

Relational Methods and Theories of Intersubjectivity

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Abstract:

The set of relational methods outlined by Integrative Psychotherapy provide a comprehensive guide for intersubjective treatment. Research in child development has stressed the importance of intersubjectivity for the establishment of healthy reciprocal relationships. Several models of psychotherapy have adopted an intersubjective approach to address relational problems. The relational methods of Integrative Psychotherapy put into practice many insights emanating from research regarding the origins of intersubjectivity in child development. This article focuses on Meltzoff, Moore, Threvarthen, Stern and Rizzolatti's theories about intersubjectivity and their relationship to the relational methods of Integrative Psychotherapy. Meltzoff and Moore's studies of the development of intersubjectivity in childhood can be related to psychotherapeutic interventions at a clinical level based on the presence of *an involved other*. Threvarthen and Rizzolatti's research supports the need *to resonate* with other's experience through self-experience, and Stern's theories are related to the *inquiry about the other's mind*. Such interventions contribute to building an intersubjective format in individual psychotherapy and may prove useful in helping people with early relational failures and the subsequent disruptions to the development of healthy intersubjective aspects of relationships.

Key words: Integrative Psychotherapy; intersubjectivity; relational psychotherapy; inquiry; attunement; involvement; individual psychotherapy

Introduction

My work with children and adolescents with severe problems in communicating and engaging in reciprocal social interaction has led me to focus on the use of relational methods to help them improve their awareness of inner needs, urges, thoughts and feelings, and their consideration of other people needs. Most of these children and adolescents lack proper development of their experience of a subjective self (Stern, 1985) and are arrested at an experience of primary intersubjectivity (Meltzoff & Moore, 1994), thus requiring mostly external regulation to tolerate their affect. The use of relational methods helps them to improve in intersubjective relationality. Keeping a focus on this kind of relationality occurs through the use of relational methods with adult clients suffering from early relational disruptions. Therefore, it is fitting that we would apply this approach to younger clients as well. An intersubjective approach requires the therapist to be aware of his/her own experience and the way this influences what is happening in the therapeutic relationship.

Therapist Involvement and Intersubjectivity

Several researchers on child development (Meltzoff & Moore, 1977, 1994, 1998; Trevarthen & Hubley, 1978; Trevarthen, 2004, 2005, 2011; Stern, 1971, 1977, 1985; Stern et al. 1985) have proposed different theories regarding the origin of intersubjectivity. Although these authors hold significant differences, they share some similar ideas that are worth noting (Beebe et al., 2003). One of the shared standing conclusions is that the presence of *an involved other* is a prerequisite for the development of innate intersubjective resources and is therefore a crucial component for our clinical practice with severe relational disruptions. As Integrative Psychotherapists, we pay attention to the quality of the therapeutic relationship in the present as a therapeutic tool (Erskine & Trautmann, 1996). In some ways, this may be understood as different from the neutrality expected in the past from psychodynamic therapists.

For our purposes, neutrality could potentially reduce the new attachment within the therapeutic relationship (Amini, 1996). For example, *imitation of an "other"* by babies is considered by Meltzoff & Moore (1977) an inchoate intersubjective relationship. They have proposed the idea of an innate relationality between Self and other based on the perception and production of similarities. In early severe relational disruptions, we can observe the important role of subtle imitation in the therapeutic relationship as demonstrated in the following clinical vignette from my practice.

Paul came to my office with his parents who were looking for treatment for attention, communication and reciprocal interaction problems, previously diagnosed as Autism when he was four years old. Paul is now 9 years old and speaks in an affected and robotic way. He seems to be an adult. I observe the way he unconsciously imitates my gestures, for example, the way I am leaning my finger against my temple while I am listening to him. He is fascinated with dinosaurs. After watching films, he imitates their sounds, studies their movements and makes them during the therapy session. He puts his tongue out as a lizard and growls as a dinosaur. Paul says, "I keep them in my brain and they help me do my exams. Sometimes I chase them out because I don't need them."

During the therapy session, he reaches out his hands to me and then "lends me" the soul of an anchilosaur. Then I give it back with my hands. He picks it up and sucks it out as if it was a material substance. He seems to be possessed by the dinosaur while he is growling and moving like an animal in my office. Then he tells me that the dinosaur has fallen asleep inside his body. Paul is not interested in inventing stories about dinosaurs and playing with other children. He is instead fascinated with them and imitates them. He likes "becoming them." I feel that as he is identifying with them, as he "absorbs" their qualities, his experience becomes regulated by the "souls of the animals." It seems to me that this helps him experience a feeling of agency and power that reinforces his nuclear Self (Stern, 1985). He observes the coherence of their movements, their heaviness and strength. Watching his imitations, I am able to build a proprioceptive representation of his experience and his need to build a feeling of coherence, agency and continuity. He teaches me during the sessions his need for imitating and I experience the proprioceptive other that he is for me. We relate through a primary inter-subjective experience.

Researchers Meltzoff and Moore (1977, 1994, 1998) found that children 12-21 days old were able to imitate the facial expressions of adults with their own facial expressions, obviously in the absence of any ability to see their own facial expressions. They concluded that neonates have the innate capacity to build representations from visual and proprioceptive information by means of an abstract, transmodal representational code, common to both sensorial modalities that allow the matching of both systems. They concluded that there is an innate ability to use intermodal equivalencies in human beings (Meltzoff & Moore, 1977, 1997). In addition, these authors have also shown that the capacity for imitation is already possible at 42 minutes after birth. Thus, they say that pre-symbolic representations begin at birth (Meltzoff, 1994, 1998), and are the origin of *pre-symbolic intersubjectivity*; the feeling state of the "self" as the child tries to coincide with the other in an intentional way. The neonate perceives correspondences

between self and the other since the very moment of birth. These correspondences provide mother and child with a common language, and moments of intersubjective contact since the beginning of life. The baby accesses the other in a direct way through the self-proprioceptive perception of transmodal correspondences. Each of the participants in the relationship can feel the other's state by means of such correspondences - a concept that is central in supporting the psychotherapeutic interventions and the relational methods in Integrative Psychotherapy. The client needs an *involved other* in order to begin this kind of mutual pre-symbolic exploration.

Neuroscientific research, in the form of functional neuro-imaging brain studies, has shown that two-month old babies have innate neurobiological devices that allow for an intersubjective relationship. These studies demonstrate that when these young babies see a person's face communicating with him/her, the cortical areas known to respond in adults for face recognition are activated (Tzourio-Mazoyer et al. 2002). In addition, some aspects of primary intersubjectivity in psychotherapy can be understood as a part of what is called *projective identification* (Martínez, 2013). The following clinical observation from a therapeutic session with a client from my practice illustrates this:

In the first interview with a client I notice, while she is speaking, the swaying and monotonous way she moves her shoulders and head. I also find remarkable her monotonous and rhythmic tone of voice. As I follow her movements I become aware that I am observing myself and that I am feeling her at a distance. It is like a light depersonalization experience. Then she tells me: "One of the things that upsets me the most is feeling myself distant from people and finding me observing myself... people don't notice it, but I think you are going to perceive it because it is happening right now..."

Attunement and Intersubjectivity

Attunement to the experiences of a developing child provides another foundation on which to build an intersubjective world. Trevarthen (1974, 1978, 1980, 2004, 2011), another researcher on child development, also supports an innate theory of intersubjectivity. Much of Trevarthen's research (2005, 2011) is very relevant to psychotherapy practice and the creation of an intersubjective approach. His research suggests that people have an innate conversational mind since birth. Trevarthen (2004, 2011) comments that human beings are born not as individuals but as social beings in search of other human beings willing to participate in reciprocal imitation and the mutual regulation of life activities. This

theory is similar to Fairbairn's concept that human beings are born looking for relationships (Fairbairn, 1952).

Trevarthen has shown that mother and baby behave in a rhythmic way, and adjust their rhythm and sequence of movements to advance together a dialogue without words, by means of alternating and synchronizing their movements and generating cycles of affirmation and understanding, of stimulation and response. Throughout these cycles mother and child celebrate the fluctuations between effort and pleasure and share an affectionate comradeship. Trevarthen (2005, 2011) makes a distinction between "primary intersubjectivity" and "secondary intersubjectivity." The first is observed at birth and refers to the co-ordination of self and other based on shape, synchronicity and intensity correspondences, as we have seen in the case of Paul. This form of primary inter-subjectivity is shown in the "proto-conversations" between baby and mother. Secondary inter-subjectivity is developed from 9-12 months and is related to the co-ordination of Self, other and an outside object, through a co-operative exchange of referential gestures about that object (Trevarthen & Hubley, 1978; Hubley & Trevarthen, 1979). This kind of secondary intersubjectivity is observed in the shared focus with our clients, as we can see in next clinical vignette.

Lewis is 14 years old and very fearful of being alone. He comes into my office with an object: a dog chain for two dogs. In the previous session, I asked him to bring an object and a story. He hasn't written the story but has brought with him the object. At first I think it could be a way of self-definition that he still needs his mother. He tells me he has nine dogs. He uses the chain to walk a puppy and its mother. "The mother is very good ... when she dies I will stuff it...." "It's like a relative, all it needs to do is speak... it cares about me and loves me when I feel bad.... when I am sad, or upset or angry.... and also loves me when I'm happy..." I also have a three-legged dog that would die for my father..."

Lewis helps me to learn how important it is that someone respond to his need for inter-subjective attunement via an attuned relationship that helps him regulate his internal states - someone who responds to him like the mother dog to her pup. This is the focus of interest that he shares with me, and the outside object that he wishes us to watch together. I also understand that it is very important for him to have someone so involved with him, that s/he would give his/her life for him.

Psychotherapy can be understood as a process of creating a new attachment relationship; one that is able to regulate affective homeostasis and the restructuring of implicit memories of early relational attachments (Amini, 1996, Gabbard, 2000, Erskine, 2015). Therefore, it is important that therapeutic

interactions focus not only on symbolic language, but also on affective communication through body resonance, tone of voice and sensorial channels. From this point of view, we, as Integrative Therapists, focus not only on the *explicit memories* but also on the *implicit memories* (Erskine, 2014), and the way they unconsciously organize and structure the procedural field of clients in their relationships.

Dialogues Without Words: A Tale by Cervantes

Dogs have been a symbol of friendship for centuries. They have been known to demonstrate that intense friendship at the graves of their dead owners, as documented in stories of dogs laying, pining next to their owners' graves, even at the risk of starving. Clients who relate to puppies demonstrate some of the attunement they need, in the presence of difficulties with intersubjective relating to humans (Stern, 1985). There is a tale by Cervantes that makes possible a shared fantasy of most dog owners. This shared fantasy is that "*all dogs need to do is speak*" and that they are capable of intersubjectivity, even though they lack language. It is said that Freud wanted to learn Spanish so he could read "El coloquio de los perros," one of the "Novelas Ejemplares" of Miguel de Cervantes (1613), written in Valladolid. The story takes place in the ancient Misericordia Hospital of Valladolid. In Cervantes' story, the two dogs Cipión and Berganza, are able to speak and dialogue for the first time one night. As they say, "In short we will show that we have some understanding and are able to write a speech." "We do not only speak, but we speak making a speech, as if we are able to reason." (Cervantes, 1922, 2015, p. 225). Cervantes used the model of dialogue to express this fantasy of inter-subjectivity with dogs. The form used to express the message, as well as the content, both fit. In their dialogue Cipión tells Berganza the need he has had for a long time ago to express events kept in his memory - memories that the lack of language prevented him from expressing. "I always considered you Cipión as discreet and a friend, and now more than ever, since you, as a friend of mine, want to tell me your events and know mine..." (Cervantes, 1922, 2015, p. 227).

Cipión and Berganza also talk at night. They can't sleep, and as a consequence they can't dream. Perhaps dreams are an alternative route that the mind follows when it is impossible to process emotional and body experiences in an intersubjective context. During psychotherapy clients bring us their dreams, and in so doing, tell us some stories they can't put into conscious language.

In psychotherapy, we may engage in a kind of dialogue without words where movements, tone of voice, modulation, sitting next to the client, and/or staring, become a kind of dialogue without words, serving an important intersubjective and attachment function. This dialogue must be congruent with our words. In some cases, words are not needed to help clients to increase their intersubjective awareness and to get in touch with inner relational needs, especially the relational needs of security, validation, self-definition and initiation by another.

Attunement and Regulation of Affect

A variety of studies have demonstrated that interactions in the first months of life between mother and child are similar to how attunement can be used as a relational method in psychotherapy. Trevarthen (2004, 2011) contends that during shared behavior and games between mother and child there is a syntax of awareness and intentions in the body movements and in the voice. That syntax supports the learning of linguistic representations and the development of knowledge and skills before language acquisition. Intersubjective co-ordination is produced through a temporal dimension of shapes and intensity.

In psychotherapy, *developmental* attunement requires that we co-ordinate our verbal interventions, tone modulation and intensity of voice and movements with those of the client in a kind of syntax without words similar to that described between mother and baby by Trevarthen (2004, 2011). *Rhythmic* attunement requires that we coordinate with the physiological and emotional rhythm of the client. This allows us to hold early affective states in the context of a relationship. MacKain, Stern, Goldfield, & Moeller (1985, as cited in Beebe, B., Sorter, D., Rustin, J, & Knoblauch, S., 2003) have shown that nine-month-old babies who were separated from their mothers and then allowed to return, abandoned their protest immediately, but persisted in maintaining a serious mood. At that moment, they preferred to watch a sad face instead of a happy one, which is an example of the baby's need for affective attunement. In similar ways, *cognitive* attunement allows us to understand a client's way of processing and of building thoughts, and his/her own syntax of events. Attunement to the relational needs for affective and cognitive understanding also contributes to the holding and regulation of early ego states, as described in Transactional Analysis.

In the following clinical vignette, we can see the client's need to be attuned to his characteristic style of processing affect and memories.

Thomas is 16 years old. He experiences an overwhelming rage in his relationships. In a previous session, he experienced alternating waves of irritability

and rage following a rhythmic pulse while sharing traumatic memories that are besieging him. The therapeutic relationship has become a place where he can get in touch with over stimulant memories without acting out. In today's session he feels bothered by these kinds of memories that he tells me one by one. I learn that if I make an intervention his rage and agitation will increase. He would feel bothered by me, as if I were another irritating stimulus. I feel that his need of an "other" that helps him to regulate his emotional state by listening in an attentive way, validating and holding, is much more important than the content. The process is the content. This kind of attentive listening helps him to relieve his internal overstimulation. Step by step he starts in the session to recall more and more distant memories following the "rhythmic pulse" above mentioned. Close to the end of the session he is beginning to connect with more positive memories like staying at his grandfather's home. Slowly his face is becoming sad. Sadness is fighting against rage. "I had a good time there when I was a child... better than nowadays... when my grandfather took me to the swimming pool or to have a ride on a bicycle. When my grandfather saved a dog from drowning... I also miss when I hung out with my friends in the park... now my friends smoke cannabis and fight each other..." Finally, he connects with a positive memory of his mother during the last summer at the beach. She was recording him while he rehearsed a gymnastic routine he had created. "I smother my friends like my mother does with me..."

Trevarthen (2004, 2011) has demonstrated the innate way that adults and infants co-ordinate their behavior, as if matched with pacemakers or neuronal watches, so that predictable cycles of behavior occur at an adagio rhythm, one movement every 700-800 milliseconds. Trevarthen (2011) says that we directly feel how another's movements are being regulated. Therefore, intersubjectivity plays an important role both in upbringing and psychotherapy. We can say that we are born ready to link to the other through the intersubjective circuits of our brain. Several neurobiological and neuroimaging studies show that the essence of the brain is deeply intersubjective (Fuchs, 2004). Some researchers state that mirror neurons could be seen as the "biological correlates" (Wolf et al., 2001) of the correspondences described by Meltzoff, Trevarthen and Stern (Beebe et al. 2003). The mirror neurons have been proposed to be the substratum of intersubjective attunement. The Italian researcher Rizzolatti discovered that the electrodes implanted in the motor cortex of a monkey were activated while watching the researcher grab objects. Rizzolatti and his colleagues concluded that there are kinds of motor-visual neurons in the premotor cortex which are activated both when a monkey carries a goal directed action and when the monkey simply watches the same action executed by another (Rizzolatti et al., 1995; Rizzolatti et al., 1996; Rizzolatti & Arbib, 1998; Pally, 2000).

The research noted above indicates the importance of developing therapeutic skills that enhance and maintain attunement to the client in the psychotherapeutic process. This is especially important with the modalities of body work, and is crucial in the treatment of people with early severe relational trauma, high levels of dissociation and/or disconnection from body experiences, often present in cases of physical and sexual abuse, and/or suicidal risk (Martínez & Fernández, 2013). In this next clinical vignette, that of a client who suffered sexual abuse in childhood, we can see the importance of attunement in clinical practice.

In the last session before my vacation Fritz comes to my office with a big bull mastiff which allegedly he couldn't leave with anybody. He also asks me to allow the dog to stay with him in the room during the session. "He can't stay in the waiting room while I am in the session because he'll bark if he feels alone." I feel surprised and remain pensive trying to understand the meaning of what is happening. After some thought, I think there might be something important to it and I grant his request. The dog is gasping for breath and almost agitated while his owner is quieter than ever. I think of the past of sexual abuse that Fritz suffered for a long time in childhood committed by several adults. During the session, Fritz talks about a part of himself he has felt for years as evil and deviant. Now he experiences it more as an "innocent" part that was repeatedly sexually abused and "corrupted." He wonders about the motivation of his abusers. During the session, I observe that the bull mastiff is becoming calmer, his transpiration and panting becoming less intense. At the same time, Fritz's stress increases. We talk about the function that abuse has for child abusers and its process of transmission from one generation to the other. At the same time, I become aware that bringing the dog with him is a way of showing me his "devil and furious" part, and also a way to express his fear of the therapeutic relationship and his need for protection. It is also a way of talking about his anger at "being alone" with his memories during my vacation. I also understand the way my client would have felt like a "pet" for his childhood abusers, a carnal object for the sake of them. He has also built ambivalent relationships where he in turn has abused others to calm himself.

Inquiry and Intersubjectivity

In my experience, inquiry helps those clients with reciprocal social interaction and intersubjective problems to acquire a sense of their own mind, as well as that of others. Intersubjective inquiry moves the therapist out of an interpretive role, and places him in a role of curiosity, interest and respect for the other's experience. Erskine (1993, 1997, 2015) and Erskine, Moursund and

Trautmann (1999) have clearly described the function of inquiry as a way to help the person expand his/her awareness, rather than a way for the therapist to merely gain information. This author has also talked about the importance in the therapeutic process for the therapist to get beyond the idea that s/he “knows something” about the client, and the importance of continually renewing the cycle of inquiry during the therapy process. In this way, *inquiry* (Erskine & Trautmann, 1996) is used as a kind of dialogue to help increase the client’s own self-awareness, as well as our awareness and understanding of the client.

From my point of view, inquiry is an essential intervention that helps patients who are anchored to archaic experiences, to elaborate a theory of themselves through the mind of another, as postulated by Baron-Cohen, Leslie, and Frith (1985), Fonagy & Target (1997) and Fonagy, Gergely, Jurist & Target (2004). Through the process of inquiry, they receive a mirroring of their own mind and of themselves as agents of thoughts, feelings, desires, needs, wants and expectations. For some clients, inquiry may be a unifying mirroring experience, as experienced through the ongoing genuine interest of the therapist who strives to understand him/her through an exploration of affective, cognitive, physical and behavioral experiences.

Stern (1985) postulates that intersubjectivity is fully present at the end of the first year of life, placing this later than Meltzoff & Moore, (1977, 1994, 1998) and Trevarthen (2005, 2011). He proposes that between nine and twelve months the infant discovers that he has a mind, that others have a mind and that internal experience can be shared. He describes three types of intersubjectivity: shared attention, shared intention and shared affectivity – also known as “interaffectivity” or “affective attunement.” Mental “self” and mental “other” at this time of development could be attuned or not, and thus affecting the opening of the field of a shared internal universe (Stern, 1985). Intersubjective inquiry implies a focus of shared attention, a shared will and an attunement to the client’s experience. The relationship itself and the factors that affect therapeutic experience also become the focus of intersubjective inquiry.

One of my clients demonstrates his personal search for a relationship where mutual inquiry takes a main role. Edgar is twelve years old. Behind a gentle and delicate presence there is a great stress and shame that comes to the surface through his blushing cheeks. Since he was three years old he has perceived himself living in two different dimensions at the same time. He talks with his parents, teachers or watches a film with his peers in one dimension. In the other he interacts at the same time with some characters, so he experiences two superimposed scenes. He sees all the time the characters of his second dimension

and can keep simultaneous conversations with them and his real-life interlocutors. There is a character he calls “the master” that gives him advice on behaving properly, teaches him strategies to keep calm and helps him to sleep. “The master” and other characters want to prevent him from doing things wrong and give him rewards for good behavior. They want him to progress and become a better person. He feels they organize his mind and keep their memories in different files. He usually asks them questions about scientific issues that he doesn’t understand very well and which his parents do not know about. His characters give him an answer and, if needed, they call famous researchers like Newton or Einstein to teach him. He kept hidden the experience of his parallel world until some months ago. One day he brought to the session a drawing with two vectorial fields that meet at a black hole where they stop being separated surfaces. Next to the drawing he has delineated a mathematical equation to explain the possibility of that confluence.

The story of Edgar makes me think about a misalignment with his parental figures and his sense of the impossibility in sharing some experiences, especially his belief that he is different and his compensatory wish to be someone important in science. Through equations he tries to find a way to connect the two separate dimensions he experiences in his daily life. His father doesn’t understand the relational needs implicit in his fantasies and instead tries to show him the impossibility that he can understand particular scientific concepts at his age. This reinforces his belief of being different and not belonging. His father is a man with a practical, concrete stance in life, who is frightened of his son’s fantasies. In therapy I inquire about his fantasies, his feelings, and together, we look for their meaning in order to help him connect with his needs in the here and now.

Interestingly, Stern (1985) doesn’t consider affective attunement as equivalent to empathy. Instead he thinks it is an affective transaction by itself that doesn’t need to focus on empathic understanding. He believes affective attunement evolves through more elaborate forms of empathy, in which cognitive aspects play an important role. While attunement takes place mainly in an automatic and unconscious way, empathy requires the mediation of cognitive processes (Basch, 1977).

In Integrative Psychotherapy, the inquiry into another’s experience involves attunement and a developmental approach. This becomes a secure and protective frame for the person to get in contact with his/her thoughts, sensations, feelings, experiences and expectations and build a mental representation. Fonagy and others (Fonagy & Target, 1997; Fonagy, Gergely, Jurist & Target (2004), have related mentalization to intersubjectivity and the ability to regulate emotions.

Hawkes (2011) describes that mentalization implies meaning making and metabolizing experiences. She thinks that secondary intersubjectivity implies the ability to build a representation of self as a person between others, instead of feeling like the center of the world, and that others are satellites. This also implies building a theory of the other's mind and acceptance of that, instead of projecting and "reading other's minds," which she considers a failure in intersubjectivity (Hawkes, 2011).

Conclusion

Relational Methods in Integrative Psychotherapy put into clinical practice many of the insights derived from research about intersubjectivity in child development. Meltzoff, Moore, Trevarthen, Stern and Rizzolatti's research into the development of intersubjectivity in child development seems to be strongly related to, and support, the relational methods of Integrative Psychotherapy. In particular, Meltzoff and Moore's studies are related to the need for the presence of an involved other to reach optimum intersubjectivity. The related subset of methods in Integrative Psychotherapy, such as acknowledgment, validation, normalization and presence, become important components in creating an intersubjective format in treatment. The need to attune to a client's experience, as seen by Trevarthen, is crucial to the development of primary intersubjectivity in early development and is an important part of relational methods. Rizzolatti's discovery of mirror neurons is the neurobiological foundation of empathy and attunement. Stern's description of the *intersubjective self* is linked to the infant's discovery that he or she has a mind, and that other people also have minds. The subset of methods related to the process of inquiry in Integrative Psychotherapy, put into practice the need to understand the thoughts, feelings, behaviors and body reactions of the client as coming from a different mind. Relational methods as a whole can be seen as a guide to intersubjective treatment, and are especially useful in helping clients suffering from early relational failures that have affected their intersubjective relating.

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