

## GIOVANNI LIOTTI: AN INTEGRATIVE FORCE, A COMPASSIONATE PRESENCE

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### **Corrispondenza**

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### **Abstract**

A leader in the field of psychotraumatology, Giovanni Liotti elucidated the connection between disorganized/disorientated (D) attachment and dissociation and clarified multiple models of the self that children construct in traumatogenic environments. His integrative approach included acknowledging the importance of addressing the dysregulated arousal and physical patterns of traumatized patients through attention to the body. Gianni's work and his personhood reflected a compassionate and brilliant man who had a profound impact on the field and on the people whose lives he touched.

**Key words:** Giovanni Liotti, trauma, dissociation, Sensorimotor Psychotherapy, body, stabilization, implicit memory, disorganized/disoriented attachment, internal working models

## GIOVANNI LIOTTI: UNA FORZA INTEGRATIVA, UNA PRESENZA COMPASSIONEVOLE

### **Riassunto**

Leader nel campo della psicotraumatologia, Giovanni Liotti ha messo in luce la connessione tra l'attaccamento disorganizzato/disorientato (D) e la dissociazione e ha descritto i modelli multipli del sé che i bambini costruiscono in ambienti traumatogeni. Il suo approccio integrato ha riconosciuto l'importanza di affrontare l'arousal disregolato e i pattern fisici attraverso l'attenzione al corpo. Il lavoro e la persona di Gianni sono il riflesso di un uomo compassionevole e brillante, che ha avuto un profondo impatto nel settore e nelle vite con cui è entrato in contatto.

**Parole chiave:** Giovanni Liotti, trauma, dissociazione, Psicoterapia Sensorimotoria, corpo, stabilizzazione, memoria implicita, attaccamento disorganizzato/disorientato, modelli operativi interni

### **Introduction**

Giovanni Liotti was a hero of mine long before I met him. Upon reading the papers he had authored in the 1990s about the relationship between attachment and dissociation, I immediately felt not only a deep appreciation for the innovative ideas he expressed, but also a resonance with the author himself. I admired his innovative thinking and the integrative focus of his papers.

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When I first heard him speak in 2008 at an ESTD conference in Amsterdam, my sense of Gianni as an original thinker, synthesizer, and collaborator was confirmed. I was impressed with the brilliance of his talk and his ability to integrate complex concepts into something I could easily understand. The unifying effect of his perspectives and theories along with his generous and kind presence made his talk a highlight of the conference. Over the years, as I got to know him, I understood that both the integrative content of this 2008 talk and his curious, inclusive, and collaborative demeanor reflected the values he held dear.

The ground on which my professional relationship with Gianni rested was the parallel between his work in trauma, dissociation and attachment, and mine in Sensorimotor Psychotherapy. Gianni had read the Italian translation of *Trauma and the Body*, which was published in Italy in 2012, and he was asked to write the foreword to this volume. Generously, despite his hectic schedule, he agreed. I was thrilled and humbled when I found out the attention to my work from a man whom I greatly admired was a tremendous honor and gift.

Although Gianni and I come from completely different backgrounds, we found that our perspectives often overlapped, with many points of connection in our understanding of traumatized patients. In our discussions, we lamented that the body had been largely neglected in clinical theory and practice, which sometimes could have dire consequences. This neglect, in Gianni's (2012) words,

was often the crisis of the therapeutic alliance and the stalemate of the treatment process: the patient's bodily experience, made tempestuous by the alternation of hyper-activation (mainly orthosympathetic) or hypo-activation (predominantly parasympathetic) of numerous somatic functions, prevents the patient to reflect on the typically mental issues (thoughts, emotions, memories, intrapsychic defensive processes and complex interpersonal dynamics) on which the therapist tries with great mutual effort and often in vain to call his attention (pp. XXXI-XXXII).

As Janet (1898) taught us, the first task of therapy, then, is not to reflect upon presenting problems, but to stabilize dysregulated arousal so that it returns to a window of tolerance. In Sensorimotor Psychotherapy, stabilization is accomplished primarily by directly addressing bodily movement and nervous system patterns that sustain dysregulation. Only after this is accomplished, can patients engage their thinking brain to reflect upon their problems effectively.

Gianni and I agreed that so many of the clients' symptoms, dysregulation and breaches in the therapeutic alliance stem from a re-activation of implicit memories of past trauma and attachment failures or abuse. Sensorimotor Psychotherapy appreciates the dominance of what Allan Schore (2011, 2010, 2009) refers to as the non-verbal "implicit self" over the verbal, "explicit self." Gianni and his friend and colleague, Mauricio Cortina, elucidate in their 2007 paper that the unconscious implicit self can be conceptualized not only having to do with defenses, conflicts and repression but also with positive or adaptive elements. They write, "this shift is from conceptualizing the unconscious as serving primarily a defensive and repressive function, to seeing unconscious processes as serving much broader adaptive functions. Unlike the older model that sees the unconscious as primitive and inchoate, the adaptive model sees the unconscious as quite sophisticated" (p. 2011). In Sensorimotor Psychotherapy, we view the body as the manifestation of the unconscious implicit self. Movement habits and autonomic nervous system patterns clearly reflect inner conflict and pain as well as the positive imprints of implicit memories and implicit relational knowing, both of which are typically acquired before the acquisition of language.

My conversations with Gianni centered around the possibilities of including the body to

address the implicit memories of patients who suffered from disorganized/disoriented (or “D”) attachment, trauma and dissociation. He was the first, and remains the most impressive, author that I had discovered who made the link between D-attachment and dissociation. His 1992 paper on this subject was printed only a few years after Main and Hesse (1990) published their seminal paper on the relationship between infant disorganized/disoriented attachment patterns and the unresolved trauma of the caregivers. Gianni (1992) proposed, “to think in terms of disorganized/disoriented (D) attachment seems a better way of conceptualizing not only MPD, but also all the dissociative disorders in relation to difficulties experienced in early attachment relationships” (p. 196). His insight and integration of the two elements – attachment and dissociation – was a welcome and revolutionary concept for me, and it made immense sense because my traumatized patients consistently reported devastating early childhoods in which they never felt safe. I was aware of the dramatically different physical patterns of D-attachment of my patients, as they sequentially or simultaneously alternated between defensive actions and proximity seeking actions, along with the corresponding emotions and cognitions, images and other sensory perceptions. These patterns, learned early in life, persisted into adulthood, and represented the implicit memories of having been the recipient of frightened/frightening caregiving. The “experience encoded and stored in the implicit system is still alive and carried forward as negative expectations in regard to the availability and responsiveness of others, although this knowledge is unavailable for conscious recall” (Cortina and Liotti 2007, p. 207). Thus reports of such implicit memories are absent in the verbal narrative; however, the narrative of the body, the “somatic narrative”, clearly tells the story.

Gianni understood that implicit memories of traumatic attachment relationships are frequently triggered in therapy itself, as the body remembers. He wrote in 2012 that because of this,

the psychotherapeutic dialogue is often carried out outside the “window of tolerance”, with the attention of the patient absorbed in the signs of the extreme activation of the orthosympathetic system (the most obvious: tension and muscular tremors, tachycardia, hyperventilation) or vagal system (loss of muscle tone, bradycardia, reduction of respiratory frequency with an agonizing sense of thoracic oppression, abnormalities of gastro-intestinal peristalsis, slump, syncope, subjective vertigo and experiences of extraneousness to the environment and to oneself typical of “fake death” vagal) (p. XXXII).

The body itself becomes an effective target of therapeutic intervention so as to directly address these somatic symptoms and dysregulated arousal that are the effect of triggered implicit memories.

In his 1992 paper, Gianni argued that the child’s development of multiple models of the self in the face of several attachment scenarios: one, the caregiver is threatening, the child constructs the self as helpless; two, the caregiver is frightening, the child constructs the self as threatening; and three, the caregiver expects the child to soothe them, the child constructs the self as a rescuer. In each of the multiple models of the self, there is a physical component, both an autonomic nervous system component and a postural gestural component, and each working model carries with it its own prediction of the future. In 1999 Gianni wrote that the irresolvable conflict between these internal working models leads to dissociation, and this is evident in the conflicting body patterns accompanying each working model. The child’s body may collapse or freeze in the face of threat, but when the self is constructed as threatening, the body may exhibit physical tension in the shoulders, jaw, and arms and hands indicative of a “fight” defensive response. And physical actions of rescuing may be displayed by proximity seeking actions, such

as moving towards the caregiver, reaching out or making eye contact to provide comfort. The mind, emotions and body often remain un-integrated and dissociated because of these multiple working models. Looking back, Gianni's impressive early writings on the connection between D-attachment and dissociation describe the detrimental effects of repeated early interpersonal trauma, pointing the way for further understanding and treatment.

There is so much more I could write about Gianni's immense contributions. What I wrote above reflects the impact of only a few of his contributions on my own thinking, only a few of the topics we talked about, encapsulating just a fraction of what I learned from the work of this great man. I want to emphasize that, much more than the profound insights of his research and insights, I remain to this day, deeply affected by his personhood: his kindness and courtesy, and his unique and unusual capacity to make everyone he encountered feel valued and important. Many times, in lectures, on panels and in casual conversation, I heard him express a different opinion, but never in a way that diminished the other person or ridiculed their thinking. He had a way of "being with" others that was so genuine. His presence seemed to emerge from a deep internal respect and appreciation for the human condition and for the contributions of his colleagues to the field of attachment, trauma and dissociation.

I experienced his ability to "be with" in our very first interaction at the 2007 ESTD conference, and I witnessed it at numerous conferences in Rome, as participants surrounded Gianni to ask questions and connect with him. Often it seemed to me that participants just wanted to be in his presence, to bask in the undivided attention he so naturally offered. He treated everyone, from famous neuroscientists to unknown conference participants, the same; I never noticed him to be impatient or discounting, no matter what the status of the person was. Samuel Johnson is often credited for the saying, "The true measure of a man is how he treats someone who can do him absolutely no good". Gianni's measure, then, would be the very highest.

Gianni exemplified respect, compassion, collaboration, and an honoring of differences that surely carried over to his work with his patients. I envision that his patients received not only outstanding treatment for their problems from a leader in the field who profoundly understood the complexities of trauma, dissociation and attachment, but also the deep caring of a compassionate man who went far beyond an intellectual and impersonal understanding of his patients' diagnosis. He understood the transformative power of relationships, including the therapeutic relationship. His profound insight was evident when he wrote that therapists' acknowledgment of "feelings of powerlessness both in self and in the patient, without surrendering to them and without untimely attempting to overcome them, is a major factor of therapeutic change in the treatment of dissociative adults who had been chronically traumatized since early childhood" (2014 p. 322). This statement reflects both Gianni's astute personal awareness and keen perception that speaks to the suffering of all of us who are grappling with the effects of trauma, our own and that of our patients. Gianni, I feel, was painfully aware that the courage it takes to face the anguish of such human suffering has its price. Because of his depth of understanding and deep capacity for empathy, I imagine that Gianni's relationship with his patients was probably the most healing relationship they had ever experienced, that it offered much more than they could have known they longed for or dreamed was possible.

I read in the ISSTD obituary for Gianni, written beautifully by Benedetto Farina and Adriano Schimmenti (2018) that Tripoli (Libya) was where Gianni grew up, as he lived there for the first 16 years of his life. In this hometown, Arabs, Jews, and Italians lived together peacefully. Farina and Schimmenti stated that, "This *integrated multiplicity* has been one of the main features of Gianni's personality and his intellectual background". The peaceful coexistence of these

different factions in his hometown most probably made a deep impression on the young Gianni, because the man he grew to become manifested the concept of integration in his both his research and writing, in his personality and in the way he interacted with others.

In a field that sometimes appears to exist in silos, where proponents of methods or theories sometimes tend to discount other approaches, to present one's own as the "best," Gianni was a man who built bridges rather than walls. His ability to bring together the perspectives from different "worlds" epitomized the sophisticated and comprehensive integrative capacity that we greatly need to help move our profession forward as well as our patients (not to mention the world at large). His work and his personhood felt like a breath of fresh air, and indeed, I found myself often taking a deep breath, reading Gianni's work or being in his presence. His work and his personhood had such an integrative effect rather than a divisive one as he embodied a "both/and" approach, rather than an "either/or" one; he challenged but did not disparage. It was a great privilege to have known him, and his death is a great loss to us all. Farewell, Gianni, and thank you from the bottom of our hearts for all you have given to us, to the field, and to the world, and especially for the profound integrative force your personhood and your work have been. You are loved and greatly missed.

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