

A TRIBUTE TO GIOVANNI LIOTTI: GENTLE SOUL, FIRST RATE THINKER,
SCHOLAR AND CLINICIAN

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Abstract

I describe my collaboration with Giovanni over the span of almost 15 years during which time we developed a multimotivational model that built on attachment theory and explored some of its clinical implications. I mention the many ways Giovanni influenced my thinking, and provide a few personal stories about Giovanni that give a sense of his generous, warm and creative nature. Throughout the article I describe how I developed some of the ideas we worked on together to provide a broad evolutionary and developmental outlook on human nature. We had planned to write a book together on this ambitious project, but personal circumstances got in the way.

Key words: multi-motivational theory, motivational systems, attachment theory, evolutionary theory

UN TRIBUTO A GIOVANNI LIOTTI: ANIMA GENTILE, PENSATORE DI PRIM'ORDINE,
STUDIOSO E CLINICO

Riassunto

Nel presente articolo descrivo la mia collaborazione con Giovanni nel corso di circa 15 anni, durante i quali abbiamo sviluppato un modello multi-motivazionale che si è basato sulla teoria dell'attaccamento ed ha esplorato alcune delle sue implicazioni cliniche. Descrivo i molti modi in cui Giovanni ha influenzato il mio pensiero e racconto alcuni aneddoti su Giovanni che rendono l'idea della sua natura generosa, calda e creativa. Nel corso di tutto l'articolo descrivo come abbiamo sviluppato insieme alcune idee per fornire una prospettiva evoluzionista ed evolutiva sulla natura umana. Avevamo pianificato di scrivere insieme un libro su questo ambizioso progetto, ma le circostanze personali si sono messe di mezzo.

Parole chiave: teorie multi-motivazionali, sistemi motivazionali, attaccamento, teoria evoluzionista

I met Giovanni Liotti at a World Congress of Psychiatry held in Hamburg Germany in the late 1990's. We both presented papers on a panel that focused on the clinical applications of attachment theory. We didn't have much time to talk on that occasion, but two years later we met again in Rome. Giovanni invited me to have dinner. It was a balmy spring evening and our

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conversation extended several hours into the evening. We were delighted to discover that we not only shared a love for attachment theory and research, we also had read many of the same authors and had an interest in evolutionary psychology. We asked ourselves what we would like to accomplish in the next 10 years. We both thought it would be grand if we could use the same evolutionary, developmental and clinical approach that Bowlby had used to construct attachment theory and ask what other basic motivations formed part of our endowment as a species.

A multimotivational approach had already been put forward by Joe Lichtenberg in the United States consisting of five systems: physiologic regulation, attachment, sexuality/sensuality, exploration and aversive motivational systems (Lichtenberg 1989). Lichtenberg's model was based on infant research and clinical work. He later extended his model to seven systems adding the caregiving and affiliative motivations (Lichtenberg, Lachmann and Fosshage 2011). Lichtenberg and his colleagues acknowledge that his expansion to seven systems was in part a response to the evolutionary multimotivational model that Liotti and I coauthored and presented at the 2005 Rapaport-Klein meeting in Stockbridge Massachusetts with the title *Building on Attachment Theory: Toward a Multimotivational and Intersubjective Model of Human Nature*¹. Liotti and I published two articles in English in which we further developed this model. In the first article we discussed the main functional differences between attachment and intersubjectivity and explored the clinical implication of these ideas (Cortina and Liotti 2010a). I will have more to say about this shortly. In the second article we presented an evolutionary outlook on the multimotivational model and explored some of its clinical implications (Cortina and Liotti 2014).

Another important contributor to an evolutionary view of motivation is the work of Paul Gilbert (Gilbert 1992, 2005a, 2005b). Gilbert describes four different systems that he calls "social mentalities": careseeking, caregiving, cooperation and competition. Liotti collaborated with Gilbert in a paper where he put together ideas from both approaches. The title of that paper was *Mentalizing, motivation, and social mentalities: Theoretical considerations and implications for psychotherapy* (Liotti and Gilbert 2011).

It is important to mention two other multimotivational models. The first is by the Argentinian-Spanish psychoanalyst Hugo Bleichmar (Bleichmar 1997, 2003, 2008). Bleichmar's model consists of five systems: hetero-conservation (to denote the fact that survival depends on others), attachment, emotional and psychobiological regulation, sexuality/sensuality and a fifth narcissistic motivation that has the function of regulating self-image and self-esteem. Adding a narcissistic motivation is an idea that incorporates the importance that Kohut gave to parents mirroring their infants' and children's needs to be affirmed and validated during development-what Kohut called "self object" needs. I think there is in humans what I would call a *need to be recognized and validated as persons*. This is an emergent motivational system that is unique to humans, and is at the root of what we mean by human dignity. I think this need should be added to the list of basic human motivations.

The second model was proposal by the psychoanalyst and international consultant Michael Maccoby (Maccoby 1988). Maccoby places meaning at the center of seven other basic value-drives: survival, relatedness, pleasure, information, mastery, play, and dignity. Value-drive is

¹ <http://www.psychomedia.it/rapaport-klein/cortina+liotti05.htm>

An Italian version of the paper was translated as two papers

Cortina, M., & Liotti, G. (2007). Costruzioni sulla Teoria dell'Attaccamento I: Verso un modello multimotivazionale della natura umana. *Setting. Quaderni dell'Associazione di Studi Psicoanalitici* 23, 67-78.

Cortina M., Liotti G. (2007). Costruzioni sulla Teoria dell'Attaccamento II: Intenzionalità, intersoggettività e significato. *Setting. Quaderni dell'Associazione di Studi Psicoanalitici* 24, 65-98.

Maccoby's term for what we are calling motivational systems—we did not use the word drive because of its history of being associated with Freud's 19th century energetic-mechanistic metapsychology. Note that Maccoby included dignity as a basic value-drive. He also adds play and mastery. The Liotti-Cortina and Lichtenberg models include play and mastery under the exploratory/mastery motivation. But I agree with Maccoby that dignity is a basic motivation in humans, and that play deserves to be mentioned in its own right. It is also important to see basic human motivations as having intrinsic values (value-drives) that are biological in nature but are molded by familiar and cultural environments. Edelman's model of the human mind also sees brain development as being guided by intrinsic biological values that have been selected through evolution to serve adaptive needs (Edelman 1987).

The Liotti-Cortina multimotivational model

With this background, I want to return to the multimotivational model Liotti and I proposed in 2005. Motivational systems are organized hierarchically in three levels in the brain.

The first level of organization is based on the R complex, the reptilian most ancient part of the brain, and includes:

- Systems of physiological regulation
- Systems of defense of a non-social type. Aggression and escape in situations of danger (fight/flight/freeze)
- Exploration of the environment that is not linked to using attachment as a secure base from which to explore
- Sexual reproduction that does not involve pair bonding

The second level of organization is associated with the mammalian brain (the social limbic system):

- The attachment system (with exploratory and defensive systems organized around attachment figures, a secure base as a platform for exploration).
- The caregiving system
- The competitive/ranking system (hierarchical systems with dominant and submissive rituals)
- The egalitarian/cooperative system (an affiliative system that evolved as an adaptation to group life among nomadic hunter gatherers during the prehistory of our species)
- The sexual-mating system characterized by culturally prescribed types of pair-bonding

The third level of organization is associated with the enormous expansion of the prefrontal cortex in humans or neo-mammalian brain:

- The intersubjective meaning system

(I would now add to the list need to be validated and recognized as persons).

There is a significant overlap between the basic motivational systems proposed by Lichtenberg, Bleichmar and Maccoby and those Liotti and I proposed. One of the main differences is that Lichtenberg, Bleichmar and Maccoby equate attachment with relatedness. They are not the same. As I have come to see it, human sociability and relatedness has six different motivational sources: (i) self-preservation (attachment proper) (ii) a closely related need to be validated and

recognized as persons (iii) an altruistic protective and caregiving motive (the parental caregiving system) that is extended to other caregivers in our species (iv) procreation, where sex can be enjoyed for its own sake (v) a desire for communication (intersubjective communications that is integrated with language later in development) (vi) affiliation to groups and cultures we belong to. This makes relatedness a much more complex matter, but conceptualizing these different sources of relatedness is important for a proper understanding human nature and for clinical practice (Cortina 2016, 2017).

Liotti and I see attachment (as Bowlby did), as a survival mechanism that is activated in moments of danger and distress. Once safety is restored by attachment figures, humans are free to become socially engaged with others and explore interpersonal relations. Having said this, we are in agreement with Lichtenberg et al. (2011) that Ainsworth's concept of parental sensitive responsiveness includes sensitivity to signals of danger and distress, as well as to their children's joyful and playful communications. Yet, attachment figures sensitivity to their children's signals of danger and distress is more important for developing a secure attachment than their sensitivity to children's playful and social communications. In fact, a dissociation between these two forms of sensitivity has been observed clinically and in home observations. Some parents can be very sensitive to signals of distress, but are not very socially engaged in playful communications with their infants – as can be seen in many rural areas around the world (Trevarthen 1988), and vice versa, some parents can be sensitive and encouraging in playful interactions and communications, but be insensitive to signals of distress.

A second difference between our model and the other three multimotivational proposals, is that we postulate a competitive/ranking system based on power. Lichtenberg and his colleagues believe their aversive and exploratory motivations cover what we postulate as a ranking system based on domination and control. In his view, the frustration of basic needs for attachment and affiliation is what leads to aversive attempts to control others.

This brings me to a first story I want to tell about Giovanni. When Joe Lichtenberg and Giovanni met in Rome in a conference, they had the opportunity to discuss differences between their proposals. Namely, that our list of basic motivations includes a ranking system based on competitive struggles over dominance and control over resources, and Lichtenberg's list of motivations does not. According to Lichtenberg these struggles are compensatory ways to deal with issues of attachment and affiliation. Joe told me that rather than getting into an argument, Giovanni, said "I hope you are right and I am wrong". Lichtenberg was disarmed by this response and thought it was charming. Thinking about these differences years later, I think we are both right. Lichtenberg is correct that control and a desire for power often is a reaction to attachment insecurity and trauma. But in our view it is also an intrinsic motivation that can be expressed and flourish under certain clinical (see below) and historical conditions—think about tyrants and authoritarian leaders that began to emerge a few millennia after humans developed sedentary communities and invented agriculture 16.000 to 10.000 years ago. Often kings, religious leaders and strong men keep their power using brutal methods of control. Of course, there are important differences between the ranking system in humans and in our great ape relatives. Human social hierarchies are embedded in complex cultural systems, but control through power is still their main function.

A new evolutionary perspective that Liotti and I brought into our multimotivational model

Liotti and I built on a growing literature on human evolution that puts humans' ability to

cooperate as a species front and center (Bowles and Gintis 2011; Boyd 2018; Boyd, Gintis and Bowles 2010; Henrich and Henrich 2006; Laland 2017; Nowak and Highfield 2011; Pagel 2012; Tomasello 2009; Tomasello and Vaish 2013; Wilson 2012). High levels of cooperation was necessary in order for our human ancestors to survive during the highly unstable and shifting climate conditions that characterized the early and middle Pleistocene era 2.8 to 1 million years ago in East Africa, the cradle of humanity (Antón, Potts and Aiello 2014; deMenocal 2004; Maslin 2017; Potts 1999; Richerson and Boyd 2013). These changes produced shifting wet, monsoon types of weather conditions with lakes and rivers, and dry and arid savannah landscapes. Selective pressures strongly favored adaptive flexibility and high levels of cooperation under these shifting conditions.

The development of cooperation and more effective means of communication were also under strong selective pressures in order to defend against powerful predators, obtain information about where to forage for food and hunt and seek carcasses left behind by other predators. Last but not least, cooperation was necessary to rear young children so that mothers did not have to carry the full burden of provisioning and caring for their young (Hrdy 2009; Hrdy 2016). Without alloparental care from grandmothers, older children and other members of the group, our early human ancestors would not have been able to feed children with very extended childhoods and huge brains that consume enormous amounts of energy. We are the only great ape primate that allows for alloparental care. In all other ape species mothers are the exclusive provisioners and providers of care—for good reasons, infanticide is high in many primate species.

Our ancestors' extraordinary capacity to cooperate set the stage for humans to become cultural animals that transmit information from one generation to the next. By the end of the Pleistocene era, our human ancestors began to create their own cultural environmental niches in which to live (Boyd 2018; Henrich and Henrich 2007; Laland 2017; Tomasello 2016). For humans to evolve, they had to suppress the hierarchical system of dominance and submission that characterizes our great ape relatives (Boehm 2012; Boehm 1999). But suppression does not mean eradication. As mentioned earlier, hierarchical systems based on dominance and control make a comeback a few millennia later in Mesopotamia after humans invent agriculture some 10,000 years ago.

Cooperation created a need to communicate at new, more complex levels

Behavior does not fossilize, so tracing the evolutionary roots of communication is highly speculative. Merlin Donald put forward an influential model of human cognitive (and implicitly communicative) evolution that developed in four phases: episodic, mimetic, mythic (or symbolic) and theoretical (Donald 1991, 2013). The episodic phase refers to primates' ability to mentally represent complex episodic events (such using a stick to insert in a termite hole (a rich source of proteins) or interact with a higher ranking individual). These events become encoded in implicit or procedural memory. The mimetic phase refers to the representation of interactions with the world and with others using complex gestures, imitations and vocalizations that laid the foundations for humans' distinctive mind sharing cultures – think about the game of charades and you get a good sense of what Donald means by mimesis. Mimesis probably emerged in hominins some 2.5 to 1.5 million years ago – perhaps with *Homo erectus* or some of the other four hominin species that coexisted during that time period (Antón et al. 2014). The mythic or symbolic phase is language-based, and is encoded in declarative memory – and developed maybe 100,000 years ago (nobody really knows). The theoretical phase refers the extensive

external symbolization achieved through mathematical and musical notations, and the invention of the first alphabets that appear in Mesopotamia 4000 BC.

I propose that Donald's first three episodic, mimetic and symbolic phases have a developmental correspondence to primary secondary, and tertiary forms of intersubjective communication.

Primary intersubjectivity

Colwyn Trevarthen used the term primary intersubjectivity to describe mother-infant communications based on shared affects, gestures and vocalizations (Trevarthen 1979). These playful and delightful "proto-conversations" are engaged in for their own sake, and are the developmental expression of Donald's episodic and mimetic phases. Infants' do not require symbolic representations or mentalizing abilities for these communications to be intentional and meaningful (Darwall 2006; Reedy 2011; Trevarthen 1977, 2015).

Secondary intersubjectivity.

During the second year of life these "protoconversations" expand from being limited to dyadic interactions, to an active exploration of toddlers' material and interpersonal world. Infants' passionate interest in sharing the world with their caregivers is ushered in by the seemingly humble gesture of pointing that appears by the end of the first year of life (Liszkowski, Carpenter, Henning, Striano, & Tomasello 2004). We are the only primate species that uses this gesture to share interest in the surrounding world with others – chimpanzees can learn to point to request something they want but not for sharing or informing others as humans do (Cortina 2017; Tomasello, Carpenter, & Liszkowski 2007). Secondary intersubjectivity prepares infants to communicate and coordinate activities with others during the second year of life, such as building blocks with a caregiver – what Tomasello has called joint or shared intentionality (Tomasello, Carpenter, Call, Behne, & Henrike 2005). Secondary intersubjectivity corresponds to the beginning of Donald's symbolic phase but still has many elements of the mimetic phase.

Tertiary intersubjectivity

Language, symbolic capacities and imagination begins to provide 2 to 5 years-olds with multiple meanings and perspectives from which to interact and see the world – a tertiary form of intersubjectivity that continues developing in conjunction with primary and secondary intersubjectivity throughout life (Cortina and Liotti 2010b). Tertiary intersubjectivity clearly corresponds to Donald's symbolic or mythic phase.

Intersubjectivity is simultaneously a communicative-sharing capacity and a powerful social motivation

Infants are intrinsically motivated to engage with others as can be seen in their ability to imitate gestures soon after birth, the appearance of the social smile at 4 weeks and the "protoconversations" mentioned earlier. Following the work of Stephen Porges (Porges 2011; Porges 2005) we called this intersubjective motive a social engagement system, but added a cooperative dimension to these intersubjective communications, thus a social engagement-cooperative system.

Thinking of intersubjectivity as a motivation had been proposed earlier by Daniel Stern, Karlen Lyons-Ruth, and Colwyn Trevarthen, so we were in good company in our 2010 article. In this, as well as our 2014 article we made several distinctions between intersubjectivity and attachment (Cortina and Liotti 2010b, 2014). The most important is that attachment is about security and protection. It is activated when there is a perceived danger or real threat, and will return to a dormant phase when the danger or distress is over. In the language of cognitive and evolutionary psychologists, attachment is a *domain specific* motivational system having to do with protection from danger. Intersubjectivity is about sharing and communication and is the human *social default* system when the attachment system is not activated. It has a much more general function and is therefore a *domain general* motivational system.

This leads me to another Giovanni story. As we were immersed on the theme of intersubjectivity I made a trip to Rome with my wife approximately 10 years ago. Because we all admired Caravaggio's paintings, Giovanni took us to see several of them. But there was one Caravaggio painting in particular he wanted us to see, hidden in one of the many small churches scattered around Rome. The painting depicts a biblical scene referred to as the *Calling of St. Mathew*, where Jesus points at Mathew to follow him. Besides Mathew and Jesus, there are three other figures in the painting. One of them is also pointing at Mathew, who puts his head down as if wanting to resist the calling. The other two figures are looking in suspense at Jesus. Giovanni saw this painting as a wonderful depiction of intersubjective communication, much more powerful than words could ever convey. My wife and I were delighted with Giovanni showing us around Rome and some of his favorite spots.

The clinical importance of multimotivational models

Having a broad view of basic human motivations informs our views of human nature, developmental processes and clinical practice. In this section I will focus on some important clinical implications of multimotivational models in general, and our model in particular. In psychotherapy it is useful to track which motivational system is currently in the foreground and which are in the background. This helps us understand the meaning and conscious or unconscious intent of clinical communications with patients so we can better respond to them. Lichtenberg and his colleague have written very useful descriptions of this mode of listening (Lichtenberg, Lachmann and Fosshage 1992, 1996, 2002). Bleichmar and his colleagues have also written about their use of motivational systems in clinical practice (Bleichmar 1997, 2003; Habif and De Filpo Beasoechea 2018). Liotti and colleagues developed a scoring system to track different basic interpersonal motivations as they become expressed in clinical dialogues (Fassone et al. 2011). While this research effort is still in its infancy, it has already shown some promising results. Tracking these motivations can lead to greater collaboration and efficacy in therapy (Monticelli and Montuori 2018)

A second useful way to use multimotivational models clinically is to see how the attachment system can be coopted by another motivational system for defensive purposes. An example of this type of cooption can be seen early in development in Mary Ainsworth's Strange Situation (SS). Twelve month-old infants who have mothers who have not responded to their expressions of distress, will greet their mothers during the reunion episodes in the SS by focusing their attention *away* from their mother and *toward* the attractive toys that are in the room. That is, they use the exploration of toys to regulate their distress. Other motivations can be used to serve similar compensatory functions. For instance, when there is a history of disorganized attachment, older

children learn to use the caregiving motivation to soothe their anxious and vulnerable mothers. This leads to an inversion of the parent-child relation, where the children become attachment figures to their parents. This is what family therapists call the “parentified child” and Bowlby called “compulsive caregivers”. The parentified child is able to regain some emotional control at the expense of being out of touch with his or her needs and not being able to care for themselves. Another common example of motivational cooption is the use of promiscuous sexuality to avoid developing an intimate relationship where emotional vulnerabilities are exposed. Promiscuous sexuality satisfies sexual needs and maintains superficial social contact at the expense of developing more meaningful social relations.

Here the influence of the British neurologist John Hughlings Jackson (1835-1911) whom Giovanni so much admired comes into play. Jackson proposed a vertical and horizontal hierarchical organization of the mind-brain that anticipated McLean’s triune brain. In these models the higher levels of organization have a greater degree of coordination and integration than the lower levels. It follows that adverse perturbations at a lower level will have larger effects at the higher level. This can be seen in the examples just mentioned, where a history of insecure or disorganized attachment can affect the capacity for the higher intersubjective need for intimacy. If the disturbance of the higher level is severe enough, it may revert to a lower level of organization. This can be seen when the early attachment relation is severely disturbed by trauma. When this trauma is cued by current interpersonal relations, it may elicit the fight/flight/freeze responses of the lower reptilian brain.

Liotti made important contributions to attachment theory. He noted a phenotypic resemblance between unusual fear reactions seen in infants classified as disorganized in the Strange Situation – such as trance-like states, and very slow “underwater movements” – with dissociative symptoms in adults. He predicted that infants with a history of disorganized attachment, when subject to further adversity or trauma, would be likely candidates to develop dissociative symptoms later in life (Liotti 1992, 2004). This extraordinary prediction was confirmed in one of the largest and most comprehensive longitudinal studies ever done following the effects of the attachment relation through development, *The Minnesota Longitudinal Study of Parents and Children*. It showed that infants who had a disorganized attachment with their mothers and had experienced further adversity during their childhood, were very likely to show symptoms of dissociation in late adolescence – as measured with a standard psychiatric interview and a diagnostic paper and pencil questionnaire (Carlson 1998; Carlson, Yates and Sroufe 2009; Ogawa, Sroufe, Weinfield, Carlson and Egeland 1997). Liotti also extended attachment theory examining how disorganized forms of attachment may be related to symptoms of dissociation that can sometimes be seen in Obsessive Compulsive Disorders (Liotti 1995). He also showed how a history of disorganized attachment may explain some core symptoms of Borderline Personality Disorder (Liotti 2000).

Liotti the clinician

Liotti was a clinical innovator, always interested in incorporating new approaches to the practice of psychotherapy. Three examples come to mind:

1. He was an enthusiastic supporter of Control Mastery Theory (Curtis, Silberschatz, Sampson and Weiss 1994) in which one of the psychotherapist’s main tasks is to challenge pathological beliefs in regard to self and support mostly unconscious “plans” toward self-healing.
2. He used Stephen Karpman’s 1968 classic *Fairy Tales and Script Drama Analysis* clinically.

This script analysis showed that many popular fairy tales and stories contain three invariant characters or roles: the persecutor or aggressor, the victim, and the rescuer. These shifting roles create a dramatic content, what Karpman called the “drama triangle” (Karpman 1968). Karpman used his script analysis to work with families and organizations to try to get them away from these stereotypical roles that cause constant conflict. Liotti pointed out that patients with histories of disorganized attachment can learn all three roles (persecutor, victim and rescuer) from their history with attachment figures. He showed how these three unintegrated roles can be enacted when current circumstance activates the attachment system in therapy or in romantic relations.

3. Liotti and I admired the work of the Australian psychiatrist Russell Meares and his “Conversational Model” of psychotherapy, an outgrowth of working with patients whose self-system lacks cohesion or integration. Meares and his colleagues described this condition as being a key feature of patients with a diagnosis of Borderline Personality Disorder (Meares 2012) – what others would describe as key features of Dissociate Disorder. The Conversational Model is a deeply and minutely attuned relational psychotherapy that focusses on restoring a sense of agency, ownership and vitality to patients in which their sense of self is unintegrated.

What Liotti brought to an understanding of borderline and dissociative disorders was to show how an understanding of the dynamics of disorganized attachment might inform their treatment. A generation ago Gregory Bateson coined the term “double bind” to describe a situation in which patients find themselves in an unsolvable position with their families; no matter what they do, they are trapped. Mary Main described a similar situation in infants who have a history of disorganized attachment. Children (and adults) are biologically programmed to go to an attachment figure when they are distressed or frightened, yet their attachment figure might frighten them precisely in the moment they need them the most. Mary Main called this situation “fear without solution” (Main and Solomon 1986). The infant or child has two simultaneously contradictory impulses: to seek safety and to flee from their attachment figure. This dilemma is inherently disorganizing for the children. Children’s fear might be caused by their parent’s abusive behavior or maltreatment, but more frequently it is the result of the parent’s own history of attachment trauma. When these parents respond to their children’s distress, it cues automatically a memory of their trauma as children. This trauma is communicated automatically and unconsciously to their children by the parent appearing frightened, helpless and/or dissociated, precisely at the moment their children are distressed and seek their comfort and protection.

Longitudinal studies of infants with a history of disorganized attachment show that many children no longer show signs of disorganization when they are older and distressed. One study of children with a middle class background found that by age 6 these children had developed two “controlling” strategies (Main and Cassidy 1988). The first controlling strategy mobilizes the caregiving system to protect their mothers’ fragile, anxious helplessness (an inversion of the normal parent-child relation). The second controlling strategy mobilizes the power-based ranking or competitive system. These children take control of their mothers telling them what to do, sometimes becoming very bossy.

Liotti published a very good clinical example showing how to work with these controlling strategies as they play out in adult relations and in psychotherapy in a 2017 article entitled: *A Multimotivational Approach to Attachment Informed Psychotherapy; A Clinical Illustration* (Liotti 2017). In this article Giovanni describes in great detail the case of Sara, a 35-year-old married woman suffering from a medical condition that several famous Italian doctors had not

been able to diagnose. Her husband and her parents urge her to get help from a psychiatrist who prescribes an antidepressant that makes her symptoms worse. Reluctantly, and again under pressure from her family, she consults with Liotti. In the first consultation he listens attentively to the story of her frustration with doctors and her conviction that the physical symptoms are real and not psychological and “imagined” as the doctors and her family have told her. Liotti suspects that perhaps some of her symptoms might be related to a history of disorganized attachment, but he keeps this hypothesis to himself. Bringing it during the first consultation would only antagonize Sara, and also, of course, he could be wrong. Liotti’s main goal was to gain Sara’s trust and cooperation as a necessary step before the psychotherapeutic work can be done. Moreover, if his hunch was right, an activation of the attachment system in therapy would be disruptive and preclude any possibility of further work. Liotti engages Sara respectfully as an equal (what self-psychologists call a twinship transference). He proceeds to assure Sara that her symptoms are not imagined and that she is not anxious or depressed as previous doctors believed. He takes out a DSM-IV diagnostic manual and reads her the description of Somatoform Disorder. Sara agrees that her symptoms fit the description very well, and asks in a non-antagonistic way if psychotherapy can help. Liotti tells her in a matter-of-fact way that regrettably research has shown that psychotherapy is not very effective for this condition, but adds that where psychotherapy might be able to help is to manage the conflicts she has described having with her parents over decades and was now having with her husband over fights about her symptoms. He asks Sara if she would be willing to work with him on this more limited goal. Sara is intrigued enough by the first consultation and agrees to this therapeutic contract.

This opening gambit was a masterful way to engage Sara’s cooperation by treating her symptoms seriously and engaging her as an equal. I will not describe the next phases of Sara’s work with Giovanni in any detail. Suffice it to say that her somatic symptoms began to recede into the background as Sara began to explore the history with her parents. She describes memories of her mother freezing when she needed her. This elicited Sara’s caregiving motivation, becoming protective of her mother. Her father, thinking he knew best, tended to disqualify or minimize Sara’s illness when she was sick – and in fact was proven wrong in an important memory she recalls in therapy. This elicited in Sara an assertive and competitive battle with authority figures over who is right. This understanding begins to liberate Sara from conflict with important people in her life and puts her somatic symptoms into context.

With Liotti, I became a strong advocate of working with patients cooperatively, engaging them as partners in the treatment and establishing agreed upon therapeutic goals. I also gained a much better understanding of the limits of being overly empathic with *some* patients that have a traumatic history with attachment figures. Although it might seem counterintuitive, working with attachment trauma empathically (particularly in early phases of treatment) might not be therapeutic. Empathy triggers the attachment system and destabilizes these patients. Perhaps a better way of putting it is that we should be careful with what aspects of patient’s experience we are being empathic with. As one patient told me, she felt I was more empathic and felt empowered when we collaborated to find solutions to her conflicts with attachment and authority figures, than when I focused on her feelings about the parental trauma. When I did that, and no matter how empathic I tried to be, she felt I was controlling and manipulating her. Her experience with her parents had been traumatizing by a combination of ignoring and neglecting her needs, and by her parents’ demand that she be grateful for all that had been given to her. Working with a groups of colleagues, Liotti confirmed this experience I had with this patient in a pilot study with 15 patients with a diagnosis of Borderline Personality Disorders by looking at transcripts

of a single session at the beginning of therapy. The study found that patients maintained a better capacity for understanding their states of mind (mentalization) when their therapists made neutral comments that focused on collaborative tasks, but showed a reduced capacity for mentalization when therapists made empathic statements in response to what the patients had just said, seeking to create emotional closeness – that most likely activated the attachment system (Prunetti et al. 2008).

Any work with attachment trauma has first to find ways to help patients feel safe, gain better control of their emotions, and feel empowered before the exploration of trauma can be effective. How this might be done varies from patient to patient. Useful techniques include helping patients learn to self-regulate their emotions, educating them about the effects of trauma in their brain and body, and giving them the tools to work with feelings of despair, disconnection, helplessness, and self-hatred. These therapeutic efforts must be offered in a spirit of cooperation and partnership, minimizing to the degree possible, the inevitable asymmetry that exists between therapists and patients.

From Liotti, I also learned to work with patients in joint psychotherapy with colleagues in the treatment of challenging cases, where each of us sees the patient individually (Liotti, Cortina and Farina 2008). When this process goes well I have heard from patients that they appreciate our working together, and that each of us contributes something different to their understanding and healing. Not much has been written about this type of joint therapy, but I describe this type of work in article I wrote with Liotti and Margo Silberstein, who was my co-therapist (Cortina, Liotti and Silberman 2013). The patient had a childhood characterized by symptoms of intense separation anxiety that often exasperated her family. Her parents had a difficult divorce when she was 5 years-old. The custody was contested and went to the father and then back to the mother. She lost a brother to suicide as an adolescent and lost both parents in her twenties. The therapy was difficult at times, but whenever there was a disruption with one of us, the other could act as a stabilizing figure. She is now in a loving relationship, has a one-year-old baby and has kept in touch with us from time to time.

Collaborating with Giovanni over the course of almost 15 years was an intellectual adventure and a joy for me. We had planned a joint book that never came to fruition because our lives took different turns that made the collaboration impossible. I and many others will greatly miss Giovanni's gentle, friendly presence and wisdom.

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