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THERAPEUTIC ATMOSPHERES. THE AESTHETICS OF THERAPEUTIC SPACES

1. Introduction

Ever since Gesler's groundbreaking research on health geography (Gesler 1992; 1993), there has been a surge of interest in the connection between places and well-being (Menatti *et al.*, 2022; Menatti-Casado da Rocha 2016; Williams 2017). From the ancient stonehenges described in anthropological archaeology (Darvill *et al.* 2018) to the field of sustainable design of public spaces in architecture, the therapeutic influence of spaces has been acknowledged as a crucial element of human cultural and aesthetic practices (Gesler-Kearns 2001; Kearns-Gesler 1998; Sternberg 2010). Spaces are no longer considered passive entities, but they possess the ability to either enhance or diminish stress, foster positive or negative thoughts, facilitate or hinder interpersonal connections, and ultimately, promote or hinder human well-being. There is a wealth of empirical evidence indicating that natural landscapes can alleviate stress, promote healing, and improve overall well-being (Keniger *et al.* 2013; Shanahan *et al.* 2015). Indeed, in hospital rooms, natural elements and views have been reported to have healing power (Cardone 2017), forming an integral part of evidence-based biophilic design in healthcare architecture (Zhong *et al.* 2022). As a result, the study of the architecture of mental health wards has emerged as a fruitful line of research in academic circles (Chrysikou 2014; Connellan *et al.* 2013; Jovanović *et al.* 2019; Mclaughlan *et al.* 2021). Geographers, anthropologists, and cultural scholars have examined therapeutic landscapes, enabling us to shift from a biomedical paradigm to an ecological paradigm on health.

While cultural approaches understand this health-environment relationship appealing to socio-cultural shared meanings attributed to material spaces, phenomenology asks the complementary question of how subjective and intersubjective experiences are spatially constituted. In this regard, phenomenologists have long emphasized the spatial dimension of

our experiences, firmly rooted in our embodiment and affectivity (Gallagher-Zahavi 2013; Henry 2012; Merleau-Ponty 2012). Highlighting the context-dependent nature of meaning making, phenomenological psychiatry describes how these structural invariants of consciousness are distinctively altered in diverse mental conditions (Stanghellini *et al.* 2019). From this perspective, the spatiality of the self and the spatiality of the world are understood in a dialectical manner, being deeply entrenched in the ambivalence between the first-person and third-person experiences of the body. Understanding the ecological and situated character of health, then, requires an examination of the spatial structure of the lived body.

This article explores the relationship between health and space by exploring the phenomenological articulation of embodiment, spatiality, affectivity and selfhood in pathological and healthy experiences. I will describe mental conditions as grounded by a spatial-affective feeling of homelikeness (Svenaeus 2001) and affective resonance and their alterations in mental conditions. I will delve on the concept of atmospheres, which refer to affective qualities of spaces that are holistically felt and permeate the boundary of the self, and I will examine their peculiar spatiality as suffusing inner and outer emotional spaces. Finally, the article puts forward the concept of *therapeutic atmospheres* to stress how this peculiar phenomenological character of atmospheres can elicit feelings of trust and 'homelikeness' in therapeutic situations. In this regard, I will distinguish between open and health promoting atmospheres as emergent form particular affective arrangements and forms of atmospheric competence in therapeutic attitude and interactions.

2. Space, affect and the lived body

From a phenomenological viewpoint, the connection between health and the environment can be understood in terms of the core spatial structure of the lived body. According to Merleau-Ponty (2012),

> in order for us to be able to imagine space, it must first be introduced into it through our body, which must have given us the first model of transpositions, equivalences, and identifications that turns space into an objective system and allows our experience to be an experience of objects and to open onto an 'in-itself'. (Merleau-Ponty 2012, 142)

The lived-space is not a geometrical or euclidean space described from a third-person point of view, but an extension of pre-reflective bodily experience (Gallagher-Zahavi 2013). The body serves as the zero point from which egocentric perspectival appearance unfolds, but it is not felt itself perspectivally. Merleau Ponty (2012), distinguished the primordial spatiality of the lived body from allocentric and egocentric spatial reference systems. Allocentric references are objective and third-person spatial frameworks, while egocentric references indicate the first-person or ego reference point. However, the primordial spatiality of the living body is neither allocentric nor egocentric. Instead, it takes on a form of 'resonance', and encompasses various qualities along different axes, such as wideness-narrowness, extension-contraction, irregularities, gradients, resistances, and fluidities. The spatiality of the lived body is not a fixed three-dimensional objective form, but rather fluid and flexible, allowing for changes in dimensionality.

Then, how is the lived body experienced? Merleau-Ponty (2012) suggests that the body is felt through pragmatic action. The absolute bodily spatiality unfolds through proprioceptive and kinaesthetic awareness of the body in action, encompassing processes such as posture, attention, bodily rhythms, gestures, and equilibrium. These body-schematic processes express the inherent directionality of the lived body and its pre-reflective intentionality of being open and directed towards the world. Space serves as the opening through which we perceive the existence, appearance, and actions of things, as well as being acted upon. Spatiality, thus, becomes both the context for perceptual experience of the world and the very condition for the articulation of subjectivity.

According to this perspective, the dominant mode of existence in the world is not that of a subject representing thematically an object, but rather a skillful 'being-in-the-world' (Heidegger 1927; Merleau-Ponty 2012). This embeddedness is rooted in the body's primary ability to move and its intentional drive, captured by the existential notion of 'I can'. Indeed, the body's capacity for movement and displacement constitutes the reference point to build the intentional orientation towards the world. Husserl (2013), for instance, explained how the formation of objects in perceptual experiences involves the various potential appearances and viewpoints the subject can adopt towards the

object. Thus, the system of possible movements, displacements, or virtualities of the body are preconditions for perception. As a consequence, the world does not appear as a neutral entity, but as a field of affordances or opportunities for movement and action (Gibson 2000; Heras-Escribano 2019). Affordances are possibilities for specific forms of engagement with the world based on an individual's abilities and motivations. These engagements are dispositions to perceive, to act, to feel, to regulate affective states that are organized in a valenced field of calls, saliences, invitations, and forces that co-constitute an individual's agency (Rietveld-Kiverstein 2014; Withagen *et al.* 2012). The field of affordances is a structured combination of physical and symbolic elements, spatially articulated in vectors such as attraction-repulsion, attainability-unattainability, proximity or distance, elasticity or resistance. This analysis of the spatial aspects of selfhood aligns with contemporary discussions on enactive and ecological cognition theories, which view agency as situated and context-dependent (Di Paolo *et al.* 2020; García 2023a).

A complementary viewpoint is offered by Tonino Griffero, who describes the pathic felt-bodily resonance as the fundamental structure of the lived body. Drawing on New Phenomenology (Schmitz 2019), Griffero (2014; 2022) suggests that the spatiality of the lived-body can be understood as a pre-dimensional and surfaceless space of holistic nature. It is pre-dimensional because it is the condition that allows for dimensional spatiality to unfold. It is surfaceless because it cannot be described in terms of functional topography, but rather is experienced in a holistic manner. Furthermore, the felt-body is not confined to the physical boundaries of the body but extends uniquely to the proximal corporeal space and affective atmospheres. Here, the co-constitution of the individual and the environment is found in the ambivalent nature of the lived body, which serves as both a resonating board while being permeable for affective qualities of spaces, thus possessing an 'ecstatic extension' (Griffero 2017). Consequently, the primary spatiality of the lived body is characterized by a fluctuation between expansion and contraction. It is worth noting that, the pathic felt-body resonance is primarily receptive rather than intentional, meaning that it is responsive, self-affected, and vulnerable. Thus, pathic perspectives shift the focus from the agentic to the affective

aspects of the lived body, underscoring the body's ability to be affected, its receptiveness to external atmospheres, and its susceptibility to disturbances. In other words, these perspectives emphasize the involuntary experiences of humans, highlighting the varying degrees of permeability, susceptibility, and responsiveness of the lived body.

The cluster of embodiment, affectivity, and spatiality operate synergistically to imbue the lived body with a particular orientation and attitude towards the world. Indeed, the openness and flexibility of the body-space is modulated by affectivity. Certain affective states, such as joy and excitement, expand the boundaries of the lived body, facilitating fluid mobility in the external medium. Conversely, affective qualities like sadness or fear constrict the body-space, rendering the environment dense and difficult to traverse. This rhythmic oscillation between expansion and contraction is intrinsic to the process of auto-affection, observable in bodily expression, movement qualities, and intersubjective resonance. It is a form of basic spatial auto-affection that serves as context for subjectivation and constitutes the basic form of inhabiting socio-material spaces.

Although New Phenomenology and action-first perspectives focus on apparently conflicting aspects of the lived body, they should be understood as complementary (see García 2023a). The term 'pathic' should not be construed as antithetical to 'active'. Indeed, a basal activity is required for the lived body to affect and to be affected. Following the analogy with the tensed string, resonance requires the string to actively sustain a certain degree of tension. This foundational tension can be regarded as the primal vitality that grounds life, that is, the strive to the self-maintenance and self-transformation that characterizes life (Di Paolo 2018). Accordingly, pathicity and activity are not diametrically opposed, but rather mutually constitute the reciprocal capacity of the lived body to affect and be affected. Fuchs-Koch (2014) describe this reciprocity as the circular interplay between moving and being moved, which encompasses action tendency inherent to 'e-motion'[1] and affectability of the

[1] Here the term 'e-motion' makes reference to its etymological origin in Latin *emovere*, which means 'to move out', expressing the inherent directedness and tendency to movement of emotions.

lived body through resonance. In interpersonal situations, mutual resonance generates a circularity between impression and expression that has been named as *interaffectivity* (Fuchs 2017). This reciprocity between active and pathic aspects of the lived body is crucial to understand our spatial engagement in the world and the sense of self.

3. Mental conditions and space

Philosophical explorations of psychopathology have highlighted the interconnections between spatial disturbances and various dimensions of bodily, affective, temporal, and interpersonal experiences, thereby illuminating the complex structure of disorders such as depression or schizophrenia (Stanghellini *et al.* 2019). Although the nexus between one's sense of self, affectivity and space is constitutive of all forms of experiences, it becomes particularly evident in cases of severe psychopathology.

Viewed through a phenomenological lens, health is conceptualized as an existential regime characterized by a sense of transparency and fluidity in carrying out significant life goals (Ratcliffe 2008; Svenaeus 2001). Illness, whether physical or mental, can be construed as a disruption of the lived body's openness to the world. In healthy conditions, the body is experienced as transparent, serving as a medium for our engagement with the world, without being explicitly foregrounded in experience. Conversely, during illness, such as instances of pain, the body becomes opaque, coming to the forefront of experience, no longer facilitating our interaction with the world but rather obstructing it. This estrangement and alienation from the body is a hallmark of illness, accompanied by a feeling of 'unhomelikeness' and uneasiness in inhabiting the world (Svenaeus 2001). According to Fuchs (2005), this is manifested in two primary forms: 1) 'Corporealization', which is characterized by the rigidification and objectification of the body. In cases like depression, the body is perceived as dense and opaque, diminishing embodied agency. 2) 'Disembodiment', as seen in schizophrenia, where the ego-centrality of the body and its function as an integrator of multimodal sensory experiences tends to dissipate. In either case, the body transitions from facilitating a fluid and adaptive relationship with the environment to hindering it.

Consequently, the body may lose its responsiveness or the capacity to respond to the demands of the situation, compromising its agency or its existential 'I can' structure. Indeed, the etymology of the term 'pathology', originating from the Latin *pathos* or 'what is suffered', underscores the heteronormative and context-dependent nature of illness as a state of 'being affected by', which often entails a diminishment of agency. The field of available affordances becomes rigidified, resulting in a mismatch between one's capacities and the opportunities offered by the environment, which leads to a constricted, fragmented, or otherwise unfitting ecological niche. In depression, for instance, a pervasive field of indifference emerges, making it difficult to find motivation and soliciting force in the space, rendering even the simplest action of getting out of bed challenging. Conversely, in OCD, the field of affordances is overlapped by a zone of attraction that triggers compulsive behavior towards specific activities (e.g., seeking symmetries in arrangements, obsessive cleaning, meticulous personal grooming, etc.) (de Haan *et al.* 2013). Individuals no longer perceive things and spaces as scaffolds capable of eliciting and regulating predictable responses (Krueger-Colombetti 2018), resulting in a breakdown of affective trust and a loss of the feeling of being at home. Once-familiar surroundings lose their familiarity, and the body becomes trapped within inner spheres of influence governed by rigid patterns of behavior and action.

Disturbances in the structure of agency are accompanied by disruptions in affectivity. Affective experiences vary in intensity, duration, and intentional structure, contributing diversely to the continual restructuring of the self-world relationship (Fuchs 2013; García 2023b). Affective phenomena, such as existential feelings, atmospheres, moods, and emotions, progressively shape the construction of the self-world boundary within the ongoing stream of experience, forming the basis of ego-centrality in experience. Consequently, it is not surprising that disturbances of embodiment coincide with disturbances in the affective process of structuring the self-world boundary. For instance, corporealization in depression engenders an atmospheric ambiance of emotional indifference, apathy and dysphoria, reducing the person's ability to qualitatively discern what matters to them as nothing stands out as significant or important anymore (Aho 2019). Unlike emotions, atmospheric and existential feelings

are not targeted towards specific objects but permeate the entire body-world space (Aho 2019). Affective qualities such as gloominess and sadness infiltrate the self-boundary, influencing both internal and external mediums, thereby modulating interpersonal spaces. These atmospheres of affective indifference are reinforced by existential feelings of guilt, hopelessness, and isolation. In contrast, disembodiment in schizophrenia manifests together with the 'Kretschmerian paradox' where patients concurrently experience exaggerated and diminished levels of emotional response, often displaying a discrepancy between felt and expressed emotions (Sass-Parnas 2003). A frequently reported symptom in schizophrenia refers to atmospheric sensations of somatic depersonalization and derealization. In depersonalization individuals perceive their own body or body parts as unfamiliar or alien, whereas in derealization, the world appears fragmented and unreal yet laden with overwhelming significance (Sass-Pienkos 2013). These are existential feelings and atmospheres of unfamiliarity or strangeness that imply a distortion of the spatiality of the lived body, resulting in the loss of the ego's central attractor point.

What this psychopathological evidence shows is that spatiality is inherent to disorders of embodiment and affectivity. The body's capacity for resonance becomes compromised, leading to a sense of being 'dis-placed' from the world. As Fuchs (2007) describes, psychopathology may be regarded as a narrowing or deformation of an individual's lived space, as a constriction of the horizon of possibilities, including those of perception, action, imagination, emotional, and interpersonal experience. Severe distortions of the lived space are notable in schizophrenic hallucinations (Dibitonto 2014), but also in other psychiatric conditions. Phobic individuals, for instance, may find their spatial realm ensnared by zones of avoidance, characterized by gradients of resistance to action. Conversely, individuals struggling with addiction may construe space as comprising zones of unavoidable attraction. In other words, the existential topology is deformed and contracted. Moreover, disruptions of spatiality can also extend to interpersonal spaces. Notably, certain schizophrenic patients report a sense of intrusion into the intimate depths of the self by others (Minkowski 1927). In such cases, managing the existential spatial boundary and interpersonal distance between self and other becomes challenging, which may lead to symptoms of

thought insertion, experiences of persecution, and misattributions of thoughts (Fuchs 2015). Minkowski (1927) would conceptualize this as a disorder affecting the dimension of spatial depth in the experiential realm. These diverse manifestations illustrate different forms of spatial disorientation experienced through the lived body, ultimately altering opportunities for action afforded by the environment. These are all spatial disturbances of experience that modify the possibilities for action invited by the environment.

4. Therapeutic atmospheres

A pivotal concept that captures the cluster of space-affectivity-subjectivity is that of affective atmospheres (Anderson 2009; Griffero 2014; Schmitz *et al.* 2011). Affective atmospheres are affective qualities of ambiences that are holistically perceived and extend to situations in which the person is immersed, imbuing spaces with distinct emotional hues. They arise from the configuration of heterogeneous qualities such as light, temperature, volume, color, textures, and interpersonal interactive dynamics. Thus, they have a gestaltic character, being emergent affective wholes of situations.

Atmospheres are construed as pre-intentional and pre-personal phenomena, meaning that they permeate the self-boundary, being affective forces that drive individuation (García, 2023b). Therefore, atmospheres do not possess a transitive subject-object intentional structure but are ontogenetically prior to this distinction. They often permeate the boundary of the self, suffusing the inner and outer *milieus* with a certain affective quality. Despite their inherent affective nature, atmospheres transcend individual ownership and 'belong' to entire situations. Thus, they are pathically experienced as subtle systemic forces within the context, beyond the individual's intentions, often remaining inconspicuous and elusive. Indeed, atmospheric affects are those affective qualities of the relational domain that cannot be ascribed to individuals on their own, but point to a shared situation of encounters in given spaces (e.g., the atmosphere of a cathedral, the atmosphere of a library, a museum, the atmosphere of tension in a workspace, atmospheres of the consultation room, etc.).

An important aspect to highlight here is the peculiar structure (or lack of it) of atmospheres. They are ethereal and unbounded. Their form of spatiality is not localized, but aerial, occupying the

space of the 'in between' of localizable elements. Indeed, the atmospheric way of disclosing the world is characterized by being fundamentally ambivalent as it holds opposite tensions that are dialectically related, such as «presence and absence, materiality and ideality, definite and indefinite, singularity and generality» (Anderson 2009, 77). Noticeably, the very etymological term 'atmos-sphere' refers to two opposed forms of spatiality – the tendency of aerial substances to fill in spaces (atmos) and a particular form of spherical organization of the space (sphere).

In the phenomenological psychiatry literature, the concept of atmospheres have proved extremely useful to describe the experience of certain psychopathologies, emphasizing this interplay between spatial and affective alterations – such as anomalous self-experiences (Sass-Pienkos 2013; Sass *et al.* 2017; Sass-Ratcliffe 2017; Tellenbach 1968), paranoid atmospheres (Schlimme 2009), delusional atmospheres (Mishara 2009; Moskowitz *et al.* 2008; Thornton 2012), or even healing atmospheres (Musalek 2010). Additionally, atmospheres have played a key role in intersubjective diagnosis (Costa *et al.* 2014; Tellenbach 1968). Intersubjective diagnosis, also called 'aesthetic diagnosis' (Roubal *et al.* 2017) or '*diagnostique par penetration*' (Minkowski 1927), is a tacit affective awareness of the situation, a sensitivity to the affective charge. It contrasts with the objective diagnosis promoted by the DSM categories in that, instead of providing a simple psychopathological categorization, intersubjective diagnosis provides an aesthetic source of orientation to the therapist in their ongoing interaction with the patient.

Besides concerns about psychopathology, the concept of atmospheres and the pathic body play a relevant role in understanding subtle phenomena taking place in therapeutic processes (Francesetti-Griffero 2019). In therapeutic processes, the disordered experience of the patient is permeable by the atmosphere of the situation and, in turn, atmospheres can solicit or favor certain interactions between patient and therapist, which can reinforce or not the behavior of the patient. This impregnability and pathic aspect of atmospheres can be seen as the condition of possibility of the transformative potential of the therapeutic encounter. As Jacobson (2020, 68) nicely puts it, «caring for people involves caring for spatiality», that is, caring for

atmospheres. Now, can we distinguish between therapeutic and pathologic atmospheres?

To a certain extent, the objective of the therapeutic process can be conceptualized as to expand the patient's experiential realm and to enhance their sense of agency. Our endeavor is to create a shared space that expands their 'I can' structure and affordances available. Fuchs (2007), for instance, describes the lived space as the set of an individual's spatial and social relations, which constitute their 'horizon of possibilities'. If mental illness are construed as a constriction or distortion of the patient's lived space, then, the aim of psychotherapy should be to open up space for new experiences. Accordingly, psychotherapy can be viewed as an exploration of uncharted territories, facilitating the emergence of novelty and augmenting the lived distance and feeling of freedom. This process of space opening, or 'making room', entails creating space for otherwise unbearable affective experiences and to expand the lived-body into unexplored realms, that is, to experiment with novel modes of existence.

Therapeutic spaces should be seen as mediating the reciprocity between the self's receptivity to the world and the world's accessibility to the self. This reciprocal tension between the self and the world creates a feedback loop, reinforcing the self's sense of connection to its surroundings, while simultaneously decreasing alienation from itself. In this regard, a patient reports:

> That strangeness of saying «I don't identify with this style at all» and nevertheless, afterwards I have been liking it a lot. My house now looks a lot like the consultation room [...]. And I manage to identify with that character [of the therapist] as well, its way of decorating the space of colors, of the aesthetics that I actually do like. (Emilia, Gestalt therapy patient. Unpublished interview, translated from Spanish)

This quote shows that the aesthetics of the space are involved in the process of interpersonal identification-alienation. The patient reports that a reconstruction of the self is influenced by processes of becoming identified and at home in the consultation room, to the extent of bringing aesthetic elements of the consultation room to her own home.

Attending to this reciprocity between the self and space illuminates the nuanced interplay between healthy and unhealthy forms of atmospheric influences. These influences can either expand or restrict the range of resonance of the lived body,

affecting connectedness and agency. Within psychiatric contexts, certain spaces and practices can be characterized as closed, exemplified by closed wards and coercive treatments, which effectively constrict the lived-space of the self. In contrast, approaches such as open-door policies, home treatment, or open dialogue initiatives can be viewed as opening up the space of affective resonance of the lived body. Such approaches not only facilitate a broader sense of connectedness but also enhance the individual's sense of self. Thoma *et al.* (2022) underscore the transformative potential of these open approaches in psychiatric care, emphasizing their role in fostering healthier atmospheres conducive to personal growth and well-being.

Some elements of the consultation room have been already described from a design perspective (Moutsou 2023; Okken *et al.* 2012). For instance, leather or wooden furniture may generate an atmosphere of coziness and homelikeness, while iron materials may generate distrust. A balance between artificial and natural elements (e.g., plants, natural views) may release stress and serve as visual clues to regulate overwhelming emotional or psychological intensity. Artworks may also play this regulative role as distraction for moments of distress. Size of the space, location of entrances, and polyvalence in furniture arrangement promote flexibility of movement, physically but also affectivelly. The resulting atmosphere of the consultation room may elicit feelings of relaxation, trust, and intimacy or feelings of shame, distance, and restraint, predisposing patients to certain affective states and styles of interaction while inhibiting others. The way that patients and therapists affect each other is again mediated by their affective resonance with the atmosphere of the situation. Another patient reports:

> I felt comfortable in the chair […] temperature also [...]. I think temperature influences me a lot. [...] Things and colors combine in these rooms, with a super well thought out style, the colors combine, the space is not full of things, but it is not empty and it is not like [...] hospital, but it is pleasant [...]. I also pay attention to the light a lot [...]. You know that it is not a house, but it is not a cold place of distance, but rather it is comfortable, as cozy [...]. Those little things I pay attention to a lot because it gives me information about how the other person I am going to meet can be [...]. I feel that the space is very open as it is a space that welcomes all kinds of people. (Claudia, Gestalt therapy patient. Unpublished interview, translated from Spanish)

These emotional regulation elements of the space may be seen as 'affective arrangements' (Slaby *et al.* 2019), comprising heterogeneous and dynamic assemblies of artifacts, discourses, behaviors and expressions that exert a magnetic force, a dynamic appeal, drawing individuals into their sphere of influence. By offering opportunities for engagement and immersion into emotional resonance and heightened intensity, they facilitate various modes of openness and affective engagement. As a consequence, the distinction between 'healthy' or 'unhealthy' agency is not solely based on predetermined individual capabilities, but rather it is profoundly influenced by the extent to which our capacity to flexibly interact with our circumstances and to regulate our affective states is either supported or suppressed by the affective arrangements of the surrounding environment.

As a consequence, the pathological experience does not only belong to the patient, but can be described as disordered organizations of the relational field or disordered atmospheres of the situation (Roubal *et al.* 2017). In the presence of a depressed patient, for instance, the atmosphere of sadness and gloominess is not only experienced by the patient, but extends to the consultation room, being experienced by the therapist too (Francesetti 2019). Another recent example comes from Esposito-Stanghellini (2024, 66), who describe the atmosphere of encounter with a hysterical person as «the dialectic between centrality and periphery, in the continuous effort to get out of the grey area of the outside edge to reach the visibility of the centre». In this case, we can say that the whole patient-therapist field becomes depressed or hysterical. These deformations of the interpersonal field often pull the therapist to interact in prototypical or complementary manners so as to respond to the organizational demands of the field. For instance, cheering up, feeling pity, or getting depressed along with the patient in case of the depressed field or fighting for the center and attention in the case of hysteria. Those affective movements are felt as an imbalance, a systemic need, a conatus or a demand of the situation that the therapist must learn to manage. They are mediated by the shared affective atmosphere, and risk reinforcing the disordered experience of the patient, unless the therapist learns to navigate them.

A certain degree of atmospheric competence and sensitivity will be required to prevent the therapist from emotional

contagion and stereotyped responses that may enhance the pathological atmosphere. Noticeably, not only physical openness of the spaces and particular arrangements of thighs contribute to therapeutic atmospheres, but it is essential to recognize the significant role that interactive factors play in shaping the overall atmosphere of a given space. Within the therapeutic encounter, the shared space fosters a mutually constructed horizon of meanings, which are modulated by the atmosphere of the encounter. The primary facilitator in this endeavor is the interactive milieu of psychotherapy, which may be perceived as a convergence of horizons between the patient and the therapist (Fuchs 2005). Accordingly, the therapeutic attitude has to be understood as an atmospheric competence. Indeed, the therapeutic attitude is often described as 'sustaining the space', as holding the unfolding of the affective dynamics that take place in the consultation room. These affective unfolding can be seen as field phenomena that emerge from the interaction among different material and agential elements. Sustaining here refers to being sensitive to subtle affective fluctuations of the space, often being of atmospheric nature, and being able to respond accordingly. In order to sustain the space, thus, the therapist should maintain an attitude of openness and what I call 'bodily availability'. Bodily affective availability implies the pathic attitude of having the right degree of flexibility and rigidity to allow resonance with the atmosphere without being gripped by it. When the body is trapped by emotional contagion, it is pathically driven, whereas an intentional stance often narrows the attentional scope reducing receptiveness. Being available implies a middle way attitude of pathicity and receptivity, but held by a certain degree of intentional awareness.

An atmospheric competence implies that attention is not localized in a single element or phenomena (e.g., the content of what the patient reports, or specific symptom manifestation). Rather, atmospheric competence requires having a non-localized peripheral attention to all subtle perturbations of the space (e.g., the light that shades down, a subtle modulation in the tone of the patient, a change in breathing rhythms). It is a state of broad sensitivity, responsiveness, and presence, which is related to the capacity to sustain uncertainty in interactions (Sarasso *et al.* 2022). In this context, therapeutic presence encompasses appreciative openness, relational and situational engagement,

support, and expressiveness, and facilitates participatory sensemaking between patient and therapist (García 2021; Geller-Greenberg 2002). It requires a sense of the physical space, a spatial awareness of existential 'being-there', that is, of being engaged with the situation. Presence, in this sense, can be characterized by having an atmospheric attention, an attention to the subtle and blurred, which brings to light implicit, tangential, and hidden information of the situation. In this regard, the therapeutic competence is an attitude that one must actively sustain by actively holding the dynamic flow of the situation, through bracketing individual expectations, trajectories, and intentions, in order to let the situation and its atmosphere unfold.

To conclude, this article draws some initial likes to a theory of therapeutic atmospheres. It is suggested that by creating discontinuities in one's experience of the world, staged atmospheres can be a catalyst for reconstructions of one's bodily spatiality and sense of self. The peculiar structure of affective atmospheres as suffusing internal and external affective spaces makes them good candidates to explain field processes taking place in therapeutic situations. The alteration of the affective permeability of the self with respect to the environment is seen as the bidirectional transfer of emotional states between a person and the environment. In this regard, we can describe health promoting atmospheres as those that open the emotional space of the patient to allow for the exploration of novel territories of the self. The aim of therapeutic atmospheres is to extend the corporal space to inhabit a varied spectrum of virtualities, possibilities, movement, emotional regulation, and interaction. The therapeutic encounter thus allows the patient to navigate fields of affective intensity by sustaining the gravitation points of the shared medium.

Bibliography

Aho K., 2019: «Affectivity and its disorders», in Stanghellini G., Broome M., Raballo A., Fernandez A.V., Fusar-Poli P., Rosfort R. (eds.), *The Oxford handbook of phenomenological psychopathology*, Oxford, Oxford University Press, pp. 459-464.

Anderson B., 2009: *Affective atmospheres*, «Emotion, Space and Society», 2, 2, pp. 77-81. DOI: 10.1016/j.emospa.2009.08.005

Cardone J.-P., 2017: *The healing power of nature: A practical exploration of how nature can influence our health and well-being*, Indianapolis (IN), Dog Ear Publishing.

Chrysikou E., 2014: *Architecture for psychiatric environments and therapeutic spaces*, Amsterdam, IOS Press.

Connellan K. - Gaardboe M. - Riggs D. - Due C. - Reinschmidt A. - Mustillo L., 2013: *Stressed spaces: mental health and architecture*, «HERD», 6, 4, pp. 127-168.

Costa C. - Carmenates S. - Madeira L., - Stanghellini G., 2014: *Phenomenology of atmospheres. The felt meanings of clinical encounters*, «Journal of Psychopathology and Behavioral Assessment», 20, pp. 351-357.

Darvill T. - Heaslip V. - Barrass K., 2018: «Heritage and well-being: Therapeutic places, past and present», in Fletcher G. (ed.), *Routledge handbook of well-being*, London-New York, Routledge, pp. 112-123.

De Haan S. - Rietveld E. - Stokhof M., - Denys D., 2013: *The phenomenology of deep brain stimulation-induced changes in OCD: an enactive affordance-based model*, «Frontiers in Human Neuroscience», 7, 653. DOI: 10.3389/fnhum.2013.00653

Di Paolo E.A. - Heras-Escribano M. - Chemero A. - McGann M., 2020: *Enaction and ecological psychology: convergences and complementarities*, «Frontiers in Psychology», 11. DOI: 10.3389/fpsyg.2020.617898

Di Paolo E.A. 2018: «The enactive conception of life», in Newen A., De Bruin L., Gallagher S. (eds.), *The Oxford Handbook of 4E Cognition*, Oxford, Oxford University Press, pp. 71-94.

Dibitonto D., 2014: *Phenomenological psychopathology: from spatial disorder to the problem of disembodied desire*, «Rivista internazionale di filosofia e psicologia», 5, 3, pp. 289-310.

Esposito C.M. - Stanghellini G., 2024: *Affective permeability: on hysteria and atmospheres.* «Psychopathology», 57, 1, pp. 63-69.

Francesetti G. - Griffero T., 2019: *Psychopathology and atmospheres. Neither inside nor outside*, Newcastle, Cambridge Scholars Publishing.

Francesetti G., 2019: «Psychopathology, atmospheres, and clinical transformations: towards a field-based clinical practice», in Griffero T., Tedeschini M. (eds.), *Atmosphere and aesthetics. A plural perspective*, Cham, Palgrave Macmillan, pp. 223-240.

Fuchs T. - Koch S.C., 2014: *Embodied affectivity: on moving and being moved*, «Frontiers in Psychology», 5, 508. DOI: 10.3389/fpsyg.2014.00508

Fuchs T., 2005: *Corporealized and disembodied minds: a phenomenological view of the body in melancholia and schizophrenia,* «Philosophy, Psychiatry, & Psychology: PPP», 12, 2, pp. 95-107.

Fuchs T., 2007: *Psychotherapy of the lived space: a phenomenological and ecological concept*, «American Journal of psychotherapy», 61,4, pp. 423-439.

Fuchs T., 2013: «The phenomenology of affectivity», in Fulford K.W.M., Davies M., Gipps R.G.T., Graham G., Sadler J.Z., Stanghellini G., Thornton T. (eds.), *The Oxford handbook of philosophy and psychiatry,* Oxford, Oxford University Press, pp. 612-631.

Fuchs T., 2015: *Pathologies of intersubjectivity in autism and schizophrenia*, «Journal of Consciousness Studies», 22, 1-2, pp. 191-214.

Fuchs T., 2017: *Ecology of the brain. The phenomenology and biology of the embodied mind*, Oxford, Oxford University Press.

Gallagher S. - Zahavi D. 2013: *The phenomenological mind*, London-New York, Routledge.

García E., 2021: *Participatory sense-making in therapeutic interventions*, «Journal of Humanistic Psychology», 00221678211000210. DOI: 10.1177/00221678211000210

García E., 2023a: *Affective atmospheres and the enactive-ecological framework*, «Philosophical Psychology», pp. 1-26. DOI: 10.1080/09515089.2023.2229350

García E., 2023b: *Affectivity in mental disorders: an enactive-simondonian approach*, «Phenomenology and the Cognitive Sciences». DOI: 10.1007/s11097-023-09929-8

Geller S.M. - Greenberg L.S., 2002: *Therapeutic presence: therapists' experience of presence in the psychotherapy encounter*, «Person-Centered & Experiential Psychotherapies», 1, 1-2, pp. 71-86. DOI: 10.1080/14779757.2002.9688279

Gesler W. - Kearns R., 2001: *Culture/Place/Health*, London-New York, Routledge.

Gesler W.M., 1992: *Therapeutic landscapes: medical issues in light of the new cultural geography*, «Social Science & Medicine», 34, 7, pp. 735-746. DOI: 10.1016/0277-9536(92)90360-3

Gesler W.M., 1993: *Therapeutic landscapes: theory and a case study of Epidauros, Greece*, «Environment and Planning. D, Society & Space», 11, 2, pp. 171-189.

Gibson E.J., 2000: *Where is the information for affordances?*, «Ecological Psychology», 12, 1, pp. 53-56. DOI: 10.1207/s15326969eco1201_5

Griffero T., 2014: *Atmospheres and lived space*, «Studia Phaenomenologica», 14, pp. 29-51. DOI: 10.5840/studphaen2014144

Griffero T., 2017: «Felt-Bodily resonances: towards a pathic aesthetics», in Feger H., Dikun X., Ge W. (eds.), *Yearbook for Eastern and Western Philosophy*, Berlin-Boston, de Gruyter, pp. 149-164.

Griffero T., 2022: «They are there to be perceived: affordances and atmospheres», in Djebbara Z. (ed.), *Affordances in everyday life: a multidisciplinary collection of essays*, Cham, Springer, pp. 85-95.

Henry M., 2012: *Philosophy and phenomenology of the body*, The Hague, Martinus Nijhoff.

Heras-Escribano M., 2019: *The philosophy of affordances*, Cham, Springer International Publishing.

Husserl E., 2013: *Thing and space: lectures of 1907*, Dordrecht, Springer Science & Business Media.

Jacobson K., 2020: *Spatiality and agency: a phenomenology of containment*, «Puncta», 3, 2, pp. 54-75. DOI: 10.5399/PJCP.v3i2.8

Jovanović N. - Campbell J. - Priebe S., 2019: *How to design psychiatric facilities to foster positive social interaction - A systematic review*, «European Psychiatry: The Journal of the Association of European Psychiatrists», 60, pp. 49-62. DOI: 10.1016/j.eurpsy.2019.04.005

Kearns R.A. - Gesler W.M., 1998: *Putting health into place: landscape, identity, and well-being*, New York, Syracuse University Press.

Keniger L.E. - Gaston K.J. - Irvine K.N. - Fuller R.A., 2013: *What are the benefits of interacting with nature?*, «International Journal of Environmental Research and Public Health», 10, 3, pp. 913-935. DOI: 10.3390/ijerph10030913

Krueger J. - Colombetti G., 2018: *Affective affordances and psychopathology*, «Discipline Filosofiche», 18, pp. 221-247.

McLaughlan R. - Lyon C. - Jaskolska D.M., 2021: *Architecture as change-agent? Looking for innovation in contemporary forensic psychiatric hospital design*, «Medical Humanities», 47, 4. DOI: 10.1136/medhum-2020-011887

Menatti L. - Bich L. - Saborido C., 2022: *Health and environment from adaptation to adaptivity: a situated relational account*, «History and philosophy of the life sciences», 44, 3, pp. 1-28. DOI: 10.1007/s40656-022-00515-w

Menatti L. - Casado da Rocha A., 2016: *Landscape and health: connecting psychology, aesthetics, and philosophy through the concept of affordance*, «Frontiers in Psychology», 7, 571. DOI: 10.3389/fpsyg.2016.00571

Merleau-Ponty M., 2012: *Phenomenology of perception* (1945), Engl. transl. by D.A. Landes, London-New York, Routledge.

Minkowski E., 1927: *La schizophrénie. Psychopathologie des schizoïdes et des schizophrenes.* Paris, Payot.

Mishara A.L., 2009: *Klaus Conrad (1905–1961). Delusional mood, psychosis, and beginning schizophrenia*, «Schizophrenia Bulletin», 36, 1, pp. 9-13.

Moskowitz A. - Nadel L. - Watts P. - Jacobs W.J., 2008: *Delusional atmosphere, the psychotic prodrome and decontextualized memories*, «Psychosis, Trauma and Dissociation: Emerging Perspectives on Severe Psychopathology», pp. 65-78.

Moutsou C., 2023: *Dialogues between psychoanalysis and architecture: the relational space of the consulting room through the senses*, Oxford, Routledge.

Musalek M., 2010: *Social aesthetics and the management of addiction*, «Current Opinion in Psychiatry», 23, 6, pp. 530-535. DOI: 10.1097/YCO.0b013e32833d36a6

Okken V. - van Rompay T. - Pruyn A., 2012: *Exploring space in the consultation room: environmental influences during patient–physician interaction*, «Journal of Health Communication», 17, 4, pp. 397-412. DOI: 10.1080/10810730.2011.626498

Ratcliffe M., 2008: *Feelings of being: phenomenology, psychiatry and the sense of reality*, Oxford, Oxford University Press.

Rietveld E. - Kiverstein J., 2014: *A rich landscape of affordances*, «Ecological Psychology: A Publication of the International Society for Ecological Psychology», 26, 4, pp. 325-352. DOI: 10.1080/10407413.2014.958035

Roubal J. - Francesetti G. - Gecele M., 2017: *Aesthetic diagnosis in Gestalt Therapy*. «Behavioral Sciences», 7, 4. DOI: 10.3390/bs7040070

Sarasso P. - Francesetti G. - Roubal J. - Gecele M. - Ronga I. - Neppi-Modona M. - Sacco K., 2022: *Beauty and uncertainty as transformative factors: a free energy principle account of aesthetic*

diagnosis and intervention in Gestalt Psychotherapy, «Frontiers in Human Neuroscience», 16, 906188.

Sass L. - Parnas J., 2003: *Schizophrenia, consciousness, and the self*, «Schizophrenia Bulletin», 29, 3, pp. 427-444. DOI: 10.1093/oxfordjournals.schbul.a007017

Sass L. - Pienkos E. - Skodlar B. - Stanghellini G. - Fuchs T. - Parnas J. - Jones N., 2017: *EAWE: Examination of Anomalous World Experience*, «Psychopathology», 50, 1, pp. 10-54. DOI: 10.1159/000454928

Sass L. - Pienkos E., 2013: *Space, time, and atmosphere. A comparative phenomenology of melancholia, mania, and schizophrenia,* part II, «Journal of Consciousness Studies», 20, 7-8, pp. 131-152.

Sass L. - Ratcliffe M., 2017: *Atmosphere. On the phenomenology of "atmospheric" alterations in Schizophrenia-Overall sense of reality, familiarity, vitality, meaning, or relevance*, «Psychopathology», 50, 1, pp. 90-97. DOI: 10.1159/000454884

Schlimme J. E., 2009: *Paranoid atmospheres: psychiatric knowledge and delusional realities*. «Philosophy, Ethics, and Humanities in Medicine: PEHM», 4, 14. DOI: 10.1186/1747-5341-4-14

Schmitz H. - Müllan R.O. - Slaby J., 2011: *Emotions outside the box – The New Phenomenology of feeling and corporeality*, «Phenomenology and the Cognitive Sciences», 10, 2, pp. 241-259. DOI 10.1007/s11097-011-9195-1

Schmitz H., 2019: *New Phenomenology. A brief Introduction,* Milano-Udine, Mimesis International.

Shanahan D.F. - Fuller R.A. - Bush R. - Lin B.B. - Gaston K.J., 2015: *The health benefits of urban nature: how much do we need?*, «Bioscience», 65, 5, pp. 476-485. DOI: 10.1093/biosci/biv032

Slaby J., - Mühlhoff R., - Wüschner P., 2019: *Affective arrangements*, «Emotion review», 11, 1, pp. 3-12. DOI: 10.1177/1754073917722214

Stanghellini G. - Broome M. - Fernandez A.V. - Rosfort R. - Raballo A. - Fusar-Poli P., 2019: *The Oxford handbook of phenomenological psychopathology.* Oxford, Oxford University Press.

Sternberg E.M., 2010: *Healing spaces: the science of place and well-being.* Harvard, Harvard University Press.

Svenaeus F., 2001: «The Phenomenology of Health and Illness», in Kay Toombs S. (ed.), *Handbook of philosophy and medicine*, Dordrecht, Springer, pp. 87-108. DOI: 10.1007/978-94-010-0536-4_5

Tellenbach H., 1968: *Geschmack und Atmosphare. Medienmenschlichen Elementarkontaktes.* Salzburg, Otto Müller Verlag.

Thoma S. - Schwänzl I. - Galbusera L., 2022: *Reopening selves: phenomenological considerations on psychiatric spaces and the therapeutic stance*, «Psychopathology», 55, 3-4, pp. 156-167. DOI: 10.1159/000517888

Thornton T., 2012: *Delusional atmosphere, the everyday uncanny, and the limits of secondary sense*, «Emotion Review: Journal of the International Society for Research on Emotion», 4, 2, pp. 192-196. DOI: 10.1177/1754073911430137

Williams A., 2017: *Therapeutic landscapes*, London-New York, Routledge.

Withagen R. - de Poel H.J. - Araújo D. – Pepping G.-J., 2012: *Affordances can invite behavior: Reconsidering the relationship between affordances and agency*, «New Ideas in Psychology», 30, 2, pp. 250-258. DOI: 10.1016/j.newideapsych.2011.12.003

Zhong W. - Schröder T. - Bekkering J., 2022: *Biophilic design in architecture and its contributions to health, well-being, and sustainability: A critical review*, «Frontiers of Architectural Research», 11, 1, pp. 114-141. DOI: 10.1016/j.foar.2021.07.006

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