inscribed on the segment that is the arrow of Limbic Time, which I would not hesitate to define as "the area of the world of relationships." This part of the brain is of fundamental importance in the analytical-therapeutic setting.

Analtical-Characterological Diagnosis is broken down into steps 6-7:

Step 6: Diagnosis of Prevalent Traits and of Prevalent Transitions.

- Which Combination of traits and transitions from one stage or field to the next predominantly defines the person before us and their structural make-up?
- With which density of Primary Object Relationship did this combination emerge and become imbricated?

Step 7: Diagnosis of Prevalent Peripheral Bodily Levels and Prevalent Evolutive Brains.

If the Object Relationships pass, primitively, through the bodily-sensorial periphery before also being deposited in the Central Nervous System, we must also ask:

- Which Combination of bodily levels and evolutive brains are prevalent in the person before us and in their structural make-up?
- With which density of Primary Object Relationship did this emerge and become imbricated?

Step 8: Prevalent Fractal Aetiopathogenesis

If a Fractal is a pattern-function which is repeated, similar to itself, on different orders of magnitude, again we must ask:

- Which fractal aetiopathogenesis led to the recursiveness, to various degrees, of the style of relationship of the person or even of their psychopathological beyond-threshold?

Step 9: Scene Analysis and Relational Diagnosis

The Analysis of the Scene involves enlarging the careful observation to the whole dynamic of the Field-System, outside the person, not only in the here and now, but also in the there and then, highlighting any similarities and whether or not they are approachable or are independent.

At the same time you evaluate the How of the Person's Relationships with meaningful Close Relationship figures, the Progression of the Relationships

and the relative Position in the Relationships ("up, down, meta, symmetrical or in alliance").

Step 10: Clinical-Psychopathological Diagnosis

If the person before us displays beyond threshold clinical psychopathology, remembering that in Reichian Analysis the symptom is a beyond-threshold of trait, we must ask:

- Which intelligent Sense does it reveal to us?
- Which Economy is it supporting?
- Which Outcome does it indicate to us?
- How does it relate to the then and there? And to the here and now?

The diagnosis is informed by Functional Psychopathology, but also by the DSM IV TR and even more so by ICD 10, as well as by the PDM. Obviously all of the diagnoses taken into consideration, from the point of view of Complexity, must be convergent - they represent different lenses with which to focus on a global, three-dimensional, high-definition Supervision.

Step 11: Differential Diagnosis

The careful attention to a vertical Case History from the Analytical-Psychodynamic perspective, allows us to evaluate both the psychopathological risks and the vulnerability of the person and, with the symptomatological-syndromic beyond-threshold presented, to concur on the definition of the spectrum in the differential diagnosis and on why it is this pathology itself and not one of the other possibilities.

Step 12: Analysis of the Explicit and Implicit Questions

The explicit questions, which are the reasons why the person has turned to the psychotherapist, can be directly extrapolated from the material collected during the previous steps. However, importantly, we can also identify the implicit questions which have been stratified along the arrow of time and which emerge from the narration of the case and from the representation of the phantasm by the psychotherapist.

Step 13: "State, Trait and Bodily Level" Transference

Step 14: "State, Trait and Bodily Level" Counter-Transference

Step 15: The Degree of Progression of the Analytical-Therapeutic Relationship

Step 16: The General and Targeted Analytical-Therapeutic Project

Step 17: The Validation of Negentropy over Time.

Transference defines the process with which our unconscious desires, and with them our implicit questions, express their importance within the scope of the analytical relationship. It represents the repetition of infantile prototypes of object relationships.

Counter-Transference defines the analysts sub-conscious reaction to the person being analysed and, in particular, to their transference. It represents the ground over which the questions of the analysis are spread.

In Reichian Analysis we pay great attention to this question and, using the different lenses for observation provided by Analysis of the Character of the Relationship, we break down Transference and Counter-Transference into sub-types:

- *(Energetic and Psychodynamic) State Transference of Characterological Trait and of Bodily Level of the phantasm of the person analysed.*
- *(Energetic and Psychodynamic) State Counter-Transference of Characterological Trait and of Bodily Level of the analyst (and of the Group in Group Supervisions).*

These will define the degree of progression of the *analytical-therapeutic Relationship* from a Complex perspective.

Analysis of the Character of the Relationship is part of the foundations of the setting in Reichian Analysis as it permits highly-specific structuring of the Analytical-Therapeutic Relationship.

We consider the Architecture of the Relationship to be the privileged partner.

It is Architecture "which contains" any therapeutic act, from listening to the life history to the transference elaboration of a trait, from the interpretation of a dream, a gesture or a liberating fantasy to the suggestion of a Vegetotherapy acting or, even, the simple prescription of a psychotropic medicine.

We consider the Relationship to be "a living form", the third participant, in addition to the Analyst and the person being Analysed, which responds to the laws of living systems - it has its own character, its own evolutive stages and its own incised marks which are given by the specificity of the analyst-analysed meeting, by the compatibility of their respective baggage of incised marks and from their traits' implicit questions.

It is our specific approach and our contribution to the great theme of Intersubjectivity and the Relational Frame in the setting and should, of course, be interpreted coherently with the Language between Traits.

The language of traits is a *meta-meta* language to verbal and body language and includes: decodification of trait thoughts, of trait intelligence and of their ground, which is expressed by the various corresponding bodily levels which have been marked over time by the object relationships of the various stages.

The language of traits pre-supposes the capacity of the Self to simultaneously interpret them, which is something our Self automatically does. Our Ego doesn't normally interpret this language in that it is attracted to the contents, since it is not used to connecting to feelings and even less so to meta-cognition based on feeling-thought.

The language of traits is a language of the Self-System, while the other two are sub-systemic languages of that Self — the phylo-ontogenetic history will, indeed, tell us of their successive appearance over time and of their current contemporaneous interaction.

In communication and in relationships, the language of traits, therefore, is expressed contemporaneously with verbal language and body language, which represent sub-systemic indicators of trait.

Using the very special lens that Reichian Analysis represents, which itself is based on "Character Analysis" - a guiding-fractal of a greater order of magnitude, we enter the world of Inter-Subjective relationships. We discover that as well as verbal communication and body language, with which Traits express themselves on the outer surface of interactions, Traits also reveal this other third language, which is unknown and extraordinary. It is expressed by the implicit questions of Traits, which automatically elicit answers/implicit questions in the Other than Self from their own "baggage" of Traits.

It is on the basis of this dialogue between one unconscious and the other, between these fractals, between these meta-messages from and to the respective Selves, that people construct possible communications. If these communications are confirmed over time, then they can evolve into relationships, but also simply into sensations of sustainability, of alliance, of liking, or of pleasure in being together.

However, when there is incompatibility between the implicit questions and the answers (*which always contain their own implicit questions*) of the various Selves' traits, then there may be antipathy, unsustainability and symmetrical reactions, with no possibility of communication and much less of a relationship.

There is, of course, the whole intermediate range of the spectrum between these two extremes of polarity.

Each of our entropic-negentropic vectors are "always" silhouetted in the background, which are the outcomes of energetic dialogues and the grounds for our feelings; they are decisive factors which govern our "sub-conscious choices", if you'll excuse the apparent oxymoron!

Defining the "*Ubi sum*" - where I am, the "*Ubi est*" where he is - and the "*Ubi sumus*" - where we are, becomes necessary then for intelligent structural coupling between traits and for a *Targeted Analytical-Therapeutic Project*.

The Relationship will develop from the meeting between the analyst's traits and the traits of the person being analysed and, like strands of a new piece of DNA, they will permit a new living system - this relationship, its self-organisation, its self-poiesis, its developments, its Progression and its own negentropic intelligence.

(Negentropy = deals with a negative variation in entropy from an original value, such as the birth of an individual, the origin of life, the beginning of biological evolution or the birth of a relationship.)

The Relational Architecture sees the Analyst in a position determined by functional, dynamic, empathic collocation on the trait of their own personality and on the corresponding bodily level. In this way they can meet and contact the internal time of the person analysed, helping them to move on from their position of trait and bodily level (or at least to read them).

The Relational Architecture also requires the appropriate How of the Analyst, which is determined by the analogue of the Position, which generates the right atmospheres for evolutive insights of the person analysed.

The Position and the How are therefore Foundations of a Relational Architecture and of a Counter,-transference of trait and of bodily level which are appropriate for the person being analysed and for any beyond-threshold disturbance.

In this interpretation of Counter-Transference a degree of flexibility in the analytical position is present, which permits functional, empathic contact in co-evolution and in complexity.

In this way the Setting is set out as a Negentropic Field and we validate the Co-evolution of the three forms: the negentropic evolution of the person being analysed, of the analyst and of the analyst-analysed relationship, over a *Period of Time (6 months on average)*.

Some examples follow to clarify what we are saying.

- When we meet a person in the setting, which bodily level resonates and which trait is calling out to us? Does it touch our chest, our solar plexus, our pelvis or our eyes? Does it make us stretch out our necks, seal our lips or contract our shoulders? Are we on a phallic-narcissistic trait, on an oral trait, anal, hysterical, intrauterine or genital? And which is the most "therapeutic" in the structural coupling with this person?
- When we encounter a psychotic state, which trait and which bodily level does it resonate with? Where is the psychotic Emptiness? Isn't it also in the deeply visceral? And with which trait Counter-transference should we proceed? Is it the most therapeutic in the Relationship?
- When we encounter a depressive state, which bodily level and which trait does it resonate with? Isn't the depressive withdrawal also in the crushed chest while exhaling?
- Isn't the persecutory alarm of paranoia also in the persecutory terror in the shoulders?
- Isn't the obsessive person's fixedness also in the rigid look in their eyes?
- Isn't the borderline's anger also in that chin stuck provocatively out to constantly challenge the other?
- How does the anxiety of unsustainability of a tired chest resonate with our own breathing?
- How do the pallor and the terrified expression of panic surprise us?
- Which trait and bodily level Counter-Transference do we proceed with in these specific psychopathologies? Are they the most appropriate for these disturbances?

Step 18 : Character-Analytical Vegetotherapy of the Relationship

This is the *Re-combination* of Character-Analytical Vegetotherapy with the Analysis of the Character of the Relationship.

Character-Analytical Vegetotherapy is the specific psycho-corporeal therapy in Reichian Analysis. It is a methodology which has been passed on through 4 generations of analysts.

It was initiated by W. Reich and his careful systemisation of the bodily levels was completed by his Norwegian student, Ola Raknes, by Federico Navarro,

who introduced Reichian Therapy to Italy and by us at the Italian School of Reichian Analysis.

It operates on the vegetative nervous system from which its name is derived, on the muscular system and in the neuro-endocrine system, producing sensations, emotions and actual associations in body language (the 3rd guarantor), which are extraordinary for reading analytical-characterological aspects.

Vegetotherapy works with Actings, "the fractal elevators of internal time", in double directionality, which join the then and there to the here and now, the depths to the surface, the unconscious to the conscious, implicit memory to explicit memory, informing, forming and reforming the mind with meta-cognition of a new order, which is also based on feeling.

In the Setting of Supervision, however, the Targeted Vegetotherapy Actings, or, rather, the most ideal ontogenetic movements for the person being analysed, are proposed by the Analyst's Supervisor, so that, in this way, the following "will be incisively marked":

- fixing the appropriate position and how in that specific analytical-therapeutic relationship for negentropic inter-subjectivity,
- re-proposing, on the characterological structure of the person being analysed, a more sustainable and appropriate style of object relationship and a new prototype object relationship to negentropy in the here and now.

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