

## TRAUMA OF HUMAN AGENCY AND THE IMPACT OF GIOVANNI LIOTTI'S WORK ON ITS THEORISATION

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### **Corrispondenza**

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### **Abstract**

In presenting this brief account of my first encounter with Giovanni Liotti I wish also to explain the human and scientific motivations which led me to ask for his consensus in my work – the product of years of literary and psychoanalytical research, followed by training in clinical psychology and psychoanalytic psychotherapy focusing above all on trauma. I reconstruct the fundamental moments of Liotti's work on disorganized attachment and the tendency towards vulnerability to dissociation; the distinction between trauma inflicted by human agency and trauma caused by natural catastrophes; the need to intervene in the dyad caregiver-child as early as possible; the fundamental fragmentation between body and mind which dissociation involves and the predisposition [of victims of childhood trauma] towards dissociative disturbances and severe pathologies of the personality such as borderline disorders. Liotti's belief in the real as opposed to imaginary nature of the trauma experienced is close to my own idea on this point and is in line with contemporary research that restores reality to the historical event and acknowledges its repercussion on neurobiology and intergenerational transmission (due to the dynamics of attachment that are reactivated between parents and child) as well as the nucleus of destructiveness in this chain of individual and social violence. Liotti distanced himself from the idea of trauma as something imagined that had so characterised Freudian psychoanalysis, reaffirming instead the work of Pierre Janet (whom he had studied very closely) and Ferenczi (whose work I reintroduced in my first international publications and wanted to discuss with him). I conclude describing our last correspondences that centered on literature and the pains of life.

**Key words:** Giovanni Liotti, attachment, human relational trauma, dissociation, intergenerational trauma

### IL TRAUMA PER MANO UMANA E L'IMPATTO DEL LAVORO DI GIOVANNI LIOTTI NELLA SUA TEORIZZAZIONE

### **Riassunto**

Nel presentare in breve il primo incontro con Giovanni Liotti ricostruisco in breve le motivazioni umane e scientifiche che mi avevano portato a cercare il suo consenso sul mio lavoro giunto dopo anni di ricerca in letteratura e psicoanalisi e una successiva formazione in psicologia clinica e psicoterapia psicoanalitica, centrata soprattutto sul trauma. Ricostruisco pertanto i momenti fondamentali del suo lavoro su attaccamento disorganizzato e tendenza a una vulnerabilità alla dissociazione; la fondamentale differenziazione tra trauma dovuto a intenzionalità umana vs trauma dovuto a casualità e catastrofe naturale; la necessità di intervenire

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sulla diade caregiver-bambino prima possibile; la fondamentale frammentazione tra corpo e mente che la dissociazione comporta e la predisposizione a disturbi dissociativi e a gravi patologie della personalità tra cui i disturbi borderline. Nella sua attenzione al trauma reale, non fantasmatico, Liotti si avvicinava a mio parere a quella tendenza della ricerca contemporanea che risituava nella realtà dell'evento storico traumatico e nella ricaduta neurobiologica e intergenerazionale (dovuta alle dinamiche dell'attaccamento che si riattivano tra genitore e bambino) il nucleo della distruttività della catena della violenza individuale e sociale e pertanto si allontanava da quella visione fantasmatica del traumatizzazione auspicata da Freud e dalla psicoanalisi, così come era già stato in Pierre Janet (da Liotti molto studiato) e da Ferenczi (che io presentavo nella prima pubblicazione internazionale e che desideravo commentare con lui). Concludo con gli ultimi momenti della nostra corrispondenza, centrati sulla letteratura e sul dolore della vita..

**Parole chiave:** Giovanni Liotti, attaccamento, trauma relazionale umano, dissociazione, trauma intergenerazionale

I decided to contact Giovanni Liotti in 2013 after my book on trauma (*Beyond Individual and Collective trauma*) had come out with Karnac Books, London. I had written that book among the other things to convince the Italian Ministry of Education to allow me to switch fields from English Literature and Shakespearean Drama studies to Clinical Psychology.

In my work, I had used his theory on disorganized attachment as a basis for vulnerability towards dissociation and dissociative diseases (Liotti et al. 1991; Liotti 1992) as one of the fundamentals for my theory on the more severe consequences that trauma of human agency bears on the human psyche as compared to traumatization due to natural catastrophies or accidents (where no evil human intention is involved). I had basically devised a three-level model of human traumatization, with early relational trauma, (first level), abuse, maltreatment incest and severe neglect (second level of traumatization, overlapping to some extent with the concept of complex PTSD) and massive social trauma (third level). In all three cases the consequences of severe traumatization are dissociation as a structure that create severe fractures in the mind-body-brain system and within the right hemisphere (Schoore 2012).

A child does not develop dissociation after an earthquake or a typhoon, (Liotti 1999 in Solomon and George, eds, 1999): if he/she does, it is because of insecure attachment or more specifically disorganized attachment developed with one or two caregivers, what Liotti and Farina call "traumatic developments" (2011). The caregiver has failed in performing the basic task of the first two years of human development, i.e., helping the child develop a secure attachment which determines a resilience against future traumatizations through both human and non-human agency. Those two years of life also establish the psychobiological roots and the neuronal imprintings for both the conscious, cognitive aspects and the unconscious, implicit aspects of the self also leading to the creation of implicit internal working models (Bowlby 1969) and un-consciously guiding behavior and identity. To this fundamental imprinting, following the emotional and physical interaction with a caregiver, a second level of destructive imprinting might be added in cases of abuse and maltreatment. I have described this second negative developmental level in connection not only with the affective neuroscientific and neurobiological underpinnings studied by Allan Schoore, but also with the revolutionary trauma theory exemplified in Ferenczi's model developed in the same years during which Freud was elaborating his theory of psychoanalysis (1932a, 1932b). Contrary to his master, Ferenczi, believed not in a fantasmatic version of trauma but in real traumatization as the cause for psychopathology and distortion or splitting of identity. In particular, I was referring to Ferenczi's concept of the identification with the aggressor as a fundamental violent and disruptive (of self and/or other) dynamics inscribed

in the personality of the victim. As a result of long term abuse (mostly within the family), the child fundamentally repeats and acts out in himself/herself the aggressiveness and the shame that were experienced at the hands of the persecutor. (I have focused on this dyad as the fundamental destructive dynamic being repeated and acted out in personality disorders involving the harming of one's own body, in my last publication, Mucci 2018). For the third level of traumatization of human agency, the persecutor is both an individual (the actual persecutor) and a massive social force/entity (the Nazi, the Soviet regime, the enemy army in war, or in authoritarian regimes) and the psychological and physical consequences of trauma are to be analysed/considered at both individual, collective and social levels.

Giovanni Liotti's writings have been instrumental in my elaboration of both part one and part two of my own model— particularly his work on trauma, disorganized attachment as a basis for vulnerability towards dissociation and possible personality disorders (Liotti 2014). They have also been invaluable towards my understanding of how intergenerational trauma of level three type (massive social trauma) becomes individually enrooted and repeated within families, due to the reactivation of the attachment system between a caregiver and his/her offspring. Attachment is reactivated through parenting and the probability that the two in the dyad (caregiver and child) have the same kind of attachment has been calculated as 80 % (research by Fonagy et al. 1991). In other words a disorganised parent has an 80% probability that his/her child will also have disorganised attachment, unless some element of relational reparation and healing is introduced (in the parent, or the child, or in the dyad).

Severe psychopathology, as we are quicker to recognize today than were analysts working at the time when Freud or Ferenczi were writing, stems from trauma of human agency and therefore has a dissociative, not a repressive basis. As I have noted in my book, quoting Liotti on disorganised attachment, “The traumatic quality of early relationships seems to be at the root of future pathologies such as borderline personality disorder, depression, alcohol and substance abuse”. A few lines above this citation I also quoted the incipit of Liotti and Farina's 2011 book: “The relationships in which those who habitually take care of a child expose her also to maltreatment, abuse or severe emotional neglect, affect in a stable way her mental development and are also considered capable of causing vulnerability to an ample variety of psychic disturbances, not only during childhood but also in the adult age” (Liotti and Farina 2011, p. 3, my translation).

This important statement goes in the direction of a long over-due recognition of what has been known as Complex PTSD, which DSM-5 has not acknowledged yet but which has been recognized by PDM-2 (Lingiardi and McWilliams 2017) and is probably going to be recognized in the forthcoming edition of ICD-11. As van der Kolk reports in his book *The body keeps the score* (van der Kolk 2014), according to APA Board there might be clinical evidence for the destructive consequences of long term abuse of a child in a family but not clear scientific evidence yet.

Liotti's research and theory has been and remains instrumental for the tracking down the source of the vulnerability that stems from disorganized attachment and the negative prognosis of psychopathology and personality disorders that come out of that kind of attachment. It is the task of psychologists of all approaches to recognize and help understand in its dramatic consequences the extent of the “epidemic” of early traumatization, as it has been termed by Lanius and colleagues, (2010) and to prevent further pathological outcomes through the work on attachment and through therapy carried out with at-risk families. In fact, some of the more severe consequences for both body and mind, ie. on both mental and physical health, for humans

have been noted in the ACE (Adverse Childhood Conditions) study (Felitti and Anda 2010) still in progress in a joint effort of the universities of Atlanta (Emory University, Georgia State, GA) and San Diego, CA. People who report childhoods in which adverse conditions were experienced (the dimensions investigated are seven: psychological, physical, and sexual abuse, plus dysfunctionality in the family, families with mental problems, antisocial behavior, addictive behaviors and violence) are more likely (in a continuum of severity proportional to the number of exposures to adverse childhood experiences) to show mental and psychological problems (i.e. borderline disorders, depression, addictive behaviors), cardio-vascular disease, illness connected to immune system, metabolic disorders and liver and kidney conditions.

Several authors, among those Liotti (in Ammaniti and Stern 1992; Liotti in Solomon and George 1999); Carlson and Sroufe (1995) and Main and Hesse, (1990), demonstrate that children whose parents or caregivers suffer from unresolved mourning (Liotti et al. 1991), depression, substance abuse and problems connected to divorce are more vulnerable to developing disorganized attachment and therefore future psychopathology, if the deficit in the process of rearing is not repaired. Liotti and colleagues (1991) have demonstrated that unresolved mourning for the caregiver in the first two years of life of the child might result in the difficulty for the caregiver to properly respond with sensitivity and constant attunement and the sufficient repair in the disruption that optimal child-rearing requires. The parent might respond to her own traumatization with either violent coercion or withdrawal of her emotions and lack of responsiveness, as when the mother “does not hear” the child (Fraiberg et al. 1975). I would say, to introduce and integrate this notion with a psychoanalytic concept developed by André Green, that the mother in this case acts as a Dead Mother creating in the child severe difficulties because of the mother’s incapacity to act as an emotional screen and container for the child (Green 1993)

In a pattern of intergenerational transmission, due to the reawakening of the attachment system reactivated by the caregiving process itself, mothers who have been themselves victims of emotional abuse, neglect or maltreatment and have not properly elaborated their traumata might respond to the negative affects of the child with negative or intrusive behavior, with a controlling behavior or a repetition of the abuse. In fact, mothers who have themselves been victims of physical abuse are more likely to be controlling and abusive than mothers who have not been victims and have developed a secure attachment (Lyons-Ruth and Block 1996). In fact, the psychobiological basis of the attachment system is probably similar to the mechanism of the panic system as identified by Jaak Panksepp (1998) in a complex and refined neuronal net modulated by endogen opioids. It is likely that the activity of a member of the social group positively affects this neural net so that the increased production of morphine and other opioids mitigates fear and pain. If this reassuring physical vicinity is not possible, the neural net cultivates the fear system that might become a panic response on behalf of the neurobiological system (Liotti 2005a, 2005b). In *Beyond Individual and Collective Trauma*, (which later became *Trauma e perdono* in the Italian translation) I had also traced the connection of the neurobiological and neurophysiological vagus response, according to Porges (2011) and Schore (2012) with the clinical description of the highly traumatized body of the child being forced to submit to an aggressor as described in moving and accurate clinical detail by Ferenczi as early as 1932 in his clinical Diary (1932, 1988).

According to Liotti, a different kind of attachment mediates the impact of trauma on the subject, influencing the potentially pathologic effects. Presumably, an experience becomes traumatic, that is, destructive of the integrity-continuity of the essential functions of the apparatus, not only and not simply for the presence of fear and pain, but also for the simultaneous absence

of social relations that might intervene to help, offering protection or at least mitigating pain (Liotti, 2005a, 2005b). Many studies indicate a high correlation between disorganized children and mothers who in the AAI (Adult Attachment Interview) have transcripts classified as U (Unresolved), CC (cannot classify), or HH (hostile-helpless) (Hesse and Main 2000); Hesse, Main, Abrams and Rifkinn 2003; Lyons-Ruth, Yellin, Melnik and Atwood 2003). It seems plausible that this correlation cannot be explained simply on the basis of genetic influence, since the same child is often able to create a secure attachment with the other parent. Therefore, they go in the direction of epigenetic explanations. Several studies (Lyons-Ruth and Jacobvitz 1999) argue that genetic influences play a secondary role in the disorganization of attachment. It would appear to depend more on the intersubjective experience than on the individual mind and the genetic endowment of the child.

This is what happens according to Liotti (2005b) when unresolved traumatic memories emerge from the mind of the parents: the mental suffering linked to these memories activates the system of the attachment figure (AF) right when the nurturing system is activated. If no comfort for the suffering AF is available from other meaningful figures, the parents' attachment systems tend to evoke emotions of fear or rage, so that they might respond with anger or threatening behavior, which activates avoiding or fight and flight behaviors in the child.

In 1993, Liotti had already described the diagnoses of dissociative behavior (1993, p. 55) very accurately, and had indicated in the following the circumstances that would influence the development of dissociative reactions (in agreement with the neurobiological findings that Allan Schore was in those same years integrating in his masterful interdisciplinary research):

- an early experience of disorganised attachment with at least one of the parents, deriving in turn from unresolved trauma or mourning not elaborated in the life of the parent;
- early formation by the child of multiple cognitive models of the self;
- predisposition to dissociation as a consequence of the above mentioned formation;
- usage of dissociation as a defense in the phase of trauma;
- repeated episodes of maltreatment or violence in the years of formation of the personality;
- the tendency to create, as a reaction to the episodes of violence, states of defensive trance following episodes of violence, with imaginary identities and worlds and the incapacity to integrate the memory of these imaginary creations with the memory of trauma with the tendency in adult age to go back to this defensive modality in situations of stress when in relation (with alteration to the state of conscience and memory).

As already mentioned, Liotti stresses not only how dissociation is linked to the modality of attachment but also that this can be proved by the fact that memory in children does not present dissociative episodes in relation to natural catastrophes or calamities, while chronic exposure to trauma within the family (such as abuse) might lead to dissociative defenses damaging memory and consciousness (see also Spiegel and Cardena 1991). This is confirmed by Allan Schore's research: the excessive stress caused by infantile maltreatment and neglect is associated to adverse experiences for brain development (De Bellis et al. 1999); therefore, relational trauma and trauma deriving from attachment have a more negative impact on the infant's brain compared to external impingements in animate or inanimate forms (Schore in Williams 2009, p. 92). Also in 1993 Liotti wrote that the forms of discontinuity of consciousness and memory, that is, dissociative forms, when they are organic, or caused by substance abuse, constitute an automatic defense for the mind facing traumatic events, and clinical examples are extremely

numerous). Several studies suggest that early disorganised attachment is linked to difficulties in interpersonal relationships, difficulties in the capacity to regulate stressful emotions (Schoore 2003a, 2003b), cognitive difficulties in general and especially as regard metacognitive capacities and mentalization (Bateman and Fonagy 2004; Liotti and Farina 2011). At least eighty per cent of the children who were disorganised in the Strange Situation in their first and second year of life, showed between the third and the sixth year a disorganised, controlling behavior, in the direction of either punitive behavior (with criticism, threat, oppositional behavior, or controlling, nurturing, with a protective and consoling attitude towards the parent, in a reversal of roles) or even seductive behavior (Liotti and Farina 2011).

These models of development follow the pattern that Bowlby had called Internal Working Models (IWMs), internal operative models based on the interaction between parents and child in the attachment. Inge Bretherton (1992) has explained how the psychoanalytic roots of attachment became evident when studying the representational aspects of attachment models, with the distinction between internal world and internal objects (Bowlby 1969, vol. 1, theorised how in their development human beings construct they IWMs on the basis of interpersonal attachment experiences, creating an internal image of Self and Other that reflects those interactions).

Stressing the interpersonal and implicit aspect of these psychodynamics, Liotti integrated and further developed those observations extending them to cognitive developmental psychology and developmental psychoanalysis with the observation that when disorganised children are anxious, frightened or in situation in which they feel vulnerable, they might defensively and unconsciously resort to an Interpersonal Motivational Systems, sexual, competitive, agonistic or in any case controlling (Liotti 2005b). To Liotti, the interrelational nature of these strategies is obvious; they are enacted in fact in correspondence with the caregiver's strategies, in a sort of contagion or unconscious (meaning non conscious) attunement. Moreover that the intergenerational nature of these relational dynamics is clear to Liotti is apparent when he says that the parent probably activates towards the child his own or her own ISM (his or her own Interpersonal Motivational Systems, activated towards his or her own parents). What is extraordinary for me (and extremely useful for clinical purposes) in this chain of connections is the intergenerational, interpersonal dynamics in which self and other are reciprocally reinforced. For the child this is the fundamental dynamics in the birth of the Self (both healthy and pathological) (Mucci 2018).

In an exciting in-between area or constant dialogue between cognitivism and psychoanalysis and psychodynamics, Liotti was capable of going back to the intersubjective roots of human existence and development, something that in psychoanalysis Daniel Stern had also attempted to some extent in his 1986 work and that I could find explained and elaborated on in the highly interdisciplinary work of affective neuroscience conducted in the same years by Allan Schore. What became fundamental for them (and for me) at this point was the connection between attachment, IWMs and implicit memory.

For me this opened the field for the necessary movement from the intrapsychic to the interpersonal, both in human development and in psychotherapy, a movement I could trace back in psychoanalytic theory of trauma to Ferenczi, notoriously the father (or the mother) of relational psychotherapy and psychoanalysis and its only recently acknowledged founder. In his revolutionary work with abused patients (Mucci 2017), Ferenczi stated that what is external at the beginning becomes intrapsychic:

*“As a result of the identification with the aggressor, let us call it introjection, the aggressor disappears as external reality and becomes intrapsychic instead of extra-psychic. Yet the most important transformation in the emotional life of the child, which his identification with the adult*

*partner, an identification based on fear, calls forth, is the introjection of the guilt feeling of the adult (1933, pp. 297-298, emphasis in the text)''.*

The question of what is interpersonal (and real) and what is intrapsychic (and mostly fantasied or rooted in psychic conflict) is still an open and delicate question within the field of psychoanalysis. I have tried to reopen that fundamental question in my first Italian book on trauma *Il dolore estremo* (Mucci 2008) to posit once again the question of what is in fact real trauma and fantasied trauma in psychoanalysis. I subsequently found in attachment theory and in affect regulation theory (Schore 1994, 2003, 2003, 2012) a position that came closer to my own understanding of how I felt with patients and what I thought was the origin of their (destructive) behaviors and symptoms.

I finally could discuss it and find acceptance of my trauma theory (with its implications for a psychotherapeutic practice) with Giovanni Liotti. My encounter with Liotti came after a six month exposure to Otto Kernberg's model for psychotherapy for borderline personality disorders (called TFP, Transference Focused Psychotherapy, Clarkin, Yeomans, and Kernberg 2012), where trauma and attachment were relegated to the margins.

Traumatic development (Liotti), and modern attachment theory (Schore) gave me the basis for an understanding (and a consequent change in treatment) of borderline disorders that I could not have enacted if I had remained within the traditional psychoanalytic understanding of them, even within the radically revised view of Kernberg's psychotherapeutic model. In all his clinical acumen, Kernberg's etiopathogenesis was not enough for me to explain the destructiveness of these patients. I did not believe in "innate" (a Kleinian explanation of) aggressiveness; I could on the contrary find concrete evidence of the root of their destructiveness in the traumatic childhoods of these patients, especially in the first two years of their lives. I could not see "innate aggressiveness" in the damaged children who had become my adult patients, but rather in their childhoods devastated by severe abuse, loss, and utter neglect of emotional needs. Their bodies and their behavior carried in them the traces and the signs of their IWMs as they had been shaped epigenetically in the hands of their abusive caregivers. No innate aggressive in their etiopathogenesis, but trauma. Interpersonal, obviously also intergenerational trauma: often their parents had been abused, deserted, neglected, maltreated to an extreme, and in this circle I could not see anything innate; it was the real conditions of upbringing that had created the psychopathology, as also Bowlby had stressed (and this had provoked his ostracism by the British Psychoanalytic Society). Even today I suspect that Otto Kernberg would respond to my questions about attachment that, although interesting, that theory lacks the depth of the fundamental psychoanalytic view.

The unconscious, for me, as I have learnt and understood it with Judith and Allan Schore (Schore and Schore 2008), is based on implicit memory, rooted in IWMs, (see Mucci 2016, in Craparo and Mucci 2016)). In total agreement with both Schore and Liotti, I think our body carries the trace of our relational upbringing and emotional and social experience; our brain is shaped as a consequence of our interpersonal encounters, and even our bodies (my last idea) are deeply shaped by this fundamentally social experience, and may become "Other" to the Self (and the target of negative introjections and therefore abuse, through self-harm directed at one's own body (Mucci 2018).

The traumatic dialogue between mother and child has created a dissociative structure, not a structure of repression (as Freud had intended and proposed all his life, creating a rejection of the contemporary theories of both Janet with his concept of disaggregation of the psyche (Janet 1889) (see Lingiardi and Mucci 2014) and Ferenczi's of "fragmentation").

Implicit memory and what is dissociated not repressed in the body constitutes the largest part of the work with highly traumatized patients. In the volume Craparo and I edited for Karnac on implicit memory and Mauro Mancia's concept of "unrepressed unconscious", Liotti contributed a seminal article (Liotti 2016). From his article I understood for the first time something that I don't think has been explored adequately in the literature but is in my opinion of essential value in clinical work: in the Adult attachment Interview (which I had just been certified to perform under the guidance of Nino Dazzi and Deborah Jabovitz for the Main and Hesse School of the University of Berkeley) what the narrative reports in its syntactical "mistakes" or in its lacunae is linked to the "truth" of implicit memory, amygdala based, and, on the contrary, what is narratively well constructed is the sign of the episodic memory (hippocampus). I thought it was an excellent point that nobody to my knowledge had ever made and since then I have been careful in tracing the presence of implicit memories through the gaps or incoherences in the narration, a sort of "other" voice speaking through the more logical text that the more rational parts of identity would like to reconstruct.

Another fundamental point I could see adequately stressed in Liotti and Farina (2011) dealt with the issue of traumatic memories. A traumatic memory is mostly dissociated and therefore embedded in the body in the sense of implicit memory, amygdala base, not hippocampus based, a memory that is in the body but cannot be traced through words, and in the subject's destructive or negative IWMs, or aspects of the Self perceived (I use Fonagy's nomenclature for my own purposes) as Alien Self (always of traumatic origin, obviously not an innate deposit). So traumatic memories are really the field of contention between a discourse of trauma based on real experiences (where I would situate Bowlby, Liotti, Schore, van der Kolk) and a discourse of trauma based on psychoanalytic classical arguments (based on fantasy and on Freud's revision of his initial "seduction theory"). Traumatic memories are embedded and inscribed in the body and in the limbic system, most notably in the amygdala, either because the victim was too young to have a working hippocampus (hippocampus develops after the first two to two and a half years of life) or because the mind-body-system was in hyperarousal and the hippocampus was in an hyperaroused state, (with excessively high levels of cortisol) that impeded the transcription. Traumatic memories are to be retrieved through the psychotherapeutic work starting from deep attention to the symptoms as rooted in affect dysregulation due to trauma and as inscribed in the body. As inscribed in implicit memory, right hemispheric based, they are rooted in bodily sensations, odor, sensorimotor perceptions, all bottom-up rooted and therefore easily reactivated through the body and easily rekindled; in fact, a feature of traumatization is the aspect of rekindling, the under-threshold reactivation even through minimal stimuli so that trauma is a bodily always-present experience. So a big part of what is done in therapy with severe patients happens with the dissociated aspects and the exchange between a very active and emotionally present and highly trained psychotherapist and a dissociated patient overwhelmed by affect dysregulation in the form of projective identification, dissociative aspects, and emotionally split dyads (mostly in the form of victim and persecutor). In my therapy model, this is the point at which the therapist needs to work through her right brain and all her emphatic and fully committed testimonial attitude (I have come to call this "embodied witnessing", Mucci 2018).

In treatment, Liotti and Farina (2011) point out, in total agreement with my view of historical, empathic and embodied reconstruction of trauma:

*"It is worth stressing that the purpose of treating traumatic memories is not to help the surfacing of repressed content, rather, to reconstruct the lived events in their integrity, to*

*associate the different fragmented components (emotional, sensorial, motorial kinesthetic, cognitive), to assimilate them and to enable their integration into the autobiographical narration for the patient, in order to avoid or reduce their disorganising effect” (p. 191 translation mine).*

In addition, I strongly believe that the reconstruction of traumatic memories also has an intergenerational value in interrupting the chain of violence and abuse and suffering; again the historical reconstruction, what has been done mostly in the course of massive historical events and traumatizations such as the Holocaust, has been accepted and clearly stated by a few analysts, namely Werner Bohleber (2010) and Ilde Grubrich-Simitis (1981). I strongly emphasized the necessity to historicize and reconstruct traumatization in this intergenerational chain in my 2013 book. Filled with enthusiasm for these new ideas and the new direction my work had taken I found the courage to write Giovanni Liotti and ask him if we could meet at his Institute to talk about his work. He very generously offered to see me and gave me an appointment at his Institute.

As I said, it was 2013, to be more precise, December 2013. The day I was supposed to go to Rome to finally meet Giovanni, my father had to be hospitalized. I wrote with some anxiety to Giovanni (using his cell phone number for the first time, something which I had not dared to do before) explaining that I needed to remain in Pescara to care for my father and would not be able to make the meeting with him in Rome which he had so generously found the time to arrange... He responded immediately telling me to think only of my father now, and not worry about anything else. We did eventually meet some months after my father's death. I gave him the English edition of my book as I had been told that, he read and spoke excellent English. In the typically bold manner of shy people faced with a much desired opportunity I asked him whether he would be interested in collaborating with me on a book about borderline disorders based on his theory of disorganised attachment as the basis for a vulnerability towards dissociation. He declined with a little smile, claiming that he was too tired, I think he said also too old, and had too many commitments already. But the encounter was very warm and cordial, very spontaneous and light hearted; we ended up talking mostly about literature and the works in English Literature he liked the most. I returned home and some days later, I received a book that he had sent me reciprocating the gift I had given him (of my book): the book was *The Problem of Pain* by C.S. Lewis and I took the book to be a message of his own interior mourning, but of which we had not spoken.

I was to see him again in Rome in 2014 for the Attachment and Trauma Conference, organized by Alessandro Carmelita. He gave a brilliant presentation in English and on that occasion he congratulated me on the Italian edition of my book which had just come out with the title *Trauma e perdono*, and said he had given his daughter Marianna a copy of the book for careful study. I was delighted about his very positive comments.

Afterwards, we exchanged a few emails. I had started to write *Borderline bodies* in 2016, (Mucci 2018), and I had questions I wanted to ask him about dissociation and PTSD, his responses were, as usual, careful, detailed, clarifying, prompt and warm.

I would see him only once, more in Bologna, in February 2016, at the CISMAI Congress, we were on the same panel. After the Congress I almost missed saying goodbye. When I saw him he was already in his car and ready to leave, but when he saw me he got out of the car, greeted me with his warm gentleness, and left.

One year has passed, Giovanni became ill as we know, I did not dare disturb him or his family, but I kept in touch through the kindness of Nino Dazzi, whom I knew was a very good friend of Giovanni's. At first it seemed he would not recover and then, he had made huge progress, and in one of the last months of his life, March 2018, I got up my courage and wrote to him. To my astonishment and sheer joy, he responded, he said he was, to the dismay of his pessimistic doctors, now capable of reading, of writing with one finger, as he was doing in that occasion, and then he talked about what a great 'gift' literature is to us and quoted from Dante's "Sommo Bene" in Paradise (Par. 1. 7-9) by heart: "For nearing its desired end, our intellect sinks into an abyss so deep that memory fails to follow it". He also mentioned the words of his beloved Montale: "I've often come up against the bad part about living... I don't know much about the good part, except for the miracle that offered a glimpse of divine Indifference".

I was in my office at university when I received his email, I was so excited that I read the letter to my training students, in my sheer excitement; it seemed to the sign of a miracle happening right there.

To honor his literary gifts and his exquisite sensitivity and also in an attempt to provide him with the comfort and the company of more Literature, that evidently had been and was a balm to him, I sent this poem by Wislawa Szymborska entitled *Life* that I include here:

--

Life is the only way  
to cover itself with leaves,  
take a breath on the sand,  
raise on the wings;  
to be a dog,  
or caress it on its warm hair;  
distinguish pain  
from all that pain is not;  
stay inside the events,  
vanish into the views,  
look for the smallest mistake.

An exceptional opportunity  
to remember for a moment  
what has been talked about  
with light turned off;  
and at least for once  
stumble on a stone,  
get wet in some rain,  
lose the keys in the grass;  
and follow with your eyes a spark of wind;  
and persist in not knowing  
something important.

It was March 16, 2018. I was never to hear from him again and that was the last mail and the last poem we exchanged. Thank you Giovanni, for everything that you have been and done.

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