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The “Pulsatile table”: Proposal for a reactive cenesthetic diagnostic tool for outpatients

Living is a pulsatory event ¹. In the alternation between of high and low, inspiration and expiration, systole and diastole, life happens. This oscillation is an everyday living experience as well that, expressed through mood, when exceeded in euphoric or depressed phase and not balanced by means of its opposite, can become an alarm bell for psychotherapist ². Patient may be in trouble when requested to describe his actual mood ³, often reporting generic situational images, namely as “all fantastic” or “all black”. This means that, when a patient is able to recognize promptly his emotions, these can be rapidly “classifiable” and better treatable in the light of a therapeutic approach. On the route of such considerations, the author of this brief description proposes a easy-to-use tool, simple and intuitive for the patient, capable to represent the numerous and often difficult-to-describe cenesthesiopathy facets. It is conceived as a “reactive picture” proposal, representing a Hertz sinusoid (the universal pulsation symbol), made of a “uphill” and a “downhill” wave/phase with a straight line in the middle. In this picture, patient mood is twofold symbolized, namely as a tall, clumsy figure and as a short, zippy one. Both the phases/waves can have not univocal interpretations. Infact, the “rising” one could call in mind difficulty of living (the tall, clumsy figure) as much as challenge and desire to overcome a difficulty in order to achieve a goal

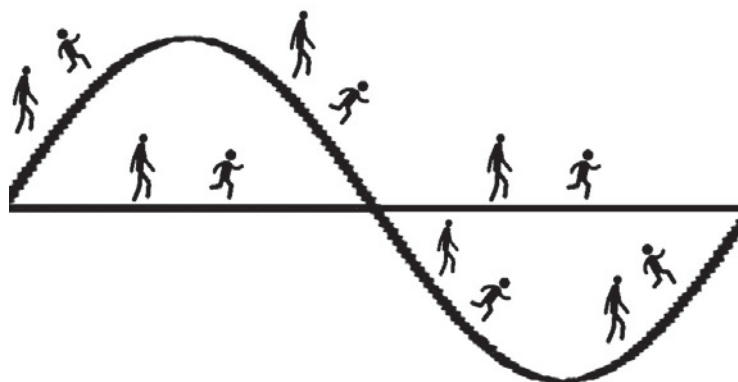


FIGURE 1. *The reactive table proposal. Two figures are shown to symbolize situational mood: the one tall and clumsy represents a low mood patient, whereas the one short and zippy represents a high mood patient. Therefore different cenesthesiopathies are illustrated: the blues (tall and clumsy going up the hill due to fatigue, or down the hill because of rumination and depressive symptoms), the happiness (short and zippy going up the hill to achieve a goal or down the hill in a liberatory phase of struggles overcome), and the stasis (tall and clumsy weak-willed, hoping to die, short and zippy weak-willed as well, hoping to have a good opportunity). In a blink of the eye, patient identifies his situation, learning that change (namely changing the road, in the picture) for the better is possible, since life is a pulsatory event, therefore it is not supposed to be raining forever, but through observation, it is possible to learn from personal events to evolve and improve actual situation.*

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(the short, zippy figure). Similarly, the “downhill” phase could symbolize a simple and problems-free life (the short, zippy figure), or the desire to leave everything, to retire, or, worse, to take proper life (the tall, clumsy figure). In the middle of these two deflection waves there is a horizontal, flat pedestrian line (*electrocardiogram shows it in absence of a current strong enough to generate either a positive or negative deflection, hence the lack of current is identifiable as a stasis*), representing again a double meaning situation, namely an “apparent” philosophical calmness of who is passing through a transition period, hoping for a leap forward for better times (the short, zippy figure), or of who has lost any reason to react, to fight, to live life to the fullest (the tall, clumsy figure), and is slightly passing to the downward wave, hoping to die. Figuring out personal cen-

esthetis, reactive table would stimulate patient to add useful mood hints, helpful to permit psychotherapist to unveil hidden (and therefore unconscious) behavioural mechanisms leading to sufferings. What is more, since patient realizes visually (and therefore mentally) the double, alternative meaning of each pathway on the table (going uphill, downhill, or on the plains) he/she would become aware to have the chance to change what initially could be perceived as insurmountable, an opportunity to modify his point of view on the obstacles between him and his personal fulfilment, therefore reaching complete psychological healing.

Conflict of interest

None

References

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