



Giovanni Liotti (1945–2018): the *Pied Noir* of research in attachment and psychotherapy

Benedetto Farina, Antonio Onofri, Fabio Monticelli, Armando Cotugno, Alessandro Talia & Marianna Liotti

To cite this article: Benedetto Farina, Antonio Onofri, Fabio Monticelli, Armando Cotugno, Alessandro Talia & Marianna Liotti (2019): Giovanni Liotti (1945–2018): the *Pied Noir* of research in attachment and psychotherapy, *Attachment & Human Development*

To link to this article: <https://doi.org/10.1080/14616734.2019.1640258>



Published online: 15 Jul 2019.



Submit your article to this journal [↗](#)



View Crossmark data [↗](#)



Giovanni Liotti (1945–2018): the *Pied Noir* of research in attachment and psychotherapy

Benedetto Farina^a, Antonio Onofri^b, Fabio Monticelli^c, Armando Cotugno^d,
Alessandro Talia^e and Marianna Liotti^c

^aSchool of Psychology, European University of Rome, Rome, Italy; ^bPsychotherapy Training School (PTS), Rome, Italy; ^cScuola Italiana di Cognitivismo Clinico (SICC, Italian School of Clinical Cognitivism), Rome, Italy; ^dEating Disorders Unit, Department of Psychiatry, ASL Roma1, Rome, Italy; ^eInstitute for Psychosocial Prevention, University of Heidelberg, Heidelberg University Hospital, Heidelberg, Germany

ABSTRACT

This article is a portrait of Giovanni Liotti, eminent psychiatrist and scholar of attachment theory who recently passed away. In this paper, we recall some fundamental steps in his professional and personal life: Liotti's encounter and friendship with Bowlby; Liotti's construction of a bridge between cognitive therapy (of which he was a pioneer) and attachment theory; the interest in attachment disorganization as a precursor of dissociative symptoms and syndromes in adolescence and adulthood; his appreciation for Janet's ideas (which Liotti helped bring back to the attention of clinicians and researchers) and his contribution in highlighting the role of *real* traumatic experiences in the development of psychopathology; Liotti's attempt to go beyond attachment theory and formulate for the clinical context an evolutionary theory of motivation, which analyzes different interpersonal motivational systems beyond attachment and caregiving, and emphasizes in particular the importance of cooperation in psychotherapy.

ARTICLE HISTORY

Received 26 March 2019
Accepted 2 July 2019

KEYWORDS

Giovanni Liotti; John Bowlby; disorganized attachment; dissociative disorders; cooperation

Giovanni Liotti, one of the most influential psychiatrists and psychotherapists informed by attachment theory worldwide, died on 9 April 2018, in his Roman home. His clinical work has transformed the way in which clinicians use attachment concepts in their work with their patients, while his conceptual work has dramatically enriched how we think about attachment, especially in relation to disorganization as a precursor of dissociation and personality disorder (Carlson, 1998; Carlson, Yates, & Sroufe, 2009; Farina, & Schimmenti, 2018; Lyons-Ruth, Dutra, Schuder, & Bianchi, 2006; Meares, 2012; Schore, 2009; van der Hart, Steel, & Nijenhuis, 2006).

Giovanni – or Gianni, as he liked to be called by friends and colleagues – was born on 27 March 1945, in Tripoli, Libya. Tripoli had then just switched from Italian to English administration, and Gianni grew up immersed in a cultural atmosphere where his own Italian origins – Venetian and Sicilian – were pulled together with English, Arabic, and Jewish influences. This cultural mixture had a powerful influence on Gianni. When he spoke of his upbringing, he used to say that he still considered himself, like the Algerian-French novelist

Albert Camus, a *pied noir*¹ – to a certain extent, he felt alienated from both his native Libya and Italy. We like to think that such a feeling of estrangement contributed to his insatiable curiosity and to his wish to find a home in the most diverse fields of knowledge, without restricting himself to any single school of thought in particular.

The early years and the encounter with Bowlby

When he was 16, Liotti moved from Tripoli to Rome to study Physics, but he soon changed his mind and decided to study Medicine instead; as he once said to some of us, his choice was motivated by an “interest in what we all have in common”. After completing his medical studies and having specialized in Psychiatry, he started working through a bursary as a researcher at the Psychiatry Clinic of Sapienza University in Rome, where he met Vittorio Guidano, who would have become his closest colleague through the Eighties. They were still very young when someone asked them to be interpreters at a visiting lecture of Victor Meyer, one of the fathers of contemporary behavioral therapy. Back then, psychiatry in Italy was almost entirely psychoanalytically oriented, and that encounter would turn out to be a revelation. Guidano and Liotti became so passionate about Meyer’s pioneering approach that soon thereafter, in 1978, they founded the first Italian society of cognitive-behavioral therapy, the SITCC (Società Italiana di Terapia Cognitivo-Comportamentale).

As they deepened their knowledge of the cognitive-behavioral approach, Liotti and Guidano began to feel the need to provide CBT with a developmental theory that explained how beliefs and expectations emerge and acquire a certain structure. In a highly influential book, *Cognitive Processes and Emotional Disorder* (1983), Liotti and Guidano began to realize this project by building a bridge between CBT and Bowlby’s attachment theory, thereby being the first to propose a comprehensive clinical application of Bowlby’s ideas. The book was awarded the Guilford Prize as “the best work in psychotherapy” in 1983, with Aaron Beck describing it as “highly innovative and of critical importance, capable of holding together the theoretical formulations deriving from the ideas of John Bowlby and many other authors”.

Guidano and Liotti’s book contained several ground-breaking ideas. First, they established a parallel between the core principles of CBT, beliefs, and goals, with Bowlby’s Internal Working Models and the motivation to establish attachment bonds, respectively. They also suggested that CBT should not only attempt to change patients’ irrational explicit beliefs, but patients’ implicit relational knowledge formed in early attachment relationships, as proposed by (Bowlby 1969, 1973; see also Migone & Liotti 1998). Finally, they no longer viewed emotions as byproduct of cognition, but as an active form of knowledge – an *interpersonal one*, rooted in early attachment experiences. According to them, the goal of CBT consisted in transforming patients’ pathological beliefs about themselves and the world, using cognitive strategies as well as the therapeutic relationship itself to provide a corrective emotional experience (Guidano & Liotti, 1983). These ideas brought Bowlby himself to state: “The cognitive therapy that Liotti represents and the psychoanalytic therapy which I represent converge” (Bowlby, 1990).

Bowlby and Liotti felt an immediate esteem for one another, and they developed a deep connection that lasted until Bowlby’s death. They tried to meet whenever possible and began a dense correspondence – which continued even after Bowlby’s

death with Bowlby's wife, Ursula. In the second half of the '80s, Liotti, who loved Scotland and the Highlands, was invited to Bowlby's cottage on the Isle of Skye. Whenever he told us about that vacation, he would recall the wild landscapes – the barren green, the expanses of water, the fields of heather flowers – but he would always go back fondly to his long walks with John, telling about how Bowlby enjoyed observing the birds, how he would gather the peat that abounds in Skye in order to burn it in his fireplace, or about how Bowlby loved, in the morning, to go to the beach to collect whatever the sea had brought to the shore overnight.

Soon after Guidano and Liotti published their 1983 book, the two Italian colleagues parted ways. Guidano directed his research to epistemology, personal identity, and psychosis; Liotti remained committed to expanding the reach of attachment theory and developed over the years a greater focus on consciousness and its interpersonal origins, on the effects of trauma, on borderline personality disorder and dissociative syndromes, and on the transformative power of the therapeutic relationship (Cortina & Liotti, 2010; Liotti, 1992, 1995, 1999a, 1999b, 2004, 2014; Liotti, 1994/2005; Migone & Liotti, 1998).

Disorganized attachment in the Etiology of the dissociation

Liotti gave another seminal contribution to attachment theory in 1992 with the article "Disorganized Attachment in the Etiology of the Dissociative Disorders" (Liotti, 1992). In this paper, he famously hypothesized that disorganized attachment may be a precursor of dissociation in adulthood. In particular, he posited that some of the behavioral manifestations observed by Main and Solomon in disorganized children during the Strange Situation (SSP, Main & Solomon, 1986, 1990; e.g. "contradictions in movement pattern", "lack of orientation", "sudden immobility", "dazed or trance-like expressions") were strikingly similar to manifestations of dissociation, and as such could be linked to a subsequent vulnerability to develop dissociative symptoms in response to trauma (Dutra, Bureau, Holmes, Lyubchik, & Lyons-Ruth, 2009; Liotti, 1992). Main and Hesse's had hypothesized that frightening or frightened attachment figures may lead the child to experience "fright without solution", a situation in which the caregiver is viewed at the same time as a protector and a threat (1990, 1992). Building on this hypothesis, Liotti conjectured that infants of such parents may develop a predisposition to dissociation by constructing multiple representations of the parent that are incoherent with one another. He wrote: "The simultaneous construction of multiple, incompatible representations of the self and the attachment figure, as it may take place in D babies, could put the dissociative dynamics of human memory and consciousness into motion" (Liotti, 1992).

These early theoretical insights were supported by a number of empirical studies (Carlson, 1998; Carlson et al., 2009; Dutra et al., 2009; Farina et al., 2014; Ogawa, Sroufe, Weinfield, Carlson, & Egeland, 1997). In particular, Ogawa, Carlson, and their colleagues report on a longitudinal investigation including a large cohort of subjects who had been followed between infancy and age 19. As Liotti had predicted, these studies found that infants' disorganized attachment predicted dissociation later in life (as well as behavioral problems in school and general psychopathology) much more strongly than trauma alone. These findings demonstrate the promise of integrating current knowledge in the field of dissociation and psychopathology with attachment theory.

Furthermore, Liotti hypothesized that the controlling behavior that Main and Cassidy (1988) had observed in toddlers who had been previously classified as disorganized in infancy could be explained as way in which the characteristic conflict of disorganization is defensively resolved. In his view, dissociation was essentially a compartmentalization of self-experience due to motivational conflict and states of detachment provoked by traumatic experiences. Such detachment states occur while the child is in a trance-like state, where the experience may be processed differently or encoded in an altered form and become as a result difficult to retrieve or revise (Carlson et al., 2009; Liotti & Farina 2016).

In his latest works, Gianni began to believe that the developmental significance of early trauma extends beyond disturbance of consciousness, identity and memory, and inconsistency in autobiographical narratives to the alterations of other integrative and high-order mental functions – such as affect regulation, control of behavior and impulses, body image, and metacognitive monitoring (Farina et al., 2014; Liotti & Farina, 2016). This conceptualization of dissociative process is coherent with the latest formulations in the DSM-5 (APA, 2013). Liotti concluded that pathological outcomes of early relational trauma and subsequent traumatic experiences were not only dissociative disorders or BPD (characterized by dissociative processes and symptoms, Meares, 2012), but a more general psychopathological traumatic–dissociative dimension, which, when associated with other disorders, worsens the prognosis and leads to specific therapeutic difficulties (Farina & Liotti, 2013; Farina, Liotti, & Imperatori, 2019; McCrory, Gerin, & Viding, 2017).

These views of the potentially wide-ranging effects of trauma on higher mental functions can be seen as a development of Jackson's theory of mind organization and dissolution (Meares, 2012), Janet's theory of posttraumatic *désagrégation* (Liotti & Liotti, 2019; Van der Hart & Dorahy, 2009) and Ey's dis-integrative psychopathological model (Farina, Ceccarelli, & Di Giannantonio, 2005). For all these reasons, Liotti and other colleagues contemplated the opportunity to reintroduce in psychopathology the term "traumatic disintegration", which had been used already by Janet at the beginning of the twentieth century (Liotti & Farina, 2016).

Beyond attachment: the evolutionary theory of motivation

During the Nineties, Liotti increasingly extended his interests towards other motivations than attachment, and he began to develop a more comprehensive evolutionary-based theory of human motivation. Once again, such broadening in his perspective had been inspired by Bowlby himself. Liotti was pleasantly surprised in learning that, in the end of the eighties, Bowlby had decided to write a biography of Charles Darwin, just when attachment theory was reaching the fame it deserved. Yet when Liotti shared his surprise with Bowlby, Bowlby said to him: "I hope, dear Gianni, that others will wonder the same". In Bowlby's eyes, attachment was only one of the evolutionary-based motivations that psychologist had to investigate to better understand human behavior, both normal and pathological.

Liotti then formulated the Evolutionary Theory of Motivation (ETM), postulating different interpersonal motivational systems (IMs) that regulate emotions and behaviors in order to achieve biosocial goals of high evolutionary value, adaptive for the individual, the social group, and the species (Liotti, 2017a). (Cortina & Liotti 2014; Liotti 2017a) asserted that normal functioning is based on the harmonious and flexible

activation of different IMSs in response to environmental stimuli. Therefore, in the ETM perspective, psychopathology is an epiphenomenon of the rigid and unbalanced activation of IMSs that leads to experiencing disordered emotional states (Liotti, 2017a, 2017b) – for example, the tendency to systematically exclude a certain IMS from interpersonal interaction. According to Liotti (2017a), “children who have been disorganized in their infant attachment are prone to activate another motivational system instead of attachment to avoid the unbearable fragmentation of the experience of self-with-other”. Conflicts and abnormal tensions between different IMSs could also help explain some paradoxical features of the interactions between abused and abusers, such as, and to better understand the interpersonal processes involved in the surfacing and exacerbation of dissociative symptoms (Liotti, 2017b).

These ideas appear extremely useful in interpreting therapeutic interpersonal dynamics, especially in the case of patients with a history of early adverse relational experiences. In this model, the difficulties that clinicians encounter in treating these patients can be helped by trying to benefit from patients’ natural tendency to cooperate (Cortina & Liotti, 2014). Accordingly, Liotti developed a theory of psychotherapy that highlights the importance of identifying and modulating the activation of dysregulated IMSs, by means of an in-depth knowledge of the mechanisms that elicit such dysregulation and thanks to a strong therapeutic alliance. In this regard, Liotti suggested two distinct modalities by which a clinician can monitor the therapeutic relationship. First, Liotti believed that the clinician should maintain a focus on his or her own emotions, which reflect the patient’s present state. Further, Liotti believed it to be very valuable to apply language analysis to the verbatim transcripts of psychotherapy sessions.

In particular, Liotti introduced a transcript-based instrument that allows the recognition of the IMSs that guide the clinical dialogue moment-to-moment: the AIMIT (Assessing Interpersonal Motivation in Transcripts; Liotti & Monticelli, 2008). The AIMIT has recently been empirically validated (Fassone et al., 2016), and a single-case study (Monticelli, Imperatori, Carcione, Pedone, & Farina, 2018) suggests that the AIMIT allows to recognize and understand dysregulation in both the patient and the therapist, as well as to monitor the activation of the cooperative IMS. Finally, the AIMIT may contribute to our knowledge of what interventions will be most effective within a specific relationship and during a specific phase of therapy, which could create the conditions for an emotional and relational corrective experience (Liotti, 1994/2005; Liotti & Monticelli, 2014). Any given behavior or communication of the patient (a disclosure, a silence, or an acting out) can have widely different meanings according to the motivational system that is activated. For example, a patient who brings a present may concurrently use language that is coded as flirtatious (thereby revealing the activation of the *sexual system*) or overly ingratiating (thereby revealing the activation of the *agonistic system*), which both suggest that the clinician should better decline to accept the present. However, a patient who adopts a more cooperative type of communication may be wishing to share an experience with the therapist, and the therapist’s acceptance of the present may offer the client an important therapeutic experience. Another example of different meanings of the same behavior could be an expression of patient’s rage when the therapist is late: according to the motivational system that is activated this rage can be figured out as a protest behavior for a possible separation or abandonment (attachment system), as a sign of fear to be

judged cheap or not important (agonistic system) or a protest to repair a failure in therapeutic alliance (cooperation).

The concept of cooperation is central in Liotti's most recent clinical theories: "The highly developed cooperative/altruistic system in humans that coevolved with intersubjective abilities is instrumental in building mutuality, trust, and hope, key ingredients of the therapeutic (working) alliance and in being able to repair the inevitable disruptions that will occur in therapy" (Cortina & Liotti, 2014, p. 892). The activation of the cooperative system can be considered as a sensitive indicator of the quality of the therapeutic alliance, while its deactivation can be seen as an indicator of a rupture or impasse (Liotti, 2017a). When the patient appears to be interfering with a cooperative exchange, we can observe a loss of agreement about the task and goals of psychotherapy, accompanied by a collapse of metacognitive functions (Cortina & Liotti, 2014; Liotti & Gilbert, 2011; Monticelli et al., 2018).

Liotti always stressed that, while in some cases a prolonged lack of cooperation is revealed in an overt rupture, in other cases the therapeutic relationship may be characterized by collusive interactions. In both situations, the patient's cooperative system becomes deactivated because the dyad's motivational structure steadily shifts on IMSs other than the cooperative one. In conformity with Liotti's assertion, it has been shown that the presence of such non-cooperative configurations is a predictor of inferior treatment outcome and drop-out (Safran, Muran, Samstag, & Stevens, 2002; Samstag, Batchelder, Muran, Safran, & Winston, 1998). Further, because during ruptures therapists often persist in inflexibly using their techniques (Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996), monitoring the therapeutic relationship with the help of ETM principles makes it possible to determine whether a rupture is caused mainly by the patient's dysfunctional interpersonal patterns or by the therapist's ones.

In his thinking on the therapeutic relationship, Liotti integrated many assumptions from Weiss' and Sampson's Control Mastery Theory (CMT, Weiss & Sampson, 1986), reconceptualizing some of its key principles in a multi-motivational, attachment-informed perspective. One of the main notions in CMT, for instance, is the idea that patients come to therapy with an "unconscious plan" (Weiss, 1998). We can find an analogous concept in Liotti (1994, p. 179): "The adult patient comes to the meeting with the psychotherapist not only with a burden of suffering ... but also with a purpose, a plan, a project concerning what he or she would like to achieve thanks to such meeting ... As much as the patient's level of awareness may change ... in the mental activity of whoever is asking for psychotherapeutic help there is still a purpose, at least in a latent form". In parallel with CMT, Liotti posited that human beings have a strong innate disposition to understand reality and adapt to it. This predisposition operates since childhood in the form of unconscious plans that guide behaviors, thoughts, and emotions towards the achievement of adaptive goals. In some instances, if the environment does not provide the conditions necessary to acquire a sense of interpersonal security, the subject may develop beliefs that hinder the achievement of adaptive goals because they are unconsciously considered too dangerous. The studies on attachment behavior during the SSP offer a clear example of this phenomenon.

According to Liotti's ideas, both the patient's goals and his pathogenic beliefs represent the privileged object of psychotherapy. During the course of therapy, patients

tend to “test” their pathogenic beliefs within the therapeutic relationship through an automatic repetition of pathogenic relational exchanges (the so-called “cognitive-interpersonal cycles”; Safran & Muran, 2000; Safran & Segal, 1990). According to Liotti, the therapist’s ability to understand what IMS leads the patient to implement such “testing”, and above all the ability to respond appropriately to them, restoring cooperation, is the primary way to overcome ruptures and facilitate change. In this way, the therapist offers the patient a corrective relational experience, which among other things will result in an improvement of his/her metacognitive functions.

Liotti spent his last years working clinically, teaching, giving talks, and writing, with as much energy and brilliance as he ever had. He died before completing his last project, a book about the Divine Comedy, where reaching Heaven would symbolize the peak of functioning of human consciousness, a theme that he held as dear as his love for Dante Alighieri.

Conclusion

One of Liotti’s most precious gifts was his ability to strive towards universality. When he wanted to explain a clinical concept or a psychological theory, he would often attempt comparisons with science, literature, poetry, art, or philosophy; he viewed all these disciplines as different paths we can take to look at what “humans have in common”. The work of Dostoevsky, Montale, Tranströmer, Dickinson, or Chagall, Caravaggio, and Michelangelo was just as precious to him as that of scientists in order to understand memory, consciousness, dissociation, motivations, maladaptive behaviors, and so on. When he talked about his choice to study Medicine, for example, he never cited famous physicians, but Bulgakov, Chekhov, or Céline. Medicine and literature, in his eyes, were just two ways to arrive a little bit closer at the heart of things. In a similar spirit, to describe his work and his interest in consciousness, Liotti liked to cite Borges (another of his favorites authors): “You receive mysterious gifts and you try to give them a shape, but we always start from something different from ourselves, something that the ancients called the Muse, the Jews the Spirit, and Yeats the Great Memory. Our contemporary mythology prefers less beautiful names, such as subconsciousness, collective subconscious and so on, but it’s always the same thing” (Borges and Ferrari, 1986).

Liotti founded the SITCC when he was only 27 years old, and he chaired this society between 2000 and 2006. He held seminars and lectures worldwide in many of the most important European and American universities. In 2005, he was honored with the Pierre Janet Writing Award by the International Society for the Study of Trauma and Dissociation. In 2006, the Center for Cognitive Science of Turin gave him the Mind&Brain Prize, which is granted to researchers who have contributed in a pioneering way to the understanding of human functioning. Finally, Liotti was chosen among a select group of eminent scholars to be “honorary member” of the Society for Emotion and Attachment Studies (SEAS), the society linked to this journal, when it was established in 2011.

There are two quotations that, more than others, synthesize Liotti’s style of thinking and scientific ethics. The first one is his most beloved Socratic aphorism: “dialogue is the highest good”, which reminds us of his ardent passion for entertaining endless discussions with his colleagues or students – even when ignited by strong disagreement.

The second quotation is from William Blake: “May God us keep/from single vision & Newton’s sleep”, which echoed his dislike and impatience of received ideas and narrow preconceptions, as his wish to transcend those and reach larger syntheses.

Gianni was not only a great scholar and skillful clinician. He was attentive and generous with his patients, fierce and impassioned with his adversaries, gentle and caring with his students. For us, he represented not only an intellectual and professional guide but also a true friend. His professional and personal figure stands before the entire community of researchers and clinicians interested in trauma, attachment, and psychotherapy, representing both an ideal and a concrete example to follow (Farina & Schimmenti, 2018). As Andrew Moskowitz (2018) has recently written: “Giovanni was a visionary – he saw things and made connections that no one else saw; in a very tangible sense, he pointed completely new directions to the fields of dissociation, attachment and psychotherapy. Without him we might well have missed all these new and innovative connections”. We miss him. It was a great fortune to have known him, and so painful to have lost him.

Note

1. Pied-Noir, literally black foot in English, is a French expression denoting people of European origin who were born in North Africa European colonies. In particular, this expression is used for those of European origin who returned to mainland France.

Disclosure statement

No potential conflict of interest was reported by the authors.

References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5 (DSM-5)*. Washington, DC: Author.
- Borges, J. L., & Ferrari, O. (1986). *En dialogo* (J. Wilson, Trans.). (Vol. 1). London, UK: Seagull Book.
- Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. New York, NY: Basic Books.
- Bowlby, J. (1973). *Attachment and loss, Vol. 2: Separation*. New York, NY: Basic Books.
- Bowlby, J. (1990). John Bowlby, MD: Interview by Leonardo Tondo. *Clinical Neuropsychiatry*, 8(2), 159–171.
- Carlson, E. A. (1998). A prospective longitudinal study of attachment disorganization/disorientation. *Child Development*, 69(4), 1107–1128.
- Carlson, E. A., Yates, T. M., & Sroufe, L. A. (2009). Dissociation and the development of the self. In P. Dell & J. A. O’Neil (Eds.), *Dissociation and the dissociative disorders: DSM-V and beyond* (pp. 39–52). New York, NY: Routledge.
- Castonguay, L. G., Goldfried, M. R., Wiser, S., Raue, P. J., & Hayes, A. M. (1996). Predicting the effect of cognitive therapy for depression: A study of unique and common factors. *Journal of Consulting and Clinical Psychology*, 64, 497–504.
- Cortina, M., & Liotti, G. (2010). Attachment is about safety and protection, intersubjectivity is about social understanding and sharing. *Psychoanalytic Psychology*, 27, 410–441.
- Cortina, M., & Liotti, G. (2014). An evolutionary outlook on motivation: Implications for the clinical dialogue. *Psychoanalytic Inquiry*, 34(8), 864–899.
- Dutra, L., Bureau, J. F., Holmes, B., Lyubchik, A., & Lyons-Ruth, K. (2009). Quality of early care and childhood trauma: A prospective study of developmental pathways to dissociation. *The Journal of Nervous and Mental Diseases*, 197(6), 383–390.

- Farina, B., Ceccarelli, M., & Di Giannantonio, M. (2005). Henri Ey's neojacksonism and the psychopathology of dis-integrated mind. *Psychopathology*, 38(5), 285–290.
- Farina, B., & Liotti, G. (2013). Does a dissociative psychopathological dimension exist? A review on dissociative processes and symptoms in developmental trauma spectrum disorders. *Clinical Neuropsychiatry*, 10(1), 11–18.
- Farina, B., Liotti, M., & Imperatori, C. (2019). The role of attachment trauma and disintegrative pathogenic processes in the traumatic-dissociative dimension. *Frontiers in Psychology*, 10, 933–951.
- Farina, B., & Schimmenti, A. (2018). Obituary for Giovanni Liotti (27 March 1945–9 April 2018). *Attachment*, 12(2), 110–112.
- Farina, B., Speranza, A. M., Dittoni, S., Gnoni, V., Trentini, C., Maggiora-Vergano, C., ... Della Marca, G. (2014). Memories of attachment hampers EEG cortical connectivity in dissociative patients. *European Archives of Psychiatry and Clinical Neurosciences*, 264(5), 449–458.
- Fassone, G., Lo Reto, F., Foggetti, P., Santomassimo, C., D'Onofrio, M. R., Ivaldi, A., & Picardi, A. (2016). A content validity study of AIMIT (Assessing Interpersonal Motivation in Transcripts). *Clinical Psychology and Psychotherapy*, 23, 319–328.
- Guidano, V., & Liotti, G. (1983). *Cognitive processes and emotional disorders*. New York, NY: Guilford Press.
- Liotti, G. (1992). Disorganized attachment in the Etiology of the dissociative disorders. *Dissociation*, 5, 196–204.
- Liotti, G. (1994/2005). *La dimensione interpersonale della coscienza*. Roma: Carocci Editore.
- Liotti, G. (1994). *La dimensione interpersonale della coscienza*. Rome, Italy: Carocci.
- Liotti, G. (1995). Disorganized/disoriented attachment in the psychotherapy of the dissociative disorders. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment Theory: Social, developmental and clinical perspectives* (pp. 343–363). Hillsdale, NJ: Analytic Press.
- Liotti, G. (1999a). Disorganized attachment as a model for the understanding of dissociative psychopathology. In J. Solomon & C. George (Eds.), *Attachment disorganization* (pp. 291–317). New York, NY: Guilford Press.
- Liotti, G. (1999b). Understanding the dissociative processes: The contribution of attachment theory. *Psychoanalytic Inquiry*, 19, 757–783.
- Liotti, G. (2004). Trauma, dissociation and disorganized attachment: Three strands of a single braid. *Psychotherapy: Theory, research, practice. Training*, 41, 472–486.
- Liotti, G. (2014). Disorganized attachment in the pathogenesis and the psychotherapy of borderline personality disorder. In A. N. Danquah & K. Berry (Eds.), *Attachment theory in adult mental health* (pp. 113–128). London: Routledge.
- Liotti, G., & Farina, B. (2016). Painful incoherence: The self in borderline personality disorder. In M. Kyrios, R. Moulding, M. Nedeljkovic, S. S. Bhar, G. Doron, & M. Mikulincer (Eds.), *The self in understanding and treating psychological disorders* (pp. 169–178). Cambridge, UK: Cambridge University Press.
- Liotti, G. (2017a). The multimotivational approach to attachment-informed psychotherapy: A clinical illustration. *Psychoanalytic Inquiry*, 37(5), 19–31.
- Liotti, G. (2017b). Conflicts between motivational systems related to attachment trauma: Key to understanding the intra-family relationship between abused children and their abusers. *Journal of Trauma and Dissociation*, 18(3), 304–318.
- Liotti, G., & Liotti, M. (2019). Reflections on some contributions to contemporary psychotraumatology in the light of Janet's critique of Freud's theories. In G. Craparo, F. Ortu, & O. van der Hart (Eds.), *Rediscovering Pierre Janet: His relevance for psychoanalysis, psychotraumatology, and psychotherapy* (pp. 95–105). London: Routledge.
- Liotti, G., & Gilbert, P. (2011). Mentalizing, motivation, and social mentalities: Theoretical considerations and implications for psychotherapy. *Psychology and Psychotherapy*, 84, 9–25.
- Liotti, G., & Monticelli, F. (2008). *I sistemi motivazionali nel dialogo clinico: Il manuale AIMIT*. Milano: Raffaello Cortina Editore.
- Liotti, G., & Monticelli, F. (2014). *Teoria e clinica dell'alleanza terapeutica*. Milano: Raffaello Cortina Editore.

- Lyons-Ruth, K., Dutra, L., Schuder, M. R., & Bianchi, I. (2006). From infant attachment disorganization to adult dissociation: Relational adaptations or traumatic experiences? *Psychiatric Clinics of North America*, 29(1), 63–68.
- Main, M., & Solomon, J. (1986). Discovery of a new, insecure-disorganized/disoriented attachment pattern. In M. Yogman & T. B. Brazelton (Eds.), *Affective development in infancy* (pp. 95–124). Norwood, NJ: Ablex.
- Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened/frightening parental behavior the linking mechanism? In M. Greenberg, D. Cicchetti, & M. Cummings (Eds.), *Attachment in the preschool years* (pp. 121–160). Chicago, IL: University of Chicago Press.
- Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganised/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 121–160). Chicago, IL: University of Chicago Press.
- Main, M., & Hesse, E. (1992). Disorganized/disoriented infant behavior in the Strange Situation, lapses in the monitoring of reasoning and discourse during the parent's adult attachment interview, and dissociative states. In M. Ammaniti & D. Stern (Eds.), *Attachment and psychoanalysis* (pp. 86–140). Rome: Laterza.
- Main, M., & Cassidy, J. (1988). Categories of response to reunion with the parent at age 6: Predictable from infant attachment classifications and stable over a 1-month period. *Developmental Psychology*, 24(3), 415–426.
- McCrary, E. J., Gerin, M. I., & Viding, E. (2017). Annual research review: Childhood maltreatment, latent vulnerability and the shift to preventative psychiatry – The contribution of functional brain imaging. *Journal of Child Psychology and Psychiatry*, 58(4), 338–357.
- Mearns, R. (2012). *A dissociation model of borderline personality disorder*. New York, NY: Norton.
- Migone, P., & Liotti, G. (1998). Psychoanalysis and cognitive-evolutionary psychology: An attempt at integration. *International Journal of Psychoanalysis*, 79(6), 1071–1095.
- Monticelli, F., Imperatori, C., Carcione, A., Pedone, R., & Farina, B. (2018). Cooperation in psychotherapy increases metacognitive abilities: A single-case study. *Rivista di Psichiatria*, 53(6), 336–340.
- Moskowitz, A. (2018, June). ESTD Newsletter, Volume 7 Number 2.
- Ogawa, J. R., Sroufe, L. A., Weinfield, N. S., Carlson, E. A., & Egeland, B. (1997). Development and the fragmented self: Longitudinal study of dissociative symptomatology in a non-clinical sample. *Development and Psychopathology*, 9(4), 855–879.
- Safran, J. D., Muran, J. C., Samstag, L. S., & Stevens, C. (2002). Repairing alliance ruptures. In J. C. Norcross (Ed.), *Psychotherapy relations that work* (pp. 235–244). New York, NY: Oxford University Press.
- Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York, NY: Guilford Press.
- Safran, J. D., & Segal, Z. V. (1990). *Interpersonal process in cognitive therapy*. New York, NY: Basic Books.
- Samstag, L. W., Batchelder, S. T., Muran, J. C., Safran, J. D., & Winston, A. (1998). Early identification of treatment failures in short-term psychotherapy: An assessment of therapeutic alliance and interpersonal behavior. *Journal of Psychotherapy Practice and Research*, 7, 126–143.
- Schore, A. N. (2009). Attachment trauma and the developing of right brain: Origin of pathological dissociation. In P. Dell & J. A. O'Neil (Eds.), *Dissociation and dissociative disorders: DSM-V and beyond* (pp. 107–144). New York, NY: Routledge.
- Van der Hart, O., & Dorahy, M. (2009). History of the concept of dissociation (3–26). In P. Dell, and J. A. O'Neil (Eds.), *Dissociation and dissociative disorders: DSM-V and beyond*. New York, NY: Routledge.
- Van der Hart, O., Steel, K., & Nijenhuis, E. (2006). *The haunted self: Structural dissociation and treatment of chronic traumatization*. New York, NY: Norton.
- Weiss, J. (1998). Patients' unconscious plans for solving their problems". *Psychoanalytic Dialogues*, 8 (3), 411–428.
- Weiss, J., & Sampson, H. (1986). *The psychoanalytic process. Theory, clinical observation, and empirical research*. New York, NY: Guilford press.