Costruttivismi, 3: 137-147, 2016
Copyright @ AIPPC
ISSN: 2465-2083
DOI: 10.23826/2016.01.137.147

aippc
ISSN 2465-2083
COSTRUTTIVISMI
Rivista semestrale edita dalla
Associazione Italiana di Psicologia e Psicoterapia Costruttivista

Integration within clinical practice in the constructivist approach

Carla Antoniotti and Laura Fortunati
School of Cognitive-Constructivist Psychotherapy NOUS, Milan

The objective of this paper is to illustrate how, within the constructivist approach, our clinical practice means to be intended towards integration. We do consider integration as an intra- and inter-individual process which in its continuous development can determine and explain the sense of wellness of a person with him/herself and in relation to the Other. We could also define psychotherapy as a construing process of integration bringing into play various components: feeling felt in a tuned relationship; body and emotional awareness in an intrapersonal attunement; the integration of one's own shared narrative; re-construction of meaning.

Keywords: *constructivism*, *integration*, *relationship*, *attunement*.

Introduction

Since the times of our academic training we embraced the constructivist approach in the broadest sense of the term as the one which best fit our ideas. Especially for its broad views, for its purpose in searching for meaning in whatever happens, in the interest for the narrated, expressed and listened suffering, and for its look at the world accepting uncertainty (Maturana and Varela, 1987). We feel constructivist also because we do not look for dogmas but *guidelines* in a path which is our job as psychotherapists who seek a way of *being in psychotherapy*, which is a way to go towards an intrapersonal and interpersonal attunement in order to achieve an authentic and safe relationship with the patient, thus to set a fundamental basis for a kind of psychotherapy to be useful in terms of effectiveness and in increasing wellness.

The debate within the post-rationalist areas of constructivism focuses on the challenge of integrating knowledge and researches coming from neuroscience, from clinical psychology, from studies on attachment, and from all the processes involved in psychotherapy. In clinical practice, we observe that integration is often implicit and operated according to the training the therapist has had; but above all it depends on the therapist's personal characteristics making his/her way of relating unique.

Feeling felt in a tuned relationship

Research on the effectiveness of psychotherapy and thus on finding the common factors of therapeutic change have historically revealed in the therapeutic relationship, which is often referred to as therapeutic alliance, the most reliable predictor of the effectiveness of a treatment (Martin et al., 2000; Norcross et al., 2005; Rogers, 1980). The results obtained thanks to the progress of research in this area have helped guide clinicians towards adopting integrated models of intervention, thus recognizing the crucial role of the relationship in the therapeutic process. Research on micro-processes that seem to cooperate in achieving a satisfactory outcome have highlighted that the quality and effectiveness of the interventions are to be evaluated according to their way of *repairing* the therapeutic alliance, constantly negotiated between patient and therapist in the process (Safran & Muran, 2000; Safran & Segal, 1990). The therapeutic relation, which inevitably involves ruptures or critical situations, becomes thereby a training ground in which to experience and share the ability to repair a relationship within a human relation of mutual trust (Bara, 2007).

The quality of the alliance depends on the agreement the therapist and patient have on what the tasks and the objectives of therapy are, as well as on the quality of the relational bond (Safran & Muran, 2000). When we use the word "objectives", we mean they are in the perspective of sharing, better defined as *intentions*, as they are processed and shared and sometimes modified within a path towards integration in a tuned relationship.

Attunement is a process of focused attention demanding presence, a state of openness toward unfolding possibilities. It is a personal attitude, towards one's own self and the world around. It is the way in which, face to face, we focus our attention on the Other, in order to understand his/her inner state (Siegel, 2012); this is what we do as psychotherapists. We listen to the Other by listening to ourselves. A tuned relationship is a relationship in which the interpersonal signals are sent by, and received from, mostly the right hemisphere of our interlocutors, which is the hemisphere able to perceive and represent the states of mind and to understand the social world of other minds (McGilchrist, 2009). It allows us to experience the sense of "feeling felt" by the Other (Siegel, 2010).

We believe that "feeling felt" for the patient is a key component in the process of construction of integration taking place in psychotherapy, and that the therapeutic relationship should be a tuned relationship.

Interpersonal integration involves the ability to respect and appreciate individual differences, but when we get tuned with the Other, we must do it also according to our internal variations.

Awareness in an interpersonal attunement

In any relationship, but especially in the helping relationship, the operator as an observer is part of what he/she observes (von Foerster, 1982).

The therapist uses him/herself as a working tool in the relationship, and it is him/her to have the greatest responsibility concerning the quality of the therapeutic relationship. He/she must be able to recognize at any time what will emerge from the relationship, to be aware of it, and know how to act in the most appropriate way for the situation (Cooper, 2005).

If the relationship with the therapist is the place where it is possible to experience the possibility of a change, this can be produced only if there is trust and full acceptance of the

Other in the sense of the entirety of the person. This implies a reciprocal emotional dimension in which the therapist must be ready to get in the game with the same intensity as that of the patient, and should be able to rely on a well-developed self-awareness (Fortunati, 2008). We use the term "awareness" in a broader sense, which we could define *mindfulness*.

Attunement is what makes awareness possible, and helps to create a sense of trust. When we use the attunement we are focused on other people's signals, but it is also necessary to be open, aware of our inner experience to collect what is emerging. Especially being tuned with ourselves allows us to feel others' emotional resonance and helps us to understand what, about us, could interfere with a non-judging openness towards others. This implies to *remain in the uncertainty*, not to react quickly with interpretations, letting go the need of control and to obtain results, and this allows an approach towards the Other, trying to facilitate his/her research rather than the confirmation of our hypothesis.

Body awareness is the basis for intra- and inter-subjective attunement; it is the awareness of interoceptive sensations that we can observe with the eyes of our mind. It means being receptive with our body, emotions and mental attitude while we are in relationship with each other; it is an anchor that brings us back to the present and thus to our *embodied presence*, allowing us an access from below to our emotional experience.

The concept of *embodied presence* refers primarily to the *experience* of the therapist both with him/herself and towards the Other rather than *exclusively* in terms of the relationship between therapist and patient (Geller & Greenberg, 2002; Rogers, 1980).

Having a personal awareness practice (*mindfulness*, meditation) allows a way of easy access to the "reading of our internal landscape", that is useful in the experience of being in relationship with another, a basis from which to expand our attention to what happens in the specific aspects of experience.

When this kind of practice lacks, it is still possible to promote a narrative which has at its basis a *tracking* of the experience being narrated and lived in the present, in the here and now of the therapeutic relationship. The intention is to "be with the Other moment by moment", encouraging an intrapersonal attunement both in ourselves and in the Other, allowing the others to "feel felt", which is what realizes and embodies integration (Fortunati, 2014).

The integration of one's own experience of *mindfulness*

Clinical example

Francesca is a woman of 41, married and childless. She works in the product control division of a large multinational company of *Information Technology*. She asked for help in a situation of great suffering related to symptoms of an autoimmune disease. The company, which by the way was in a period of massive restructuring of personnel, explicitly requested her to take two months off for "solving her health problems".

Fifteen years ago she was diagnosed with Hashimoto's thyroiditis (chronic autoimmune thyroiditis). Symptoms were improved with the intake of thyroxine, but periodically reappeared symptoms of severe tiredness, muscle and joint pain, dryness etc, so up to 3 years ago doctors also speculated she could be suffering from Sjögren's syndrome. She underwent many medical controls and visits with various specialists, nutritionists, rheumatologists, dermatologists, gastroenterologists, endocrinologists, etc.

She feels doctors do not understand her, and feels judged as a "crazy hypochondriac" since the tests often do not confirm the diagnosis of autoimmune disease: '*I do not feel taken seriously, not by doctors nor at work...*' The current symptoms resemble to those she had three

years ago: burns to the hands, itching, spread trembling sensation, physical weakness, burning sensation on the palate when eating certain foods, even if not always, stomach aches, intestinal problems.

The prevailing emotion connected to these symptoms is "terror", which gets manifested in her body with a strong pressure and contraction of the abdomen and stomach. Francesca defines herself as '*locked in my survival,*' that is, attentive to every detail of her physical sensation in order to try to mitigate them with some rest, nutrition, or the intake of drugs and supplements.

The relationship with her partner is difficult. The most obvious problem is that he would like to have a child, but the doctors said that during pregnancy her autoimmune disease could get worse and she does not feel like doing it. Arguing with her partner represents a moment of great suffering for her: '*I hate arguing, instead I noticed that for him it is the basis of our relationship. I noticed that when we argue I feel much discomfort in my body, it itches everywhere and my stomach gets closed, I'm afraid not to eat, and this worries me because my body is losing strength.*'

I would synthesize my first experience in listening to the narration of Francesca with the word "closure"; the physical symptom prevents from the exploration and the development of her experience. I clearly feel the need to focus on the body, to allow both an evolution and an elaboration of her experience, also because it represents a common way to "take care" of her body and so of her suffering in the modality in which she shows and express herself.

I proposed her, after the first session, to integrate the individual psychotherapy path with the participation in the programme of group *mindfulness* that I lead, in order to create the basis of shared experience that will allow Francesca to turn her current experience with her body and to integrate it with what will come out from our further sessions.

The therapy is in progress, and the first change that we notice is that, according to Francesca's experience, her '*annoying physical sensations can be modified from within*' and that this has a powerful influence on her sense of dread: '*I feel really surprised about what it happens when I get close to my physical sensations simply observing them and trying to breathe within them. The feeling changes, it is not so annoying any longer! Every time I felt painful or uncomfortable sensations I was always really scared of having a serious illness and that above all no one was able to diagnose it and find a suitable cure.*'

This change has allowed us to explore the meanings related to her continuously active sense of alarm: 'I have never felt protected by my parents, nor safe, then I think this is the reason why I am always attentive to what happens in my body... every little sensation triggers the alarm.'

The meaning of the symptom gets transformed, from being perceived as an obstacle, an impediment or a disability, to an "adaptive strategy". We consider this modality as a *resource* that enabled her to survive since her childhood: having control over her inner states was useful to stem the "generalized fear" of her parents (her irascible father, overly concerned about her physical health and the hazards of the world outside), and in a certain way to take care of herself in a world which was non-attending of her needs. This attitude provided her a center to her existence: '*when I was a child I went through many things that I could not stand now... some days I would not be able to swallow and I would invent a solution to eat something, for example I used to take a soft milk bun and eat a crumb every once in awhile... so at least I was able to eat a sandwich in a whole day... My mother gave no importance to me, she was very strict to me and scolded me... She often got very angry at my father, sometimes she would lock herself up in her room and when I tried to enter she treated me rudely and chased me away: she also might scratch or slap me.*'

The sense of alarm has therefore diminished because Francesca has felt she has a way to deal with the signals of her body, even though physical symptoms persist as her most obvious markers and often the only ones available. For this reason, also in individual sessions, we can use *mindfulness* practices and then integrate the experience in the work of reconstruction and revision. In these sessions, I can explicitly use my interconnection to provoke in the Other the same observing modality, and this first access "from below" to experience helps managing the sense of alarm reported to her body/physical health which is the most evident form of suffering. This creates the basic security from which attention can be increased and that can help the recovery of traumatic memories allowing their elaboration.

The integration of one's own shared narrative

The therapeutic relationship takes place in a narrated dimension and in an immediate dimension. The psychotherapeutic work moves in the interface between the level of immediate experience and the explanations that the individual gives to it (Guidano, 1999).

For the patient, the narrative is structured as an active construction of meaning and is aimed at the pursuit of internal consistency (Greenberg & Safran, 1987), therefore at the integration of different aspects of one's own emotional repertoire. The narrative of self allows the person to feel like the protagonist of his/her own story, to deal with others and to construe a personal meaning (Guidano, 1987, 1991). The immediate dimension refers to the here and now of the relationship and the here and now of emotions (Rezzonico & De Marco, 2012) and sensations. In the therapeutic interview, the patient can explore the connections between the two dimensions: through the semantic memory he/she gives explanations and meanings to the narrated event, and thanks to the episodic memory he/she can recover sensory and perceptual impressions that accompanied the neuropsychological recording of the event. All the changes are the result of a reformulation of the story that the patient has told to him/herself. However, to start a re-reading it is not sufficient to narrate and share a story: you need to work on a double level in terms of explanations and, in parallel, in terms of immediate experience. The left hemisphere, the verbal and logical one that explains the relationship of cause and effect connecting the events, and the right hemisphere that deals with the autobiographical memories charged by emotions, are integrated in the narrative process allowing to tell a story about ourselves that can result consistent. The narrative integration allows us to find a sense for the story of our own life and seems to have deep positive effects both on physical and mental wellness (Ramirez-Esparza & Pennebaker, 2006).

The autobiographical narrative is influenced by the stories of the self and by the significant events in the family context, and this makes an autobiography a particularly appropriate tool to be used in psychotherapy (Rezzonico & Voltolini, 1999). The narration of one's own story, produced in the present time and shared in a therapeutic relationship context, allows a work of co-construction of meaning and integration of the parts of one's self. Actually, the narrative of one's story of development, in the therapeutic process, is useful only in case of an alliance between patient and therapist, based on sharing and attunement (Guidano, 1999).

Once that the existence of an indissoluble link among cognitive activity, identity of the person and body dimension has been recognised (Damasio, 2003), psychological literature oriented to the study of trauma in psychotherapy (Giannantonio, 2013; Ogden, Minton & Pain, 2012) has recently emphasized the importance of a specific work on the body as a place of traumatic memories, as well as particular attention has been paid to body language in the process of change in the context of constructivism (Cionini, 2015).

Our interest in this perspective has led us to wonder whether the narrative approach in constructivist psychotherapy can be integrated with body work. Just at the time when our discussions had led us to discuss about these issues, in bookstores a novel by Pennac came out (2012), and it was enlightening for us. Writing one's own personal story using the point of view of the body could be the integration that we were looking for. Thus, we have proposed to some patients, during our therapy sessions, to produce a paper entitled "*Story of my body*" (Antoniotti, 2014), which was then shared in the session and used in the therapeutic process. One's own personal narrative reviewed through physical sensations, sensory perception, embodied relationships, became the possibility for a new awareness of the self, both towards ourselves and with others (Antoniotti & Fortunati, 2015). We are collecting very interesting "stories of the bodies" and we are experiencing in our therapy sessions how sharing of one's own narrative in a tuned relationship can make it possible not only the integration of mind, body and emotions for the patient, but also an increase of integration between the roles in the relationship itself.

Clinical examples

Here are some excerpts by the "stories of the body" that allowed an intrapersonal integration work that started at the very moment in which they were being written, but that was understood and got a sense only once it was re-read together with the therapist in an interpersonal integration process.

'Me and my body'

Marco (38) has underwent a long therapeutic path to give sense to his obsessive thoughts that hindered his ability to fully live his homosexuality. Back to therapy a few years later, at a time of great suffering for a bereavement in his family, he took his life back and wrote his own story of the body:

'*I often had an adversarial relationship with my body , I usually speak about it as if it were another person, as if we were united but at the same time divided. Sometimes it acts against my will and sometimes I act against it, I use it, abuse it... Now that I am thinking about it, we have got along when I wanted to hurt me: in that case head and body were acting together.*'

Marco expressed his tendency to observe himself from the outside and to underestimate himself. The relationship between him and his body seems like a dance in search of the rhythm to be followed.

'*Getting mature and as time passed by we reconciled, I realized what I like about it and what not... It gets older, but I don't in my mind… Sometimes I look at it and I hate it, sometimes I am pleased and when this kind of moment of bliss happens I use it for me, it is not it using me and reminding me that time is passing.*'

Marco reached the awareness thanks to the path of self-improvement he made in a tuned relationship, which allowed him to integrate the parts and welcome himself in the face of change.

'When my mother is cold, in our house we all have to cover ourselves'

Giorgia (27) started to go to therapy because of an eating disorder linked to her awareness of not being able to recognize the sense of either hunger or satiety. Her story of the body starts like this:

'*Hello Giorgia, I am your body. Despite being part of you, you have never respected me as much as I wanted you to do it. I will tell you my story then, and I hope I will be able to get at least a little of your attention.*'

It is the body speaking to Giorgia, in a clear separation where it seems to be able to express itself only if provided with intellect.

'*Since I came into the world, and approximately up until the adulthood, I was committed to obey to the will of the people who gave us birth: I learned to adjust according to the circumstances and to turn the switch of my needs off... I learned to hold the pee, hunger and thirst. I learned to swallow my anger, shame, sadness and fear, always showing my best smile... I always had everything under control. I never complained... I could put down everything that you now call approval: the awareness by mom and dad that you were able to rule over me, getting the better out of what you thought were just my whims*'.

The themes explored by Giorgia and that were reinterpreted in the context of the therapeutic relationship, allowed her to integrate sensations, emotions and thoughts, giving sense to her way of relating to herself and to others. Listening to her own body, as part of the therapeutic relationship where feeling felt allows her to feel and accept herself, without any judgment and according to the here and now, allows Giorgia to integrate parts of herself, sharing the process in its flux.

Marco and Georgia speak about their own bodies as something that seems to be out of themselves, with which they have to contend, discuss and making compromises. Both operate with a focus from the outside, an *outward*-type (Nardi, 2007), and speaking of themselves through their own bodies is an experience that on the one hand is initially "easy" for them since speaking about the body let you look at yourself from the outside, on the other hand it is enlightening because it allows them to use this modality of telling and to integrate their feelings and perceptions of the body with the characteristics of their own personal narratives. Both can give meaning to their movements in the world by integrating the parts. Once their own self and their own body are told, re-read and re-listened in the therapeutic relationship, they take on new meanings allowing an increase of integration, and so, of wellness.

Other people have a very different way of writing the story of their body. The two following cases are an exemplification of it.

'The relationship between me and my body'

Giulio (40) gets therapy in order to explore some of his dysfunctional ways of handling close relations, at a time of marital crisis. In his story of the body he writes:

'*As a kid I felt emotions walking through my body and shaking it, and I wasn't able to understand or to name them. Only much later I understood their meaning, but I felt very clearly what caused them: I remember above all the fear, waving my chest, drying my throat and restraining me; the fear of being beaten up, to which are added the humiliation and then the shame, that made me feel my body teeny tiny, defenceless and indefensible, like it's not worthy of being defended, nor to be pitied, rather laughed at.*'

Giulio's issues are strongly linked to the world of emotions that manifest themselves through physical sensations, with special attention to the ongoing process.

'*However, the emotion that constantly and stubbornly drove me and my body across all my life, sometimes with the force of a cyclone, has been the rage. Also this was primal, deep rooted, but starting from the upper viscera, from the center of the belly; anger from here radiates to the heart pounding evil, the muscles are stretched, the hands tightening into fists, jaw who gather in a bite that disfigures the face, the eyes that burn and get wet, and would like to explode in violence and brute force, destruction and annihilation.*'

For Giulio, listening to the feelings and to powerful emotions that triggers them, has the characteristic of a hurricane that overwhelms him. Giving meaning to the issues raised in the story of the body by re-reading his narrative, and do so in the therapeutic relationship, has enabled Giulio an integration path where comfort and acceptance represented the shared outcome.

'Essay on my feelings'

Luca (35) asks for help at a time of great confusion, where he feels locked in a bubble that protects him from too intimate relationships and keeps him from experimenting himself at an emotional level. His story of the body is fragmented and focused on sensations:

'*Discovery of the cuts, excitement and release, the moment before incising the skin while holding a scalpel, a foretaste of the division of the flesh and the blood that will come out, a sense of anguish that will be remedied once I take care of the wounds with bandages, picturing a scar as a witness of the pain and the punishment inflicted to me. The explanation of a pain. The sense of annihilation and release, I bring back the pain up a familiar ground, one that is more acceptable and treatable from the inside to the outside.*'

In a tuned therapeutic relationship it was possible to explore what was not even watchable. The reinterpretation of the story of his body in therapy enabled Luca to make sense of that pain and created a process of integration of the parts of himself, which led him to discover and to enjoy the experience of well-being.

Giulio and Luca have great experience in listening to their internal parts, their functioning with inner focus, the *inward*-type (Nardi, 2007), facilitates the re-reading of internal states in terms of feelings and emotions, but when the feeling gets too strong, they seem to be frightened by them. The therapeutic experience, where feelings can be shared, heard and received, enables a process of intra- and interpersonal integration that allows a re-reading of one's narrative and proceeds in the direction of well-being.

Although the assignment is the same for everybody, that is to write "the story of their own body", each patient tends spontaneously to give a title to their written report (see above), and it is from there that begins the sharing in therapy of that experience of integration that starts from exploring the "how was it for you to write it?", to get the recognition of new meanings, where one's own narrative integrates with the story of oneself today.

Concluding remarks

We believe constructivism be a fertile ground on which to develop an approach to grief and disease which takes account of the changes of human condition in all its complexity. In our opinion, the model that best responds to this need is certainly an integrated one, which makes use and highlights the *bottom-up* changes and incorporates them in a process that involve sensations, emotions, cognitions and memories in their unfolding within the therapeutic relationship.

We decided to illustrate our way of being constructivists through a view to integration by presenting clinical cases in which we made use of either *mindfulness* or the story of the body, in the interests of clarity. The framework gets even more articulated whenever we propose an integration of both approaches to a same patient. We will further discuss such situations in a future paper.

References

Antoniotti, C. (2014). *La narrativa di sé attraverso la "storia del proprio corpo" in psicoterapia* [Self-narrative through the 'story of one's own body' in psychotherapy]. Paper presented at the Symposium *L'integrazione delle psicoterapie nell'approccio costruttivista: casi clinici ed esperienze a confronto*, XVII Congresso Nazionale Sitcc, 25-28 settembre, Genova, Italy.

Antoniotti, C., & Fortunati, L. (2015). *"Storia del mio corpo": una narrazione di sé riletta e riascoltata attraverso il corpo* ['Story of my body': A self-narration re-read and re-listened through the body]. Workshop, Cantiere Costruttivista: conoscere, ripensare, vivere la psicoterapia, 26-28 giugno, Alghero, Italy.

Bara, B. (2005). Il terapeuta cognitivo [The cognitive therapist]. In B. Bara (a cura di) *Nuovo manuale di psicoterapia cognitiva*, vol.1 (pp. 82-104). Torino: Bollati Boringhieri.

Bara, B. (2007). *Dinamica del cambiamento e del non cambiamento* [Dynamics of change and no-change]. Torino: Bollati Boringhieri.

Cionini, L. (2015). Il linguaggio delle parole, il linguaggio del corpo e il linguaggio delle immagini nel processo di cambiamento [The language of words, the language of body, and the language of images in the change process]. *Costruttivismi*, *2*, 169-180.

Cooper, M. (2005). Therapists' experiences of relational depth: A qualitative interview study. *Counselling and Psychotherapy Research, 5*, 87-95.

Damasio, A. R., (2003). *Looking for Spinoza: Joy, sorrow, and the feeling brain*. Boston: Houghton Mifflin Harcourt.

Fortunati, L. (2008). *La relazione in psicoterapia* [Relationship in psychotherapy]. XIV Congresso Nazionale Sitcc, Cagliari, Italy.

Fortunati, L. (2014). *Il caso di F. e l'integrazione di più interventi* [The case of F. and the integration of several interventions]. Paper presented at the Symposium *L'integrazione delle psicoterapie nell'approccio costruttivista: casi clinici ed esperienze a confronto*, XVII Congresso Nazionale Sitcc, 25-28 settembre, Genova, Italy.

Geller, S. M., & Greenberg, L. S. (2002). Therapeutic presence: Therapists' experience of presence in the psychotherapeutic encounter person. *Centered and Experiential Psychotherapies*, *1*, 71-86.

Giannantonio, M. (2013). *Trauma, attaccamento e sessualità: psicoterapia integrata-corporea e bodywork per le ferite invisibili* [Trauma, attachment, and sexuality: Integrated-bodily therapy and bodywork for invisible injuries]. Milano: Mimesis.

Greenberg, L. S., & Safran, J. D. (1987). *Emotions in psychotherapy*. New York: Guilford.

Guidano, V. F. (1987). *The complexity of Self: A development approach to psychopathology and therapy*. New York: Guilford.

Guidano, V. F. (1991). *The Self in process: Toward a post-rationalist cognitive therapy*. New York: Guilford.

Guidano, V. F. (1999). La storia del paziente secondo Vittorio Guidano [The story of patient according to Vittorio Guidano]. In F. Veglia (a cura di), *Storie di vita: narrazione e cura in psicoterapia cognitiva* (pp. 146-172) Torino: Bollati Boringhieri.

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*, 438-450.

Maturana, H. R., & Varela, F. J. (1987). *The tree of knowledge: The biological roots of human understanding*. Boston, MS: New Science Library.

McGilchrist, I. (2009). *The master and his emissary: The divided brain and the making of the western world.* New Haven: Yale University Press.

Nardi, B., (2007). *CostruirSi: sviluppo e adattamento del sé nella normalità e nella patologia* [Construing oneself: Development and adaptation of self in normality and pathology]. Milano: Franco Angeli.

Norcross, J., Levant, R., & Beutler, L. (2005). *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions*. Washington, D.C.: American Psychological Association Press.

Ogden, P., Minton, K., & Pain, C. (2012). *Il trauma e il corpo: manuale di psicoterapia sensomotoria* [Trauma and the body: Handbook of sensorimotor psychotherapy]. Sassari: Istituto di Scienze Cognitive.

Pennac, D. (2012). *Storia di un corpo* [Story of a body]. Milano: Feltrinelli.

Quinones Bergeret, A., Cimbolli, P., e De Pascale, A. (a cura di). (2014). *La psicoterapia dei processi di significato personale dei disturbi psicopatologici* [Psychotherapy of the processes of personal meaning of the psychopathological disorders]. Roma: Alpes.

Ramirez-Esparza, N., & Pennebaker, J. W. (2006). Do good stories produce good health? Exploring words, language, and culture. *Narrative Inquiry*, *16*, 211-219.

Rezzonico, G., & De Marco, I. (a cura di). (2012). *Lavorare con le emozioni nell'approccio costruttivista* [Working with emotions in the constructivist approach]. Torino: Bollati Boringhieri.

Rezzonico, G., & Voltolini, A. (1999). Lo scritto autobiografico in psicoterapia cognitiva [The autobiographical script in cognitive psychotherapy]. In F. Veglia (a cura di), *Storie di vita: narrazione e cura in psicoterapia cognitiva* (pp. 273-296). Torino: Bollati Boringhieri.

Rogers, C. R. (1980). *A Way of being*. Boston: Houghton and Mifflin.

Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford Press.

Safran, J. D., & Segal, Z. (1990). *Interpersonal process in cognitive therapy*. New York: Basic Books.

Siegel, D. J. (2010**).** *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York: Norton.

Siegel, D. J. (2012). *The developing mind* (2nd ed.). New York: Guilford.

Von Foerster, H. (1982). *Observing systems*. Seaside, CA: Intersystems Publications.

The Authors

Carla Antoniotti, psychologist psychotherapist, Phd, is Teacher of the Italian Society of Cognitive and Behavioural Therapy (SITCC); Teacher at the School of specialization in cognitive-constructivist psychotherapy NOUS Milan; Lecturer at the Department of Human Sciences for Training of the University of Studies Milano-Bicocca. She is author of many articles on the development of emotional competence with special reference to the regulation of emotions.
Email: carla.antoniotti@gmail.com

Laura Fortunati, psychologist, cognitive-constructivist psychotherapist. Teacher and Coordinator at Nous, School of specialization in cognitive-constructivist psychotherapy, Milan. EMDR therapist. She does clinical activity, individual and with couples, in private ambit, and is member of "Spazio Formamentis" in Milan, where she collaborates in the clinical and organisational field. Since several years, she has deepened the meditation of awareness, and was trained to *mindfulness* and its clinical applications. She heads groups of *mindfulness*.
Email: laurafortunati2@gmail.com

Reference (APA)

Antoniotti, C., & Fortunati, L. (2016). Integration within clinical practice in the constructivist approach. *Costruttivismi*, *3*, 137-147. doi: 10.23826/2016.01.137.147