

Forms of vitality, mirroring and psychotherapy. Daniel Stern's legacy

Stefano Iacone*, Cristina Meini**

*Dirigente Psicologo, Dipartimento Dipendenze Patologiche ASL Napoli 1 Centro; **Professore Ordinario Università Piemonte Orientale

ABSTRACT

The exponential growth in neuroscience research has solicited different types of psychotherapy to extensively investigate their epistemological bases and clinical practices. Affective dynamics and clinical dialogue have been reinterpreted in the light of theories concerning the caregiver-baby dyad, strengthening the idea that what happens during therapy can be better understood through the conceptual grid of the intersubjective paradigm. The present paper promotes a new approach to relational psychotherapy that stresses the role of Forms of Vitality as global organizers of interpersonal experience and as a way of transforming implicit memories into self-reflexive representations. By connecting Stern's theoretical construct to the intersubjective paradigm, we consider Forms of Vitality to be a fecund construct in clinical settings.

Keywords

psychotherapy, mirroring, forms of vitality, intersubjectivity

INTRODUCTION

The exponential growth in the new sciences of mind has solicited the pluralistic universe of psychotherapies to extensively investigate the processes underlying that complex and multifaceted caring device called “psychotherapy”. Special attention, when not unbounded enthusiasm, has been devoted to the recent advancements in the *infant research* empirical paradigm and to the discovery of *mirror neurons*.

On the one hand, careful and controlled observations of young infants' capacities have drawn attention to the crucial role of affective-communicative interactions, which manifest some common features with the therapeutic relationship. Affective dynamics and clinical dialogue have been reinterpreted in the light of the knowledge acquired through the observation of infantile caring contexts. On the other hand, the groundbreaking discovery of mirror neurons has further persuaded that what happens between the therapist and the patient is largely centered on mirroring. The key role of mirroring in the transformation process has been adopted as a core concept within the intersubjective paradigm, as well as within a number of other approaches.

Initially observed in the macaque brain and most likely also present in the human brain, mirror neurons fire not only when performing certain actions, but also when perceiving the same kind of action in other agents. While originally discovered in the visual and directed actions of grasping, mirror neurons are probably also involved in other domains that can be relevant for their clinical

Doi: 10.23823/jps.v5i2.92

impact, such as the affective domains (when involving disgust, see Wicker et al., 2003) and the sensorial ones (when involving touch, see Keysers et al., 2004)¹

In their work, Ammaniti and Gallese (2014) argue that a careful examination of the properties of mirror neurons unveils their role in creating a *we-centric* space, which is considered the unified representational space of experiential sharing (following Gallese, 2003). The embodied simulation constitutes the basic process of the sense of intersubjectivity and in establishes therapeutic empathy and working alliance (Horvath & Greenberg, 1989), that are crucial for the therapeutic outcome.

Different clinical approaches have been influenced by the intersubjective paradigm. Not only has it inspired the “relational approach” in psychotherapy and psychoanalysis – in which past or present relational events are placed at the core of the clinical process – and the attachment theory, but also the systemic approach, the person-centered approach and other perspectives whose theoretical assumptions and operational practices revolve around the pivot notion of “relationship”.

Such an all-encompassing impact has proven highly beneficial in many a type of psychotherapy. Debates, mutual influences and reciprocal encouragements to integrate different aspects are on the agenda today despite some residual bitter confrontations involving people considering themselves as the legitimate heirs of priceless legacies - we will deal with that later when assessing Daniel Stern's theoretical dissemination. Actually, *mirroring* has become a sort of new Holy Grail *in* psychotherapy. Nonetheless, the notion of mirroring as a multifaceted silver thread connecting on the one hand neurosciences to intersubjectivity and on the other hand infant research paradigm to therapeutic setting, is still full of pitfalls and constitutes a source of misunderstandings.

In the following, we shall point out at a couple of problematic issues.

Two critical issues with mirroring

Gallese's original notion of *we-centric space*, which is considered one of the most crucial theoretical advancements issuing from the discovery of mirroring processes, cannot account for all the various peculiarities of the therapeutic encounter. That comprehensive notion describes a universal phenomenon involving both the parent-baby dyad and, admittedly, the therapist-patient dyad, inasmuch as it undoubtedly accounts for the relevant dimension of being-together despite its complexity that unfolds through a variety of processes (Gallotti & Frith, 2013). We will demonstrate to what extent intersubjectivity cannot be considered entirely dyadic although intersecting mirroring processes.

Firstly, with its focus on the dyadic interpersonal dimension, the notion of mirroring underestimates the fact that strictly dyadic events are extremely rare in everyday life. Even the child-caregiver relationship placed at the center of the clinical attention in the infant research paradigm, is much less dyadic than it was believed to be (Striano & Rochat, 2000; Rossmannith et.al., 2014). In the clinical field, Crittenden's (1995) and Fivaz-Depersinge's investigations into the primary

¹ For a more cautious interpretation see Goldman, 2003, 2011; Jacob, 2011.

Doi: 10.23823/jps.v5i2.92

triad deeply question such as a rigid conception of the infant-adult relationship by showing the precocious competences of the newborn in triadic contexts (Fivaz-Depeursinge et al., 2004). *A fortiori*, in their daily lives adults are typically immersed in collective dimensions, continually moving in and out of them. Human beings actually constitute groups rather than dyads²; in this sense, individual psychotherapy, based as it is on a dyadic dimension, introduces an atypical relational space. Interestingly enough, in many occasions Daniel Stern (2004; 2010) has emphasized that intersubjectivity, despite crossing mirroring processes, cannot be entirely attributed to dyadicity, grounded as it is on well-know processes of “getting in and out” from reference social groups.

There is a second and no less important criticality questioning theoretical and clinical approaches that present mirroring as the core process in psychotherapy: mirroring is actually static and does not represent an opportunity for either learning or being creative since observed and performed actions are structurally equivalent to one another. Conversely, interpersonal processes are more akin to reorganizational operations than to mirroring. For example, affiliation and individuation are attained through cross-references and sequences of informational assimilations and accommodations – to put in Piaget’s terms – to a greater extent than through mirroring.

As in happens in everyday life, when two minds meet in the therapy room we observe a progressive construction of shared knowledge, i.e., a learning process about how to exert a stronger influence that recalls what Schiepek called “better grip” (see below). This kind of phenomenon is maximally relevant in human systems. Beyond the most celebrated case concerning the caregiver-baby dyad, there are a lot of other examples concerning adult daily life: primary triangles (mother-father-baby), couples in love and working teams. They represent other refined instances of “two-or-many-minds-system” that can be considered as actual wireless neural networks (Schmid, 2014; Brink, Reddy et al., 2017).

Not surprisingly, the affective bond in a couple can reach an affective valence comparable only to the parent-child relationship, which in turn – notwithstanding its precocity and presumed fundamental nature – cannot be reduced to mirroring as a mere echoing of each other’s actions. Rather, this type of relationship is largely characterized by a pedagogical attitude on the part of the adult who, by spontaneously introducing subtle signals (*markers*) in his own communicative flow, makes explicit that he or she is conveying new information, thereby promoting a learning process which is as affective as it is cognitive. On his or her part, the child is spontaneously disposed to gather those signals – which typically consist in gazes, deictic gestures, speech prosody – but also to understand that the conveyed information is relevant and useful for him or her (Csibra & Gergely, 2009; Gergely & Watson, 1999).

As much as the great emotional impact in love affairs, the resonance between the therapist and the patient suggests to look at dyads as something immersed in a process of continuous reciprocal calibrating and re-calibrating, where there is no ideal consensus to reach but rather an uninterrupted movement in which the partners connect and separate in order to reach more integrated states of mind (Tronick, 2007). Concerning this point, Gunther

² This hypothesis was supported by Michael Tomasello & co. with ethological and evo-lutionary psychology contributors (Tomasello & Rackozy 2005; 2009).

Doi: 10.23823/jps.v5i2.92

Schiepek claimed that the most significant outcome of the encounter of a patient with the therapist is to outline the best conditions to transform the rigid auto-organizations that typically produce suffering into a more subtle and continuous modulation of the relational dynamics. As the German psychologist puts it, “Psychotherapy can be seen as a *dynamic and adaptive attempt to provide conditions for self-organized pattern transitions in the biopsychosocial system of the patient(s)*. Most processes of self-organization occur in form of cascades of (for the most part) discontinuous phase transitions – and equates exactly to *sudden changes*” (Schiepek et al., 2015, p. 18; emphasis in the original). What is particularly interesting in Schiepek's approach is the stress on those “intermediate” floating stages full of still-not-actualized potentialities. These stages are what transforms implicit memories into self-reflexive representations. As we will illustrate, Stern's forms of vitality play a crucial role in the processes of transformation.

In an effective overview, Lingiardi observes that the therapeutic setting includes three simultaneous levels of relationships: first, the real and contingent relationship between the members of the dyad here and now; second, the therapeutic alliance, that is the continuous negotiation of the therapeutic goals depending on the reciprocal cooperative abilities; finally, the actual transfer embracing the phantasmatic dimension. Those observations suggest that the therapeutic encounter is a much more complex process than automatic mirroring (Lingiardi, 2020).

Decades of analysis of the clinical outcomes suggested to Wanpold (1997; 2000; 2007) that the therapist is the critical variable influencing the clinical outcome. His or her personal qualities and, above all, the capacity to adapt to the patient, in other words to be flexible and open to the patient's peculiarities and his suffering, are indeed fairly decisive. Therefore even empathy itself turns out to be a complex notion in the therapeutic context: as remarked in (Decety & Lamm, 2009), empathy consists of at least three main processes: 1) a process of embodied simulation mirroring sensorial and emotional elements of other people's experiences, grounded in the activation of a neural circuit including the mirror neurons system; 2) a perspective-taking process, mainly localized in the prefrontal cortex; 3) a process of emotional regulation enabling the patient to relieve HIS OR her own suffering under different views (Elliott, 2010).

As a result, encounters of minds originate from processes of continuous and reciprocal recalibration rather than from a “once and for all established” relationship of secure attachment or from reciprocal mirroring. Even the therapeutic relationship emerges from the continuous calibration between contextual constraints and ranges of possibilities. The therapist must be able to put himself or herself in the other's shoes in order to create a solid therapeutic alliance as mean to transform the implicit patterns. The relationship is not only co-construed; rather, it is co-created moment-by-moment, generating further supervening properties. These “openings” to the relational context are balanced by as many self-organizational “closures”, which give rise to stable and generally coherent patterns of internal functioning, such as Bowlby's IWMs and Stern's different Selves. When the balancing fails, two kinds of organizational drifts can follow. The first drift produces increased rigidity in the system, relational impoverishment and compulsion to repeat. In the second case, the boundaries of the self are menaced until reaching the point of self fragmentation.

Doi: 10.23823/jps.v5i2.92

All together, these features suggest how crucial it is to look well beyond mirroring when looking into natural pedagogical processes. Human beings live in complex and multi-faced systems such as families, groups etc., displaying emergent properties that trigger a radical redefinition of interpersonal processes and promote increasing complexity and integration with respect to the surrounding context. The key point is the following: self-organizing processes explain how new patterns emerge, how they change and how new elements come to be integrated (Deacon, 2011; Haken, 2004). Manifestly, the whole complexity of such emergent systemic processes is lost when just dyadic relationships are taken into consideration.

Systemic properties emerge painstakingly from a subtle calibration between contextual constraints and ranges of possibilities. Calibration looks more like a process of "elimination of choice options" than like a circular and interactive cause-effect relationship among components: hence information is generated in self-eco-organizing processes (Morin, 2014). Morin stressed the notion of *unitas multiplex* as grounding for human identity. A *unitas multiplex* lies at the core of human efforts to interpret living systems, the organizational unity replacing the relevance of each single element. During therapy, as well as in everyday life, understanding the "dance" of human exchanges is more important than detecting each single step. In calibrating their composite personalities within the affective context, people continuously collect feedbacks and give something in return. What supervenes to relationships represents an organizational level belonging to a superior degree that generates more integrative dynamic properties, which in human systems unfold from shared narrations to common background feelings (Haken, 2004).

FORMS OF VITALITY

Daniel Stern's invaluable intellectual legacy is the notion of Forms of vitality. Our purpose is to point out how they are particularly relevant in dealing with the various issues raised above. Forms of vitality have been originally introduced in the context of protoconversations (Stern 1985)³. In such dyadic and multimodal context, they constitute at the same time the behavioral form of exchanges and an important component of the semantic content itself. In adult life, forms of vitality continue to take part in expressive and non strictly verbal aspects of communicative behavior as an essential element to reach mutual attunement and, consequently, to fully experience a sense of sharing.

Forms of vitality are somehow difficult to define but, at the same time, simple to grasp. They are abstract forms identified essentially by dynamic features that Stern describes by significantly borrowing dynamic (*agogic*) musical terms like *crescendo* and *decrescendo*, *diminuendo*, *legato*, and so on. As vehicle of meaning these Forms help us to get the sense of the action

[...] starting with movement, we got five dynamic events linked together. These five theoretically linked events – moment, time, force, space and

³ In the 1985 Stern used the term "vital affects", only later he better formulate the concept of "forms of vitality".

Doi: 10.23823/jps.v5i2.92

intention/directionality – taken together give rise to the experience of vitality. As a unity, a Gestalt, these five components create a “fundamental dynamic pentad”. This natural Gestalt gives rise to the experience of vitality in one's own movements and in those of others. [...] Vitality is a whole. It is a Gestalt that emerges from the theoretically separate experiences of movement, force, time space, and intention. [...] The Gestalt or “emergent property” seems to be the most useful concept for dealing with holistic experience. [Stern, 2010, pp. 4-5];

and, as he puts it one year earlier:

This Gestalt is the primary manifestation of human being animate, and provides the primacy of aliveness [Stern, 2009, p. 316].

Manifestly, Stern is arguing that the sense of vitality is as essential as breathing, and that we spontaneously make experience of people through it. It represents the *coloratura* of subjective experience in which the separate dimensions of *movement*, *time*, *force*, *space* and *intention* come together and give rise to a global Gestalt or emergent property.

For this reason, the notion of vitality form helps to explain the human propensity to represent situations in dynamic and meaningful narrative units. In order to be meaningful, experiences must be *vital*, i.e., they must possess intentional vivid narrative structures unfolding dynamically over space and time. This is true when we infer what another person is making experience of by looking at their behavioral manifestations (Stern, 2009) and it is not less importantly true when we introspect our own mind.

As stressed in many occasions (Stern, 2009), forms of vitality denote the quality of experiences as well as the way they are revealed to the self. Each single self-experience can be a transient context-related phenomenon; but, taken together, experiences progressively influence personality by modulating background feelings and mood attitudes. It is clear from all these considerations that it is not just a matter of perceiving the quality of interactions as in earlier Stern's (1985) definition of vitality affects; rather, forms of vitality correspond to experiential properties that infuse the psychic reality in its entirety. Nonetheless, despite being irreducible to generic characterizations of interactions, in most scientific contexts forms of vitality have been insidiously reduced to a “gentle” or “energetic” gesture activating insular region. For example, Di Cesare et al., (2013) explain that “The observation of goal-directed actions performed by another individual allows one to understand *what* that individual is doing and *why* he/she is doing it” (p. 951; emphasis in the original). in a more recent paper instead, Gallese and Rochat (2018) state that “Forms of vitality carry additional meaning required for social attunement, thus warranting harmonious interactions” (p.155). Although these words are consonant with Stern's view, we believe that they do not fully account for the richness of his notion. Forms of vitality possess many properties that, far from being traceable to the individual mind, play a crucial role in setting up the bases of interpersonal processes which give birth to both private and shared experiences (Stern, 2010); as a consequence, there is no doubt that people unveiling and sharing vitality forms make a “being together” intimate experience in a unified, *we-centric* atmosphere. But this cannot be the whole story, as implicitly suggested by Stern himself:

Iacone S.

Doi: 10.23823/jps.v5i2.92

In this fashion the matching/mismatching of dynamic forms of vitality can shape what the infant (*and the patient* - we shall suggest) does and how he or she feels about doing it. It is like sculpting his or her mind from the inside-out. It is a powerful tool in the parent's (*and the therapist* - we shall suggest) ongoing socialization of an infant into the family and into wider culture (Stern, 2009, p. 321).

Our reference to psychotherapy is not fortuitous. Indeed, far from being relegated to perceptual and, in a broader sense, experiential domains, Stern regarded the notion of vitality forms as crucial for psychotherapy too. In his peculiar therapeutic approach developed since 1998 in the *Boston Change Process Study Group*, he formulated the idea of "something more than interpretation" and stressed the urge to put vitality forms at the core of the therapy as the elicitor of therapeutic dialogue (Boston Change Process Study Group [BCPSG], 2010). In his latest book, Stern suggested that a responsible and sensitive caregiver must not only seek affective tuning but also go beyond mere mirroring. He not must aim at echoing the distressed patient since that can generate further distress; on the contrary, he must help the patient to elaborate what is unbearably overwhelming and menacing. While looking for fine-tuning, the therapist must also aim at creating a safer environment where to share and reflect about affects, and eventually deal with them.

PSYCHOTERAPY, NOW MOMENT, AND FORMS OF VITALITY

After some couple's therapy sessions, Mrs. T. tells their therapist about a surprising news in the relationship with her husband: a turning point in the couple's sexual life with sadomasochistic overtones, including her husband's penetration with a strap-on. Nothing dangerous, there is no oppression or violence, indeed it is all totally shared. It is presented as a kind of exploratory game. Mr and Mrs T. are over fifty, the love life as a couple has been rather quiet. In short, they are a "well-functioning" couple, struggling with a some different needs, and now a creeping depression of the husband.

Francis T. is the eldest of three children, lives a good part of his life with his father, a military general, and his two younger brothers. The mother, a very beautiful woman, abandons her husband and children when Francis is six years old. She runs away with another man, the first in a long line of increasingly younger lovers. Francesco grows up with a rigid and distant father, breathing a cold climate: the father had encouraged his children to repress their emotions and not to recognize own vulnerability. He lives the role of adult precociously, makes a brilliant university career. With women he tends to play a protective role. When he encounters Mary, adopted the same protective role also. Mary is his pupil at University. He is her father and mentor. On the other hand, Mary comes from a very warm family, made up of great neighborhoods, even of great entanglements. Mary warms Francis's heart and home and places him on a pedestal. The house becomes a nice place, but it is also a long devoid of a great vitality. The desire for security prevails. The couple's forms of vitality are warm and quiet, but also lacking in intensity. The "we" are empty: the encounter with the other don't create a new energy, new desires, nothing risks in their life.

Iacone S.

Doi: 10.23823/jps.v5i2.92

The sexual life is poor and empty, signal of difficult intimacy. Mary and Francis feel close and involved in each other's life, but Francis depressive symptoms leads them to consult a therapist. After a few interlocutory sessions, a real *now moment* emerges when the therapist talk about Francis rigid body position when they touch some topics: Mary, very upset, asks her husband what secrets hides. Francis tells how he has always been obsessed with the image of stranger's penis in his mouth. He had homosexual fantasies for years about being forced into fellatio on big men. These fantasies are connected with a violent anger towards his mother and his cold and helpless father. The Francis sadness is transformed in a lucid fury. He remembers the father's dirty and cold sex with some escorts, and his hate towards these immoral women. Too hard material for such a protective couple.

He don't mentalize these topics, he is dysregulated too much. The therapist continues to talk about the body and the emotions. He research a good attunement with the couple and the transformation of forms of vitality. He thinks Mary's maternal care was the antidote to these disturbing scenarios, but don't speak nothing. If a homeostatic, defensive couple's structure don't prevail, the unfamiliar can lead to a perturbation of self-organization and lead to the construction of different balances. Although Mary seemed to be the dominant partner in the relationship, they create a new space in the "we". This *now moment* is a starting point of new exploration in many directions: especially they are both surprised and happy to find that they both enjoy transgressive sexuality: reversing roles, overcoming unconscious taboos and prohibitions about sex and life. This change lead Francis and Mary to evolve a greater authenticity and emotional freedom.

How does thinking in terms of forms of vitality impact on psychotherapy? Forms of vitality draw the therapist's attention to the *here and now* of events (Stern's *Now moment*). Indeed, in this clinical framework mental states are not considered as disembodied and decontextualized entities; rather, they cannot be disjoined from the manifestations they give rise to, which are dynamic processes unfolding over time. The basic assumption here the therapist must dive into the experience but remaining necessarily tied to a specific behavior of the patient as starting point of any therapeutic dialogue (Stern, 2010).

In the case of the couple T. the creation of the therapeutic space and its "new forms of vitality" allowed the emergence of a different balance, so to explore new scenarios and new story at least. Attention to "we", to the systemic qualities of the interaction - and consequently to its forms of vitality - obviously allows the therapists to face some specificities of the couple setting: sexuality is profoundly refractory to words. Immersion in forms of vitality precedes mentalization therefore. The couple acts the change before having mentalized it. But not before having experienced a therapeutic good attunement, so to altered a previous equilibrium. The sexual practices of Mrs. and Mr. T., among the countless fluid and changing forms of sexuality of our times, are an excellent test for observing the couple's forms of vitality: we observe partners go "in and out" of very different forms of vitality: they can go from warm forms of intimacy to the angry pain triggered by a betrayal, or arriving at the sweet aching phase of forgiveness.

Stern invites us to make "shared feeling voyages" with the patient: psychotherapy is then defined as a space in which processes of co-creation of emergent properties are encouraged. The canonical way of being-together, in both

Doi: 10.23823/jps.v5i2.92

its explicit and implicit aspects, is therefore irreversibly altered by considering mind and body together, inside and outside, self and other. At the same time, pre-linguistic aspects and other aspects overtly tied to the semantic register must be accommodated. In the therapeutic encounter “The role of dynamic forms of vitality is equal to a global organizer of interpersonal experience, playing a major role in the structuring of pre-reflexive experience.” (*ibid.*, p.323). Notably, Stern introduces the definition of “soft assembly” to shed light on the role of vitality forms in the transformation from implicit and pre-reflexive memories to explicit, narrative traces.

When Stern introduced the notion of forms of vitality some art therapists strongly criticized him for basically stealing their ideas and disguising them under a phenomenological cover. Some features of art therapy theories and practices were actually well known to Stern, who indeed in many occasions mentioned non-analytic therapeutic practices (2011). The two approaches though differ in that forms of vitality are intrinsically context-dependent and systemic: far from being relegated to an individual-perceptual level, they emerge from interactions. On the contrary, art therapies focus on the individual level rather than on vital properties emerging from interactions.

The two notions of now moment and forms of vitality have given strong impulse to psychotherapy by focusing on the modalities through which the implicit is transformed in the therapy room: the experience of *now moments* – strongly affective moments of intersubjective exchange and acceptance - as well as the experience of *forms of vitality* are the real fuel for transformation (Stern, 2004; 2010). In order to explore and intervene on the relational implicit of the patient, the therapist must encounter his or her mind, thus promoting the shared generation of more functional and less cramped new configurations. The peculiarity of the psychotherapeutic encounter primarily lies in the possibility of constructing the right conditions for this transformation to take place. As mentioned before, that capacity is grounded in highly refined human and professional qualities. A particularly relevant quality is the therapist's capacity to be fully aware of the affective complexity of the setting in which he or she is immersed together with the patient.

A caveat. Paying attention to forms of vitality does not amount to underestimate first- and third-person metacognitive processes, which instead are essential factors in psychotherapy. Rather, it peculiarly derives from some recent outlooks on the nature of transformation in psychotherapy. Inspired by Stern's (2004) groundbreaking notion of now moment, many researchers have recently attest that the transformation, far from being exclusively related to linguistic and metacognitive dimensions, largely emerges from the mutations of systemic properties of interactions; narratives in therapy turn out to be secondary with respect to the properties of encounters (Elliott, 2010; Wampold & Imel, 2015). In particular, it is worth mentioning Günther Schiepek's (2015) extensive experimental research. Together with his collaborators, Schiepek studied the transformative elements BY observing and measuring psychic, behavioral and physiological parameters. The latter in particular – evaluated in terms of skin conductance, hearth rate, blood pressure, along with other biofeedback – has proved to be very useful in representing those periods of systemic fluctuations that prelude to transformations during the therapeutic sessions.

Doi: 10.23823/jps.v5i2.92

The most impressive result of Schiepek's research is that the phases of instability, that are true elective moments of transformation, temporally precede the "interpretive" elements and the therapist's conclusive re-definition. The fact that those points of discontinuity in the subjective experience precede the dialogic-narrative intervention of the therapist takes away every illusion of fully controlling the therapeutic change along with every ambition to interpret it in terms of linear causality i.e. "therapeutic intervention → therapeutic change". Rather, it makes it clear that the therapist simply seizes the emergence of an event that supervenes in the encounter: when a good level of attunement with the patient is reached, the therapist can make explicit what is happening in the implicit dimension. Through an effective immersion in vitality forms, a genuine contact with the patient subjectivity is thereby established; perturbations can be more easily produced, and the closure of an experiential Gestalt get through the narrative. In this way the patient's insight becomes easier because the turning point has already occurred a few moments earlier. The therapist merely puts own semantic print on the experience. As stressed by Stern himself, "The passages between different pre-reflexive experiences are usually not thought to be accompanied by consciousness, except perhaps for the feelings of dynamic vitality forms of effortfulness, of "something starting to happen" of "intention unfolding" and similar experiences mostly related to emergence and becoming" (Stern 2009, p. 319).

In the light of these data, Schiepek promotes a perspective on psychotherapy that provides possible strategies for the patients to approach the perturbations of their self-eco-organization as a new opportunity to integrate experiences and narratives in more functional and flexible ways. Furthermore, seizing and encouraging the emergent modalities of "being together" amounts to observing and transforming the emergent properties of human systems; it also amounts to seizing dynamic structures encompassing movement, emotions and cognition in order to transform them in a shared narration. To sum up, Schiepek leads us observe the composition and peculiarities of the "shared feeling voyages". To the extent that this metaphoric expression can be traced back to Stern, Schiepek is actually inviting us to grasp a gestaltic vital property.

CONCLUSIONS

After some decades of researches devoted to psychotherapeutic outcome, Wampold (Chambless et al., 2006; Wampold, 2007, 2010) concluded that people take about 50 seconds to evaluate a few crucial aspects of the care relationship. After establishing a first working alliance, the patient can evaluate the possibility either to be cured or to drop out. All these steps take place in a strictly implicit non-linguistic register.

Wampold's somehow simplified but impacting conclusions strengthen the idea that the psychotherapeutic encounter is only partially based on aspects such as transference and counter-transference; it is equally important to acknowledge that is related to real contingent relations linked to "here and now" exchanges. Wampold, and, previously, Horvarth and Greenberg (1986; 1989), experimentally proved how much the therapeutic efficacy is tied to the "therapist variable". They explain it as the human and intellectual capacity to adapt to the patient, that is, to be flexible and open-minded with respect to the patient's peculiarities and

Doi: 10.23823/jps.v5i2.92

specific troubles. Starting from Stern's pioneering work on *now moment*, many recent data confirm that the therapeutic change is not limited to the linguistic dimension but rather emerges from mutations of relational properties. In the therapy room, narratives become secondary with respect to the qualitative level of interpersonal relationships (Elliott, 2010; Wampold, 2007; Greenberg and Pinsof, 1986).

Mentioning again Günther Schiepek (2015), his clinical work stresses the limited role of the therapist's initial work. At the beginning, the therapist just notices the traces of an event that progressively increases its relevance. This is the starting point of a clinical process in which, through a well attuned relationship, the therapist promotes a conscious elaboration of what is going on in the implicit dimension.

While not directly making explicit the limits of mirroring and dyadicity, the points developed above cannot be eluded when reflecting on processes underlying therapeutic change. Once the subject of transformation is called into question, it becomes clear that psychodynamic therapy should “go beyond the mirrors”, as mirroring and imitative processes revealed major criticalities. Rather, Stern's intersubjective perspective and, later, the adoption of a systemic view (Sander, 2008), led Stern to theorize the crucial role of vitality forms in transforming implicit memories into an explicit, fully affordable format (Stern, 2009).

In this paper we argue that A psychotherapy centered on forms of vitality allows US 1) to go beyond the epistemological narrow-mindedness of a strictly dyadic perspective; and 2) to better understand the transformation processes unfolding during couple and family therapies, both in classic dyadic settings and in more complex contexts (for an analysis in Italian, see Meini & Ruggiero, 2017). Forms of vitality are an essential theoretical and clinical construct to account for those games of multiple feedbacks and fine-tuning that are so frequent in some group dynamics.

Indeed, an effective immersion in forms of vitality allows us to create a deep contact with the patient intersubjectivity. In turn, this contact generates further “new” forms of vitality, thereby promoting greater awareness of both inner and interpersonal world. Psychotherapy centered on forms of vitality is highly “integrative”: it is capable of embracing the multiple dimensions in which the therapeutic relationship unfolds and it is capable of linking the implicit to the explicit, according to the suggestions coming from the Boston Change Process Research Group (BCPRG, 2010).

When looking for the factors of transformation psychotherapy has periodically oscillated between two opposite poles during its 120 years of existence: on the hand a dialogic-narrative pole and on the other hand a more experiential pole. We believe that Daniel Stern's analysis of vitality forms represents something close to an ideal balance between these two instances of psychic transformation.

Caillé (2004) uses a wonderful expression to refer to that very peculiar balance of the “being-together” in the therapy room, that is the “epistemic dance”. Such an metaphor, formulated long before Stern's thinking, reveals great humanity since he is suggesting the idea of therapist engaged in a bodily, emotional and semantic experience. Only once the dance is learned and the demanding techniques involved in learning are forgotten, the therapist will be able to understand the properties of the patient's dance. Therapy becomes a continuous exercise of keeping the balance between stability and instability, harmony and



Doi: 10.23823/jps.v5i2.92

chaos, constraints and possibilities, semantic comprehensibility and verbal misunderstanding.

Acknowledgement

This is an entirely co-authored paper. However, Stefano Iacone is especially responsible for section 4, while Cristina Meini mostly focused on section 3. The other sections have been written together.

REFERENCES

- [1] Ammaniti, M., & Gallese, V. (2014). *The birth of intersubjectivity. Psychodynamics, neurobiology and the self*. New York: W. W. Norton & Company.
- [2] Boston Change Process Study Group. (2010). *Change in psychotherapy: A unifying paradigm*. W.W. Norton & Company, NY
- [3] Brink, I., Reddy, V., Zahavi, D., The primacy of the ‘we’? in Durt C., Fuchs T., Tewes C. (eds) *Embodiment, Enaction, and Culture. Investigating the Constitution of the Shared World*. Cambridge, Massachusetts MIT Press, 2017, pp. 131-147. Doi:10.7551/mitpress/9780262035552.003.0007
- [4] Caillé, P. (2004). *Un et un font trois! La couple d’aujourd’hui et sa therapie*. Paris: Fabert.
- [5] Chambless, D. L., Crits-Christoph, P., Wampold, B. E., Norcross, J. C., Lambert, M. J., Bohart, A. C., Johannsen, & B. E. (2006). What should be validated? In . J. C. Norcross, L. E. Beutler & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 191-256). Washington: American Psychological Association.
- [6] Crittenden, P. (1995). Attachment and psychopathology. In S. Goldberg, R. Muir & K. Kerr (Eds.), *John Bowlby's Attachment Theory: Historical, clinical, and social significance* (pp. 367-406). New York: Analytic Press.
- [7] Csibra, G., & Gergely, G. (2009). Natural pedagogy. *Trends in Cognitive Sciences*, 13, 148-152. doi: 10.1016/j.tics.2009.01.005
- [8] Dadds, M.R., Salomon K. (2003), Punishing insensitivity and parental tem-perament and learning as interacting risk for antisocial behavior. *Clinical Child and Family Psychology Review*, 6, pp.69-86. Doi:10.1023/A:1023762009877
- [9] Deacon T.W. (2011). *Incomplete nature. How mind emerged from matter*. New York: Norton & Co.

Doi: 10.23823/jps.v5i2.92

- [10] Di Cesare G., Di Dio, C., Rochat, M.J., Sinigaglia, C., Bruschiweiler-Stern, N., Stern, D.N., & Rizzolatti, G. (2014). The neural correlates of 'vitality form' recognition: An fMRI study. *Social Cognitive and Affective Neuroscience*, 9 (7), 951-960. doi:10.1093/scan/nst068
- [11] Elliott, R. (2010). Psychotherapy change process research: Realizing a promise. *Psychotherapy Research*, 20, 123-136. doi:10.1080/10503300903470743
- [12] Fivaz-Depeursinge, E., Corboz-Warnery, A., & Keren, M. (2004). The primary triangle: Treating infants in their families. In A.J. Sameroff, S.C. McDonough & K.L. Rosenblum (Eds.), *Treating parent-infant relationship problems: Strategies for intervention* (pp. 123-151). New York: Guilford Press.
- [13] Gallese, V. (2003). The roots of empathy: The shared manifold hypothesis and the neural basis of intersubjectivity. *Psychopathology*, 36,171-180. doi: 0.1159/000072786
- [14] Gallese, V., & Rochat, M. J. (2018). Forms of vitality: Their neural bases, their role in social cognition, and the case of Autism Spectrum Disorder. *Psychoanalytic Inquiry*, 38, 154–164. doi: 10.1080/07351690.2018.1405672
- [15] Gallotti, M., & Frith, C. (2013), Social Cognition in the We-Mode, in *Trends in Cognitive Sciences*, 17, 4, pp.160-165. Doi:10.1016/j.tics.2013.02.002
- [16] Gergely, G., & Watson, J.S. (1999). Early social-emotional development: contingency perception and the social biofeedback model. In P. Rochat (Ed.), *Early Social Cognition* (pp. 101-136). Hillsdale: Erlbaum.
- [17] Goldman, A.I. (2006). *Simulating minds. The philosophy, psychology and neuroscience of mindreading*. New York: Oxford University Press.
- [18] Goldman, A.I. (2011). Two routes to empathy. Insights from cognitive neuroscience. In A. Coplan & P. Goldie (Eds.), *Empathy: Philosophical and psychological perspectives* (pp. 31-44). Oxford: Oxford University Press.
- [19] Haken, H. (2004). *Synergetics. Introduction and advanced topics*. Berlin: Springer
- [20] Horvath, A. O. (2001) *The Alliance, in Psychotherapy: Theory, Research, Practice, Training*,. Doi.org/10.1037/0033-3204.38.4.365

Doi: 10.23823/jps.v5i2.92

- [21] Jacob, P. (2011). The direct-perception model of empathy: A critique. *Review of Philosophy and Psychology*, 2 (3), 519-540. <https://doi.org/10.1007/s13164-011-0065-0>
- [22] Keysers, C., Wicker, B., Gazzola, V., Anton, J.L., Fogassi, L., & Gallese, V. (2004). A touching sight: SII/PV activation during the observation and experience of touch, *Neuron*, 42 (2), 335-346. [doi:10.1016/S0896-6273\(04\)00156-4](https://doi.org/10.1016/S0896-6273(04)00156-4)
- [23] Lingiardi, V. (2020). *Io, tu, noi*. Milano: Utet
- [24] Meini, C., & Ruggiero, G. (Eds.) (2017). *Il pentagramma relazionale. Le forme vitali nella psicoterapia familiare e di coppia*. Milano: FrancoAngeli.
- [25] Morin, E., (2014). *La méthode. Tome 3. La connaissance de la connaissance*. Anthropologie de la connaissance. Paris: Seuil.
- [26] Rossmannith, N., Costall, A., Reichelt, A.F. , Lopez, B., Reddy, V. (2014). Jointly structuring triadic spaces of meaning and action: book sharing from 3 months on, *Frontiers in Psychology*, 5, pp.1390-1392. [Doi:10.3389/fpsyg.2014.01390](https://doi.org/10.3389/fpsyg.2014.01390)
- [27] Sander, L. (2008). *Living systems, evolving consciousness, and the emerging person*. New York: Routledge.
- [28] Schiepek, G. (2015). *Integrative psychotherapy. A systemic approach*. Heidelberg: Hogrefe Publishing.
- [29] Schmid, B.H. (2014) Plural Self-Awareness, *Phenomenology and the Cognitive Sciences*,13, pp.7-24. [Doi:10.1007/s11097-013-9317-z](https://doi.org/10.1007/s11097-013-9317-z)
- [30] Stern, N. D. (1985). *The interpersonal world of the infant*. New York: Basic Books.
- [31] Stern, N. D. (2004). *The present moment in psychotherapy and everyday life*. New York: Norton & Co.
- [32] Stern, N. D. (2009). Pre-reflexive experience and its passage to reflexive experience. A developmental view. *Journal of Consciousness Studies*, 16, 10-12, 307-331.
- [33] Stern, N. D. (2010). *Forms of vitality: Exploring dynamic experience in psychology, the arts, psychotherapy, and development*. New York: Oxford University Press.
- [34] Tomasello, M., (2009). *Why we cooperate*. Cambridge (Ma): MIT Press.

Doi: 10.23823/jps.v5i2.92

- [35] Tomasello, M., Rackozy H. (2004), What makes Human Cognition Unique? From Individual to Shared to Collective Intentionality, *Mind & Language*, 18, 121–130.
- [36] Tronick, E. (2007). *The neurobehavioral and social-emotional development of infants and children*. New York: W.W. Norton & Co.
- [37] Striano, T., Rochat, P. (2000), Emergence of selective social referencing, *Infancy*, vol.1/2, pp.253–264. doi.org/10.1207/S15327078IN0102_7
- [38] Wampold, B.E. (2007). *Psychotherapy: The humanistic (and effective) treatment*, *American Psychologist*, 62 (8), 857-873. doi: 10.1037/0003-066X.62.8.857
- [39] Wampold, B.E. (2010). *The basics of psychotherapy. An introduction to theory and practice*. Washington: American Psychological Association.
- [40] Wampold, B.E., Imel, Z. (2015) *The great Psychotherapy Debate* (II ed.). Routledge, New York London
- [41] Wicker, B., Keysers C, Plailly J., Royet J-P., Gallese V., & Rizzolatti G. (2003). Both of us disgusted in my insula: The common neural basis of seeing and feeling disgust, *Neuron* 40, 655–664. doi: 10.1016/S0896-6273(03)00679-2