Psychopathology and Atmospheres

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Neither Inside nor Outside

Edited by

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FOREWORD

TEACHING ATMOSPHERES

GIOVANNI STANGHELLINI

In the last decade, the formation of clinical phenomenologists has become a *must* for many distinguished academics. For about one century our catalogue has been tremendously rich in essays, but remarkably poor in handbooks. Even the cornerstone of our canon, Jaspers' *General Psychopathology*, originally written as a textbook, can hardly be given to a student as a basic reading. This makes teaching the fundamentals of our discipline extremely difficult.

Given the *Zeitgeist* and its praise for manualization, relevant efforts have been made to manualize phenomenological knowledge, both in philosophy and in the clinics. Relevant examples are Dan Zahavi's *The Oxford Handbook of Contemporary Phenomenology*, *The Oxford Handbook of the History of Phenomenology* and *Phenomenology–The Basics* (Routledge, 2018). Also, in 2019 the *Oxford Handbook of Phenomenological Psychopathology* will finally come to light.

Students ask for manualized knowledge, and that is a fact. Undergraduates and postgraduates expect teachers to teach them a kind of knowledge that is indeed a *know-how*–what-exactly-must-be-done-in-a-given-circumstance. Manualized therapy has become synonymous with evidence-based therapy, and obviously vice-versa: what cannot be translated into a standard procedure that can be easily taught, learned and applied, is unscientific. CBT specialists are obviously the champions of this game.

All learning is based on a process of recognition. And teaching, indeed, is first and foremost teaching on how to recognize someone or something. "Recognition" means at least two things. The first and more obvious meaning is to attribute a singularity to a category as a member of this category–*identification* of a thing or person from previous encounters or knowledge. This is what happens in standard education. In clinical training this process is called "diagnosis" and diagnostic skills are deemed a

fundamental part of the agenda. And students are spot-on when soliciting this kind of knowledge to be regimented and normalized.

Yet "recognition" has a second meaning: *acknowledging* the absolute singularity and individuality of what or who is out there. To recognize someone or something means to be able to tolerate the *otherness* of someone or something. This kind of recognition is a practice in which epistemology is in touch with ethics. This second kind of "recognition" is obviously in conflict with the former. Whereas recognition *qua identification* or *diagnosis* is an act of recollection or remembrance based on previously acquired knowledge, recognition *qua acknowledgement* is an ethical act of acceptance of the unique being-so of the other person or state of affairs.

Here comes the importance of atmospheres: since it is so difficult to pin down atmospheres in terms of recognition *qua* diagnosis, to reduce them to operationalized formulas, then the capacity to recognize atmospheres, the sensibility to "smell" that something is going on, is based on the "negative capacity" to tolerate that what is going on is not easily reducible to a precise cognitive category. This practice opens up a kind of educational agenda–or perhaps we should talk of formation or *Bildung*–that is totally different from the one required for teaching recognition *qua* diagnosis/identification.

Atmospheres are a key chapter in an ideal Handbook or Course in clinical phenomenology. The reason is not *just* that trainees should learn how to recognize the atmosphere's significance in the clinical encounter, as taught by Tellenbach and Minkowski, and become able to use their knowledge to diagnose the kind of atmosphere that envelops a given patient or encounter. Atmospheres are there to be acknowledged and respected *as such*, and not mechanically reduced to the logic of the *gnosic* moment of knowledge.

Atmospheres can help us (teachers and students) to depart from the logic of recognition *qua* identification and its tacit metaphysics (entailing Self-World distinction) and implicit epistemology (entailing the need to translate *pathos* into *logos*). Atmospheres belong to the pathic moment of experience, the moment when Self and World are merged. The pathic transformations impressed by atmospheres are not directly accessible by ordinary language, not to mention to the technical language of descriptive psychopathology. They can only be indirectly made sense of by a process that is metaphoric in nature. This process brings experience to the reflexive realm, but will perpetually remain unfinished. Metaphors do not pin down atmospheres, on the contrary they enhance atmospheres, amplifying them and enchaining other metaphors.

There is another reason why atmospheres must be part of the residents' *Bildung* agenda. There is a kind of knowledge that cannot simply be taught–it *must be learned*. What I mean is that there exists a kind of formation in which the student must *engage*. Learning the atmospheric dimension of clinical practice is similar to learning how to swim: it requires being available to immerse oneself into atmospheres. One can hardly learn how to swim studying manuals or listening to swimming classes. A student can learn the importance of atmospheres if and only if she makes herself available to engage into it. This "engagement" is, to a certain extent, not different from an act of faith.

The issue of formation is haunted by a more general issue; that of trans-generational transmission of knowledge. The contemporary trend to manualized knowledge is, at least in part, the consequence of the misunderstanding of mentor/disciple relationship. The disciple is responsible to learn at least as much as the mentor is responsible to teach. Teaching is not just transmitting an algorithm for diagnosis or treatment, but *embodying* an attitude, a method. The disciple must, in their own turn, do their best to embody what they have learned from their mentor. Learning is not just memorizing and reproducing a piece of knowledge, but *appropriating* it. Appropriating implies being *responsible* for what one has learned and for the way one applies it.

This process is not simply based on cognition. Something more atmospheric is at play: the *influence* of the mentor upon the disciple in the process of formation. In an age where technical skills are emphasized, teaching itself can be misunderstood as a technical performance rather than as a human encounter in which the teacher as a person is in the foreground. This has long been considered a cornerstone in the field of arts, but scientific institutions seem to be tardy to acknowledge the importance–in the positive as well as in the negative–of the personal contact between mentor and pupil. From this personal encounter emanates an atmosphere which may inspire both. Within this inspiring atmosphere an institution may become a seat of learning, research and knowledge, a place in which principles of thought and conduct can be established, instilled and transmitted from generation to generation.

INTRODUCTION

GIANNI FRANCESETTI AND TONINO GRIFFERO

We often say that "there is something in the air" or that "there is something brewing", that we feel, who knows why, like "a fish out of water" or "at home". It goes without saying that by expressing this "something-more" of a certain situation we do indeed refer to "atmospheres", to something that is clearly felt even though we cannot define and explain it.

But why do we use this term? The term comes from the Greek (ἀτμός, "vapour", and σφαῖρα, "sphere") and in meteorology denotes the gas envelope surrounding a planet. Although its use has been metaphorical since the 18th century along with some forerunners (*aura*, *Stimmung*, *genius loci*, *ambiance*), it has boomed only recently in the Humanities. In fact, bypassing positivist conventions and endorsing more spatial and affective paradigms, rather than temporal and cognitive ones, they focus more on the vague and expressive *qualia* of reality (the how) than on its defined and quantified materiality (the what), more on the "how" we perceive (pathic moment) than on "what" we perceive (gnostic moment).

Never wholly detached from its climatic meaning of immersion in the weather-world, "atmosphere" is a colloquial term meaning a "something more" and deeply depending on the context. "Atmosphere", indeed, works sometimes as a neutrally descriptive expression of a situation (person's or room's atmosphere), or implicitly as an axiological term (by exclaiming "what an atmosphere!" we usually express *ipso facto* a favourable condition) and other times it needs instead qualifying adjectives (there are tense, relaxed, gloomy atmospheres, etc.). This semantic ambiguity is obviously also conditioned by the kind of expectations of the persons involved in the situation. Saying, for example, of a political summit in which high hopes are placed that it produced a cordial atmosphere we are probably stating its failure. An atmosphere can therefore, paradoxically, be everything and nothing: something increasing the quality of life or characterising the merely superficial decorative value of a thing or situation.

In any case, in today's debate, atmosphere is no longer meant as a decorative aspect of life, but rather as a feeling or affect that, being not

private and internal but spatially spread out, "tinges" the situation in which the perceiver happens to be and affectively involves them. In its recent theoretical sense, the notion was independently introduced in the 1960's by psychiatrist Hubertus Tellenbach and philosopher Hermann Schmitz.

Tellenbach conceives of atmosphere as an elusive but essential quality of intersubjectivity, especially generated through olfaction and taste. If positive, it gives the new-born the necessary trust for a correct development of her personality. From a different point of view, the oral atmosphere provides the psychiatrist with an effective diagnostic tool for psychic diseases whose symptom is indeed a loss or deterioration of olfaction.

Schmitz, on the basis of a wide and challenging anti-reductionistic (new) phenomenology of the felt body (*Leib*), considers feelings as atmospheres, thus restoring the Homeric concept of feelings as demons poured out into a non-localizable space that preceded the age of introjection (from Plato onwards). Therefore, atmospheres are not subjective moods, as internal psychic states projected outside, but affective powers that exist discontinuously as quasi-things and that authoritatively fill a certain surfaceless spatial situation. Thanks to felt-bodily qualities common to both perceived forms and perceivers (suggestions of movement, synaesthetic qualities), in principle atmospheres can be experienced by anyone, regardless of whether the single perceiver merely notes them or is so deeply involved in them that they are assured of their personal identity through these absolute "subjective facts".

Being philosophically interesting, not despite but precisely because of this vagueness, an atmosphere does not coincide, however, with an exclusively subjective *nuance*. In fact, Humanities have been pleasantly stirred by the radical externalisation of the affective suggested by the neo-phenomenological approach. What followed was a promising paradigm shift, whose main merit is a counterintuitive yet inspiring campaign of desubjectification of feelings. A neophenomenological atmospherology, in fact, problematically (of course) downgrades the psyche to a superfluous as well as theoretically unproven artificial construct encompassing a private ineffable inner world (be it the soul, the psyche or, especially today, the brain), considering this view of the emotional life hardly more realistic than the Greek archaic one, conceived of as the state of being possessed and driven by demonic powers.

The notion of atmosphere, however, finds its full humanistic legitimacy only later thanks to the philosopher Gernot Böhme (from 1990's on). Highlighting the sociocultural factors underestimated by Schmitz, Böhme places atmosphere at the centre of an aesthetics understood as a general

theory of perception (intended neither as information processing nor as a distal recognition, but as an affective experience of the perceiver). Partly following neophenomenological externalism (atmospheres are something out there), he sees atmosphere as a tuned space and even as the primary step of perception: the in-between where environmental qualities (object) and human bodily feelings (subject) meet and that is responsible for our feeling well or not. Whereas, according to Schmitz, the intentional creation of atmospheres is something impossible or only results in "impressive situations" for manipulative (propagandistic or advertising) purposes, Böhme recognizes that an atmosphere is nothing without a person feeling it and conceives of staged atmospheres both as the main goal of what he calls "aesthetic work" and as the key issue of the late capitalist "aesthetic economy".

Böhme's more detailed approach to phenomena and the atmosphere they radiate through various generators (movement impressions, synaesthesia, scenes, social characters, ecstasies of things, etc.) paves the way to explaining the successful career of atmospheres outside philosophy. If atmospheres are involved wherever something is being staged, they are almost everywhere, especially in all activities that today are aimed at giving things a given appearance or look. Since probably no situation is totally deprived of an atmospheric charge, it follows that not only do we continuously speak of atmospheres and take this way of talking for granted, but we are also accustomed to being able to describe them and verify their influence on actions, sometimes even on events of historical and collective significance.

Thus normalized by Böhme, the notion of "atmosphere" appears to be perfectly at home in most–if not all–scientific fields that have to do with human and not strictly measurable behaviours and habits. The notion could improve an innovative heuristic approach in all the research areas that are not "medusized" by an exclusively thingly orientation and by strictly functional parameters. Not only aesthetic professions in the strict sense (architecture, interior design, light design, art, sound engineering, scene painting, music, social work, advertising, marketing research, politics, perfume making, nursing, human resource management, psychotherapy, etc.) but all human activities are therefore somehow influenced in their lived space by atmospheric feelings.

In short, one could say that whenever there is greater emphasis on felt-bodily experience than meanings, on emotionally arranging an environment than narratively representing something, on appreciating phenomenic nuances than quantifying phenomena in order to statistically predict future events and thus avoid any involuntary life experience, the

atmospheric approach appears to be ever more necessary, regardless of whether atmospheres are freely floating objective powers (Schmitz's idea), "only" the outcome of the subject and object co-presence (Böhme's idea) or even in some cases a qualitative-affective "colour" idiosyncratically and unconsciously projected by the perceiver on the outside.

The discussion of atmosphere today covers a wide range of hardly separable theoretical and applied issues. Philosophy has generally understood atmosphere more as a sensory-affective engagement with the world than as a perceptually limited object, giving particular attention to the ontological vagueness, the predualistic and quasi-thingly nature of atmospheres, taking the latter as the key elements of a general pathic aesthetics, or focusing on the suddenly perceived intertwining of environment and feeling as the real subject of promising research fields. Apart from studies more directly related to media and arts and the large-scale research on *ambiances* and urban life, it must be pointed out that the humanities today use the notion of atmosphere in an ever increasing number of fields such as (first of all) architecture and human geography (which is not surprising given the common focus on spatial *qualia*), but also design, pedagogy, psychotherapy, psychiatry, marketing, politics, sociology, ecological and social anthropology–in short, in every study that, as already mentioned, problematizes the producibility and management of effective individual or collective emotional states.

Among the disciplines interested and potentially stimulated, or even shaken, by an atmospherological paradigm there are certainly the psy-approaches. The concept of "affective tuned space" is challenging both the paradigm of a mono-personal mind and of a bi-personal mind. The first considers the affective experience as an inner state, more or less influenced by external stimuli, the second considers it as the emerging phenomenon of a co-creative process resulting from the mutual interactions of two individuals. An atmospheric paradigm implies something more, even though it is not alternative and can contain the above two approaches.

From this perspective, the affective experience is emerging neither inside the person, nor outside, or between therapist and patient, but with–or even before–them. Here, the relationship precedes the *relatees*[1] (so to speak). It is an invitation to look into the processes of the emergence of subjectivities and world, to the pre-dualistic, undifferentiated and synaesthetic dimension of the experience. It is the *pathic* from where we are moved, to which we are subject. This dimension is clearly crucial to all psychopathological explorations not heavily and restrictively biased by an individualistic reductionism. This focus can contribute to the emergence

[1] From Latin *relata*, those who are in relation.

and to the development of a new paradigm in psychopathology and in clinical work: a field based clinical practice. The field perspective has been widely explored and used in some psychotherapeutic approaches, in particular in Gestalt therapy–that has included the situation and the field as cornerstones of its epistemology and practice–and in psychoanalysis. But a *field turn* really affecting the psy- disciplines–as the *relational turn* has done in the last decades–has yet to come.

The perspective presented here is an invitation to a journey beyond the 'tragic necessity of dualism' (as Fachinelli would say), an exploration towards the infinite opening from where the experience comes, towards the stranger knocking at our door, towards a radical understanding of what "creature" means: the ongoing and unceasing process of being created. The contributions to this book don't start from a common ground, since this has yet to be created: indeed, this is the first book specifically addressing this topic. It is more a ground-breaking adventure, challenging a reductionist and largely unsatisfactory approach based on a technical, pharmaceutical, symptomatic, individualistic perspective.

The enterprise of building a common ground that considers atmospheres–and so the situation and the field–as essential elements in order to understand and care for clinical suffering is just beginning and in progress. This book is aiming to contribute to this development, since to focus on atmospheres in psychopathology, in clinical practice and in psychotherapy, is a way of including the "something more" that resists being reduced to the individual, to the naive natural attitude and even to the paradigm of co-creation. We hope that the stimuli presented here can contribute to the development of a radical relational perspective on clinical human suffering and its metamorphosis in therapy, also continuing to encourage and promote the debate and exchange of ideas between psy- and humanistic approaches.

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CHAPTER ONE

THE INVASION OF FELT-BODILY ATMOSPHERES: BETWEEN PATHIC AESTHETICS AND PSYCHOPATHOLOGY

TONINO GRIFFERO

1. An atmospheric psychotherapy (without the psyche)?

Not only can "being" be expressed in many ways (as Aristotle claims) but 'atmosphere' can, too. However, what I want to discuss here is not how many variants of atmospheric feelings there are, but whether "the power to appreciate atmospheres" may really "disclose territories of psychopathological understanding that would otherwise remain off-limits" (Costa et al. 2014, 351). Without going into my own atmospherological project (Griffero 2014a), the ontology of quasi-things on which it relies (Griffero 2017) and the pathic aesthetics that makes up their context (Griffero 2016a), suffice it to say that atmospheres are inter-subjective and holistic feelings poured out into a certain (lived) environment. As a real affective in-between, an atmospheric feeling precedes any analytic activity and influences the emotional situation of the perceiver from the outset, also resisting–at least in its ideal-typical case[1]–any conscious attempt at projective adaptation and amendment. Its pervasive and influential "presence", linked to felt-

[1] Elsewhere I have focused on the atmosphere's specific power (Griffero 2014b) and, depending on the degree of objectivity-externality and the type of resulting emotional "game", I have distinguished (Griffero 2014a, 144; 2017, XIV, 28) between: 1) prototypic atmospheres (objective, external and unintentional, and sometimes lacking a precise name), 2) derivative ones (objective, external but intentionally produced and always arising from the relationship between perceiver and objects) and 3) even quite spurious ones in their mere relatedness (subjective and even projective).

bodily processes acting as its sounding board and characterised in its affective affordances (Griffero 2014d) by a qualitative microgranularity inaccessible to a naturalistic-epistemic (third-person) perspective, must be considered a "spatial" state of the world rather than a very private psychic state (Griffero 2014c). Saying, for example, that one is overwhelmed by anger or sadness, envy or shame, is therefore real and not merely metaphorical,[2] since one is taken by the real authority of these atmospheric feelings, which influence our life's meanings, goals and priorities pre-reflexively, normally in a synaesthetic way, and exactly through the modes in which our felt-body is attuned to the outside.

By dealing with the psychopathological meaning of atmospheres (see also Paduanello 2015-2016) I'm of course straying into a minefield. After abandoning my disciplinary ship, I am constantly at risk of moving like a (philosophical) bull in a (psychological) china shop. Despite all groping around in search of an unknown elsewhere is both a strategic investment in the chances given by a dialogue without corporative borders and a concrete application of the "competence in compensating for incompetence" (Marquard 1989, 22-37) in which philosophy often takes refuge, somehow trying to protect the millenary idea of philosophy as expertise about the condition of totality. The fact that so far all the efforts made to unify psychology have failed further mitigates the sensation that my naive reflections should be guilty of some lese-majesty crime.

The issue here is that atmospheres as quasi-thingly phenomena sometimes make us ill and other times fix and heal us instead. They can often have no effect at all but, under certain conditions, they can also be toxic or benign and even therapeutic, particularly if the person, who is passively and felt-bodily immersed in atmospheres, is also actively engaged in their production through their action and inaction. The atmospheric dimension is therefore essential for anyone who is not satisfied with a psychotherapy that blindly apes physiological-pharmacological medicine and naturalistic experimentation, which notoriously assumes that every reality, including the suffering person's, is nothing but a constellation of measurable parameters (here symptoms) and is increasingly desensualized-disembodied so as to do without sensory perceptions and sensible environments.[3] Entirely focusing on an anatomical explanation of subjectivity disorders, a naturalistic approach especially underestimates the role of psychotherapeutic perception as abandonment to the perceived, preferring

[2] This would fatally remove atmospheres from science and force them just into a literary exile.

[3] Including, of course, the patient's environment external to the setting (Huppertz 2003, 194-195).

to conceive this perception either as a mere objective reaction to a stimulus or as a too subjective interpretation of it. A "good" psychotherapy should rather consist both of a careful description of the "how" of a self-showing suffering and of an interpretation of its clinical symptoms (Holzhey-Kunz 2014) in their undeniable deviation when compared to "normality" (but with a low level of causalism and deferral to something else at the expense of the given). But it must especially avoid thinking that, on the sole ground that a certain methodology exists and works in the most acute cases, then it must also be applied to less serious ones (and only on the basis of the researches carried out in the last three years). Moreover, since people in mental distress–whose cognition, perception and ego-structures deficits (also on the linguistic-semantic level) are somewhat counterbalanced by the highest level of felt-bodily experience–are probably the most vulnerable subjects to atmospheric effects, it is in no way surprising that a close link between atmospheres and psychotherapy could be established here. For the same reason, it should be expected that paying attention (theoretically but also practically) to atmospheres may be an essential component of the societal approach to the health of some of its psychologically disturbed members.[4]

However, I cannot hide the fact that atmospherology is only a chapter of a larger neo-phenomenological project that aims at challenging every (biological, neurological or physical) reductionism and naturalisation, at better understanding the actual and spontaneous life experiences[5] that we normally describe in terms of conscious self-reflection, self-awareness and first-person perspective ("how one feels in her environment"), and even at finding a better way of living. In fact, due to the modern monotheism of reason one no longer knows what to do with this kind of reason, cleansed as it is of every trace of what is involuntarily touching and affectively binding. And all this holds true to the point of inducing to use the most diverse individual or collective methods of elation or to daze in order to reduce one's own sense of self-insecurity. A reductionist approach, in fact, culpably underestimates the "what is it like" of a lived phenomenon and makes of it nothing but an epiphenomenon, thus mistaking (due to a categorical error) the graphs of the mere physiological brain activity for real feelings and moods. Perhaps this approach ultimately explains why one feels something physically, but not why one feels what one feels

[4] Paying attention (theoretically but also practically) to atmospheres could be for society a specific approach to the health of some of its psychologically disturbed members (Sonntag 2013, 308).

[5] See also Küchenhoff (2013, 51).

emotionally,[6] that is, what it is like to experience this specific *Erlebnis* in the first-person perspective[7] (the only thing that is at stake here). From a neo-phenomenological point of view, the philosophical approach as such is already suggested by some dysfunction of the normal flow of life, by "perplexity" (Stoerring 1987) or "loss of natural self-evidence" (Blankenburg 1971)–in short, by the deep personal disturbance of the process of finding oneself (*Beirrung*). Therefore, it deals with painful borderline situations trying to avoid understanding the traditional "know your situation" as the holistically hypnotical "stay inside the lines".

For this very specific neo-phenomenological empiricism,[8] the millenary prejudice by which philosophy as *vita* eminently *contemplativa* completely disregards affective and bodily involvements should be dismissed. For this, New Phenomenology, more than other philosophical currents, naturally lends itself to an application to psychopathological disorders, no doubt reflecting, *qua* philosophy, on atmospheric pre-reflective feelings but not looking for the causes of a disease (genetic level) more than required by a descriptive stance. Metaphorically put, the (new) phenomenologist does not examine the situation by looking at the geographical map to decide their next intervention, but aims at a deep landscape-experience (Langewitz 2008, 136). Understood (from my point of view), as an (aesthesiological) philosophy based on a mix of activity and passivity, the trick of new phenomenology is to locate itself at the "right distance to allow the emergence of an atmosphere" (Costa et al. 2014, 354).[9] For this and other reasons atmospheres and psychopathology display a deep elective affinity.

Although it is also widely acknowledged that New Phenomenology could have useful psychotherapeutic applications as a humanist approach based on an interactive conversation (Janssen 2008, 71, 74), there is a great hurdle that needs to be overcome. In fact, just as it focuses on bodily phenomena without relying on the physical body, this orientation[10] also

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[6] Kügler (2012, 236, 239).

[7] See Nagel (1986) and, for a description of *Erlebnisse* as a fully scientific approach, Gadenne (2008).

[8] That makes it possible, as will be outlined below, to assess our more or less successful felt-bodily harmonizing of the different personal aspects in which inside and outside are not separated yet (Blankenburg 1995, 197-198), and possibly also to step out of ourselves by turning to the other one (Moldzio 2008, 165).

[9] This right distance and aesthetic attitude (predisposition), despite resulting from Kantian disinterestedness, is instead exactly what my pathic aesthetics criticises (Griffero 2016a, 19-41).

[10] Schmitz sometimes also expresses his interest in Freud's therapy (but not in his metapsychology, considered guilty of introjectionism, associationism, singularism

does without the psyche, by substituting it with the concept of personal world and externalised feelings. As a "psychiatry understood as a subjective medicine without soul" (Schmitz 2015, 78), New Phenomenology downgrades the psyche to a superfluous as well as theoretically unproven artificial construct encompassing a private ineffable inner world (be it the soul, the psyche or, especially today, the brain). It considers this view of the emotional life (Schmitz 1989, 96) hardly more realistic than what the Greeks before the fifth century B.C. conceived as being driven by the gods, who actively interfered with human lives. In this alleged interiority, Western culture (from Democritus and Plato onwards) has exiled everything that by vagueness or complexity falls under the *reductionist razor*–i.e. both external feelings and felt-bodily emotions–imagining the psyche as a box or a container under human control: if you will as a house consisting of several floors, made up of impulses, perceptions, representations, etc. And yet it has never realized (since Plato's *Sophist* 263e) that the person, under illusion of being exonerated from the diktat of involuntary affects, would therefore be both the inhabitant of this house and the house itself.

This ambitious challenging of Western intellectual prejudices, against the idea of the introjection of affects and feelings–thus separated both from the body and from the world (Fuchs 2013, 612)–is obviously a fly in the ointment of psychotherapy to the extent that it denies precisely what the very term "psychotherapy" implies. This also holds for dualistic psychosomatics, which would do better to rather examine the relationship between physical and lived body and between felt body and environment (Schmitz 2010, 219). To optimistically talk about "prosopiatry" (Jacob 2013, 175-176) or an ideal-typical approach to individual cases (Werhahn 2011, 95-97) and not about psychology is nothing but a stopgap solution. Instead, a better option is the view by which what we call physical and psychic diseases–that is, the entire experience of world-as-opportunity–is solely due, as we will see more clearly later, to a disintegration or stiffness of the felt-bodily dynamics. It can be then argued from the outset that a therapy focused on atmospheres, so to speak, translates the psychogenic dimension into a felt-bodily and situational one and turns the therapeutic triangle of therapist-patient-situation (Stoffels 2005, 178) into the therapist-patient-atmosphere one. In the latter, the atmosphere, far from being an operationalisable therapy phase, is for me the convincing proof that neither man as such nor his/her environment alone are responsible for psychic disorders.

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and of a multilayered conception of psyche) and especially in the more dynamicist Jung (Schmitz 2005, 102-103).

"Atmosphere" can therefore be defined in many ways, also in psychotherapy. More specifically, it refers to the scenario from which the patient's phenomena (partly) originate (pathogenesis), the tool and the skill that will enable the therapist to understand the disease (diagnosis), the therapeutic process inasmuch as it leads the patient to open up and resolve his/her emotional impasses (setting), and finally the healing process as a functional emotional regulation. All these stages are atmospheric or, at least, atmosphere-conditioned events. Trying to simplify, however, I will schematically and chronologically distinguish between three distinct phases.

2. Just Before

A) The setting

It is necessary to go beyond Frank's therapy criteria (1972) and provisionally say that a good atmospheric setting, based on a healthy milieu with an antipsychotic effect–even only fifty minutes per week!–, implies a number of factors. I certainly do not mean paradoxical situations like the successful therapy resulting from periodical and absolutely silent meetings, depicted by Bela Grunberger and convolutedly interpreted by Sloterdijk as the scenic equivalent of the foetal night,[11] but the much more "classical" therapeutic setup. The idea that atmospheres could be intentionally produced is still somewhat philosophically controversial–also because it is suspected that an intentional staging of a spatial feeling inhibits its effects or may end up being a vehicle of a dangerous psychic hygiene (Bollnow 1941, 133) or, at least, of a manipulating propagandistic "technique of impression" (Schmitz 1998, 181-182). However, I prefer to recognize that a certain atmospheric effect, though perhaps not the already mentioned prototypical one, can sometimes be planned, as shown by many so-called atmosphere-jobs (Böhme 2001). I do not only mean architects, interior designers, light designers, artists, sound engineers, scene painters, musicians, social workers, advertising executives, marketing researchers, politicians, perfume makers, nurses, human resource managers, etc., but also teachers, nurses, employees in customer contact, physicians,[12] and

[11] During which "no more of him [the therapist] remains in the space than a sponge, absorbing the patient's silence and nourishing it with its counter-silence" (Sloterdijk 2011, 354).

[12] At least, those who admit the felt bodily dimension alongside the physical one and seek to harmonise the medicine system and the patient's world in some non over-intellectualised way.

especially psychotherapists and psychiatrists. To put it very briefly, like contemporary art, largely based more on atmospherically arranging an environment than on narratively representing something, the clinical encounter should also create the therapeutically "right" atmosphere.

A good setting must probably rely on a space that is not excessively decentralized and radiating normality in order also to avoid, as far as possible, the usual social stigmatization of almost every "psy". Without being sensorially sterile or too clinical (furnished in a plain, cosy style, with soft lights, soft colours, etc.), the setting should prevent pathological influences, given that also a poor sense-stimulating perception, for example a routine-like experience, can find a strong felt-bodily resonance, not least an anxyolytic effect, especially in an injured felt-body. As in the "best" hospital facilities, where it has long been known that patients recover more quickly thanks to design and good siting decisions, for example if they have a view of trees and nature from their windows (Ulrich 1984), the patient should feel welcomed and safe throughout the setting, so that they may come in with openness and less fear (Lorenz and Penzel 2007, 56), being forced to experience something intentionally unusual only in the most serious cases.[13]

Nevertheless, or perhaps because of this normality, accessing the setting acts as a "transition to another space", freed from the anxiety-provoking outside world and so different from the latter as to allow the patient to feel it in a new and slightly unexpected atmospheric way. It is worth pointing out, in this respect, that it is exactly the most important (prototypical) atmospheres that we perceive in transitions, thanks to the so-called ingressive moment. Therefore, even entrance halls and lobbies should not be underestimated, because–as architects know–a well designed facade (in the broad sense) triggers a very deep first impression that is hard to correct later and from which indeed one can sense the moods that can take place within its framework**.** As a special case of milieu therapy (in the broad sense) entirely relying on a very intermediate-transitional space (Winnicott) between therapist and patient, a good (or bad) atmospherization also reflects the setting's lived space, duly de-medicalized but not devoid of authoritative scientific competence, including also certain things that are capable, for whatsoever reason, to ecstatically radiate this or that feeling. In other words, the setting should develop a process of "negotiating the intimacy" (Helferich 2007, 233) between the two protagonists whose timing is crucial for successful

[13] For example a "soft room" (spacious, bright, relaxing colours) providing a controlled regression through a low-stimulus environment (Hofmann 2007, 28-30).

treatment. The ultimate aim is therefore a good balance between openness and closeness.[14]

B) The first impression

But the "before", obviously, does not only concern the "material" setting. In fact, right from the very first contact, the specific domain of psychotherapy is a situation based on a good or bad felt-bodily communication. It is a reasonable assumption, for example, that the therapist may initially give a felt-bodily priority to his/her patient,[15] giving the latter time to better explain their situation. So the therapist may get a first virtual image of the patient, which may even induce them to decide whether or not they feel able to work with this patient (Marx 2002, 239). Thanks to this first mutual incorporation, made possible by the therapist's good intuitions and a tactful attitude[16] to establish a better balanced interpersonal felt-bodily dynamic, they should then phenomenologically dodge the intention of assessing objectively classified symptoms and accept (in a sense) a certain dullness or chaotic multiplicity in the pathological personal situation,[17] here neo-phenomenologically understood not as a distinguished character but as "a viscous mass in which countless masses glide and which glides in countless such masses that are all situations" (Schmitz 2008, 32).

This global, immediate but non-quantifiable impression is precisely an atmospheric situational perception, an experience of "how" rather than "what" the patient feels, limited as far as possible in its logocentric approach. One might mention here, obviously, the well-known schizophrenic "praecox feeling" (Rümke), but also the presentiment of mania, hysteria and even of borderline disorders (Moldzio 2002, 262). All these first-contact impressions result (van den Berg 1955) from symptomatically

[14] Open doors (in many respects) often have a positive impact on the patient's state of mind.

[15] The therapist can thus avoid the usual and annoying "split between professional and private thinking ('as a doctor I must tell you…; but as a man I understand that you…')" (Burger 2008, 147).

[16] Saying that "atmospheres are haptically experienced" (Costa et al. 2014, 356) and that "tact is the capacity to feel the atmospheric and to attune with it" (Stanghellini 2017, 111) only has a metaphorical value, since atmospheres are rather the outcome of synaesthetic experiences (Griffero 2014a, 63-69, 113-119).

[17] According to Schmitz, this multiplicity, forming a possibly latent part of a personal situation in friction with the others, better explains the unconscious without assuming a Freudian multi-layered psychic "geology" (Schmitz 2005, 105-106).

informative things like a weak handshake, the gaze, the walk, uncertain movements, a gap between the therapist and the back of the patient's chair, fingers tapping on the armrest, or even the first telephone contact (Marx 2005, 233): in short, from what a gesture-based interaction can reveal of the patient's biography, their lifestyle or being-in-the world (Kraus 1991, 104). Concrete help also comes from the phonosymbolic and only apparent metaphorical value of words used by the patient to refer to some abnormal phenomena. Despite being totally untranslatable and unintelligible outside of the therapy framework, these words bring a mostly tacit realm into the slightly more reflexive-linguistic one,[18] at least during therapy, and thus act as co-generators of the overall atmosphere.

C) The right questions

A good atmospherisation of the setting must also include the type of questions posed by the therapist. Whereas closed questions generate single facts and thus take for granted the constellationist approach of natural sciences to objective facts, open questions instead seem to be the most appropriate way to ensure that patients express their "subjective facts" in a narrative (and maybe also atmospheric) way, without too quickly submitting themselves to the traditional doctor-patient role model (Langewitz 2008, 129-130). Instead of constellationally reducing the patient to a mere network of single data, as such in principle reconstructable and manipulable, the therapist should pay attention to the tacit knowledge highlighted by a situational approach and be interested above all in dimensions like wholeness, meaningfulness (or relevance) and internal diffusion. As a master of atmospheres or impressive situations, which they should "sense" in the patient and in which they can submerge without abducting them too logically, they should look, if you will, more like Maigret than Sherlock Holmes (Großheim 2010). It entirely depends on what general psychological theory one adopts, whether the specific atmospherisation "sensed" by the therapist has to be considered as a symptom that necessarily refers to a universal illness, or rather as a

[18] I agree that the clinical encounter is "an event suspended between the pathic and the linguistic domains of experience" (Costa et al. 2104, 356) and that language has atmospherical power, but I reject the frequent temptation of conceiving atmospheres as metaphors and linguistic creations rather than real facts (in the sense of felt-bodily ones). Something that–like the prototypical atmospheric feeling–is untranslatable into a parallel literal sphere cannot be said to be metaphorical (Griffero 2014a, 112).

phenomenon indicating an individual's changed being-in-the-world (Kraus 2005, 68).

3. During

A) Atmospherical diagnosis

When it comes to the diagnostic role of atmospheres and to the predisposition to clinically receive atmospheres, Jaspers seems to still be the guiding point. He writes that when "the environment is somehow different, not to a gross degree, perception is unaltered in itself but there is some change which envelops everything with a subtle, pervasive and strangely uncertain light. A living room which formerly was felt as neutral or friendly now becomes dominated by some indefinable atmosphere" (1962, 98), he is exactly describing a "space with an atmosphere" (Binswanger), i.e. charged with a special mood-like significance.[19] In other words, the therapist experiences a specific affective meaning that is spatially poured out. To a certain extent, they also share with the patient the "for-me-ness" characterising every atmospheric feeling. Despite being typically unable to precisely determine that meaning (Sass and Pienkos 2013, 142), they actually comprehend the affective alterations "vividly enough as an exaggeration or diminution of known phenomena" (Jaspers 1962, 578). It is wrong to radically disregard the analysis of a more biology-oriented psychiatrist (not to be confused with a more reductionist neuroscientist), namely the disorder's underlying mechanisms, and entirely deny that a good pluralistic psychopathology should take into account both the living experience of the felt body and the measurable dimension of the physical body.[20] Nevertheless, it is clear that the organic is just the material precondition upon which the atmosphere supervenes. The therapist, as we have seen, atmospherically anticipates the disorder through their first impression, well knowing that a situational and not only pathogenic atmosphere, as Thure von Uexküll's situational-circle, does not coincide with what is consciously and reflectively experienced, primarily because it involves, among other things, a much more stratified background that even

[19] "Suddenly the landscape was removed from me by a strange power. In my mind's eye I thought I saw below the pale blue evening sky a black sky of horrible intensity. Everything became limitless, engulfing… I knew that the autumn landscape was pervaded by a second space, so fine, so invisible, though it was dark, empty, and ghastly" (Jaspers 1962, 82).

[20] For such a balanced position, which leaves open the question of the effective link between mental and physic, see Töpfer (2007) and Dreitzel (1982, 65).

includes the unlived life and the imaginative dimension (Schmidt-Degenhard 1995).

As expected, an atmospheric approach means paying attention to the patient's environment, having a sense of their affective "situation" (Fischer 2005, 41) even before trying to effectively manage the therapeutic climate. The first issue that needs to be addressed here is the therapeutic boundary between atmospheres and moods, i.e. feelings differently radiated by the environment each time, and more durable and stable existential feelings that are felt less distinctly and often conflict with the atmosphere encountered (Fuchs 2013, 617). But for me it is more likely that existential feelings (moods), atmospheres and emotions, far from being ontologically different states, should constitute a continuum in everyday life: indeed it is not unusual that an occasional atmosphere becomes so "objective" and pervasive that it is transformed into a less transient mood, or vice-versa that a stable mood becomes so subjective, temporary and even intentional as to downgrade to a single and thing-based emotion[21] or a thingly ecstasy (in Böhme's terms). It may happen, in fact, that a diffused atmospheric feeling condenses itself into things and/or persons that become, therefore, its centre of irradiation without being its cause (or anchorage point, to agree with Schmitz). The fact that the atmospheric fear of a visit to the dentist, for example, does not direct itself towards the real cause (the pain as anchorage point) but can rather spread a negative aura on the dentist as a person, the tools they use and even the gossip magazines in the waiting room (condensation area), explains very well that the intentional (or formal) object of a feeling, always assumed by orthodox phenomenology, is often just something apparent.

Now, despite being focused on the pre-dualistic[22] (pervasive) quality both of atmospheres and moods–on their being neither inside nor outside, just like the air we breathe (Fuchs 2008, 95)–the diagnostic attention should still be able to separate what is pathologically most important and durable (atmospheric existential feelings) from what is not (the single temporary emotions, usually directed towards specific objects). Actually, the former constitute "a background sense of belonging to the world and a sense of reality" (Ratcliffe 2008, 39) and structure the way one finds oneself in the world as a "basso continuo". Even if they obviously "often

[21] Fuchs (2013, 619) admits this, at least in part, by saying that "moods are strongly influenced by surrounding atmospheres" and that a mood tends to elicit corresponding emotions.

[22] Even the term "related" (to the world) seems misleading for an atmospheric feeling, where there is no subjective experience of a mere individual self, separated from the enveloping global atmosphere (Kimura 2005, 115).

remain unnoticed, because they manifest themselves primarily in the way the world and the others appear to the patient" (Fuchs 2013, 616), they predetermine every single directed and surface emotion. In this (now altered) background or lived space the patient walks like an anxious child in the forest (Berner 1991), experiencing a feeling that lacks any precise "aboutness" and that, for this very reason, without ebbing and flowing like the single emotions, is unfortunately taken for granted.

The first and probably most important contribution to understanding the atmosphere as a diagnostic tool is surely due to Tellenbach's book (1968) on the non-rational, prejudicial (in the positive sense), intrinsically emotional–fusional and powerfully mnemonic (and therefore also atmospheric) oral sensorium. If all humans (even all organic beings) emanate and smell feelings through odours, the therapist should have a good and immediate nose for the imponderable atmosphere of others, for that inexplicit "surplus" that in the best case acts as a protective and trust-based sphere and in the worst case instead works as a protest against every atmospheric attunement. Consistency between a keen eye or nose and the atmospheric radiance is thus, for Tellenbach (1968, 62-63), the very medium of intersubjectivity and consequently the most important component of any understanding process. Especially the delusional mood or atmosphere, understood as the limited time of a critical transition from an atmosphere to another and as the feeling (perplexity and de-realization) that precisely precedes or accompanies the development of schizophrenic delusions, can and must be precisely diagnosed and assessed as the original phenomenon (an atmospheric clouding) (Tellenbach 1968, 111) of a real pathological (ineluctable) atmosphere. Tellenbach then explores some pathological pre-psychotic *Erlebnisse* of the oral sense, from the less serious disorders (decrease in taste and smell intensity) to the much more severe ones (receptive disorders), in which "the atmospheric can no longer affectively pervade the individual" (Tellenbach 1968, 127), resulting in a loss of smell receptivity (*Entstimmung*) or a despondency caused by one's own (alleged) bad smell (*Verstimmung*). Despite focusing on the abnormal atmospheric effect of olfactory hallucinations, he does not tell us much about how to detect this "downfall of the freedom in an atmospheric overpowering" (Tellenbach 1968, 161). But the diagnostic specification of the link between a certain detected atmosphere and a certain disease, of course, does not fall under my sphere of competence.

B) Atmospherical therapy

My question is very straightforward: how is it possible to treat pervasive atmospheres that nobody is able to willingly perform in order to make of them healing? This challenge first and foremost involves acknowledging that the task of every healthcare professional largely consists in "detecting moods as well as withstanding moods, controlling moods and above all designing moods" (Könemann 2007, 44). For this to happen, an atmospheric therapy, based on a lived intercorporeal performance rather than a cognitive-linguistic relationship, must not wage war on the disease as an enemy[23] but should aim to strengthen the patient's healthy parts (Emrich 2012, 211-212). For this reason, it appears implausible that therapy should "begin by showing the patient that his way of being-in-the-world has acquired a pervasive colouring" (Dreyfus 1989, 6), by explicitly exploring the events, cognitive formations and the course of the patient's background schemas[24] in order to lead them to experience life the way it was before it became one-dimensional (Becerra 2004, 5, 3). If it is indeed true that maladaptive and dysfunctional atmospheres are probably formed during the early stages of the individual's development, it seems however extremely doubtful that their now solid felt-bodily, pervasive-affective and extra-linguistic colour could be changed by intentionally and cognitively "constructing more adaptive schemas via accessing and re-processing trauma-related beliefs" (Becerra 2004, 7). Delusional atmospheric beliefs, being by no means propositional attitudes to take an unreal thing to be real but rather ways of being in the world (Ratcliffe 2010), are impervious to counter-arguments and propositional revision (acting as a meta-mood), even if they inevitably have also an impact upon reasoning–albeit only in the gestaltic way in which the background influences a figure (Schottenloher 2010, 212 ff.).

It is obviously tempting to assume that the best therapy should be an almost-hermeneutical "fusion of horizons", where the therapist becomes part of what is happening and thus greatly contributes to the atmosphere that dynamically bears the back and forth of dialogue (Reuster 2005, 73). This happens especially in psychodramatic therapy, seen as a (felt-bodily, among other things) warming up[25] to the symptom that allows the patient, thanks also to a real "feeling into one another", to feel and change his/her

[23] See, for example, Antonovsky's idea of salutogenesis.
[24] This argument is based on the very dubious premise that "atmosphere" could be understood as a precursor of what a cognitive schema is for behavioural therapy.
[25] It can be brought closer to the Schmitzean "being sucked into an acting atmosphere" (Schmitz 1980b, 54).

affective involvement within a comprehensive (atmospheric) emotional field (Frick 2005, 98-99). But by defining therapy as an "in-between" prior to the emergence and distinction of subject and object and therefore as the only true therapeutically productive "first atmospheric impression", one is inclined to think of the relational perspective (based on the emergence of the contact-boundary) in the phenomenological field as conceived by Gestalt therapy, which seems one of the best candidates for a consistent therapeutic application of the atmosphere. More precisely (Francesetti 2015, 6-12), this approach shifts the therapeutic focus from the patient to the ephemeral and dynamic. Within the latter, the therapist turns the suffering into an absence situated at this contact-boundary, which is co-created and co-actualised by the therapist's[26] and the patient's presence in the here and now. Therefore, Gestalt therapy is fully entitled to consider the patient's depression as an always situationally different depressive field, a momentary feeling of getting depressed together that, as a quasi-thing or ecstasy of that specific situation, the therapist is able to transform (not strategically, however) by making absence into presence.[27] Now, whatever the chosen route, it presupposes both the patient's complete trust and the therapist's relevant competence–understood, contrary to Freud's first model of an unemotional surgeon, as a being-with without hierarchy and hospital roles differentiation. My view is that this empathetic (but not intrusive) and communicative (but not only linguistic) capacity to create a friendly climate (Marx 2008, 184; 2013, 140 ff.) is just a part of an organisational approach based on the therapist's ability to also distance themselves from this interplay, without that meaning a fully rationally designed situation, since it is well known that an excessive affective planning has often the opposite effect to the one intended.

But on this level therapeutic approaches will naturally differ, depending on how the disorder is conceptualized (as inhibited feelings, pending history, unconscious psychic inner conflicts, etc.), and I lack the necessary competence to go into detail about it. I will only repeat that the therapeutic setting's atmosphere, developing the ubiquitous in-between in a targeted manner,[28] comes from a mutual encounter and is substantiated by more than a million bodily signals (Sonntag 2013, 127), resulting in a

[26] The therapist would thus work primarily on their presence-absence dialectic and their bodily presence.

[27] But is it really worth defining the emerging pain as a form of beauty (as does Francesetti 2015, 15, 12)?

[28] It is worth recalling that for Kimura the "In-Between" is both horizontal (between man and his environment and between other men) and vertical (between single life and life itself through prolepsis and anamnesis).

widespread atmosphere of intimacy (Stanghellini 2017, 179) that enables the patient to open up to the therapist–the only person to whom they confess something secret (something shameful, guilt-driven or traumatic). This way the therapist is able to detect their *trouble générateur* (Minkowski) and to help them, especially in instances of schizophrenia, and to emerge from their (too) private world into a sort of extended self (Kimura 2007, 254-258). It is very likely that, both as an implicit background and as a problematic figure, this interpersonal but pre-dualistic in-between (*aida* in Japanese: see Kimura 2013, 108 ff.), will only work if it has been preceded (also in the therapist) by an intrapersonal in-between and a kind of arché-*aida* (prior to the self/other distinction), whose deficit–for Kimura the non-meeting with own absolute otherness may cause the non-meeting with the patient's otherness–would lead to the lack of naturalness and, finally, also to schizophrenia.

C) Neo-phenomenological suggestions

But all of this already lies outside my area of expertise and I should rather address a more limited issue: that is, what Schmitz's New Phenomenology, which first gave dignity to the concept of atmosphere, can suggest in terms of its therapeutic application. Without going into detail and obviously without the competence to judge if his suggestions are appropriate or valid from a therapeutic point of view (please, don't shoot the messenger!), I have to mention at least two key points. The first is the central role of subjective facts, which we must protect and which we should return to. The person knows indeed *what* they are thanks to the objective self-attribution of subjective facts, but they know *who* they are only thanks to a regression to a primitive presence[29] (also called focusing), which only

[29] The person as a conscious subject with the capability of self-ascription can always go back to this proto-identitary life (given as identical to us without identification and reflection thanks to "primitive present/presence", in both a temporal and a spatial sense), by means of the vital drive and felt-bodily affective involvement. Self-ascription, by which identity is normally explained, is actually only possible (unless one wants to end up in a *regressus ad infinitum*) if it is based on self-consciousness without identification: that is, if I am already acquainted with myself. Of course, this primitive present/presence – as a guarantee of the coincidence between identity and subjectivity, and fusion point of five elements that cannot yet be distinguished (here, now, being, this and I) – at this point can and must also have a development. What is later produced is an unfolded present/presence (the world): a condition that is emancipated from life (also by means of sentential speech) in the primitive present/presence, in which, as we have seen, all meanings are still subjective for someone.