6 WAYS THAT GIOVANNI LIOTTI HAS IMPACTED ME

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Abstract

Giovanni Liotti has made significant contributions to the field that have had a positive impact on the way I practice and teach therapy. 1) Attachment is not love 2) Events that are seemingly small have a big impact 3) Complex trauma and dissociation are the result of Disorganized Attachment, not only the trauma 4) Children utilize different strategies for attachment 5) A collaborative therapeutic relationship is important 6) grief and love are tied together.

Key words: Giovanni Liotti, complex trauma, dissociation, disorganized attachment, collaborative therapeutic relationship

I SEI MODI IN CUI GIOVANNI LIOTTI MI HA INFLUENZATO

Riassunto

Giovanni Liotti ha dato contribuiti significativi al campo di studi che ha influenzato positivamente il mio modo di insegnare e praticare terapia. 1) L'attaccamento non è amore 2) Eventi apparentemente piccoli hanno un grande impatto 3) Trauma complesso e dissociazione sono i risultati di un attaccamento disorganizzato, non solo del trauma 4) I bambini utilizzano differenti strategie di attaccamento 5) La relazione terapeutica basata sulla collaborazione è importante 6) Dolore e amore sono connessi.

Parole chiave: Giovanni Liotti, trauma complesso, dissociazione, attaccamento disorganizzato, relazione terapeutica collaborativa

Introduction

It is an honor to be asked to remember Giovanni Liotti, known to all as Gianni, a man who has significantly influenced how I view complex trauma and treatment, and what I pass on to my students. I asked him how he got into psychology and his area of research. He simply said something to the effect, "I wanted to understand why people have problems". Thank you for your curiosity Gianni.

As an EMDR therapy trainer and therapist, present problems are hypothesized to result from past experiences that have been maladaptively stored in the brain. EMDR therapy involves an eight phase, three-pronged (past, present, and future) protocol to access the maladaptively stored memories, stimulate the innate information processing system (which include the use of bi-lateral,

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dual attention stimulation such as eye movements), resulting in the integration of these memories into adaptive memory networks (Shapiro 1995, 2001, 2018). Research has demonstrated the therapeutic efficacy of EMDR with trauma related disorders (see Shapiro and Solomon 2018). However, EMDR therapy is a therapeutic approach that is informed by a variety of theoretical frameworks. Gianni Liotti has greatly impacted how I conceptualize a client's problems, choose memories to process, pace therapy, and attend and attune to the therapeutic relationship.

Gianni's significant work on attachment is widely known and guides my thinking about a client and where to look for maladaptively stored memories.

Attachment is not love

I first met and got to know Gianni in 201I. In 2012, I saw him present, for the first time, in Paris. His great presence and sense of humor filled the room. In a "very Italian" manner he emphatically waved his hands (practically jumping up and down) and shouted "Attachment is not love"… He got my attention. After this, teaching often in Italy, when beginning my introduction to attachment I would ask the class how many have seen Gianni Liotti present. A significant portion of the class would raise their hands. Since imitation is the greatest form of flattery, I would say, "I want to show you my impression of Gianni," and would then in an exaggerated way wave my hands and shout, "Attachment is not love" and then go on to explain attachment as safety. Now, with fondness, I still introduce attachment in this way, asking people to remember Gianni.

Understanding attachment has to do with safety is important in understanding the many levels of how a distressing event can impact the client. Why does a distressing child event remain maladaptively stored and impact the client in the present? The Adaptive Information Processing (AIP) model, which guides EMDR therapy posits the distressing memories is stored in state specific, maladaptive form, and when these memories are triggered, symptoms are experienced. Understanding attachment as safety helps us explore the full meaning of a distressing event. It may not so much be the magnitude of the event but the lack of safety, soothing, attunement by a caregiver, or repair of the relationship with the caregiver. In working with adult victims of childhood abuse, the worst part of what happened can be being alone after the event, or caregivers do not perceive something has happened, or the event being minimized by caregivers. This can drive the trauma into the identity, such as "I am invisible" or "I don't count", or "I am alone and not safe/powerless".

As another example, a mother yelling at a child may result in the memory being represented as "Mother's angry look", with a negative, irrational belief, of "I am not good enough". But understanding attachment as safety has guided me to asking more about the impact of the image and this negative cognition. Inevitably pursing this direction, especially in a distressing interaction with an attachment figure, leads to the realization of "I'm not safe". Processing the memory at this level results in deeper levels of integration. As will be elaborated below, its these seemingly small events with attachment figures that underlie major problems in the present.

It's not "big things" but the "seemingly small (but impactful) events"

In several of our discussions Gianni described how a trauma can be any situation where there is perceived betrayal by the parent. Thus, trauma is not only those "big T" events such as a car accident or robbery, it can be the seemingly small but tremendously impactful ("small t") memories. Hence, mother's annoyed look when a child asks for something or father turning his back when the child is reaching out, are significant memories that the EMDR therapist can look for and process. This

has important implications for case conceptualization and looking for key memories underlying present day problems. When a client describes a negative event that occurred in childhood (e.g., bullying) I ask if they told the parents, or how the parents responded. Quite often, I hear about the lack of support or feeling alone with the distress. It is this lack of soothing that not only creates a secondary traumatization but contributes to the event being maladaptively stored.

"It's not the trauma"

Gianni made valuable contributions to our understand of complex trauma, including borderline personality disorder and dissociative disorder. Complex trauma evolves from disorganized attachment, which occurs when the source of an infant's or child's safety is at the same time the source of danger. This results in multiple, fragmented, and incoherent internal working models. Consequences of disorganization of the mind include low metacognitive capacity, difficulties in relationships, and emotional dysregulation. Complex trauma is primarily associated with insecure or disorganized attachment aggravated by later abuse or trauma. Brown and Elliot (2018) have affirmed this conclusion: "There is little support for the view that complex trauma is a function of early trauma per se or a function of multiple-event trauma or cumulative abuse – rather early childhood insecure attachment is a key ingredient in the eventual development of complex trauma, in combination with abuse or trauma later in childhood" (p. 219).

Understanding complex trauma symptoms are not the result of trauma alone, but from disorganized attachment, cautions us against approaching the trauma without appropriate assessment and stabilization of the client to avoid aggravating disorganization of mind (Brown and Elliot 2018). This is particularly important in EMDR therapy where a memory can be accessed and stimulated before the client has the integrative capacity to process it.

Children utilize different strategies to secure attachment

Gianni made a contribution to developmental psychology and understanding complex trauma with his discussion about attachment disorganization and controlling strategies (Liotti 2011). Under threat, which typically will activate the attachment system, children with disorganized attachment systems may utilize other action systems to secure safety. Around three to six years of age, disorganized attachment behaviors may gradually be replaced by controlling forms of attachment strategies and seeking safety. Controlling punitive behavior occurs with the child attempting to receive and maintain the parent's attention through hostile, coercive, and punitive behaviors, when their attachment systems (and need for safety) are activated. Controlling-caretaking behavior is the child's attempts to receive and maintain parental attention through entertaining, organizing, directing, or giving approval. These defensive strategies can be stable over time (and result in personality disorders in adolescents and adults), but can collapse when there is a strong or prolonged activation of the attachment system (e.g., trauma, separations or losses), evoking dissociative symptoms. This helps us understand a) why dissociative symptoms may not appear in childhood but then b) may suddenly appear in adulthood in seemingly innocuous or positive situations (including therapy) and c) help the therapist understand and deal with relational dilemmas and resistance to change.

Collaborative therapeutic relationship

The therapeutic relationship can be difficult to negotiate with clients suffering from complex

trauma. In therapy, it is important for the therapist to be a safe base for the client. However, for these patients, the same base can be both the source of fear as well as security. With clients who have a disorganized attachment structure, activation of brain areas that mediate attachment behavior inhibit brain areas that mediate mentalization (Liotti and Gilbert 2011). Hence, the therapist attempting to be an attachment figure can cause dysregulation. Therefore, therapeutic safety needs to be established through the cooperative behavioral system, not the attachment system. (Liotti and Gilbert 2011). It is important to set up a collaborative relationship at the beginning of therapy, starting with a clear agreement regarding the goals and rules of therapeutic work (Liotti 1999; Liotti and Gilbert 2011). The therapist's openness regarding his/her thinking about assessment, the treatment plan, and the course of therapy establishes a cooperative system of treatment collaboration right from the beginning (Brown and Elliot 2018). An important part of collaboration is also the client taking an active stance in their treatment, for example, taking responsibility for learning new ways of affect regulation, calming, and dealing with problems, rather than only depending on the therapist. As Liotti and Gilbert (2011) point out: "Cooperative motives, as attachment ones, involve feelings of safeness: individuals must feel safe enough to come into proximity long enough to share and also not be cheated or exploited. Indeed, sharing, working out what others want and giving it to them, then being appreciated in return, is a common source of pleasure and relationship building" (p. 16). So, collaboration is sharing, a mutual involvement in working toward a common goal, appreciating and being appreciated, and experiencing a rewarding relational experience in return (Brown and Elliot 2018).

A concrete example for me was an experience I had with a client. Her husband was going through a major work related crisis which was destabilizing for my client. We had an emergency session where we talked about her husband, her reaction, and how she could support him. At the end of the session I offered to call the next day to see how things were going. The client responded, "No, I don't want to attach to you". I responded (bringing up my "inner" Gianni), "We are not attaching, we are collaborating". The client, knowing what I meant given how much time we spent on the topic of attachment, chuckled and agreed to the follow-up. Thank Gianni for what you have taught me and for what I can pass on to my clients and students.

Grief and Love

I do a lot of work with grief and mourning and have had some deep conversations with Gianni about this area. Gianni (and his family) suffered a tremendous loss with the death of his son. In our correspondence, he wrote: "Pain is the other, unavoidable side of love in a world haunted by illnesses and death such as ours. This is why, I think, no parent would really wish not to feel any pain, even when many years or a whole life have elapsed, after the loss of a beloved child. Indeed, it seems to be that such a pain after such a loss increases the experience of love and of its meaning – our only human goodness – in our lives. Provided, or course, the pain is not utterly unbearable." (Liotti 2012, personal communication). This inspirational and moving quote shows how one can find meaning in pain and loss, and illustrates Gianni's strength, resilience, and loving capacity.

In closing, Gianni was a gifted genius and we see this from his writing. But his gifts and genius really showed through when being in his presence. His keen, creative, expansive mind that could pull together so many concepts and observations into a cohesive whole was "mind blowing" (to use an expression from my youth). I thank Gianni for all he has given me, to the field of psychology and therapy, and to the world.

References

Brown D, Elliot D (2018). *Attachment Disturbances in Adults: Treatment for Comprehensive Repair*. Norton, New York, NY.

Liotti G (1999). Disorganization of attachment as a model for understanding dissociative psychopathology. In J Solomon, C George (eds) *Attachment disorganization,* pp. 291-317. Guilford Press, New York, NY, US.

Liotti G. (2006). A Model of Dissociation Based on Attachment Theory and Research. *Journal of Trauma and Dissociation* 7, 4, 55-73.

Liotti, G. (2011). Attachment Disorganization and the Controlling Strategies: An Illustration of the Contributions of Attachment Theory to Developmental Psychopathology and to Psychotherapy Integration. *Journal of Psychotherapy Integration* 21, 3, 232-252

Liotti G, Gilbert (2011). Mentalizing, motivation, and social mentalities: theoretical considerations and implications for psychotherapy. *Journal of Psychology and Psychotherapy* 84, 1, 9-25.

Shapiro F (1995). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures.* Guilford Press, New York.

Shapiro F (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures*, *2nd ed*. Guilford Press, New York.

Shapiro F (2018). *Eye movement desensitization and reprocessing (EMDR) Therapy: Basic principles, protocols and procedures*, *3rd ed*. Guilford Press, New York.

Shapiro F, Solomon RM (2017). *APA Handbook of Trauma Psychology: Vol. 2. Trauma Practice,* S. N. Gold Copyright © 2017 by the American Psychological Association.