

Remarks based on Clinical Practice: The Silence

Heliana Ignacio Sacco

Psychotherapist, Private Practice, Capannori (LU), ITA

*Corresponding author: Heliana Ignacio Sacco, Psychotherapist, Private Practice, Capannori (LU), ITA.

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In psychotherapy, some patients become emotionally more upset when new elements emerge from their unconscious and are passing through to their consciousness. Normally, in a regulatory process, responses influence the whole body. An emotional turmoil is given by chemical, nervous, visceral, muscular and bone responses, as part of a bioregulatory process. Obviously, the emotional turmoil is a request of the organism to adapt to a new internal organization, which leads the autonomic nervous system to an imbalance. An emotional turmoil can be expressed, in addition to words, also with a non-verbal language: tonality of the voice, posture, gestures, breathing movements, silence, smells and feeling warm or cold. I will focus on one aspect of non-verbal communication: the silence.

“Silence is the dwelling upon a transient sign, often minimal in its occasional nature, upon something still in transit from corporeity to the mental; the silence animates, it isn’t just something fleeting” [1].

Adjusting to be closer or further away in listening to the patient’s experience is not at all easy or comfortable for a psychotherapist or another specialist. It must be remembered that, at times, the therapist must almost hide, shut up, promoting in silence another way of listening to the patients. In fact, “the behavior and ability to communicate of one individual affect those of another individual” [2].

In the type of psychotherapy that I practice, at each therapeutic meeting I integrate an experience of deep relaxation. The purpose is to allow the patients to turn inwards, to experience a state of calm, keeping the mind quiet and stimulating the vague nerve, learning to perceive some inner signals, leaving room to the listening.

We can say that the welcome of the relaxation invites the patient to learn to keep his mind silent. The propitious environment stimulates the autonomic nervous system in connection with the other organs of the body, counteracts stress and increases parasympathetic activities, changing the patient’s behavior.

Some elements emerging from unconscious passing towards consciousness are part of what Freud called “preconscious”. I assume that this occurs when the patient perceives, in his body but is still unclear, the passage of elements or material emerg-

ing from his unconscious. The patient perceives this passage and shows it also with non-verbal language - a certain silence pauses - “He who has eyes to see and ears to hear is convinced that no secrets can be hidden from mortals. He who is silent with his lips, chats with his fingertips, betrays himself through all his pores” [3].

Those are the moments which are preceded by silence; during this silence, the psychotherapist can read the unfolding of the patient’s perceptual path with nuances that appear on his skin. In the patient’s silence can be felt that his attention is perhaps directed to what he perceives as signals coming from his senses. I consider it an expression – shy and almost imperceptible – of an internal willingness to consider these signals. Empathy allows the psychotherapist to stick to this expression in order to build on this willingness of the patient to experience calm and a certain internal acceptance of the situation. The inner acceptance of the situation activates the parasympathetic system.

In this precious moment in the therapist-patient relationship, the therapist can read the unconscious expression as an indicative and revealing signal, as a chance that some elements in transit may pass through into consciousness.

According to Winnicott, “everyone communicates something even when it seems not to communicate” [4]. The patient’s silence is never a silence because it always carries with it a contribution. According to Weil, “non-verbal language is inscribed in the speaking body” [5].

In the experience of silence, it is possible to perceive one’s hurry or absent-mindedness, but from this experience can arise the ability to be present in the moment, as well as being more capable of accompanying one’s own silence.

Silence involves paying attention and turning inward. This is already a parasympathetic response. The experience of a silent mind allows us to perceive the internal sounds within ourselves.

Silence can be therapeutic: it nourishes and restores. Positive responses include deeper, more nourishing sleep; the body regenerates and the immune system strengthens.

Questions arise for the psychotherapist: How to accompany the patient's silence? How to interact with that silence? How to read the information's that are offered?

Balint speaks of the critical period, a particular situation in which the patient relates his symptoms, pains and fears; it is a new condition of his health. Balint says that the therapist cannot neglect these particular moments that need a deeper understanding. The therapist is invited to consider how the person's mood changes in connection to an illness.

Non-verbal language can reveal how the patient responds intimately to these self-regulatory processes, which channels of sensitivity he uses and how he interacts with symptoms passing through.

An empty, almost static, "dark" silence raises our curiosity for it reveal fear, anxiety, anger and sometimes resentment; such a silence means non-acceptance. The process becomes longer and takes more time to get to cure.

Some patients respond to an emotional turmoil by activating the sympathetic system; but prolonged activation of the sympathetic system can awake a stress process. Faced with a difficult situation to accept, the hypothalamus-pituitary-adrenal axis is activated, releasing cortisol, present in situations of suffering and stress. Each patient has their own processing time.

I assume that this non-verbal language can become a valid marker and a revealing tool in psychotherapy.

A therapeutic proposal that is to combine revealed non-verbal expression, with gentle movements, sometimes with a small energetic note and give voice to the sounds that the body produces, as a useful therapeutic tool for a better expression of the contents in transit and their possible processing.

Usually, after an experience involving "body expression", a silence is created, a silence that completes a better processing of the experience. It is always important to observe the duration of the experience and the nuances of this silence.

Every path that allows healing begins with accepting things as they are, first of all to know them; making the mind quiet arouse a small calm that reveals something that otherwise would remain blocked, mysterious, unknown. Internal obstacles prevent the mind from being quiet, from promoting an experience of being silent, keeping the lips together, listening to a subtle inner silence or giving room to a truly listening of the other ones in the relationship. And it allows you to find the best ways to realize yourself.

It's believed that – through a deep relaxation – there is a greater opening, a decreasing sympathetic excitement and an increasing parasympathetic activity; this makes the expression of contents easier, often painful, of an emotional turmoil.

I have noticed that, with decreased sympathetic activation, patients have the chance to express emotions which can be interpreted as condensed traces of past conflicts. But the patients have also the chance to express memories and images of psychological or physical traumas – belonging to different periods of their life – and perinatal experiences.

Therapeutic responses are encouraging for those who experience it; gradually, other new elements can be acknowledged and processed. This allows the patients to feel more able of welcoming – even in their lifestyle – the different, the other than themselves. But generally, it also strengthens our ability to adapt ourselves; it gives the chance of experiencing moments of inner peace, experiencing moments to welcome one's own silence, activating the benefit given by the parasympathetic nervous system. Relationships become more respectful, richer in humanity; silence declares our need for humanity in ourselves and in others.

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