

RIVISTA DI PSICOLOGIA CLINICA

THE ITALIAN JOURNAL OF
CLINICAL PSYCHOLOGY

n. 2/2024

RP
C

FrancoAngeli 

RIVISTA DI PSICOLOGIA CLINICA

THE ITALIAN JOURNAL OF CLINICAL PSYCHOLOGY

FrancoAngeli

Copyright © FrancoAngeli

This work is released under Creative Commons Attribution - Non-Commercial –
No Derivatives License. For terms and conditions of usage please see: <http://creativecommons.org>

Editor-in-Chief

Sergio Salvatore

Associates Editors

Fiorella Bucci, Barbara Cordella, Maria Francesca Freda, Gianluca Lo Coco, Caterina Lombardo, Elena Vegni, Claudia Venuleo, Cinzia Novara, Annamaria Petito, Ruggero Andrisano Ruggieri, Adriano Schimmenti

Scientific Board

Vincenzo Bochicchio, Fiorella Bucci, Barbara Cordella, Maria Francesca Freda, Omar Gelo, Gianluca Lo Coco, Clara Mucci, Vittorio Lingiardi, Caterina Lombardo, Cinzia Novara, Raffaele De Luca Picione, Annamaria Petito, Ruggero Andrisano Ruggieri, Alfonso Santarpià, Adriano Schimmenti, Elena Vegni, Patrizia Velotti, Claudia Venuleo, Alessandro Zennaro

All submissions will undergo a double blind review process

Authorized by Tribunale di Roma n. 149/2006 del 17.03.2006 – Sixth-Month Review – Journal Manager: Vittorio Lingiardi – Copyright © 2025 by FrancoAngeli s.r.l.

The work, including all its parts, is protected by copyright law and is published in digital version under a Creative Commons Attribution-NonCommercial-No Derivative Works 4.0 Italy (CC-BY-NC-ND 4.0 IT) license.

The User at the time of downloading the work accepts all the conditions of the license to use the work provided for and communicated on the site <http://creativecommons.org/licenses/by-nc-nd/4.0/it/legalcode>

Second Half Year 2024 – Published in January 2025

Copyright © FrancoAngeli

This work is released under Creative Commons Attribution - Non-Commercial – No Derivatives License. For terms and conditions of usage please see: <http://creativecommons.org>



| | |
|---|--------|
| Primitive, now: the clinical use of a word <i>Alessandro Balzaretti</i> | pag. 5 |
| Therapist's perfectionism as a target of clinical supervision. A case-study <i>Gianpaolo Salvatore, Luisa Buonocore, Raffaella Marciano, Francesca Cavall, Anna Rossi</i> | » 16 |
| For “a meaning-centered, culturally oriented psychology” of climate change <i>Matteo Reho</i> | » 46 |
| An investigation into the quality of services provided by a psychiatric day center in the representations of the actors involved <i>Carlo Foddis, Giulia Sarnataro, Noemi Carminati, Valeria Di Bartolomei, Natalia Palermo, Eleonora Amicosante, Andrea Colacicco, Chiara Mesoraca, Alessandro Grispieni</i> | » 71 |
| <i>COMMENTARY ON CASTELNUOVO ET AL., RIVISTA DI PSICOLOGIA CLINICA, 1/2023</i> | |
| Psychology and Market. Commentary on: “Psychology profession, clinical psychology, psychotherapy. Specificities and boundaries” <i>Ruggero Andrisano Ruggieri, Maria Monaco</i> | » 101 |

Copyright © FrancoAngeli

This work is released under Creative Commons Attribution - Non-Commercial –
No Derivatives License. For terms and conditions of usage please see: <http://creativecommons.org>

Primitive, now: the clinical use of a word



*Alessandro Balzaretto**

Submitted: 27/7/24
Accepted: 05/12/24

Abstract

Clinicians and researchers often use the term “primitive” in reference to emotions and mental states. The widespread use of this term in literature, not only from psychoanalytic tradition, and in professional practice, forces it to explain its meaning. From a cultural psychological background, sensitive to psychoanalytical literature, six possible meanings of the term will therefore be proposed. The aim is to mobilize the self-reflection capacity of the clinician and the educator, so that the relationship does not freeze in the polarity of nature-culture. Finally, it is hypothesized that this term, when referring to the basic needs of some categories of patients, makes space for the ethics and the responsibility, both entirely human, of psychological intervention.

Keywords: primitive, mind, regression, instinct, need, cultural psychology.

Introduction

In the United States and in the anglophone world, over the last twenty years, but particularly recently (Barratt, 2020; Rizzolo, 2016), a debate has emerged around a construct “central but controversial” (Barratt, 2020) in the history of therapies following Freud’s thought:

* Psychologist, Via Luigi Galvani 13, Novara (Italy). E-mail: balzarettoale@gmail.com

Rivista di Psicologia Clinica (ISSNe 1828-9363), n. 2/2024
DOI: 10.3280/rpc2-2024oa18230

regression. That is due not only to the particular interest historically present in the anglophone world concerning this construct – British scholars speak of therapeutic regression, while Americans refer to “regression in the service of the ego”, a term coined by Ernst Kris (Aron & Bushra, 1998) – but also to the role that this term has played in clinical intervention. A wave of therapeutic approaches coming from overseas, built around the therapeutic role of regression, emerged during the 1970s counterculture: among them, Janov’s primal therapy, holotropic breathing, and therapeutic groups. Some clinicians (Boadella, 1987; Lowen, 1982) have examined these experiences in professional practice, like transference and countertransference violence (Boadella, 1987), and the patient’s fear and despair in re-experiencing the past (Lowen, 1993).

However, the novelty of the recent debate lies in the new perspective on this term: for the first time, its epistemological value is questioned. What exactly does it mean? Is it a term we can renounce, or is it the essence of psychodynamic therapies, if not all psychotherapeutic interventions? The debate (Aron & Bushra, 1998; Dowling, 2004; Rizzolo, 2016) concerns the history of this concept, its derivation from 19th-century psychiatry, and Freud’s use of it. It probably involves (1) a theory of mind and (2) a theory of time (Dowling, 2004). This concept is definitely a foundation of the entire psychoanalytic technique: Gill (1954) expressly mentioned the induction of a *regressive* transference neurosis in the first definition of psychoanalysis, a definition which he later withdrew.

Not the last word

This debate gives the opportunity to analyze traditions and uses of this term in the specificity of each author, as well as the connection between the theoretical framework and the clinical practice. Similarly, this debate can be approached through a tangential path. That is involuntarily suggested by Rizzolo (2017), who just a year after his critique of regression committed to the critique of an adjacent theme: the spectre of the “primitive” haunting the history of psychoanalysis. The conceptualization of the primitive implies not only the context of psychotherapy. While in therapy, due to the regressive state it involves, it may

be easier to conceptualize an emotion or a mental state as “primitive”, this is a conceptualization that closely involves all psychological interventions. Indeed, literature often designates a set of defenses, a mental state, or an emotion as “primitive”. Therefore, it is necessary to clarify the qualities of a psychological event that make it describable as primitive. The goal is to provide a series of meanings available to clinicians in their professional practice. Thus, contextual competence (Fruggeri, 2014) is associated with self-reflection competence, making it easier to understand what is happening and how it can be interpreted.

When the clinician conceptualizes a mental event as primitive, it becomes necessary to find *different* words, so that the intervention process does not stall in a label or an event perceived as threatening, disintegrating, or potentially destructive. The term “primitive” has a particular resonance in the history of psychoanalysis, due to the studies of Melanie Klein, in which it has often been associated with love, hate, destructiveness, and aggressiveness (Rizzolo, 2017). In this article, we will situate aggressiveness, together with aggressive love, within a “neutral” model of the psyche, that is, within the dialectic mind-in-stinct. Consequently, we can observe behavior within evolutionary dynamics. Aggressiveness itself, from this perspective, is the symptom, the epiphenomenon, of the personal attempt to re-adjust psychodynamic forces. The main difference between this model and the Kleinian one (Rizzolo, 2016) is that development is here not organized in stages, but is itself a psychic event, and the result of “contingency”, i. e., of psychic occurrences.

Have we ever been modern? A Transcultural Psychology of the Primitive

Bruno Latour (2018) argues that we have never been modern. Consequently, it would follow that we have never been primitive. Research in the intersection between post-colonial studies and psychoanalysis has dealt with the role “primitive” has played within a certain epistemology, historically and geographically determined, that partially coincided with a colonial *weltanschauung* (Frosh, 2013). Cultural anthropology, which developed as a field of study precisely in this context, highlighted the opposition between savages and civilized

people. It is possible that primitivity is precisely the ground of intersection between psychoanalysis and cultural anthropology, that is the point where psychoanalysis *is* a cultural anthropology, and therefore a vision of the human that has started from certain, maybe at the time inevitable, premises. The proposal here is to investigate the so-called biological level of the psyche, the level where cultural differences thin out, but to do so through the lenses of cultural psychology, and not through that historical-epistemological point where psychoanalysis is a cultural anthropology. What is the perspective of cultural psychology? It is a perspective sensitive to psychic and material *tools*. Words themselves, for cultural psychologists, can be psychic tools. From this point, we differentiate between the meaning of the term “primitive” and its use. This self-reflexivity is the hallmark of cultural psychology, which distinguishes between epistemology and culture: but epistemology and culture often coincide, to the point where psychic violence and colonial violence – the other as the “savage” (Frosh, 2013; Moore, 2023) – are superimposed. In this regard, two passages from the Appendix of *The Invasion of Compulsory Sexual Morality* (Reich, 1971) are presented. In these two passages, Wilhelm Reich harshly attacks the ethnographic account and the psychoanalytic interpretation that Roheim, a contemporary psychoanalyst and ethnologist, gives of the natives of Loboda:

“Roheim correctly discerns that he, himself, is identified with the clergyman, also that the primitive feels aggression toward him; but since he does not know the social situation, he overlooks the fact that this aggression is immensely significant, that, for the primitive, he represents the whole of white culture, which the primitive hates and at the same time fears. Roheim is only interested in the fact that the primitive “directs his aggression against himself”. “He tells me that he has kept some magic remedies for me”. No, the primitive consciously hates the clergyman; he is afraid of Roheim (hence, no associations with the dreams) and tries to cheat him by appeasing him, by making a confession to him. He knows only too well that the whites are keenly interested in magic remedies, but he does not want to be robbed of them. Deep down, his behavior must presumably be traced back to fear of punishment for sexual activity. We do not wish to make the same mistakes Roheim made, however, and so will stop here” (p. 180).

Reich also highlights the “gap between metaphysical and scientific psychoanalysis”:

“Fundamentally, the conflict still centers around the question whether an ax is merely a symbol of the penis and nothing but that, or, at most, secondarily a tool” (p. 183).

The attention to the tool, and to the use of the tool – whether material or psychic – is the hallmark of cultural psychology (as an example, consider the success of studies on affordances (Jorba & López-Silva, 2024). The “neutral” positioning of cultural psychology, between anthropology and cognitive sciences (Fryberg, 2012), makes it easier to examine a controversial topic like primitivity. Mind and instinct can then enter into the debate as two constructs, culturally more “neutral”, if not, perhaps, transcultural.

Mind and Instinct: an epistemological review

In 1983, Ilse Gubrich-Simitis found in Freud’s archives the draft of an unpublished article hypothesizing the correspondence between his diagnostic classification and the critical moments of species development. The premise was a theory known in his time, the theory of recapitulation, disproved by biological research (Orbecchi, 2015). Some of Freud’s hypotheses, such as “the return of the repressed” and parts of his description of regression (Laplanche & Pontalis, 2003), are based on a developmental theory in which one phase recapitulates the previous one. Additionally, Freud’s article shows the difficulty of deepening a research line, that of paleo-ethnology. Some authors consider theories in *Totem and Taboo*, for example, as a myth (Orbecchi, 2015; Reich, 1972). However, Freud’s paleo-ethnological interests force us, a hundred years later, to confront research in the field of our species’ history: how many of the clinical hypotheses developed over a century of research respond to the history and society of the last century, and how many to the actual, millenary, human history? It is not a case that last Freud’s speculations, in *Constructions in Analysis*, involved the possibility of reconstructing the past truthfully. According to Edgar Morin, moreover, human science finds itself more or less at Year Zero (Morin, 2020).

Psychological intervention, having to do with human nature, brings us face to face with cultural differences, the relativity of language, and

the biological uniqueness of each human being. So, what is primitive? Primitive is a term commonly referred to (1) chronologically, the societies that preceded us (2) geographically, the people who live in isolated geographic niches nowadays, living a hunter-gatherer or nomadic agricultural life (Goldsmith, 1999). In order to ground a trans-cultural definition of primitive, it may be useful to rely on Ferro's reflections (2013b). Mind and instinct are plausibly involved.

Concepts like mind and instinct allow us to consider the free play of psychodynamic forces, the clash and the dialectic between nature and culture, and to overcome at the same time the risks of appropriating two terms – nature and culture – strongly ideologically connoted. Mind and instinct are terms and forces perpetually evolving and ultimately referable to the experience of being human.

A proposal: Six meanings

Six possible meanings of the term primitive are therefore proposed to the clinician and the researcher. These meanings, referring to the dialectic of mind and instinct, mobilize the field of psychological intervention, preventing the intervention from stalling in a rigid term, which literature currently does not clearly define. They are mainly based on Ferro's reflection (2013b), as this author seems to consider the mind both as a psychodynamic force and as a cultural and biological tool. The first definition has been selected by Will Davis' work on the schizoid character: it has been highlighted because of its resonance with Freudian early physiological research.

1. Davis (1997) uses the term primitive in reference to the defenses available to humans: specifically, the term is associated with the schizoid defense, which Davis conceptualizes as a defense that humans share with unicellular organisms such as the amoeba. This maneuver should be the withdrawal of the plasmatic tissue from the body's periphery (Davis, 1997). Freud himself proposed imagining libido as the movement of the amoeba's pseudopods, which extend towards pleasure and move away from displeasure. Davis's use of the term primitive allows us to observe that the term is closely linked to the nature-culture and mind-instinct bond. As previously examined, Freud himself was not only passionate about paleo-

ethnology but also about biology. In this sense, the term primitive refers to a set of defenses that humans share with other evolutionary lines. Referring to an evolutionary line, we can avoid the risk of considering the amoeba studied in the laboratory as the “ancestor” of the organisms from which evolution started: the laboratory amoeba is clearly not the same organism from which multicellular complexity developed.

2. Ferro, who follows the Bionian “container-contained” approach (2013b), hypothesizes that the tools humans have are only partially capable of transforming protoemotions – which is a term coined by this author – into dreams, thoughts, emotions. Primitive can then be understood as a protoemotion for which we do not yet have adequate elaboration tools in our genotypic and phenotypic heritage.
3. Ferro further suggests that only instinctual functioning can process a protoemotion. Primitive can then be understood as a protoemotion that can be processed solely by instinctual functioning, when, as Ferro implies, this is actually effective. Mind, in this sense, is not involved.
4. Some authors (Alhanati & Van Buren, 2013) hypothesize that rudimentary forms of mental life may exist from a few moments after conception. In this sense, primitive means *mental-preverbal*.
5. Primitive can be understood not in reference to a contrast between nature and culture or mind and instinct, but to a contrast between instinct and apparent rationality. It can be imagined that in the setting there is a level of collusive and apparent rationality, and that when clinicians use the term primitive, they implicitly refer to an event that threatens a collusive setting.
6. The mental apparatus humans have is already rudimentary, even if it may be very easy to believe otherwise (Ferro, 2013b). Primitive, in this sense, could be an event showing how rudimentary our mental apparatus is.

These definitions impact the setting: from a well-defined and rational set, it reveals itself as an imperfect apparatus by nature, and as continuously evolving. A place that is not detached from time and history, but part of social, historical, and geographical processes.

If setting is no longer just the result of a well-defined rationality, motivated by the adherence to a theory or to an epistemology, it becomes the place where the evolution of the person can occur, starting

precisely from its condition of imperfection. In this ambiguity and imperfection, the clash between mind and instinct, emotion and reason can rediscover an evolutionary, dialectical movement. And this evolution occurs within the individual and the species.

The immediacy of need: The Clinician's Dilemma

From the use and abuse of the regressive experience in therapy, up to the sensational situation of primal scream therapy, the term “regressive” had often been associated with a presumed primitiveness that would have constituted a final word: as a primeval state of purity and untaintedness (Lowen, 1982) or as an ultimate liberation from suffering. Now, the term “primitive”, reconceptualized in six possible definitions, shows itself as an evolutionary term. It is not only tied to the past but also to the future. Indeed, Lacan wrote that the repressed does not come from the past, but from the future (2010); in any case, it is clear that the use of the term “primitive” in psychological intervention involves the evolution of the person, and the six definitions which have been proposed highlight the dialectical interplay between instinct and mind.

What should the clinician's response be to those states of mind and those shadows of the client and the therapeutic relationship definable as primitive? The argument here favors a positive and evolutionary view of those states, rather than their stigmatization. Little (1981) defines in this regard as primitive those basic needs of the client that cannot be delegated to transference, which according to Little is fundamentally a substitutive investment. Those needs must find satisfaction in reality and sometimes be discovered even for the first time. As an example, he refers the need for physical intimacy and for exploration of space and boundaries. This need, for Little, is a primitive need. According to Little, the clinician is faced with the challenge of responding to those needs and accepting that such a response is part of the therapeutic role.

The conceptualization of the primitive affects the psychological intervention. For example, the psychological intervention can be seen as moving on two fronts, because it has to balance between abstinence, in the Freudian sense, as the ability to wait patiently and distance

oneself, and the necessity, in care, to provide an immediate response to the person's distress. This immediacy lies on the side of the need. The risk of confusing what Ferro defines as "the urgency and uncontrollability of proto-emotional states" (2013b), which is plausibly what many clinicians claim to consider the "primitive", with the urgency inherent to the need, poses the risk of a *therapeutic error*. From this perspective, following Little's reflections, we can imagine that sublimation, elaboration, and substitutive investment can sometimes be better understood as emergency measures, and not modes of functioning of the thought, as Rizzolo (2017), for example, seems to consider them. Psychoanalytic literature has sometimes normalized some thought processes as universal mental states and defenses, as if they were available to every single human (primitive as phylogenetically "universal") but it has lacked an adequate cross-cultural, qualitative, comparison (imagine, for example, how the concept of sublimation can be an expression of, and adapts to, a culture of "sacrifice" (Recalcati, 2017). At the same time, further research on the actual past of the species, ideologically neutral, is needed (Morin, 2020).

Conclusion: Nature and Culture in a New Ethics

At this point in the dynamics between mind and instinct, culture and nature, the person's need finds space as the dialectical element in the conflict and as an evolutionary force. In need, the biological, natural level of the person, and the cultural, mental, and societal level of norms and settings, are both questioned and reunited in the task of accomplishing the single, human uniqueness, as in the effort of building an ethics being contextual and universal at the same time, imperfect and evolving.

That can happen because needs, by proposing the issue of immediacy and waiting, force us to revisit, shape, and adapt different epistemologies, and thus expectations and assumptions about what humans need in order to grow.

Culture and nature, so, shape each other around the person's uniqueness.

References

- Aron, L. & Bushra, A. (1998). Mutual Regression: Altered States in the Psychoanalytic Situation. *Journal of the American Psychoanalytic Association*, 46, 389-412. DOI: 10.1177/00030651980460020302.
- Barbieri, G. (2009). *Psicologia dinamica*. Milano: Edizioni Libreria Cortina.
- Barratt, B. B. (2020) Reconsidering Regression in Psychoanalysis: Notes on a Central Yet Controversial Concept and Its Relation to Free Association. *Psychoanalytic Review*, 107, 99-122. DOI: 10.1521/prev.2020.107.2.99
- Boadella, D. (1987). *Lifestreams: An Introduction to Biosynthesis*. Routledge.
- Davis, W. (1997). The biological foundations of the schizoid process. *Energy and Character*, 28, 1.
- Dowling, A. S. (2004). A Reconsideration of the Concept of Regression. *Psychoanalytic Study of the Child*, 59, 191-210. DOI: 10.1080/00797308.2004.11800738
- Ferenczi, S. (2014). *Thalassa. Saggio sulla teoria della genitalità*. Raffaello Cortina.
- Ferro, A. (2013a) (a cura di). *Psicoanalisi oggi. Teoria e tecnica*. Carocci.
- Ferro, A. (2013b). Experiencing emotions, avoiding emotions: Between Hercules and Poos-in-Boots. In J. Van Buren & S. Alhanati (Eds.) (2013). *Primitive mental states* (pp. 31-46). Routledge.
- Frosh, S. (2013). Psychoanalysis, colonialism, racism. *Journal of Theoretical and Philosophical Psychology*, 33 (3), 141-154.
- Fryberg, S. A. (2012). Cultural Psychology as a Bridge Between Anthropology and Cognitive Science. *Topics in Cognitive Science*, 4, 437-444. DOI: 10.1111/j.1756-8765.2012.01205.x
- Fruggeri, L. (2014). La competenza psicoterapeutica: un costrutto multi-componenziale. *Ricerca Psicoanalitica*, 25(1): 9-21. DOI: 10.4081/rp.2014.375
- Goldsmith, E. (1999). *Ecologia della salute, della disoccupazione e della guerra, ovvero: la grande inversione dell'economia e dello stile di vita*. Franco Muzzio & C.
- Jorba, M., & López-Silva, P. (2024). Mind in action: expanding the concept of affordance. *Philosophical Psychology*, 1-11. DOI: 10.1080/09515089.2024.2365554
- Kris E. (1967). *Ricerche psicoanalitiche sull'arte*. Einaudi.
- Lacan, J. (2010). *I classici del pensiero. Il seminario libro VII. L'etica della psicoanalisi. Il seminario libro X. L'angoscia*. Mondadori.
- Laplanche, J., & Pontalis, J. B. (2003). *Enciclopedia della psicoanalisi*. Laterza.

- Latour, B. (2018). *Non siamo mai stati moderni*. Eleuthera.
- Little, M. I. (1981). *Transference Neurosis and Transference Psychosis*. J. Aronson.
- Lowen, A. (1982). *Fear of Life*. Macmillan.
- Lowen, A. (1993). *Il tradimento del corpo*. Edizioni Mediterranee.
- Moore, J. W. (2023). *Ecologia-mondo e crisi del capitalismo*. ombre corte.
- Morin, E. (2020). *Il paradigma perduto. Che cos'è la natura umana?* Mim edizioni.
- Orbecchi, M. (2015). *Biologia dell'anima. Teoria dell'evoluzione e psicoterapia*. Bollati Boringhieri editore.
- Recalcati, M. (2017). *Contro il sacrificio. Al di là del fantasma sacrificale*. Raffaello Cortina.
- Reich, W. (1971). *Invasion of Compulsory Sex-Morality*. Mary Higgins Trust.
- Reich, W. (2016). *La funzione dell'orgasmo*. Il Saggiatore.
- Rizzolo, G. S. (2017). The Specter of the Primitive. *Journal of the American Psychoanalytic Association*, 65, 945-977. DOI: 10.1177/0003065117742408
- Rizzolo, G. S. (2016). The Critique of Regression: The Person, the Field, the Lifespan. *Journal of the American Psychoanalytic Association*, 64, 1097-1131. DOI: 10.1177/0003065116679111
- Spurling, L. S. (2008). Is there still a place for the concept of 'therapeutic regression' in psychoanalysis? *The International Journal of Psychoanalysis*, 89 (3), 523-540. DOI: 10.1111/j.1745-8315.2008.00058.x

Therapist's perfectionism as a target of clinical supervision. A case-study

Gianpaolo Salvatore^{*,**}, Luisa Buonocore^{**},
Raffaella Marciano^{**}, Francesca Cavall^{***}, Anna Rossi^{****}

Submitted: 29/11/24

Accepted: 13/12/24

Abstract

Perfectionism is characterized by beliefs and feelings that drive individuals to pursue unattainable standards of excellence and impeccability, often at the expense of their psychological and physical well-being. It correlates with many psychopathologies and a heightened suicide risk; and it can be also an aspect of a multiplicity of personality disorders. Perfectionism seems a common phenomenon among psychological practitioners too, and the very few studies that focus on it overall suggest that perfectionism in therapists is negatively correlated with therapy effectiveness, and positively correlated with therapist emotional distress (e.g., negative emotions toward patient characteristics or demands); but it is not clear the mechanism underlying these correlations. In this paper we present a hypothesis on the process underlying the relationship between therapist perfectionism, therapist

* Department of Social Sciences, University of Foggia. <https://orcid.org/0000-0002-1781-6474>

** Studio Maya, Psychiatry, Psychotherapy, Criminology, Research.

*** Graduate School Integrated Psychotherapy (SPI), <https://orcid.org/0000-0002-7394-5828>

**** Psychotherapist.

Corresponding Author: Gianpaolo Salvatore, Department of Social Sciences, University of Foggia, Via Alberto da Zara, 71121 Foggia (Italy). E-mail: gianpaolo.salvatore@unifg.it

Rivista di Psicologia Clinica (ISSNe 1828-9363), n. 2/2024

DOI: 10.3280/rpc2-2024oa18926

16

emotional distress, and ineffectiveness of therapeutic interventions. Starting with a parallel analysis of a clinical case and supervision over it, we show that perfectionism may be part of an overall organization of the meaning of the experience that the therapist brings into the relationship, which we call Prototypical Adaptive Modality of Existence (PAME). We show how the therapist's perfectionist PAME functions as an automatic process that hinders intersubjective attunement with the patient; finally, we show how a supervisory process focused on the shared exploration of the therapist's perfectionist PAME, of its developmental genesis, and of its impact on the supervisory relationship can modulate the therapist's perfectionism, foster attunement with the patient, functionally modify the line of intervention, and foster a positive outcome.

Keywords: perfectionism, clinical supervision, supervisory relationship, therapeutic relationship, intersubjectivity.

Introduction

Perfectionism is a psychological construct characterized by a set of behaviors, beliefs and feelings that drive individuals to pursue unattainable standards of excellence and impeccability, often at the expense of their psychological and physical well-being (Frost *et al.*, 1990; Flett & Hewitt, 2002; Hewitt *et al.*, 2017). These characteristics deeply affect the whole life of persons and their subjective and intersubjective experience (Ayearst *et al.*, 2012; Flett *et al.*, 2022; Smith *et al.*, 2022). Following Frost and colleagues (Frost, Marten & Lahart, 1990), self-oriented perfectionism is multidimensional and comprises setting high standards for performance; fear of making mistakes; enhanced focus on parents' criticism; doubts about one's own performance, and finally a preference for organization and order. Hewitt and Flett (1991) add an interpersonal dimension to this definition, including other-oriented perfectionism (the setting of unrealistically high standards on others and the belief that others hold unrealistically high expectations about the self that one should meet). There is substantial evidence that maladaptive perfectionism correlates with many psychopathologies including eating disorders (Slof-Op't Landt, Claes, & van Furth, 2016), mood disturbance (Alloy, Abramson & Walshaw, 2009) and anxiety disorders (Frost & DiBartolo, 2002); and with heightened

suicide risk (Blatt, 1995; Flett, Hewitt & Heisel 2014; Hewitt, Flett, Sherry & Caelian 2006; O'Connor, 2007). Perfectionism can be also an aspect of personality disorders (PD; Lowyck, Luyten, Vermote *et al.*, 2016), not only obsessive-compulsive PD, where perfectionism is one of its main features (Riddle, Maher, Wang *et al.*, 2016), but also narcissistic (McCown & Carlson, 2004), depressive (Huprich, Porcerelli, Keaschuk *et al.*, 2008), borderline, avoidant and dependent PD's (Hewitt, Flett & Turnbull-Donovan, 1992; Hewitt & Flett, 1991). Dimaggio and colleagues (Dimaggio *et al.*, 2016, 2018) have explored the associations of perfectionism with PD in clinical samples and reported that maladaptive perfectionism was correlated with number of PD criteria, to interpersonal problems, to the majority of PD symptomatology and to PD severity via number of SCID-II criteria met, to emotional inhibition. These data suggest that perfectionism is a transdiagnostic candidate mechanism underlying a broad array of psychiatric disorders (Egan, Wade & Shafran, 2011), so that the higher the perfectionism, the higher the psychological suffering (Dimaggio *et al.*, 2015, 2018; Hewitt & Flett, 1991, 1993; Hewitt *et al.*, 1992; Sherry *et al.*, 2007).

Perfectionism has been extensively studied in the context of clinical and non-clinical populations; but it seems a common phenomenon among psychological practitioners too. The latter is an almost neglected topic in the research literature, and there are few studies that focus on it. For example, high socially prescribed perfectionism negatively correlates with reduced enjoyment of conducting psychotherapy in doctoral-level, private-practice psychologists (Wittenberg & Norcross, 2001). Moreover, clinical psychologists who endorse higher levels of perfectionism are more prone to experience greater stress levels and professional burnout (D'Souza, Egan & Rees, 2011). Perfectionism can place great demand and distress on a therapist, and it could even disrupt his or her clinical effectiveness and compromise the patient's continuation of therapy (Presley, Jones & Newton, 2017). Coherently, starting from the assumption that therapists' emotional reactions to patients are related to psychotherapy outcomes (Hayes *et al.*, 2018), Pozza, Casale and D'Ettore (2022) found that specific dimensions of therapist's perfectionism are correlated to the quality of therapist's emotional responses to patient with obsessive compulsive disorder: therapists with higher parents' expectations/evaluation had

higher hostile or angry feelings toward patients; those with higher concerns over mistakes and doubts about actions had more intense criticised/devalued emotions, namely feelings of being unappreciated, devaluated or dismissed by the patient (Betan *et al.*, 2005); therapists with stronger concerns with precision, order and organization (healthy perfectionism) experienced lower disengagement reactions, namely feelings of being distracted, withdrawn, bored, annoyed during sessions (Betan *et al.*, 2005). Finally, in marriage and family therapy (MFT) higher levels of both self-oriented and socially oriented perfectionism are correlated with higher levels of both burnout and secondary traumatic stress (Holden & Jeanfreau, 2021).

In summary, the above data seem to converge on one conclusion: perfectionism in therapists is negatively correlated with therapy effectiveness, and positively correlated with therapist emotional distress (e.g., negative emotions toward patient characteristics or demands), which can even reach burn-out levels. As the above data are inferred from correlational studies, the causal link between these factors and the process underlying their correlation is unclear. For example, perfectionism may result in a predisposition to experience emotional distress in the face of the clinical difficulties posed by a complex case, and this emotional distress may in turn guide the therapist toward ineffective interventions or generate dysfunctional interpersonal cycles with the patient, which easily generate relationship ruptures and undermine the effectiveness of therapy (Safran & Segal, 1990; Safran & Kraus, 2014; Safran & Muran, 2000). But it may also be that other factors (e.g., intrinsic features of the patient's psychopathology, such as the devaluing attitude of a patient with severe narcissistic traits) may result in ruptures in the relationship, which the therapist, because of his perfectionism, may experience as his own failures that move him away from the perfectionistic standard; this may easily result in emotional distress, and the latter may lead to behavioral reactions of the therapist (e.g., a directive attitude toward the patient to counteract devaluation by restoring ranks, a hyper-available attitude to counteract devaluation by gratifying the patient) that exacerbate the ruptures.

In this paper we present a hypothesis on the process underlying the relationship between therapist perfectionism, therapist emotional distress, and ineffectiveness of therapeutic interventions. Starting with a parallel analysis of a clinical case and supervision over it, we show

that perfectionism may be part of an overall organization of the meaning of the experience that the therapist brings into the relationship, which we call Prototypical Adaptive Modality of Existence (PAME). We show how the therapist's PAME, and the perfectionism that constitutes its instantiation in the therapeutic relationship, functions as an automatic process that hinders intersubjective attunement with the patient and guides the therapist in an autarkic way toward a line of intervention that is ineffective and likely to generate ruptures in the therapeutic relationship; finally, we show how a supervisory process focused on the shared exploration of the therapist's perfectionist PAME, of its developmental genesis, and of its impact on the supervisory relationship can modulate the therapist's perfectionism, foster attunement with the patient, functionally modify the line of intervention, and foster a positive outcome.

The process of supervision

Case presentation

A 43-year-old cognitivist-oriented therapist with more than a decade of experience, whom we will call Luise, seeks the help of group supervision for the case of a patient, whom we will call Judy. A few years before meeting Luise, Judy – thirty-two years old and a secretary – had made her only attempt to get help. She was experiencing a period of severe depression. She had met for a while with a psychiatrist who prescribed a high-dose antidepressant. Judy had derived partial and momentary benefit from it, and after a couple of months she had arbitrarily stopped the treatment and never saw him again; but the symptomatology had recurred after about a month. Judy sought help from Luise not only for her depression, but also because she was prey to intense states of anxiety punctuated by brooding over the possibility that colleagues and superiors would notice her incompetence; these states alternated with moments of shutdown and abulia, which at their peak marked her entry into a state of depersonalization in which she felt “out of herself”. Judy lives with a partner who emerges from her stories as tyrannical, critical, controlling. This seems to echo the style of familiar male figures – father and brother – always aggressive,

humiliating and invalidating. For example, when Judy was a teenager, it had happened that her brother would ask her with a “devilish” facial expression the question “Are you sure you are my sister...are you sure you are really mommy and daddy’s daughter, too?”; or “Have you looked at yourself! Look at what a big ass you have, what a crooked nose, you are so ugly, you suck, you shouldn’t even exist”. Judy describes her mother as passive, insubstantial; her father as very much like her brother. When, for example, Judy had reacted to her brother’s verbal assaults by running to her parents in tears, her mother’s response had been a sigh and a glazed expression; her father’s: “That sucks! You’re always complaining”. When she was eight years old and struggling to sleep alone, her father would become furious and threaten her physically or humiliate her by saying phrases like, “You never grow up, look at your brother, who was already sleeping alone at your age”. Thus, Judy had learned to pretend to sleep.

The supervision

The difficulty that Luise expressed to the supervisor and the group is that she felt that the therapy, which she had started about six months before, had stalled. During her case report, Luise’s eyes glided feverishly over her notes. She looked as someone who has painstakingly prepared the case. The supervisor was very impressed by the manualistic accuracy and *impeccability* of her account. Moreover, throughout the account, the supervisor had felt somewhat *rejected*; that is, he had perceived Luise to be somewhat cold, distant, and out of tune with the sincere attitude of the supervisor and the group to provide her with help. In this affective context, the supervisor’s mind was reminded of some scenes related to when he used to present clinical cases during professional training classes. He recalled his tendency to tell a lot of factual details about the case and to use very technical and theory-rich language as a strategy to control his fear of being judged negatively by the supervisor and the group, and of being “exposed” as an inadequate therapist.

Monitoring this internal experience led the supervisor to hypothesize that Luise was entering the supervisory relationship with a fear of judgment and performance anxiety similar to those felt by the

supervisor in the experiences he had recalled. At the same time, the supervisor understood that – similar to what happened to him when he was in Luise’s shoes – the fear of receiving a negative judgment about one’s value as a therapist was associated with a representation of the other as an “enemy”, which prevented him from tuning in to the benevolent intention of the other. The supervisor let himself be guided by these elements of his internal experience, focusing first on exploring the *hic et nunc* declination of the supervisory relationship. What follows is a fragment of the video recording of the supervision bearing this phase of the exploration:

Supervisor: well Luise, thank you. All very clear. If you allow, I would like to gather first of all a round of impressions...I would like to ask one thing to the colleagues in the group; try to tell me for a moment, who wants to, what did you feel while Luise was narrating this case? Without making analytical digressions about the patient, though. What did you feel as you listened to the case narrative?

Therapist 1: May I have my say? I couldn’t get into the situation, in the sense that it’s as if I was a bit detached from the story....

Therapist 2: I was there at the beginning, then after that I got lost; I started brooding, picking up the phone, a part of me was following Luise however emotionally I felt distant.

Therapist 3: I kind of like (therapist 2), I was in and out however I get a confusion...So much stuff, so many things, so many dramatic events...I felt a bit inundated by all these situations.

Therapist 4: I, on the other hand, felt quite detached at first, I was even getting a little distracted. Then when she told the part more about her father’s aggression it acted as a trigger for some things from my childhood...my own scenes came to mind and I kind of went with it.

Therapist 5: I...an alternation of also very different emotional states, that is, from distancing at the beginning, I would get distracted and I couldn’t follow, to moments also of fear, fear, others of humiliation and anger also very strong and then I would come back, maybe, again distracted. It was very strange, that’s it.

Supervisor: there recurs this element of detachment...a...not feeling involved, which can also manifest itself in the tendency to get distracted. Some of you then came out of this state of non-involvement because you were captured by the dimension of aggressiveness, which awakened personal content...and that kept the focus more alive. But it seems to me there was this common note of the difficulty in engaging in the narrative....

(colleagues nod)

S.: I felt the same sense of distance from Luise. Shall we try to work on that? The way of telling the case is a way of relating to the other. With myself and the group. The first thing we have to ask ourselves, Luise, is: what were you feeling while you were presenting the case? What is going on inside Luise that generates this way of telling, which in turn contributes to distancing the listener?"

Luise: (reflects) I can't say...I was very focused on telling everything (pause)...I had prepared the case well...

S.: as I listened, I was reminded of the scenes when I used to present clinical cases during training. I remember that I tended to intellectualize a lot. It was like taking an exam. But really it was a kind of strategy against the fear of not knowing quite what to do, and especially that supervisor and colleagues would notice.

(all smiling or nodding)

L.: (smiles): it can fit...it's my "hyper precise mode" mode, while in fact I too...don't feel confident.

S.: in fact, I had it too, this underlying fear of that all the right things to do were somewhere else, always out of my reach, and that everyone would notice...

L.: ...and in the meantime we miss the patient.

S.: exactly! The distance...which is then the same distance we put between us and those who listen to us talk about the patient. Caught up in the performance of the session, we don't really connect with the patient. Similarly, even when we talk about the patient, caught up in the performance of the exposition and the sense of being evaluated, we don't really have the patient in mind. We describe the clinical case, not the patient or our relationship with him. We hardly present the patient with slides.

V.: (laughter, Luise smiles relieved) that's right!

(other group members also smile, comment with joking phrases and reassure Luise. A colleague shares an experience similar to Luise's in interacting with one of her patients).

In this tranche of the session of supervision we observe how the supervisor and the group promote the therapist's to have insight about her perfectionist part of herself (the "hyper precise mode") and how this part is guiding the therapist in the supervision relationship. This insight results in a change in the quality of the supervisory relationship and the affective atmosphere in the group. There emerges a part of Luise capable of observing her own perfectionism from a critical

position and jokingly tuning in to the supervisor and the group itself. In the following exploration we will see how the supervisor – on the basis of this relational shift – investigates the impact of her perfectionism on the therapeutic relationship.

S.: Can you think of a time with the patient when there was your “hyper precise mode”, which was committed to not making mistakes with the patient?

V.: (pause) I’m reminded of the last session...the patient is telling me about these parents who, in addition to never standing up for her, criticized her harshly. For example, they would go out for the weekend and she would go out of her way to make sure they found the house in order. She tells me this episode in which her father just entered the house and looked around and said to her angrily ‘what is that CD doing there?’ That is, the patient makes me understand that he found the one object out of place and used it to scold her. I ask her, “What did she say to him”. She says, “I tried to tell him, ‘Dad but look around the house is all tidy, all clean,’ and the father is like, ‘No, if this CD is out of place....’” At that point I didn’t know how to continue; the only thing I could think of was to comment on how fussy the father was, and she said, “Yes, absolutely!” but I didn’t feel like we were doing anything really helpful....

S.: clear...it occurs to me that your “hyper precise mode” which just now was guiding your way of being in supervision and exposing the case, somewhat resembles a “hyper precise mode” that the father, perhaps the environment in which the patient lives, asks the patient to embody. What do you think about that? What comes to mind as you are with the patient in that scene where she is in a sense forced to be so “precise” and still fails to meet that expectation?

V.: (long pause) now I realize that I am practically activated by things that are the same as what the patient experiences....

S.: what scene, for example, came to your mind? Or that has come to you now, that you feel in common with the patient?

V.: this thing about the house being in order...

S.: do you feel like telling me about it?

V.: ...yes...This episode brings me back to the different situations I experienced not only in my adolescence but also when I was younger. I always thought of myself that I grew up before my time, in the sense that when I was six, seven, eight years old, I already felt that I had to do services in the house, that I had to help my mother, that I had to do something to be considered and loved. This is something that is also activated for me on other episodes of the patient; when she also tells me episodes where she was doing

things like this the mother was calmer, with a more serene face, a face that was sending back to her, “How good you are, how good a daughter you are”, and therefore feeling connected to her. This is what happened and happened in my childhood and still happens now in regard to my mother. Because my mother has always been...when I was doing things that maybe she wanted me to do, like helping her around the house because she worked all day, then I was an only child, total indifference with my sister, so for quite a long time I was alone, so if I did things around the house, if I made her find everything in order, if I acted like a daughter who helps, who obeys above all, she had a different facial expression than when I for example ‘these things I didn’t feel like doing them simply, they weren’t things that... she wasn’t saying big things, it was the expression, she wasn’t scolding me, it was an expression like...of someone who is pouting, she was showing disappointment...So there was this mode... “Only that I do something I am seen, only if I do something I am worthy of attention, of love” and that’s the anxiety that the patient constantly feels through even intrusive thoughts, right? She is constantly trying in a desperate attempt to be effective, to be good, to do things well (*she look down*).

S.: ...What are you feeling?

V.: ...emptiness (pause).

S.: where?

V.: here (she points to her chest)

S.: pain...

V.: yes...I’m surprised because I’m working on it in therapy too, but I hadn’t seen how it presented itself with the patient...Now that I think about it, while it was happening to me, I didn’t feel it...I was detached. I only catch it now (she smiles sadly). I didn’t feel anything there. I was just focused on what I had to do...I was thinking about following the procedure...

S.: you were somewhat cerebral about the patient’s functioning, but not with her

V.: I was thinking about what I had to say, how to put the pieces together....

S.: maybe it was again on the scene Luise who has to be “the good, precise little girl” with her parents; and that was also happening here with us. That good little girl who puts everything in order, she can’t allow suffering to show since she has to constantly mask it, and she has to be approved.

V.: maybe a little bit yes....

(*pause*)

S.: Luise, how do you feel?

V.: better...welcomed, understood....

S.: imagine you are now in front of the patient? She is telling you about

her mother, her brother, how she is traumatized What do you wish to tell her, what do you tell her?

V.: (*she nods*) ...that I know what it's like to grow up with the idea of having to struggle with love.

The supervision seems to succeed in promoting the therapist's dominance of the therapist's perfectionist part in both the supervisory and therapeutic relationship. In both cases, this awareness makes it possible to modulate perfectionism and results in a change in the quality and affective register of the relationship. In the supervisory relationship-with the supervisor and with the group-this shift consists metaphorically in the expression of a part of the therapist's self that is eager to share its insecurities and vulnerabilities; the latter is thus able to experience acceptance in an emotionally warm and playful relational climate. At the same time, the therapist's representation of the therapeutic relationship also changes: the part of the therapist's that is able to intersubjectively attune with the supervisor and the group is able to experience the same attunement to the patient's internal painful experience.

In the next section I will develop the main theoretical and clinical implications of the material presented.

Discussion

In this section we will articulate the theoretical and clinical implications according to the following aspects:

1. perfectionism as part of a prototypical mode of existence;
2. the impact of the therapist perfectionism on therapeutic intervention;
3. the supervisory relationship as a preferred tool of intervention on the therapist's perfectionism.

Perfectionism as part of a prototypical mode of existence. The literature analyzes perfectionism as a trait in its own right, characteristically ubiquitous in personality disorders, which can also be found in the therapist, although therapists' perfectionism has been little studied (see introduction). The case we have analyzed allows us to speculate

that in a more complex view perfectionism may be part of an overall organization of the meaning of the experience. We call this organization *Prototypical Adaptive Modality of Existence (PAME)*. We define PAME in the following way: *a prevailing mode of relating to self and the world, necessitated by traumatic adaptation to the developmental relational environment, and resulting in a) a oversimplification of the implicit affective processes of attributing meaning to experience and b) a dissociation of large portions of the self.* For example, perfectionism; workaholism; Machiavellianism aimed at the pursuit of grandiose goals; active pursuit of admiration through performative effort; enforced self-sufficiency; avoidance of intimacy; distrust in interpersonal situations in which there is no certainty of receiving appreciation; and a tendency toward compulsive seduction as a means of confirming one's special worth may converge in a patient. Perfectionism and these other aspects of functioning can be subsumed by a single PAME: (a) based on a totalizing way of relating to oneself and to the world whose organizing principle is that in order to maintain a bond with the relational environment (and feel lovable) it is necessary to be superior to others in terms of performative value; (b) necessitated by traumatic adaptation to a narcissistically structured developmental relational environment that has exalted and desired-because rewarding-the subject's special qualities and manifestations of superiority; (c) resulting in a oversimplification of the implicit affective processes of attribution of meaning to experience, with prevalence of affects – positive and negative – correlated with personal prestige and self-esteem; (d) resulting in the systematic dissociation of portions of the self incompatible with that oversimplification (e. g., parts of the self in need of nurturing, playfulness, cooperation). Another example is that of a patient who may exhibit perfectionism in the service of the compulsive tendency to anticipate and gratify the other's needs; in other words, a tendency to want to appear perfect to the other (especially in the nurturing function exercised toward the other himself or herself), so as to foster a positive self-image that will ensure the bond is maintained; but also forced self-sufficiency coupled with sacrificial availability; systematic inhibition of emotions whose manifestation may threaten meaningful bonds (e.g., irritation, anger); *assertiveness*. Taken together, these aspects may be part of a PAME: (a) based on a prevailing way of relating to oneself and the world whose organizing principle is

that in order to maintain a connection with the relational environment (and feel lovable) it is necessary not to engage the resources of that environment with demands for attention; (b) necessitated by traumatic adaptation to a developmental relational environment that is excessively self-centered, hyper-focused on one's own performative goals and/or frailties and/or conflicts, and demanding of the subject-early adulthood-attention and caretaking and/or not "making too much noise" with one's own needs and subjectivity; (c) resulting in oversimplification of implicit affective processes of attribution of meaning to experience, with prevalence of affects – positive and negative – correlated with ready ability to care for others; (d) resulting in systematic dissociation of portions of the self incompatible with that oversimplification (e. g., parts of the self in need of exploratory autonomy or caretaking).

It emerges from these examples that perfectionism pursues different goals depending on the PAME of which it is a part. It is therefore necessary – in order to understand the function of perfectionism in both patient and therapist – to investigate perfectionism in light of the specific developmental trajectory that made a peculiar PAME necessary. In this perspective, consistently with Wachtel (2023) we hypothesize that PAME is the result of adaptation to a relational environment teaches us what we should be but also what we cannot afford to be. This is due to the inevitable selectivity of the love and attention of caregivers; selectivity to which we are particularly sensitive. The peculiar behaviors or characteristics that are preferred or rejected vary according to the specifics of the evolutionary environment. But selectivity itself, the preference-sometimes conscious but often unconscious-of the environment for certain ways in which the child behaves, feels, experiences the world, is inevitable and universal. As a consequence, in order to adapt, we perform a kind of unconscious self-betrayal: we develop and negotiate versions of ourselves that gratify the relational environment, while pushing into the background important parts of us that tend to be unpleasant to that environment. As a result, the subject will unconsciously shape his or her own PAME, gradually constructing a prevailing self that fits with the relational reality in which he or she lives (Putnam, 1997, 2016). When parents disapprove of parts of the child's personality, those parts are dissociated from personal consciousness; only those experiences that parents or significant

others react to and pay attention to can then become part of the self; ignored experiences, those that significant others do not emphasize, to which they do not respond, are dissociated and become part of the not-me (Bromberg, 2011; Sullivan, 1953), undifferentiated processes inexpressible by the conscious self (Semerari, 2022).

Viewed from this perspective, PAME echoes the concept of the false self (Winnicott, 1960; see also Coltart, 1996), which represents a compliant shield of conformity to environmental expectations, for example in response to a mother unable to attune to the child's needs because of her depressive functioning; the latter's inability to recognize the child is associated with the implicit need for the child to recognize the mother's depressive state and to adapt to it. He will adapt by masking expressions of liveliness because they are incompatible with the mother's devitalization; it is likely that the child will feel forced to reassure the mother by giving up the need to be recognized by her. The current function of the false self should not be overlooked, which is to build protection in the face of an environment that has many times been found to be inadequate to anticipate the child's need, forcing the child to endure a frustrating external reality. The false self is reminiscent of the snail shell. The latter is capable of extracting calcium from soil and food and turning calcium carbonate into calcium carbonate. As with the snail, the false self (the PAME) is constructed from the raw affective material provided by the environment, and naturally acquires the protective function with respect to the environment itself. This function is exercised in parallel toward the developmental environment, and then in later stages of life toward the interpersonal environment; but throughout the life cycle this function is also exercised toward the "internal environment", that is, toward often large portions of the subject's affectivity. It protects the subject from the negative affects connected with the parts of the self that have not been validated and accepted; it also acts as a "shield" toward otherness-that is, it prevents the other from approaching the traumatic core and awakening its negative affective load. According to Donnel Stern (1983, 2015), dissociation defends the patient from the intolerable psychic pain associated with the experience of aspects of the self whose negotiation is procedurally associated with the expectation of rejection by the relational environment; the affective experience of these dissociated parts of the self is "unformulated", not consciously representable,

but present in the potential state and susceptible to being reactivated by relevant interpersonal triggers, including the therapeutic relationship.

There are several points of divergence between the concept of false self and that of PAME. The first is that the conceptual circumference of PAME is wider than that of the false self: the psychopathological dimension of PAME is inscribed in the existential one. In other words, the reality of PAME affects all of us, while the false self is a psychopathological construct that describes peculiar clinical realities. A second difference is that the clinical and existential problem posed by PAMEs is that they are “false”. They represent potentially very “real” modes of negotiation with self and the world; fields of experience in which spontaneity, creativity, and expressiveness can take shape. Think of a child’s excitement in experiencing and sharing with his parents the satisfaction of a good grade, which he may have received only in his class. What makes these parts of the self a potential factor in suffering is, if anything, their cumbersome predominance in shaping existence, making some registers of meaning hypersalient and excluding others: PAMEs behave like speculators aiming for a monopoly of the psychic economy, taking away affective market space from other dimensions of meaning. The criticality lies in the disproportion between the form of experience they generate and other levels of experience. It is this disproportion that generates a caricature effect that lends a kind of “falseness” to being in the world. What is “false”, that is, inauthentic, is an existence lived “as if” there were no other possible forms of attributing meaning to experience, where in fact these exist in a dissociative limbo from which comes a faint echo¹.

¹ In this regard, it should be pointed out that the concept of PAME also echoes Karen Horney’s theorizing. According to the author, the developing subject may suffer from “basic distress” derived, from the inability of the relational environment to provide sufficient security, often due to the neuroses of its constituent actors; such distress would consist of the child’s feeling of being isolated and powerless in a potentially hostile world (1950). In the face of such distress, the child learns to put in place “solution attempts” (Horney, 1945), which consist essentially of relational tactics. These are three distinct ways of posing in the relationship with the other, that is, going toward, against or away from the other. The mode toward the other is expressed in the form of excessive submissiveness aimed at gaining the perception of being loved; the mode against the other is expressed in the effort to gain power and control over the environment, functional to nurture a perception of superiority; and

PAME also resonates with Wilhelm Reich's (1949) concept of *character armor*. According to the author, such armor represents a mode of being that fulfills the function of a container for anguish, a defensive mode elaborated by the ego to cope with the conflicting impulses of the id and external reality. The armor allows for a detour and absorption of anguish related to the repressed childhood conflict. According to Reich, therefore, the character armor represents a true survival strategy in the everyday (Carotenuto, 1991; Reich, 1949;). Particularly interesting for understanding one aspect of PAME is the Reichian characterization of the somatic declination of character armor. The author postulated that it had a somatic counterpart in the muscular armor, consisting of peculiar patterns of posture, mimic expression, and muscle tension. In this regard, Reich stated that every muscular stiffening contains the history and meaning of its origin (Reich, 1942).

There is an obvious difference about the "origin" of PAME from what Reich postulates regarding the origin of character armor; where PAME has a relational derivation, the armor has an intrapsychic origin; more specifically from a conflict between ego and id. But – in line with the suggestions of the sensory-motor theory Ogden and Fisher (2016), we fully agree to see the armor, like PAME, as a mode of existence (and survival) in the everyday that bears a powerful trace in the body.

The impact of the therapist's perfectionism on therapeutic intervention. The case we analyzed seems to corroborate the theoretical strand that whereby the therapist's personal history shapes, and limits, the therapist's capacity for empathic introspective understanding. According to this line, not only the patient's transference projections acquire relevance, but also the developmental conflicts and unresolved issues that the therapist brings into the relationship; these can potentially address in a helpful or negative way with respect to the therapeutic

the mode away from the other is expressed in an excessive search for independence functional to establish a condition of unassailability by the environment. According to Horney, these tendencies – more precisely, a harmonious mixture among the three – are almost inevitable for each of us; as is a certain share of basic anxiety. What determines psychopathology would be the imbalance between these different ways of relating.

process (Aron, 1995; Atwood & Stolorow, 1984; Cornell, 2019; Epstein & Feiner, 1988; Gabbard, 2001; Gelso & Hayes, 2002; Orange *et al.*, 1997; Stolorow *et al.*, 1987, 1992). A recent meta-analysis by Cruciani, Liotti and Lingiard (2024) suggests that underlying the very choice of the psychotherapeutic profession are painful experiences in developmental history and modes of existence developed to operate a control over those experiences, consistent with the function of PAME described above. The therapist brings into the relationship, with her PAME, which may include a peculiar form of perfectionism.

To fully understand the impact of the therapist's perfectionist PAME on therapeutic intervention, we need to analyze more comprehensively how PAME creates the conditions for the generation of psychological suffering. Schematically, there are two mechanisms, and they are coexistent. The first is what we call *subtraction of potential dimensions of meaning of experience*. PAME generates on the field of interpretation of the meaning of experience an effect similar to that generated by negative scotomas on the visual field. Negative scotomas are dark spots that reduce or reset perceptual efficiency to zero, sectorially blinding certain portions of the visual field. Negative scotomas thus prevent certain aspects of reality from being seen, resulting in a loss of information.

Similarly, PAME allows only certain aspects of the meaning of events to be discerned, because it emphasizes – pertinentizes (for a comprehensive discussion of the concept of pertinentization see Salvatore, Palmieri, De Luca Picione *et al.*, 2024) – certain affective dimensions of those events, reducing others to the background. In fact, therefore, PAME leaks information in the sense that it prevents aspects of meaning other than those encoded by PAME itself from being captured. The uniqueness of the trajectory of interpretation of experience severely limits the possibility of experiencing the multiple nuances of the relationship with the world and with self. In the case described above, the therapist's PAME oriented by the need to avoid negative judgment from the patient, supervisor and group; for such judgment would mean witnessing the collapse of the self-image as impeccable nurtured by the assumed role in the family scenario. In a case such as this, PAME prevents access to other forms of subjectivity and relationality with the patient, such as with the supervisor and with the group (probably some or all of the extra-professional relationships as

well). For example, the therapist could not express her own sense of inadequacy and generally her vulnerability in her relationship with the group, and she could not attune to the patient's vulnerability.

The second mechanism through which PAME produces psychological suffering in the therapeutic relationship can be named *the problem of dichotomization of experience*. PAMEs stand as oppositely organized closed meaning structures (Kleinbub, Testolin, Palmieri *et al.*, 2021; Salvatore, S. *et al.*, 2024; Salvatore, G., 2024); that is, structures that regulate the interpretation of the meaning of experience and environmental inputs by moving linearly between the two opposite verses of a single vector. A useful metaphorical image for understanding this is the electric dipole. In physics, the electric dipole is a system consisting of two electric charges of equal intensity but opposite sign, generating a vector (the "electric dipole moment"), the direction of which coincides with the line joining the charges themselves, with direction (orientation) from negative to positive charge. The "+" sign – the positive charge of the PAME – coincides with its success, and with positive affect; the "-" sign – the negative charge – coincides with failure or the threat of failure, and with negative affect. For example, the therapist's PAME centered on the need to pander to the performative expectations of the environment is representable as a dipole of meaning that acts as a filter in the processes of interpreting experience; these processes will thus be strained between two polarities; the subject's affective experience may be directed exclusively toward the positive pole of the positive judgment obtained, a source of pleasure; or toward the negative pole of severe criticism, a source of displeasure. For PAME, reality is dichotomized. The moment-to-moment activated meanings can only coincide with one of two versions of a bivalent sense premise (e.g., from relationships and events the system can only draw that one is the one who humiliates or the one who is humiliated; or the one who judges or the one who is judged). PAME creates suffering because it is a way of experiencing self and the world that is rigidly dichotomous and that always allows only the same shades of meaning to be generated in external and internal events, as its structuring has saturated and continues to saturate mental space, preventing the development of the ability to grasp the (often) multiple shades of meaning of an event. PAME is also static in the sense that it cannot be turned off when needed, when the context demands it. A person with

a PAME characterized by the need for special appreciation experiences a romantic *liaison*, a game of table football with friends, a work deadline, always as a test of self-esteem. PAME cannot be deactivated – almost completely – in the first two cases, to make room, respectively, for the exploration of affinities with the other and the pleasure of play, because these “tracks” of experience are not viable; one could say they are not usable for lack of testing. PAME is activated in the first two scenarios with the same intensity as in the third.

The supervisory relationship as a preferred tool of intervention on therapist's perfectionism. In the case analyzed in this paper we observe how the therapist is guided by her perfectionist PAME as much in her relationship with her patient as in the supervisory relationship. We also observed how the supervisor foregrounds in his intervention the implicit information emerging from the supervisory relationship; this information is complex in nature, which for we can reductively classify as of two types: reactive-countertransferential (the supervisor feels rejected by the therapist's perfectionist PAME, which inhibits intersubjective connection by shifting the register of the relationship to a performance dimension); and identificatory-intersubjective (the supervisor evokes images in which a perfectionist, error-fearing part of him or her guided him or her in an interpersonal learning context). In this scenario, the supervisor foregrounds work on the supervisory relationship, and uses the elements of internal resonance as an essential trace for his or her own line of intervention. This direction is based on the assumption that if the therapist's perfectionist PAME colonizes that relationship, any attempt by the supervisor to provide help on the technical level or reading of the therapeutic relationship will be filtered through this same PAME. In other words, in the presence of a PAME that hypersimplifies and dichotomizes the meaning of the supervisor's interventions (and of the group's interventions) only in the terms of |positive judgment| / |negative judgment| about the quality of performance, the therapist's ability to make use of the support of supervision is greatly reduced. The supervision event will only be able to be affectively experienced in the terms of qualifying the performative value of performance. We argue that the supervisor, by focusing on the relationship, can promote the therapist's insight into his or her own perfectionist PAME; which allows for its intersubjective

modulation. PAME is recognized by therapist, supervisor, and group in its adaptive value; and a differentiation is fostered in the therapist between the internalized relational scenario that characterized ontogeny and the current experiential field: supervisor and group do not constitute a reissue of the therapist's mother, who in order to regulate her own relationship with reality and with the therapist privileges the totalizing dichotomous dimension |positive judgment| / |native judgment|, later internalized by the therapist herself. Supervisor and group will constitute for the therapist an intersubjective environment regulated by different affective dimensions, centered on the acceptance of vulnerability and cooperation that makes error a shared opportunity for understanding deeper levels of meaning.

In the remainder of this section, we will very briefly describe the theoretical framework on which the line of intervention just described is based, which emphasizes the relevance of the supervisory relationship.

In early reflections on the supervisory relationship, it was considered in terms of countertransference dynamics. In this context, Ekstein and Wallerstein (1958) observed parallels between the active processes between clinician and patient, on the one hand, and those between supervisor and clinician, on the other. They noted how supervisors tended to perceive and react in ways that reflected the same emotions, predispositions and attitudes, which supervising therapists manifested toward the patient they were talking about during supervision. The authors called this phenomenon *parallel process*, according to which a therapist's countertransference toward a patient unconsciously recalls a similar experience in the supervisor, triggered by the therapist. The study of the supervisory relationship has deepened to include, in addition to the elements of the supervisor's countertransference, two other elements: the learning-supervisory alliance and the real relationship. The former, initially studied by Fleming and Benedek (1964, 1966) is a cooperative working relationship composed – similar to the context of the therapeutic alliance (Bordin, 1983) – of human bond, shared awareness of the shared goal of supervisee development, and the shared tasks that stimulate pursuit of goal attainment (Beinart, 2014; Fleming & Benedek, 1964). The concept of real relationship has also been shaped from reflections on the “real” aspects of the therapeutic relationship (Gelso, 2011, 2014; Wampold, 2010,

2015) and describes the more personal and authentic aspects of the relationship between supervisee and supervisor-which may manifest, for example, in mutual politeness, shared interests and preferences, and phases of “frivolous” dialogue-which are considered as distinct from countertransference distortions and the cooperative-performative dimension of the alliance. Watkins’ (2015) supervision pyramid model places these aspects in a broader conceptual-operational framework. It is inspired by Fife and colleagues’ (2014) conceptualization of the therapeutic pyramid. According to these authors, the effectiveness of therapeutic intervention is decided by a foundational common factor, the base of the pyramid: the therapist’s way of being; on this factor rests the intermediate element of the pyramid, which is the therapist-client alliance, on which in turn rests the effective use of skills and techniques. Similarly, at the top of the supervision pyramid is the clinical outcome of supervision, that is, the general and symptomatic improvement of the patient; this is on the basis that supervision is a triadic supervisor-supervisee-patient experience. This element rests on the *supervisor’s continuous learning*, determined by the unfolding of the specific technical aspects of the supervisor’s intervention. But the more distal elements of the pyramid can unfold in a positive sense only if they rest on the quality of the *supervisory relationship* (which includes bonding, real relationship and countertransference processes); which in turn rests on the base: the *supervisor person and personhood*; that is, the supervisor’s way of being and presence. The first aspect refers to an openness-oriented, nonjudgmental and respectful attitude. The second describes a total involvement and ability to attune to the supervising therapist. In this perspective that places the personal qualities of the supervisor at the center, Mc Williams (2021) also emphasizes the relevance to the effectiveness of supervision of personal qualities of the supervisor such as honesty, openness in the relationship, and empathic understanding. The author resorts to interventions consistent with the supervisor person and personhood relevance of the supervision pyramid; for example, calming down; normalization of the possibility of making mistakes; self-revelation about one’s mistakes and critical aspects of one’s learning journey, as well as experiences and reflections that have fostered progress over time in the same problematic issues that engage the supervisee; frequently asking for feedback on how the supervision is progressing from the supervisee’s

perspective, showing sensitivity about the possibility that it may be difficult at times for the supervisee to make problems explicit spontaneously. These exemplifications suggest not only how well-being, affective needs, and professional growth of the supervisee are placed at the center. They denote an essentially experiential conception of supervisee learning (Borders, 2014; Fernández-Alvarez, 2016). Consistent with these assumptions, we believe that net of the relevance nonetheless accorded to the didactic and technical dimensions of supervision, which are expressed for example in the promotion of the fostering of a model of intervention and advice on case management, the supervisee goes through an implicit learning process based on modeling: the supervisee makes his or her vulnerability explicit and models the supervisee with respect to the possibility of dialoguing with his or her own vulnerability nuclei and coming to terms with the dimension of error so that it is finally experienced not as failure but as part of the process of personal and existential growth. In the background of this approach there seems to be a tension toward reciprocity that modulates the hierarchical dimension of the supervisory relationship. Supervision not only provides technical skills but also helps supervisees become more aware of their own internal dynamics and how to apply them effectively in therapeutic practice.

The literature seems to agree in emphasizing the appropriateness of integrating the following aspects into the supervision process: a) emphasis on reciprocity in the supervision relationship, b) promotion of therapist insight, c) implementation of the therapist's technical skills.

Our perspective proposes a way that we believe is generalizable to integrate these aspects into supervision focused on the therapist's perfectionism. Schematically, we can describe our approach as divided into three phases: in the first the supervisor (and eventually the group) promotes the therapist's insight about how perfectionism is guiding the therapist in the supervision relationship.

At this stage, for example, the supervisor might notice (and tactfully point out to the therapist) that the therapist's expressive behavior, his or her way of presenting the case, and the supervisor's feelings are indicators of the "examination," "evaluation" atmosphere that has been created. This can determine a change in the quality of the supervisory relationship and allows the expression of a part of the therapist's self that is eager to share its insecurities and vulnerabilities. On

this basis, the supervisory process can investigate the impact of therapist's perfectionism on the therapeutic relationship. For example, the supervisor might explore in detail an episode of interaction between the part of self that the therapist now recognizes as perfectionist and the patient. In the new atmosphere of the supervision relationship the therapist is able to observe his own perfectionist part in action and to experience acceptance of the patient and to promote an emotionally warm and playful relational climate. The part of the therapist's that is able to intersubjectively attune with the supervisor and the group is able to experience the same attunement to the patient's internal painful experience. The third phase of the supervisory process focus the more technical aspect of the therapeutic intervention (e.g., how to repair a rupture in the therapeutic relationship, how to make a psico-educational or interpretative intervention) and case-management.

Conclusions and future considerations

In this paper, we started from the observation that clinical perfectionism seems a common phenomenon among psychotherapists and psychological practitioners; and that (the very few) studies about this topic suggest that it is negatively correlated with therapy effectiveness, and positively correlated with therapist emotional distress. We present a hypothesis about the mechanism underlying these correlations. Starting with a parallel analysis of a clinical case and supervision over it, we show that perfectionism may be part of a PAME, which we define as a prevailing mode of relating to self and the world, necessitated by traumatic adaptation to the developmental relational environment, and resulting in an oversimplification of the implicit affective processes of attributing meaning to experience and dissociation of large portions of the self. On this basis, we show how – either in patients or in therapists – perfectionism pursues different goals depending on the PAME of which it is a part; how the therapist's perfectionist PAME functions as an automatic process that hinders intersubjective attunement with the patient; how a supervisory process focused on the shared exploration of the therapist's perfectionist PAME, of its developmental genesis, and of its impact on the supervisory relationship (conceived in a non-hierarchical but

affectively validating way) can modulate the therapist's perfectionism, foster attunement with the patient, functionally modify the line of intervention, and foster a positive outcome.

This paper adopts a radically intersubjective perspective on the clinical encounter, under which patient and therapist – in equal measure – bring a relevant contribution to the events of the therapeutic relationship. Though our reflection is only a beginning, we suggest that this kind of supervisory process may be applicable to integrative, humanistic and psychodynamic psychotherapies. Beyond the fascination that this case-study may generate about the form of supervision proposed, several important limitations remain. For example, there are other complex issues involved in this form of supervision which would require more time to explore. Such as how supervision can help therapists respond to more extreme events such as breaks in therapy or patients' emotional dysregulation. Nevertheless, theorizing offers opportunities for empirical research. A possible research direction would involve studying the correlation between therapists' level of perfectionism (measured by validated rating scales) and therapists' responses (analyzed by independent judges) about how they cope with difficult moments in the therapeutic relationship (simulated in short video clips). A further development of this line would be to test – in a group of therapists from different theoretical backgrounds but sharing perfectionism – the existence of a correlation between evolution of quality of coping with moments of relationship rupture and quality of the supervisory relationships in a series of supervision sessions.

References

- Alloy, L. B., Abramson, L. Y., Walshaw, P. D., Gerstein, R. K., Keyser, J. D., Whitehouse, W. G., Urosevic, S., Nusslock, R., Hogan, M. E., & Harmon-Jones, E. (2009). Behavioral approach system (BAS)-relevant cognitive styles and bipolar spectrum disorders: Concurrent and prospective associations. *Journal of Abnormal Psychology, 118*(3), 459–471. DOI: 10.1037/a0016604
- Aron, A., Paris, M., & Aron, E. N. (1995). Falling in love: Prospective studies of self-concept change. *Journal of Personality and Social Psychology, 69*(6), 1102–1112. DOI: 10.1037/0022-3514.69.6.1102

- Atwood, G. E., & Stolorow, R. D. (1984). *Structures of subjectivity: Explorations in psychoanalytic phenomenology*. Analytic Press.
- Ayearst, L. E., Flett, G. L., & Hewitt, P. L. (2012). Where is multidimensional perfectionism in DSM-5? A question posed to the DSM-5 personality and personality disorders work group. *Personality Disorders Theory Research and Treatment*, 3(4), 458–469. DOI: 10.1037/a0026354
- Beinart, H. (2014). Building and sustaining the supervisory relationship. In C. E. Watkins, Jr. & D. L. Milne (Eds.), *The Wiley international handbook of clinical supervision* (pp. 257-281). Wiley Blackwell.
- Betan, E., Heim, A. K., Conklin, C. Z., & Westen, D. (2005). Countertransference Phenomena and Personality Pathology in Clinical Practice: An Empirical investigation. *American Journal of Psychiatry*, 162(5), 890-898. DOI: 10.1176/appi.ajp.162.5.890
- Blatt, S. J. (1995). The destructiveness of perfectionism: Implications for the treatment of depression. *American Psychologist*, 50(12), 1003-1020. DOI: 10.1037/0003-066x.50.12.1003
- Borders, L. D. (2014). Best practices in clinical supervision: Another step in delineating effective supervision practice. *American Journal of Psychotherapy*, 68(2), 151-162.
- Bordin, E. S. (1983). A working alliance based model of supervision. *The counseling psychologist*, 11(1), 35-42.
- Bromberg, P. M. (2011). *The shadow of the tsunami: And the growth of the relational mind*. Routledge.
- Carotenuto, A. (1991). *Trattato di psicologia della personalità e delle differenze individuali*. Raffaello Cortina.
- Coltart, N. (1996). The baby and the bathwater: Psychotherapy, care and control. *International Journal of Psychoanalysis*, 77(6), 1113-1126. DOI: 10.4324/9780429481161
- Cornell, W. F. (2019). *Into TA: A comprehensive textbook on transactional analysis*. Routledge.
- Cruciani, G., Liotti, M., & Lingiardi, V., (2024). Motivations to become psychotherapists: beyond the concept of the wounded healer. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 27(2), 808. DOI: 10.4081/ripppo.2024.808
- D'Souza, F., Egan, S. J., & Rees, C. S. (2011). The relationship between perfectionism, stress and burnout in clinical psychologists. *Behaviour Change*, 28(1), 17–28. DOI: 10.1375/bech.28.1.17
- Dimaggio, G., Lysaker, P. H., Calarco, T., Pedone, R., Marsigli, N., Riccardi, I., Sabatelli, B., Carcione, A., & Paviglianiti, A. (2015). Perfectionism and personality disorders as predictors of symptoms and interpersonal

- problems. *American Journal of Psychotherapy*, 69(3), 317–330. DOI: 10.1176/appi.psychotherapy.2015.69.3.317
- Dimaggio, G., MacBeth, A., Popolo, R., Salvatore, G., Perrini, F., Raouna, A., Osam, C. S., Buonocore, L., Bandiera, A., & Montano, A. (2018). The problem of overcontrol: Perfectionism, emotional inhibition, and personality disorders. *Comprehensive Psychiatry*, 83, 71–78. DOI: 10.1016/j.comppsy.2018.03.005
- Dimaggio, G., Salvatore, G., MacBeth, A., Ottavi, P., Buonocore, L., & Popolo, R. (2016). Metacognitive Interpersonal Therapy for Personality Disorders: A Case Study series. *Journal of Contemporary Psychotherapy*, 47(1), 11–21. DOI: 10.1007/s10879-016-9342-7
- D'Souza, F., Egan, S. J., & Rees, C. S. (2011). The relationship between perfectionism, stress and burnout in clinical psychologists. *Behaviour Change*, 28(1), 17–28. DOI: 10.1375/bech.28.1.17
- Egan, S. J., Wade, T. D., & Shafran, R. (2011). Perfectionism as a transdiagnostic process: A clinical review. *Clinical Psychology Review*, 31(2), 203–212. DOI: 10.1016/j.cpr.2010.04.009
- Ekstein, R., & Wallerstein, R. S. (1958). *The teaching and learning of psychotherapy*. Basic Books.
- Epstein, L., & Feiner, A. H. (1988). Countertransference: The therapist's contribution to treatment. *Contemporary Psychoanalysis*, 24(4), 489–513. DOI: 10.1080/00107530.1988.10746272
- Fernández-Alvarez, H. (2016). Reflections on supervision in psychotherapy. *Psychotherapy research*, 26(1), 1–10.
- Fife, S. T., Whiting, J. B., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance, and way of being. *Journal of Marital and Family Therapy*, 40(1), 20–33.
- Fleming, J., & Benedek, T. (1964). Supervision. A method of teaching psychoanalysis: preliminary report. *The Psychoanalytic Quarterly*, 33(1), 71–96.
- Fleming, J., & Benedek, T.F. (1966). *Psychoanalytic supervision*. Grune & Stratton.
- Flett, G. L., & Hewitt, P. L. (2002). Perfectionism and maladjustment: An overview of theoretical, definitional, and treatment issues. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 5–31). American Psychological Association eBooks.
- Flett, G. L., Hewitt, P. L., & Heisel, M. J. (2014). The destructiveness of perfectionism revisited: Implications for the assessment of suicide risk and the prevention of suicide. *Review of General Psychology*, 18(3), 156–172. DOI: 10.1037/gpr0000011
- Flett, G. L., Nepon, T., Goldberg, J. O., Rose, A. L., Atkey, S. K., & Zaki-Azat, J. (2022). The Anti-Mattering Scale: development, psychometric

- properties and associations with Well-Being and Distress measures in adolescents and emerging adults. *Journal of Psychoeducational Assessment*, 40(1), 37–59. DOI: 10.1177/07342829211050544
- Frost, R. O., & DiBartolo, P. M. (2002). Perfectionism, anxiety, and obsessive-compulsive disorder. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 341–371). American Psychological Association.
- Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive therapy and research*, 14, 449-468. DOI: 10.1007/bf01172967
- Frost, R. O., & Di Bartolo, P. M. (2002). Perfectionism, anxiety, and obsessive-compulsive disorder. In G. L. Flett & P. L. Hewitt (Eds.). *Perfectionism: Theory, research and treatment* (pp. 341-272). American Psychological Association.
- Gabbard, G. O. (2001). A contemporary psychoanalytic model of countertransference. *Journal of Clinical Psychology*, 57(8), 983-991. DOI: 10.1002/jclp.1065
- Gelso, C. (2014). A tripartite model of the therapeutic relationship: Theory, research, and practice. *Psychotherapy research*, 24(2), 117-131.
- Gelso, C. J. (2011). *The real relationship in psychotherapy*. The hidden foundation of change. American Psychological Association.
- Gelso, C. J., & Hayes, J. A. (2002). The management of countertransference. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 267-283). Oxford University Press.
- Hayes, J. A., Gelso, C. J., Goldberg, S., & Kivlighan, D. M. (2018). Countertransference management and effective psychotherapy: Meta-analytic findings. *Psychotherapy*, 55(4), 496–507. DOI: 10.1037/pst0000189
- Hewitt, P. L., & Flett, G. L. (1991). Perfectionism in the self and social contexts: conceptualization, assessment, and association with psychopathology. *Journal of personality and social psychology*, 60(3), 456. DOI: 10.1037/0022-3514.60.3.456
- Hewitt, P. L., & Flett, G. L. (1993). Dimensions of perfectionism, daily stress, and depression: A test of the specific vulnerability hypothesis. *Journal of Abnormal Psychology*, 102(1), 58–65. DOI: 10.1037/0021-843x.102.1.58
- Hewitt, P. L., Flett, G. L., & Mikail, S. F. (2017). *Perfectionism: A relational approach to conceptualization, assessment, and treatment*. The Guilford Press.
- Hewitt, P. L., Flett, G. L., & Turnbull-Donovan, W. (1992). Perfectionism and suicide potential. *British Journal of Clinical Psychology*, 31(2), 181–190. DOI: 10.1111/j.2044-8260.1992.tb00982.x

- Hewitt, P. L., Flett, G. L., Sherry, S. B., & Caelian, C. (2006). Trait perfectionism dimensions and suicidal behavior. *Cognition and suicide: Theory, research, and therapy* (pp. 215–235). American Psychological Association eBooks.
- Holden, C. L., & Jeanfreau, M. M. (2021). Are Perfectionistic Standards Associated with Burnout? Multidimensional Perfectionism and Compassion Experiences Among Professional MFTs. *Contemporary Family Therapy*, 45(2), 207–217. DOI: 10.1007/s10591-021-09605-6
- Horney, K. (1945). *Our inner conflicts*. Norton.
- Horney, K. (1950). *Neurosis and human growth*. Norton.
- Huprich, S. K., Porcerelli, J., Keaschuk, R., Binienda, J., & Engle, B. (2008). Depressive personality disorder, dysthymia, and their relationship to perfectionism. *Depression and Anxiety*, 25(3), 207–217. DOI: 10.1002/da.20290
- Kleinbub, J. R., Testolin, A., Palmieri, A., & Salvatore, S. (2021). The phase space of meaning model of psychopathology: A computer simulation modelling study. *PLoS ONE*, 16(4), Article e0249320. DOI: 10.1371/journal.pone.0249320
- Landt, M. C. S., Claes, L., & Van Furth, E. F. (2016). Classifying eating disorders based on “healthy” and “unhealthy” perfectionism and impulsivity. *International Journal of Eating Disorders*, 49(7), 673–680. DOI: 10.1002/eat.22557
- Lowyck, B., Luyten, P., Vermote, R., Verhaest, Y., & Vansteelandt, K. (2016). Self-critical perfectionism, dependency, and symptomatic distress in patients with personality disorder during hospitalization-based psychodynamic treatment: A parallel process growth modeling approach. *Personality Disorders Theory Research and Treatment*, 8(3), 268–274. DOI: 10.1037/per0000189
- McWilliams, N. (2021). *Psychoanalytic supervision*. The Guilford Press.
- McCown, W. G., & Carlson, G. (2004). Narcissism, perfectionism, and self-termination from treatment in outpatient cocaine users. *Journal of rational-emotive and cognitive-behavior therapy*, 22, 325-336. DOI: 10.1023/b:jore.0000047314.90953.c9
- O’Connor, R. C. (2007). The Relations between Perfectionism and Suicidality: A Systematic Review. *Suicide and Life-Threatening Behavior*, 37(6), 698–714. DOI: 10.1521/suli.2007.37.6.698
- Ogden, P. & Fisher, J. (2016). *Sensorimotor psychotherapy: interventions for trauma and attachment*. W.W Norton.
- Orange, D. M., Atwood, G. E., & Stolorow, R. D. (1997). *Working intersubjectively: Contextualism in psychoanalytic practice*. Analytic Press.
- Pozza, A., Casale, S., & Dèttore, D. (2022). Therapists’ emotional reactions

- to patients with obsessive–compulsive disorder: the role of therapists’ orientation and perfectionism. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 40(4), 879-904. DOI: 10.1007/s10942-022-00443-5
- Presley, V. L., Jones, C. A., & Newton, E. K. (2017). Are Perfectionist Therapists Perfect? The Relationship between Therapist Perfectionism and Client Outcomes in Cognitive Behavioural Therapy. *Behavioural and Cognitive Psychotherapy*, 45(3), 225-237. DOI: 10.1017/s1352465817000054
- Putnam, F. W. (1997). *Dissociation in children and adolescents*. Guilford Press.
- Putnam, F. W. (2016). *The way we are: How states of mind influence our identities, personality and potential for change*. IPBooks.
- Reich, W. (1942). *The function of the orgasm*. Orgone Institute Press.
- Reich, W. (1949). *Character analysis*. Orgone Institute Press.
- Riddle, M. A., Maher, B. S., Wang, Y., Grados, M., Bienvenu, O. J., Goes, F. S., Cullen, B., Murphy, D. L., Rauch, S. L., Greenberg, B. D., Knowles, J. A., McCracken, J. T., Pinto, A., Piacentini, J., Pauls, D. L., Rasmussen, S. A., Shugart, Y. Y., Nestadt, G., & Samuels, J. (2016). Obsessive-Compulsive Personality Disorder: Evidence for Two Dimensions. *Depression and Anxiety*, 33(2), 128–135. DOI: 10.1002/da.22452
- Safran, J. D., & Kraus, J. (2014). Alliance ruptures, impasses, and enactments: A relational perspective. *Psychotherapy*, 51(3), 381–387. DOI: 10.1037/a0036815
- Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. Guilford Press.
- Safran, J. D., & Segal, Z. V. (1990). *Interpersonal process in cognitive therapy*. Jason Aronson.
- Salvatore, G. (2024). Stanghellini, G., Rosfort, R., Rossi, R., & Salvatore, S. (2024). An intersubjective conception of complex trauma in the framework of the semiotic function of affectivity. *European Journal of Trauma & Dissociation*, 8, 1-13. DOI: 10.1016/j.ejtd.2024.100462
- Salvatore, S., Palmieri, A., De Luca Picione, R., Bochicchio, V., Reho, M., Serio, M.R., Salvatore, G. (2024). The affective grounds of the mind. The Affective C(APER) model. *Physics of Life Reviews*. DOI: 10.1016/j.plrev.2024.07.008
- Semerari, A. (2022). *Metacognizione e psicopatologia*. Raffaello Cortina.
- Sherry, S. B., Hewitt, P. L., Flett, G. L., Lee-Baggley, D. L., & Hall, P. A. (2007). Trait perfectionism and perfectionistic self-presentation in personality pathology. *Personality and Individual Differences*, 42(3), 477–490. DOI: 10.1016/j.paid.2006.07.026
- Slof-Op’t Landt, M. C., Claes, L., & van Furth, E. F. (2016). Classifying eating disorders based on “healthy” and “unhealthy” perfectionism and

- impulsivity. *International Journal of Eating Disorders*, 49(7), 673-680. DOI: 10.1002/eat.22557
- Smith, M. M., Sherry, S. B., Ge, S. Y. J., Hewitt, P. L., Flett, G. L., & Bagley, D. L. (2022). Multidimensional perfectionism turns 30: A review of known knowns and known unknowns. *Canadian Psychology/Psychologie Canadienne*, 63(1), 16–31. DOI: 10.1037/cap0000288
- Stern, D. B. (1983). Unformulated experience. *Contemporary Psychoanalysis*, 19(1), 71–99. DOI: 10.1080/00107530.1983.10746593
- Stern, D. B. (2015). *Relational freedom*. Routledge eBooks.
- Stolorow, R. D., & Atwood, G. E. (1992). *Contexts of being*. Analytic Press.
- Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (1987). *Psychoanalytic treatment: An intersubjective approach*. Analytic Press.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. Norton.
- Wachtel, P. L. (2023). *Cyclical psychodynamics and the contextual self*. Guilford Press.
- Wampold, B. E. (2019). *The basics of psychotherapy: An introduction to theory and practice*. American Psychological Association.
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. 2nd ed., Erlbaum.
- Watkins, Jr. C. E. (2015). Extrapolating Gelso's Tripartite Model of the Psychotherapy Relationship to the Psychotherapy Supervision Relationship: A Potential Common Factors Perspective. *Journal of Psychotherapy Integration*, 25, 143-157. DOI: 10.1037/a003888
- Winnicott, D. W. (1960). Ego distortion in terms of true and false self. In D. W. Winnicott, *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 140-152). Hogarth Press.
- Wittenberg, K. J., & Norcross, J. C. (2001). Practitioner perfectionism: Relationship to ambiguity tolerance and work satisfaction. *Journal of Clinical Psychology*, 57(12), 1543–1550. DOI: 10.1002/jclp.1116

For “a meaning-centered, culturally oriented psychology” of climate change



Matteo Reho*

Submitted: 18/11/2024

Accepted: 15/12/24

Abstract

The present paper emphasizes the central role of meaning in human action, highlighting how the analysis of its emergence and reproduction can offer insights into complex phenomena, including the challenges posed by contemporary society, with a particular focus on the climate crisis. A micro-genetic model of the constitution of experience is initially proposed, followed by a presentation of the concept of “value of life” of signs. Next, the article introduces the Semiotic-Cultural Psychology Theory (SCPT), highlighting its processual interpretation of culture understood as a continuous sensemaking process. Two empirical studies are presented that apply the theoretical framework of SCPT, demonstrating the impact of meaning systems on pro-environmental behaviors: the first explores the relationship between wildfire risk perception and preventive behaviors and the moderating role played by symbolic universes, while the second analyzes the role of affect in the link between attitudes and pro-environmental behaviors. The results underscore the crucial importance of the symbolic universes and lines of semiotic force in shaping individuals’ perceptions, thoughts, and actions, suggesting relevant theoretical and practical implications for promoting a culture of sustainability.

Keywords: meaning, sensemaking, sign, value of life, affects, climate change, environmental attitudes, pro-environmental behavior.

* Department of Dynamic, Clinic and Health Studies, Sapienza University of Rome, Via degli Apuli 1, 00183 Roma, Italy. E-mail: matteo.reho@uniroma1.it, Orcid: 0000-0001-9495-171X

Rivista di Psicologia Clinica (ISSNe 1828-9363), n. 2/2024
DOI: 10.3280/rpc2-2024oa18838

46

Introduction

The concept of meaning plays a fundamental role in human action (Bruner, 1990). However, contemporary psychology tends to treat meaning as a stable and predefined entity, separate from the semiotic flow (i.e., sensemaking). In this perspective, meaning is viewed as ontologically static, pre-existing to the social dynamics in which it manifests and develops (Manzotti, 2010; Salvatore, 2016; Valsiner, 2014). This conception is the basis not only of common sense, but also of some theoretical traditions in psychology, including classical psychodynamic approaches (for a discussion of this point see Salvatore & Zittoun, 2011). This view reduces the horizon of psychological inquiry because it omits the analysis of the processes through which meaning originates and is experienced as psychological reality (Reho & Salvatore, 2024; Salvatore, 2012). In fact, this approach results in an overlap between the *explanans* and the *explanandum* (Salvatore, 2013): meaning, instead of being the object of interpretation, becomes the means of interpretation. For example, contemporary psychology is led to explain the psychological event “frightening thought” as motivated by the meaning “fear”. As a result, fear, instead of being the phenomenon to be analyzed, becomes the explanation itself, obscuring the reasons for its existence (Salvatore *et al.*, 2024a).

This conception of meaning, considered as independent of its expression, is equivalent to imagining the mind as a photo album that can be observed by the individual, where sensemaking is likened to the photo that recalls pre-existing memories in the subject, independent of the act of interpretation (Salvatore, 2013). Such a view, which privileges a strictly semantic dimension of meaning, has its roots in the theory of de Saussure (1916), who argued that linguistics concerned language itself (*langue*) rather than its use (*parole*). In this context, meaning is conceived as an entity intrinsic to the sign, arising from the relationship between the signifier (content) and the signified (expression) (Eco, 1975), as if the meaning of a gesture or word were inherent to the gesture or word itself (Reho & Salvatore, 2024).

This perspective ignores the pragmatic dimension of meaning (for a pragmatist theory of meaning see Austin, 1962), according to which the latter emerges as a product of the interpretative activity (i.e., sensemaking) and not as something that pre-exists and is independent of it

(Salvatore, 2016). This approach is inspired by the philosophy of Wittgenstein, who, contrary to de Saussure, argued that the meaning of a word is not inherent in it, but is related to its use (Wittgenstein, 1953/1958). In short, adopting a pragmatic view of meaning involves investigating the processes through which meaning emerges and is reproduced.

The Semiotic-Cultural Psychology Theory (SCPT; Salvatore, 2016, 2018; Salvatore *et al.*, 2019a; Valsiner, 2007, 2014) argues that sensemaking is inherently social and situated, as it develops within the cultural milieu in which individuals are embedded. In this perspective, the culture is conceived as a dynamic and continuous process of sensemaking, through which individuals interpret their surrounding context, attribute meaning to their experiences, and consequently shape their behaviors. This process is profoundly influenced by generalized affective meanings, which SCPT defines as “symbolic universes” (Salvatore *et al.*, 2018). Symbolic universes operate as embodied systems of assumptions, which guide, orient and constrain the ways in which reality is interpreted (Salvatore *et al.*, 2019a). In this theoretical framework, sensemaking is never an isolated individual activity, but is always linked to the cultural context in which it takes place and involves a continuous construction and reaffirmation of identity. Indeed, people interpret and act in ways that not only reflect but also reinforce and legitimize their system of cultural assumptions (Salvatore *et al.*, 2019a).

It is worth noting that symbolic universes are patterns of meaning held together by their affective valence, which SCPT conceptualizes through the concept of “lines of semiotic force” (cf. Salvatore *et al.*, 2019a). The latter represent hyper-generalized, embodied, and affect-laden dimensions of meaning (for a theory of affects as generalized meanings see Salvatore *et al.*, 2022, 2024b; Salvatore & Zittoun, 2011), constituting the fundamental structure by which individuals attribute meaning to reality. The lines of semiotic force are primary and elementary dimensions, not further decomposable into simpler units, and not mediated by cognitive processing (Zajonc, 1980). Therefore, they act as an immediate form of perception of the environment, which does not require inferential processes (Salvatore *et al.*, 2019a). For example, it is not the perception of the landscape that evokes an affective response of pleasantness; on the contrary, it is this affective response

that generates the perception and subsequent interpretation of the landscape.

From an applicative perspective, the analysis of meaning and culture offers an innovative theoretical framework for understanding complex phenomena that characterize the challenges of contemporary society, such as climate change. Exploring the role of meaning and culture in the context of the climate crisis enables the development of new knowledge that can provide valuable insights for the design of interventions geared toward promoting a culture of sustainability.

This paper is organized into four parts. In the first part, a micro-genetic model of the constitution of experience will be presented that shows that meaning is not a static entity defined a priori. Next, the concept of “value of life” of signs will be explored, illustrating how some signs, unlike others, take on existential relevance for the subject. The third part of the article will be devoted to a processual conception of culture, understood as a continuous flow of sensemaking. In this section, the concepts of symbolic universes and lines of semiotic force will be explored. In the fourth and final part, empirical research findings will be presented that show that pro-environmental behaviors are indirectly influenced by the meaning systems that characterize the cultural milieu within which the individual is embedded.

A micro-genetic model of the constitution of experience

According to Peirce’s (1897/1932) triadic theory, meaning is conceived as the effect produced by the sign. In contrast to a dyadic view of sign that identifies meaning as intrinsic to the sign itself, Peirce argues that meaning emerges in relation to the following sign in the semiotic chain (Peirce, 1897/1932). In other words, a sign acquires its meaning by means of the activation of another sign. For example, sign *A* acquires meaning only through sign *B*, which is evoked in the mind of the interpreter as a response to the former. The interpretation elicited by sign *B* consists in defining what Peirce calls the “aspect or capacity” (Peirce, 1897/1932, p. 228) of the object that sign *A* represents; in other words, the “ground”. In this framework, meaning is not a concrete and stable entity, but an abstract process determined by signification – that is, the relationship between sign *A* and sign *B* – where

what exists is the continuous and dynamic flow of signs (Salvatore, 2016).

Meaning, moreover, has a bivalent nature: the interpretation of the preceding sign by the following one is based on the selected ground, that is, the aspect or capacity by which the preceding sign stands for the object (Peirce, 1897/1932). It follows that the extracted ground represents the meaningful aspect of the object to be represented at the expense of the infinite possible grounds in the terms of which the object could be signified (Salvatore *et al.*, 2024b). According to this perspective, therefore, asserting a thesis implies the negation of the opposite one (Salvatore *et al.*, 2024a). In other words, stating that “something is X” means that that something is not something else. According to such logic, for example, the assertion “Angela is clever” implies the selection of the quality of intelligence as the relevant ground, while other possible grounds – that Angela is a philosopher (profession), that she’s a female (gender), or that she’s Italian (nationality) – are relegated to the background.

This dual valence of the sign has been conceptualized by Salvatore (2016) as *Meaning in Praesentia* (SIP) and *Meaning in Absentia* (SIA). The SIA represents the set of infinite potential grounds that are backgrounded rather than what is said about the object. Therefore, it is in the dialectical relationship between SIP and SIA that the content of experience is constituted and that the meaning-maker is able to think about it (Reho & Salvatore, 2024).

Furthermore, meaning possesses a contextual character, as it emerges from the network of relations between the signs that precede and the signs that follow within the contingency of the present moment (Salvatore, 2013). In fact, the meanings emerging from the dialectical relationship between SIP and SIA are closely related to the specific and contingent conditions of communication, that is, to the evolutionary history of the signs that define the discursive activity in a given context (Salvatore *et al.*, 2024a). In other words, there are discursive circumstances in which the statement “Angela is a woman” can mean |she is not a man|, but also |she is not a person of different gender|, or even |she is not a chair|. Each of these meanings, as well as a wide range of other possibilities, can emerge by reason of a specific historical evolution of sign relations that makes particular oppositions relevant (Salvatore, 2013).

The presented model – which adopts a processual view of meaning (De Luca Picione & Salvatore, 2023) and emphasizes the relational character of the psyche (De Luca Picione, 2020, 2022; Fronterotta *et al.*, 2018; Salvatore, 2016; Salvatore & Venuleo, 2013) – allows to overcome the conception of the world as something already out-there that work as a repository of predetermined objects. According to such a model, the world is instead a potentially infinite set of actualizable possibilities (Salvatore, 2013). In other words, the world does not have a definite nature or intrinsic essence but is rather understood as a state of potentiality that takes a particular form – extracted from the infinite set of possible forms – depending on the network of constraints being characteristic of a given contingency (Salvatore, 2013, 2018). In this sense, the world possesses a structure of a negative nature: it is not defined by what it is, but by what it cannot become (Salvatore *et al.*, 2024a).

At the representational level, the process through which meaning emerges – thus constituting experience – is characterized by three specific aspects, namely dynamics, structure and content (Salvatore & Cordella, 2024). Dynamics refers to the way signs combine with each other over time, causing meaning to emerge through their succession. Structure represents the organization of dynamics, that is, the ground that acts as a constraint for the selection of signs that enter the semiotic chain (Reho & Salvatore, 2024). Moreover, the ground can be decomposed into elementary components, each of which describes an aspect of the variability with which the signs combine (Salvatore & Venuleo, 2013). It is important to note that structure and dynamics are not separate dimensions, but rather interdependent and circular: structure organizes dynamics and the latter, as it unfolds, reproduces and reaffirms structure (Salvatore & Cordella, 2024). Content, on the other hand, concerns what is said, acted, and thought: in other words, the input of the whole process of signification.

Figure 1 provides a graphic representation of the proposed model.

As shown by the figure, at first there is the sign [Angela is 29 years old] mobilized at time 1 (i.e., *S1*). Sensemaker *A* interprets *S1* mobilizing the sign [she does her job very well] at the next time (*S2A*). Sensemaker *B* interprets *S1* mobilizing the sign [but she looks younger] (*S2B*). Sensemaker *C* interprets *S1* mobilizing the sign [she is very kind] (*S2C*).

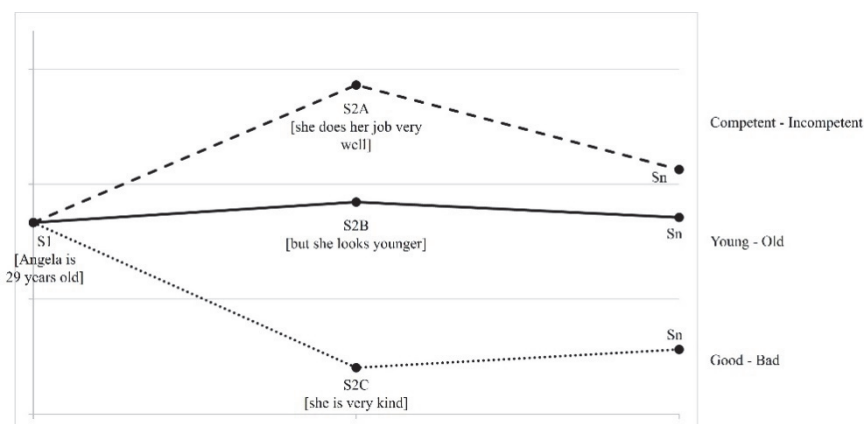


Fig. 1. Graphical representation of the micro-genetic model of the constitution of experience

Each S2 instantiates an interpretation of S1 that consists of a ground made relevant with respect to the potentially infinite set of other grounds (i.e., competence in the case of S2A, youth in the case of S2B, and goodness in the case of S2C). Thus, to the extent that signs are taken as points in a semiotic space (Salvatore, 2016; Salvatore *et al.*, 2022; Valsiner, 2007), each interpretation corresponds to a trajectory taken by the sign-to-sign transition within that space.

The concept of “value of life” of meaning

According to what has been presented in the previous paragraphs, the process of sensemaking concerns signs, that is, according to Peirce’s (1897/1932) view, something that stands for something else. However, in everyday life, people do not experience signs as representations of reality but rather experience them as concrete entities being immediately present in the world. The relationship between mind and world, therefore, always turns out to be mediated and occurs through signs, which serve as a medium for the relationship with the object of experience. Yet, meaning emerges precisely when – and in terms of – the mind-world relation is experienced as immediate, that is, when it is perceived as direct and not mediated by any sign (Salvatore, 2016). Salvatore (2012) translates such immediacy through the

concept of “value of life” of signs. That is, individuals treat the sign not as something that represents something else that is absent but as if it were the thing it represents (Salvatore, 2019). In this way, signs are endowed with subjective cogency (i.e., value of life), assuming an existential relevance that directly influences the subject’s experience (Salvatore, 2012).

It is worth noting that the perception of immediacy in experience – from which value of life emerges – is not a stable or constant condition. Many situations involving objects of great existential relevance may be experienced as having no value in life, thus being distant and abstract. At the same time, there are circumstances in which events that seemingly lack concreteness can assume significant existential relevance (Reho & Salvatore, 2024; Salvatore, 2012). Consider, for example, how dramatic events such as floods, fires, earthquakes, or droughts can be perceived by some people as purely abstract concepts lacking existential power, thus arousing indifference. Conversely, an abstract reality devoid of physical substance, such as a nation, can acquire a tangible value of life. Consider, for example, wars: a soldier is prevented from reaching a particular territory not because the latter prevents him from doing so but because there is an opposing soldier who recognizes that territory as an entity endowed with existential relevance and, therefore, to be defended at the cost of his own life.

These examples illustrate the independence of the psychological object from its ontological status, as already argued by Meinong (Albertazzi & Jacquette, 2001). Once this independence is recognized, it becomes essential to understand the processes by which the mind confers psychological reality, that is, value of life, on its contents. In this sense, how the mind operates to attribute cogency and meaning to the elements of experience constitutes a crucial aspect of understanding the nature of meaning itself.

The dynamics of sensemaking as a matter of symbolic universes and lines of semiotic force

The semiotic approach to cultural psychology (see § Introduction) postulates that the sign-to-sign transition depends on pre-reflective worldviews. This is due to the fact that sensemaking does not

develop in a vacuum, but within a specific cultural context (Russo *et al.*, 2020). Worldviews act as implicit systems of assumptions that guide and direct how individuals interpret elements of the social environment.

The SCPT conceptualizes these worldviews as symbolic universes (Salvatore *et al.*, 2018, 2019a). Each individual structures perceptions, thoughts, and actions based on the symbolic universe she/he identifies with. Thus, each symbolic universe can be interpreted as a set of beliefs about how the world is and should be (Salvatore *et al.*, 2018). Computationally, each symbolic universe can be represented as an attractor that influences the trajectory of sign-to-sign transitions (Salvatore *et al.*, 2019a).

The SCPT defines symbolic universes as an affect-laden form of a-semantic meaning. Specifically, each symbolic universe is a pattern of meanings consisting of a network of less generalized meanings that are linked together based on their affective valence, regardless of their semantic relationship (Salvatore *et al.*, 2019a). This implies that two semantically distinct and unrelated concepts can be combined by reason of their similar affective valence. For instance, the image of climate change as a threat may combine the semantic category of “climate change” with that of “risky objects” due to their shared negative connotation (e.g., Reho *et al.*, 2023).

The affective nature of symbolic universes characterizes them as generalized forms of meaning that do not refer to a specific object or domain (e.g., family, work, or climate change), but provide a comprehensive interpretation of the person’s entire field of experience (Salvatore *et al.*, 2019a) by influencing the way she/he perceives, thinks, and acts.

Moreover, symbolic universes do not operate in a top-down manner – as external frames that regulate cognitive processes (cf. Christopher & Bickhard, 2007) – but rather as constraints that reduce the variability of possible interpretations, bringing some meanings to the foreground and relegating others to the background (Salvatore *et al.*, 2019a, 2024b).

It is worth noting that symbolic universes are inherently cultural and plural. They do not reside in the minds of individuals but are internalized through participation in the social and discursive practices that constitute the cultural milieu (Salvatore *et al.*, 2019a). The SCPT assumes a pluralistic view of such milieu, conceiving it as a network

of symbolic universes interconnected by links of similarity and opposition. Each symbolic universe represents a specific position within the cultural milieu (Cobern & Aikenhead, 1997; Salvatore, 2016), emphasizing particular patterns of meaning and standing in dialectical relation to opposing patterns. For example, a defensive worldview reflects an emphasis on the |enemy|-|powerful| meaning pattern, while implicitly opposing the juxtaposed |friendly|-|weak| pattern. Thus, the fact that individuals belong to the same cultural context does not imply that they share the same symbolic universe, but rather that they interact within a network of common affective meanings that forms the basis of cultural variability (Cremaschi *et al.*, 2021).

The cultural milieu is characterized not only by the symbolic universes, but also by their semiotic organization, that is, the network of relations of similarity, difference, and opposition among the symbolic universes that determine their meaning (Salvatore *et al.*, 2018, 2019a). The content of each symbolic universe is shaped by hypergeneralized dimensions of affective meaning that involve opposing polarities, such as friend/enemy or engagement/passivity. These polarities set the content of the symbolic universes by highlighting one pole while suppressing the opposite (Salvatore *et al.*, 2024b). The network of such affectively connoted dimensions is called “semiotic field”, while the individual dimensions of meaning are called “lines of semiotic force” (Salvatore *et al.*, 2019a). Each line of semiotic force represents a component of the influence that the semiotic field exerts on the sensemaking process. Accordingly, symbolic universes can be viewed as attractors, i.e., regions of intensity within the semiotic field, where the influence of the symbolic universe on sensemaking can be modeled as the combination of one or more lines of semiotic force (Salvatore *et al.*, 2018, 2019a). Figure 2 visually illustrates this point. Borrowing a metaphor from physics, each symbolic universe can be conceived as a body located within a gravitational field, which in our discussion corresponds to a semiotic field. The mass of such a body is responsible for inflecting the field, thus determining the ways in which individuals perceive, think and act. Each line of semiotic force shapes a component of the influence that the semiotic field exerts on sensemaking. Therefore, the trajectory taken by each body is determined by the lines of semiotic force active within the field, which push the body toward a specific direction.

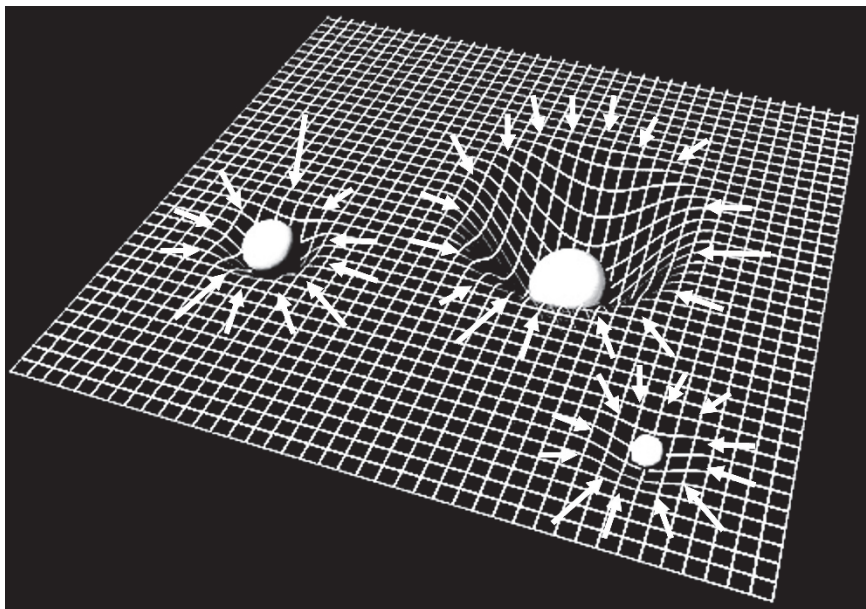


Fig. 2. Representation of symbolic universes as attractors within the semiotic field

Salvatore and colleagues (2018, 2019b) conducted an analysis through which they mapped five symbolic universes active within the cultural milieu of eight European countries:

Ordered universe: morality and efficacy are interconnected; what is right is also effective in making things better because of the inherent harmony of the universe. Conforming to this universal order ensures that one is on the right path.

Interpersonal bonds: life is beautiful and fulfilling because of relationships with close people and the emotional experience that comes with them.

Caring society: confidence in life, the future, and one's autonomy is nurtured by institutions and societies that support people by providing them with what they need to develop.

Niche of belongingness: pessimism, distrust and fatalism, the group of belonging is the only refuge to survive in an inhospitable and threatening world.

Other's world: anomie, hopelessness, and fatalism create a vision

in which losers have no choice but to live by the day and try to survive, as the world belongs to those in power.

As illustrated in Figure 3, the authors identified the symbolic universe “Niche of belongingness” as a result of the combination of the |foe| polarity, belonging to the friend/foe line of semiotic force, and the |passivity| polarity, related to the engagement/passivity line of semiotic force. Therefore, “Niche of belongingness” operates as a semiotic attractor that directs the sensemaking of its members toward interpretive trajectories that define the world as a hostile place to defend against (Kerušauskaitė *et al.*, 2023; Salvatore *et al.*, 2018, 2019a,b).

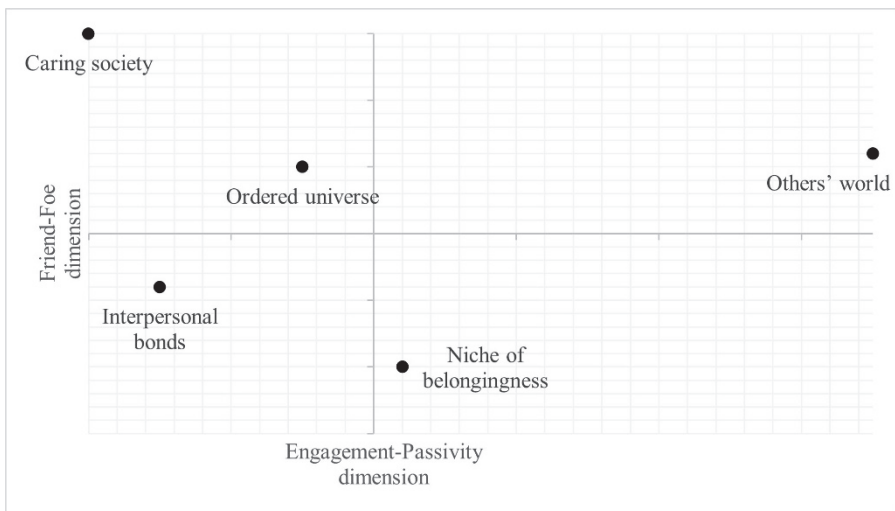


Fig. 3. Position of symbolic universes in the semiotic field defined by the lines of semiotic force

Integrating the mapping of symbolic universes with the identification of underlying lines of semiotic force allows for a deeper understanding of the cultural milieu. In fact, the lines of semiotic force must be understood as fundamental semiotic components that enable the understanding of the content of symbolic universes (Kerušauskaitė *et al.*, 2023). For example, in the study by Salvatore and colleagues (2019b; cf. Figure 3) it was found that the symbolic universe “Niche of belongingness” turned out to be juxtaposed with the symbolic universe “Caring society”. The latter consists of the |friend| and |engagement|

polarities, as opposed to the |foe| and |passivity| polarities associated with “Niche of belongingness”. Consequently, the overall meaning of the latter symbolic universe depends not only on its intrinsic content but also on the fact that it constitutes the negation of the opposite symbolic universe, which values commitment and a positive view of the context. If “Niche of belongingness” had been juxtaposed to another symbolic universe, its overall meaning would have been different.

A “meaning-centered, culturally oriented” approach to studying climate phenomena: research evidence

The model proposed in this paper has been adopted in the field of environmental psychology in recent years, offering an innovative perspective on the contemporary climate crisis and demonstrating how a “meaning-centered, culturally oriented” (Bruner, 1990, p. 15) approach is able to provide useful tools for understanding the complexities of this global phenomenon.

Research in this area has often focused on various constructs to explain individuals’ preventive and sustainable behaviors, such as risk perception (Brenkert-Smith *et al.*, 2012; Champ *et al.*, 2013; Gordon *et al.*, 2012; Nagle, 2018), place attachment (Ghasemi *et al.*, 2020), perceived self-efficacy (Martin *et al.*, 2009), and experience of extreme climate events (Brenkert-Smith *et al.*, 2013; Ghasemi *et al.*, 2020). Moreover, the literature has highlighted the role of cognitive biases in modulating perceptions of climate change and support for mitigation and adaptation strategies (Leiserowitz, 2006; O’Neill & Nicholson-Cole, 2009; Smith & Joffe, 2013).

The individual affective dimension has also been shown to be a key factor in determining pro-environmental behaviors (Li *et al.*, 2019). In particular, affective valence influences the intention to adopt ecological practices (Koenig-Lewis *et al.*, 2014). Experimental studies have indicated that affectively positive messages tend to promote ecological behaviors, while the impacts of negative affect are more complex, with evidence suggesting both favorable and adverse outcomes (Xie *et al.*, 2019; Russell *et al.*, 2017).

Environmental attitudes have also been identified as significant determinants of pro-environmental behaviors (de Groot & Thøgersen,

2018; Plavsic, 2013). This awareness has encouraged the adoption of strategies to promote pro-environmental attitudes as a means to foster behavioral change (Abrahamse, 2019). However, the results obtained through interventions centered on changing individual attitudes have been mixed, as the relationship between pro-environmental attitudes and the adoption of sustainable behaviors has not always been uniquely confirmed (Ballarotto & Velotti, 2023; Juvan & Dolnicar, 2014), and the causes of this discrepancy remain partially unexplored (ElHaffar *et al.*, 2020).

The SCPT framework leads to adopt a perspective that focuses on meaning as the foundation of action. The system of meanings tacitly shared by individuals serves as the premise of sense, guiding individual and social practices (Berger & Luckmann, 1966; Douglas, 1986). As discussed above, worldviews operate as meaning premises that influence individual ways of perceiving, thinking, and acting (Salvatore *et al.*, 2019a, b). Indeed, research in the environmental field has shown that worldviews are a crucial element in guiding sustainable behaviors. For example, studies on wildfires have shown that individuals with egalitarian worldviews adopt preventive behaviors more frequently than those with hierarchical, individualistic, or fatalistic worldviews (Wolters, 2023). Xue *et al.* (2016) observed that those who share egalitarian, non-fatalistic worldviews perceive greater climate risk, favoring greater support for adaptation and mitigation policies than those who share individualistic worldviews; in contrast, the latter tend to support such policies to a lesser extent, regardless of risk perception. Furthermore, adherence to sustainable worldviews has been found to be a significant predictor of pro-environmental behaviors, such as recycling and participation in environmental events (Donmez-Turan & Kiliçlar, 2021; Meloni *et al.*, 2019).

However, it is crucial to emphasize a key point for the discussion proposed in this paper. Studies that have employed the construct of worldviews in relation to climate phenomena tend to define their content a priori. This approach limits the possibility of accurately and exhaustively capturing both the content and structure of the cultural milieu (Kerušauskaitė *et al.*, 2023). Thus, such studies offer an exogenous analysis of culture, failing to consider the structure of the cultural milieu. The latter refers to the network of connections that links multiple meanings within a cultural system, such as the relationships of

similarity and opposition between different worldviews present within a given social group (e.g., Salvatore *et al.*, 2019a). The lack of such analysis implies a loss of depth in the exploration of cultural dynamics, as the complex interrelationship of meanings that characterizes the cultural context is not taken into account.

Recently, Reho *et al.* (2024a) adopted the SCPT to explore the role of symbolic universes in moderating the relationship between risk perception and preventive behaviors toward wildfire risk. The authors, through multidimensional data analysis combining multiple correspondence analysis and cluster analysis, identified three distinct symbolic universes in a sample of 108 subjects, recruited online from the Italian population:

Optimists Engaged: characterized by the rejection of fatalism, trust in people, a strong sense of agency and commitment to civic rules. Respondents who fall into this symbolic universe approach the world with an active and positive attitude.

Cautiously Engaged: marked by the rejection of fatalism, moderate commitment to civic rules, and distrust of people. Members of this group perceive the world as a place to be approached with caution while desiring to engage with it following specific principles.

Cynical Fatalists: characterized by a marked distrust of institutions and people, extreme fatalism, and low respect for ethical norms. Members of this symbolic universe view the world as an unreliable and gloomy place.

Through path analysis and multigroup analysis, the authors found that a higher perception of risk predicted an increase in preventive behaviors, with this relationship resulting more pronounced for those who belonged to the “Optimists Engaged” symbolic universe than those belonging to the “Cautiously Engaged” symbolic universe. The results of the study support, on the one hand, the conclusions already expressed in the literature that more intense risk perception is associated with increased preventive behaviors toward fire risk (Brenkert-Smith *et al.*, 2012; Meldrum *et al.*, 2019; Nagle, 2018). On the other hand, the study also confirms, consistently with previous research (Cordella *et al.*, 2023), that symbolic universes characterized by limited semiotic capital (i.e. negative and simplified view of the social

life; Cremaschi *et al.*, 2021) attenuate the effectiveness of risk perception on preventive behaviors. According to the authors, the symbolic universe of the “Cautiously Engaged” is characterized by a simplification of reality, while, in contrast, the universe of the “Optimists Engaged” is characterized by a more complex and articulated interpretation of the world. This mode of interpretation allows individuals belonging to it to integrate prevention as a fundamental part of their identity.

In a further study, Reho *et al.* (2024b) explored the moderating role of the lines of semiotic force in the relationship between environmental attitudes and pro-environmental behaviors, in a sample of 1,724 Italian participants. The authors identified a line of semiotic force that, in line with previous research (Salvatore *et al.*, 2019b), was associated with an affective connotation of the world, expressed in terms of valence (good-bad). Specifically, the results of the general linear model employed by the authors confirmed that, consistently with previous studies (e.g., Tamar *et al.*, 2020), environmental attitudes were positively correlated with pro-environmental behaviors. Furthermore, it was found that the mapped line of semiotic force exerted a moderating effect on the relationship between attitudes and behaviors. More specifically, the positive dimension of affective valence strengthened the effect of attitudes on behavior, while the negative dimension attenuated its influence.

The authors interpreted these results through the SCPT perspective, according to which the coherence between attitudes and the affective connotation of the context increases the likelihood that the attitudes themselves become determinants in driving behavior (Cremaschi *et al.*, 2021). Affective valence, then, does not directly guide the interpretation of a specific object (such as climate change), but it does influence its salience, thereby determining the intensity of attitudes that drive behaviors related to it (Reho *et al.*, 2024b).

The results of these studies have relevant implications on both theoretical and application levels. On the theoretical level, they provide empirical support for the findings of a growing body of research that has highlighted the crucial role of symbolic universes in orienting individuals' ways of feeling, thinking, and acting (Andreassi *et al.*, 2023; Cordella *et al.*, 2023; Mannarini *et al.*, 2020; Salvatore *et al.*, 2019b). They also confirm that the organizational structure of symbolic universes, i.e., the lines of semiotic force, exerts a significant influence on the strength with which attitudes determine behavior.

From a practical perspective, these studies suggest that the adoption of symbolic universes as a criterion for segmenting strategies to promote prevention and sustainable behaviors may prove particularly useful. In particular, because risk perceptions and attitudes toward the environment vary widely depending on the symbolic universe to which they belong, calibrating how people engage according to these differences may improve the overall effectiveness of promotional strategies. In this context, it is crucial to integrate a positive affective dimension into awareness campaigns in order to encourage the adoption of preventive and pro-environmental behaviors.

On a broader application level, it seems crucial to implement policies geared toward cultural development, with the aim of promoting what Salvatore and colleagues (2018) called “semiotic capital”. This concept refers to the set of symbolic resources that enable social actors to internalize the systemic dimension of the social life.

The promotion of semiotic capital occurs through what different authors (Cremaschi *et al.*, 2021; Salvatore *et al.*, 2021) have described as “intermediate processes”. These take the form of social practices mediated by meaningful interpersonal bonds and represent settings in which innovative interpretations of the interpersonal, social and institutional environment emerge. Such interpretations, in turn, facilitate the perception of the public dimension as an existentially relevant experience, rich in meaning and capable of serving as a regulator of individuals’ emotional, cognitive and behavioral dimensions (Cremaschi *et al.*, 2021).

In the past, social entities such as labor unions, political parties and civic associations played a key role in supporting and catalyzing intermediate processes. However, these structures have gradually weakened over the past decades. In the context of contemporary societies, it is therefore unlikely that the production of semiotic capital can be pursued through modes similar to those adopted in past eras. Attempts to reconstruct the parties, trade unions or the religious and civic associational fabric that characterized past societies would be as unrealistic as imagining tackling climate change by replacing cars and airplanes with horse-drawn coaches.

Intermediary processes, in today’s context, can be understood as contingent networks of social practices designed to serve as participatory spaces in which the valued and meaningful dimensions of social life meet and dialogue with systemic needs.

An example might be wildfire risk prevention programs that involve the active participation of local communities. Such programs could promote direct community collaboration in the planning and implementation of preventive measures. The approach underlying such interventions shifts the focus from public policies understood as interventions “on objects” to policies conceived as interventions “with subjects”. From this perspective, municipal governments could establish institutionalized participatory devices, such as permanent civic committees, to support risk management. These committees would have specific functions, including analyzing and proposing preventive measures for the municipal administration, such as monitoring risk areas, verifying the efficiency of intervention tools, and continuously updating civil protection plans. Such participatory devices would operate as intermediate processes, motivating participants both through self-interest – for example, the protection of their families and property – and through the institutional dimension that links them to the protection of the public good.

Conclusion

This work aimed to highlight the centrality of meaning in mental activity emphasizing the need to broaden the view of meaning as a taken-for-granted entity to include the micro-genetic dynamic that leads meaning to be constituted and open to the possibility of being experienced as a psychological reality.

Some basic issues underlying a micro-genetic model of the constitution of experience have been recalled that provides some insights into the mechanisms underlying the field of possibility of sensemaking processes. In this perspective, meaning was conceived not as a fixed entity, but as a dynamic product that emerges and develops through a continuous process of semiosis.

The theory presented highlighted the importance of the interaction between the individual and the cultural context, as well as the ability of meaning to organize experience into patterns that guide action. This theoretical framework formed the basis for the analysis of environmental phenomena, offering a useful key to understanding how people attribute meaning to climatic events and how this attribution affects their actions.

Two empirical studies were presented that explored the role of meaning in understanding and managing the climate crisis. The first study analyzed the relationship between fire risk perception and preventive behaviors, highlighting how worldviews influence preventive behaviors. The second study explored the influence of affective sense-making in the relationship between attitudes and pro-environmental behaviors, showing how consistency between affect and attitude can enhance the effectiveness of pro-environmental actions.

Overall, the work aimed to highlight how the study of meaning and sensemaking processes can serve as a bridge between psychology, culture and environmental sustainability by suggesting alternative directions for designing interventions based on the promotion of alternative meanings to those established in the cultural milieu analyzed.

Finally, this contribution aims to renew the discussion on the concept of meaning and its central role in the study of psychological life.

References

- Abrahamse, W. (2019). *Encouraging pro-environmental behaviour: What works, what doesn't, and why*. Academic Press.
- Albertazzi, L., & Jacquette, D. (2001). *The School of Alexius Meinong (1st ed.)*. Routledge.
- Andreassi, S., Signore, F., Cordella, B., De Dominicis, S., Gennaro, G., Iuso, Kerusauskaite, S., Mannarini, T., Kosic, A., Reho, M., Rochira, A., Rocchi, G., Scharfbillig, M., & Salvatore, S. (2023). Identity and Symbolic Universes in Voting Behavior. A study of the Italian society. *Psychology Hub*, 40(2), 69-80. DOI: 10.13133/2724-2943/17900
- Austin, J. (1962). *How to do things with words*. Oxford University Press.
- Ballarotto, G., & Velotti, P. (2023). Easier said than done: an empirical study of the role of emotional factors in pro-environmental behaviors. *PsyEcol-ogy*, in press.
- Berger, P., & Luckman, T. (1966). *The Social Construction of Reality: a treatise in the sociology of knowledge*. Open Road.
- Brenkert-Smith, H., Champ, P. A., & Flores, N. (2012). Trying not to get burned: Understanding homeowners' wildfire risk-mitigation behaviors. *Environmental Management*, 50, 1139-1151. DOI: 10.1007/s00267-012-9949-8
- Brenkert-Smith, H., Dickinson, K. L., Champ, P. A., & Flores, N. (2013).

- Social amplification of wildfire risk: the role of social interactions and information sources. *Risk Analysis*, 33(5), 800-817. DOI: 10.1111/j.1539-6924.2012.01917.x
- Bruner, J. S. (1990). *Acts of meaning*. Cambridge: Harvard University Press.
- Champ, P. A., Donovan, G. H., & Barth, C. M. (2013). Living in a tinderbox: wildfire risk perceptions and mitigating behaviours. *International Journal of Wildland Fire*, 22(6), 832-840. DOI: 10.1071/WF12093
- Christopher, J. C., & Bickhard, M. (2007). Culture, self and identity. Inter-activist contributions to a metatheory for cultural psychology. *Culture & Psychology*, 13(3), 259–295. DOI: 10.1177/1354067X07079881
- Coburn, W. W., Aikenhead, G. (1997). *Cultural Aspects of Learning Science. Scientific Literacy and Cultural Studies Project*, (13). Available from: http://scholarworks.wmich.edu/science_slcsp/13
- Cordella, B., Signore, F., Andreassi, S., De Dominicis, S., Gennaro, G., Iuso, S., Mannarini, T., Kerusauskaite, S., Kosic, A., Reho, M., Rochira, A., Rocchi, G., & Salvatore, S. (2023). How socio-institutional contexts and cultural worldviews relate to COVID-19 acceptance rates: A representative study in Italy. *Social Science & Medicine*. DOI: 10.1016/j.socscimed.2023.115671
- Cremaschi, M., Fioretti, C., Mannarini, T., & Salvatore, S. (2021). *Culture and Policy-Making*. Springer.
- De Groot, J. I., & Thøgersen, J. (2018). Values and pro-environmental behaviour. *Environmental Psychology: An Introduction*, 167-178. DOI: 10.1002/9781119241072.ch17
- De Luca Picione, R. (2020). The Semiotic Paradigm in Psychology. A Mature Weltanschauung for the Definition of Semiotic Mind. *Integrative Psychological and Behavioral Science*, 54(3), 639-650. DOI: 10.1007/s12124-020-09555-y
- De Luca Picione, R. (2022). Il confine come dispositivo semiotico essenziale per la costruzione dell'esperienza umana. Dalla semiotica di Lotman alla psicoanalisi. *Lexia, Rivista Internazionale di Semiotica*, 39-40, 279-302. DOI: 10.53136/979122180426316
- De Luca Picione, R., & Salvatore, S. (2023). Mind is movement: We need more than static representations to understand it. In J. Valsiner (Ed.), *Farewell to variables* (pp. 137-157). Information Age Publishing Inc.
- De Saussure, F. (1916). *Course in General Linguistics*. London: Duckworth.
- Donmez-Turan, A., & Kiliçlar, I. E. (2021). The analysis of pro-environmental behaviour based on ecological worldviews, environmental training/knowledge and goal frames. *Journal of Cleaner Production*, 279, 123518. DOI: 10.1016/j.jclepro.2020.123518
- Douglas, M. (1986). *How Institutions Think*. Syracuse University Press.

- Eco, U. (1975). *A Theory of Semiotic*. Indiana University Press.
- ElHaffar, G., Durif, F., & Dubé, L. (2020). Towards closing the attitude-intention-behavior gap in green consumption: A narrative review of the literature and an overview of future research directions. *Journal of Cleaner Production*, 275, 122556. DOI: 10.1016/j.jclepro.2020.122556
- Fronterotta, F., Di Letizia, R., & Salvatore, S. (2018). Processual monism: A fresh look at the mind-body problem. *Minds and Matter*, 16(2), 167–194.
- Ghasemi, B., Kyle, G. T., & Absher, J. D. (2020). An examination of the social-psychological drivers of homeowner wildfire mitigation. *Journal of Environmental Psychology*, 70, 101442. DOI: 10.1016/j.jenvp.2020.101442
- Gordon, J. S., Luloff, A., & Stedman, R. C. (2012). A multisite qualitative comparison of community wildfire risk perceptions. *Journal of Forestry*, 110(2), 74-78. DOI: 10.5849/jof.10-086
- Juvan, E., & Dolnicar, S. (2014). The attitude-behaviour gap in sustainable tourism. *Annals of Tourism Research*, 48, 76-95. DOI: 10.1016/j.annals.2014.05.012
- Kerušauskaitė, S., Reho, M., Mannarini, T. (2023). A Tool to Analyze the Cultural Milieu: View of Context (VOC). In S. Salvatore, G. A. Veltri, & T. Mannarini (Eds.), *Methods and Instruments in the Study of Meaning-Making* (pp. 127-153). Springer.
- Koenig-Lewis, N., Palmer, A., Dermody, J., & Urbye, A. (2014). Consumers' evaluations of ecological packaging—Rational and emotional approaches. *Journal of Environmental Psychology*, 37, 94-105. DOI: 10.1016/j.jenvp.2013.11.009
- Leiserowitz, A. (2006). Climate change risk perception and policy preferences: The role of affect, imagery, and values. *Climatic Change*, 77(1-2), 45-72. DOI: 10.1007/s10584-006-9059-9
- Li, D., Zhao, L., Ma, S., Shao, S., & Zhang, L. (2019). What influences an individual's pro-environmental behavior? A literature review. *Resources, Conservation and Recycling*, 146, 28-34. DOI: 10.1016/j.resconrec.2019.03.024
- Mannarini, T., Rochira, A., Ciavolino, E., Russo, F., & Salvatore, S. (2020). The demand for populism. A psycho-cultural based analysis of the desire for non mainstream political representation. *Psychology Hub*, 37(2), 31–40. DOI: 10.13133/2724-2943/17161
- Manzotti, R. (2010). There are no Images (to be seen) or the fallacy of the intermediate entity. *APA newsletters*, 9(2), 59-66.
- Martin, W. E., Martin, I. M., & Kent, B. (2009). The role of risk perceptions in the risk mitigation process: The case of wildfire in high risk communities. *Journal of Environmental Management*, 91(2), 489-498. DOI: 10.1016/j.jenvman.2009.09.007

- Meldrum, J. R., Brenkert-Smith, H., Champ, P., Gomez, J., Falk, L., & Barth, C. (2019). Interactions between resident risk perceptions and wildfire risk mitigation: evidence from simultaneous equations modeling. *Fire*, 2(3), 46. DOI: 10.3390/fire2030046
- Meloni, A., Fornara, F., & Carrus, G. (2019). Predicting pro-environmental behaviors in the urban context: The direct or moderated effect of urban stress, city identity, and worldviews. *Cities*, 88, 83-90. DOI: 10.1016/j.cities.2019.01.001
- Nagle, M. G. (2018). *Wildfire Risk Perception and Homeowner Mitigation: Evidence from Montana*. Dissertation, University of Montana, Missoula. <https://scholarworks.umt.edu/etd/11158>
- O'Neill, S., & Nicholson-Cole, S. (2009). "Fear won't do it": Promoting positive engagement with climate change through visual and iconic representations. *Science Communication*, 30(3), 355-379. DOI: 10.1177/1075547008329201
- Peirce, C. S. (1932). On Sign. In C. Hartshorne, & P. Weiss (Eds.), *Collected Papers of Charles Sanders Peirce* (Volume II). Harvard University Press [Original version: 1897].
- Plavsic, S. (2013). *An investigation of gender differences in pro-environmental attitudes and behaviors*. Honors Scholar Theses. 404. https://opencommons.uconn.edu/srhonors_theses/404
- Reho, M., & Salvatore, S. (2024). Redefining Meaning: A Micro-Genetic Model of the Constitution of Experience. *Integrative Psychological and Behavioral Science*, 1-8. DOI: 10.1007/s12124-024-09849-5
- Reho, M., Ballarotto, G., Velotti, P., & Salvatore, S. (2024b). *Managing climate crisis through the affects: a semiotic cultural perspective in the improving of pro-environmental behaviors*. [Manuscript submitted for publication].
- Reho, M., Kerušauskaitė, S., Cordella, B., & Gennaro, A. (2023). The representation of climate change: A retrospective newspaper analysis. *Rivista di Psicologia Clinica – Open Access*, (2). DOI: 10.3280/rpc1-2023oa15951
- Reho, M., Veneziani, G., Ciacchella, C., Gennaro, A., Salvatore, S., & Lai, C. (2024a). The influence of cultural worldviews on the association between wildfire risk perception and preventive behaviors. *Psychology Hub*, 41(2). DOI: 10.13133/2724-2943/18435
- Russell, S. V., Young, C. W., Unsworth, K. L., & Robinson, C. (2017). Bringing habits and emotions into food waste behaviour. *Resources, Conservation and Recycling*, 125, 107-114. DOI: 10.1016/j.resconrec.2017.06.007
- Russo, F., Mannarini, T., & Salvatore, S. (2020). From the manifestations of

- culture to the underlying sensemaking process. The contribution of semiotic cultural psychology theory to the interpretation of socio-political scenario. *Journal for the Theory of Social Behaviour*, 50(3), 301-320. DOI: 10.1111/jtsb.12235
- Salvatore, S. (2012). Social life of the sign: Sense-making. In J. Valsiner (Ed.), *The Oxford handbook of culture and psychology* (pp. 241-254). Oxford Academic.
- Salvatore, S. (2013). The reciprocal inherency of self and context. Notes for a semiotic model of the constitution of experience. *Interaccões*, 9, 20-50. DOI: 10.25755/int.2840
- Salvatore, S. (2016). *Psychology in Black and White: The project of a theory-driven science*. Information Age Publishing Inc.
- Salvatore, S. (2018). Cultural Psychology as the Science of Sensemaking: A Semiotic-cultural Framework for Psychology. In A. Rosa & J. Valsiner (Eds.), *The Cambridge Handbook of Sociocultural Psychology*, 2nd Edition (pp. 35-48). Cambridge University Press.
- Salvatore, S. (2019). Beyond the meaning given. The meaning as explanandum. *Integrative Psychological and Behavioral Science*, 53(4), 632-643. DOI: 10.1007/s12124-019-9472-z
- Salvatore, S., & Cordella, B. (2024). *Foundations of the Psychological Intervention: A Unifying Theoretical and Methodological Framework*. Taylor & Francis.
- Salvatore, S., & Venuleo, C. (2013). Field dependency and contingency in the modelling of sensemaking. *Papers on Social Representation*, 22(2), 21.1-21.41. <http://www.psych.lse.ac.uk/psr/>
- Salvatore, S., & Zittoun, T. (Eds.). (2011). *Cultural psychology and psychoanalysis: Pathways to synthesis*. IAP Information Age Publishing.
- Salvatore, S., Avdi, E., Battaglia, F., Bernal-Marcos, M. J., Buhagiar, L. J., Ciavolino, E. *et al.* (2019b). Distribution and Characteristics of Symbolic Universes Over the European Societies. In S. Salvatore, V. Fini, T. Mannarini, J. Valsiner, & G. A. Veltri (Eds.), *Symbolic Universes in Time of (Post)Crisis. The Future of European Societies* (pp. 25-49). Springer.
- Salvatore, S., De Fortuna, A.M., Reho, M., De Luca Picione, R. (2024a). L'inestricabilità e reciproca ineranza tra il soggetto e il contesto. Lineamenti di un modello semiotico-dinamico della costruzione dell'esperienza. In E. Martini, F. Pergola, & R. De Luca Picione (Eds.), *Confini, liminalità e metamorfosi. La complessità del confine nell'esperienza dell'umano*. Mimesis.
- Salvatore, S., De Luca Picione, R., Cozzolino, M., Bochicchio, V., & Palmieri, A. (2022). The role of affective sensemaking in the constitution of experience. The affective pertinentization model (APER). *Integrative*

- Psychological and Behavioral Science*, 1-19. DOI: 10.1007/s12124-020-09590-9
- Salvatore, S., Fini, V., Mannarini, T., Veltri, G. A., Avdi, E., Battaglia, F., *et al.* (2018). Symbolic universes between present and future of Europe. First results of the map of European societies' cultural milieu. *PLoS ONE*, 13(1), e0189885. DOI: 10.1371/journal.pone.0189885
- Salvatore, S., Palmieri, A., Picione, R. D. L., Bochicchio, V., Reho, M., Serio, M. R., & Salvatore, G. (2024b). The affective grounds of the mind. The Affective Pertinentization (APER) Model. *Physics of Life Reviews*, 50, 143-165. DOI: 10.1016/j.pprev.2024.07.008
- Salvatore, S., Picione, R. D. L., Bochicchio, V., Mannino, G., Langher, V., Pergola, F., ... & Venuleo, C. (2021). The affectivization of the public sphere: the contribution of psychoanalysis in understanding and counteracting the current crisis scenarios. *International Journal of Psychoanalysis and Education: Subject, Action & Society*, 1(1), 3-30. DOI: 10.32111/SAS.2021.1.1.2
- Salvatore, S., Valsiner, J., & Veltri, G. A. (2019a). The Theoretical and Methodological Framework. Semiotic Cultural Psychology, Symbolic Universes and Lines of Semiotic Forces. In S. Salvatore, V. Fini, T. Mannarini, J. Valsiner, & G. A. Veltri (Eds.), *Symbolic Universes in Time of (Post)Crisis. The Future of European Societies* (pp. 25-49). Springer.
- Smith, N., & Joffe, H. (2013). Climate change in the British press: The role of the visual. *Journal of Risk Research*, 16(2), 211-230. DOI: 10.1080/13669870802586512
- Tamar, M., Wirawan, H., Arfah, T., & Putri, R. P. S. (2020). Predicting pro-environmental behaviours: the role of environmental values, attitudes and knowledge. *Management of Environmental Quality: An International Journal*, 32(2), 328-343. DOI: 10.1108/MEQ-12-2019-0264
- Valsiner, J. (2007). *Culture in Minds and Societies. Foundations of Cultural Psychology*. Sage Publications.
- Valsiner, J. (2014). *An invitation to cultural psychology*. Sage Publications.
- Wittgenstein, L. (1958). *Philosophical Investigations*. Basil Blackwell. [Original work published 1953].
- Wolters, E. A. (2023). Homeowner firewise behaviors in fire-prone central Oregon: An exploration of the attitudinal, situational, and cultural worldviews impacting pre-fire mitigation actions. *Journal of Environmental Management*, 327, 116811. DOI: 10.1016/j.jenvman.2022.116811
- Xie, B., Brewer, M. B., Hayes, B. K., McDonald, R. I., & Newell, B. R. (2019). Predicting climate change risk perception and willingness to act. *Journal of Environmental Psychology*, 65, 101331. DOI: 10.1016/j.jenvp.2019.101331

- Xue, W., Hine, D. W., Marks, A. D., Phillips, W. J., & Zhao, S. (2016). Cultural worldviews and climate change: A view from China. *Asian Journal of Social Psychology*, 19(2), 134-144. DOI: 10.1111/ajsp.12116
- Zajonc, R. B. (1980). Feeling and thinking: Preferences need no inferences. *American Psychologist*, 35(2), 151–175. DOI: 10.1037/0003-066X.35.2.151

An investigation into the quality of services provided by a psychiatric day center in the representations of the actors involved



Carlo Foddis*, Giulia Sarnataro*, Noemi Carminati*,
Valeria Di Bartolomei**, Natalia Palermo**, Eleonora Amicosante***,
Andrea Colacicco*, Chiara Mesoraca**, Alessandro Grispini****

Submitted: 10/10/23

Accepted: 17/12/24

Abstract

Objective: This survey aims to explore the quality of social and health services provided by a psychiatric Day Centre according to the representations proposed by the various actors involved. *Methods:* The quality topic was investigated through a mixed research approach, which is useful for acquiring both qualitative and quantitative information, integrating various sources (operators, technicians, and users), and using different survey techniques. A pool of instruments was defined, ranging from measures of association and graduation between variables (Pearson's X^2 , Kendall's Tau-c) to lexicometric analysis on narrative-type sources, functional to formulating hypotheses on the actual functioning of the Service. *Results:* An overall set of quality performance indicators of the Day Centre was identified, to suggest specific lines of organizational intervention. *Conclusions:* A vision of Quality as the productive competence of a given health context in providing

* Complex Operational Unit (UOC) of Mental Health Services, District II, DSM, ASL Roma1.

** Psychologist.

*** Psychologist, psychotherapist.

**** Former Head of the Complex Operational Unit (UOC) of Mental Health Services, District II, DSM, ASL Roma1.

Corresponding Author: Carlo Foddis, ASL Roma1, UOC Salute Mentale Distretto II, Via Sabrata 12, 00198 Roma (Italy). E-mail: carlo.foddis@aslroma1.it

Rivista di Psicologia Clinica (ISSNe 1828-9363), n. 2/2024

DOI: 10.3280/rpc2-2024oa16645

71

effective and sustainable responses to the health demand of the population served is described. It can be assessed through a survey procedure based on qualitative-quantitative methods of reading and analyzing specific indicators deduced from the social representations of the actors involved.

Keywords: quality, mixed methods, case study, organizational analysis, social representations.

Quality in Healthcare

For several decades, quality, efficiency, and equity/accessibility of healthcare services have been central to an extensive and lively technical debate. The need for healthcare systems to respond to the growing demand for health and the evolving needs and expectations of the population served has driven the continuous introduction of clinical and managerial innovations to achieve more efficient spending management and greater effectiveness in outcomes. Starting from Donadegan's classic contribution (1980), a distinction emerges between technical, interpersonal and comfort-related aspects as constitutive elements of the quality of care, which can be investigated along three axes: the process (professional quality), the structure (organizational-managerial quality), and the outcome (perceived quality and evaluation of the outcome). Specifically, quality understood in its technical/professional dimension would primarily refer to the evaluation of the appropriateness of procedures and services provided by healthcare personnel, developing into various approaches (Pagano & Vittadini, 2004; Scrivens, 1997), such as: Clinical audit; Quality Assurance or VRQ; Professional accreditation based on peer review mechanisms; and primarily Evidence-Based Medicine (EBM) concerning practices and gold standards. On the other hand, quality related to the organizational-managerial dimension, on the other hand, would focus on managerial-administrative aspects, structural issues, resource/equipment management, and coordination of information flows. In this area, programs for the accreditation of healthcare facilities for excellence and Quality Management Systems (Total Quality Management and ISO UNI EN 9000 standards) would be of particular importance, based on a slow reconsideration of hierarchical-functional

models according to increasingly process-oriented logics (Costa & Gubitta, 2004; Foddìs, 2011). Finally, quality understood in the dimension of the outcome/outcome would show further articulations on two main levels: on the one hand, the models linked to the measurement of the effectiveness/performance of healthcare facilities in specific clinical outcomes (in-hospital mortality, post-operative quality of life, days of hospitalization or presence of specific sentinel events); on the other, the participatory analysis of quality, based on the definition of listening models applicable for the systematic collection of information on the Company's ability to intercept and satisfy the needs of patients (patient satisfaction) and to create favorable working conditions for operators (job satisfaction).

Within this multidimensional framework, the community psychiatry field has addressed the quality issue through various organizational-managerial and technical-professional proposals. For example, the management of waiting lists and service delivery times are key strategic indicators of timeliness, efficiency, and continuity of care (Rebba, 2010; Vaccaro & Barletta, 2003), or the development of models for understanding user needs in choosing clinical pathways to implement (Carli, Paniccia & Lancia, 1988; Gilliéon, 2007; Luborsky & Crits-Christoph, 1992), resulting in the use of standardized procedures to organize, uniformly, interindividual modalities and the standard conditions for implementing interventions (Bateman, Fonagy, 2019; Bolelli, 1996; Clarkin *et al.*, 2006; Linehan, 2014; Luborsky, 1989; Nicolò, 2021). Finally, the dimension of quality related to outcomes references a broad range of contributions (De Coro *et al.*, 2010; Rossi, 2003; Roth & Fonagy, 1998; Timulak, 2009; Westen *et al.*, 2004), aimed not only at identifying valid and reliable indicators/predictors of outcomes in various clinical trajectories (e.g., discharges, drop-outs, chronicity) (Carli & Paniccia, 2011; Fava & Masserini, 2002; Lingiardi, 2002; Liotti & Monari, 2003), but also at the empirical verification of the comparative effectiveness of different treatments (Chambless & Hollon, 1998; Dazzi *et al.*, 2006; Sakaluk *et al.*, 2019) in the realm of Empirically Supported Treatments (ESTs). More recently, this has extended to evaluating clinical pathways in real-world situations through naturalistic observational studies mainly conducted within the public healthcare setting (Giordano *et al.*, 2021; Lora *et al.*, 2004; Tarallo *et al.*, 2020). The identification of interesting correla-

tions between levels of satisfaction expressed about healthcare services and therapeutic compliance/adherence (Subeesh *et al.*, 2019) has further contributed to the growing prominence of research on *perceived quality*, in which the attention shifts to the evaluation of the subjective point of view, expressed by the actors involved in the care process, concerning satisfaction and quality of services (Cortese *et al.*, 2010; Hod & Yaron, 2015; Manna & Dicuonzo, 2018). However, listening models for opinions and satisfaction levels in psychiatry present specific challenges, particularly in defining methodologies for collecting an empirical basis that is reliable and sensitive enough to the cognitive and emotional functioning levels of the *target* population, especially in chronic psychiatric conditions. Consequently, these models frequently involve the participation of caregivers in advocacy roles (Buscaglia *et al.*, 2004; Cozza *et al.*, 1997; Chiappelli *et al.*, 2000; Lomonaco *et al.*, 2003; Ruggeri, 1993; Ruggeri *et al.*, 1993) or the integration of data from epidemiological studies and corporate information systems (Barcella *et al.*, 2010; Biggieri, 1994; Pacaloni *et al.*, 2004).

Limits of measurability of the construct in real contexts

In the framework outlined, Quality is a conceptual and methodological tool aimed at producing a more efficient organization of healthcare processes, capable of promoting accessibility, appropriateness, and homogeneity in the delivery of clinical pathways. It also actively responds to the evolving needs and expectations of the served population, generating perceptions of satisfaction within a sustainable system framework. Therefore, multidimensional constructs, whose specific declinations within the various real care contexts, often take on evident critical aspects regarding the performance dimensions of process/outcome and organizational efficiency in the context of the procedures for assessing the levels of user satisfaction.

A frequently encountered fact (Cinotti, 2004), for example, concerns the substantial variability of performances linked to indicators of efficiency of production processes and effectiveness in outcomes, observable independently of the quantity of resources invested and the degree of technological-organizational sophistication present in such

healthcare systems. This issue can be attributed (Grilli & Taroni, 2004), on the one hand, to the usual difficulty in managing high levels of complexity given by the multiplicity of patients' healthcare needs, on the other to the poor integration between organizational-managerial models of quality improvement, borrowed from the entrepreneurial field, and technical-healthcare approaches that tend to focus exclusively on aspects of appropriateness of clinical decisions. These are problems that would have only been partially solved by resorting to more concerted approaches based on the integration of different tools, indicators and systematized operational actions (Foddìs *et al.*, 2021, 2023), as in the experience of *clinical governance* (Lega, 2016).

At the same time, observing more carefully the area of perceived quality, it emerges that the majority of user satisfaction evaluation programs appear essentially inspired by logic borrowed, often uncritically, from customer satisfaction and as such, not fully applicable in the healthcare sector, if not at the cost of gross simplifications linked to questionable equivalences between “person who lives a subjective and somatic experience of illness” and “customer of a service”. Furthermore, the consideration of the high levels of satisfaction, around 80%, expressed by the subjects participating in customer satisfaction surveys generally proposed in the healthcare sector, seems to pose a serious problem of absolute reliability of such surveys (Carr-Hill, 1992; Voutilainen, *et al.*, 2015; 2016). In fact, a series of conceptual aspects that are all too often not previously clarified during the design phases of the surveys come into play to fuel uncertainty regarding the validity of patient satisfaction surveys: first and foremost, the idea that the judgment of satisfaction with the health services used depends exclusively on the fulfillment of the person's previous expectations (Fitzpatrick & Hopkins, 1983); furthermore, in an even more questionable manner, the failure to consider the profound difference that exists between the expectations of the individual and the needs of the community served and on which, in particular, the Health System should electively organize its healthcare responses (Lerza, 2011).

The model of patient satisfaction understood as correspondence to the expectations of the user of healthcare services, starting from the research of Linder-Pelz (1982), would also show many weaknesses when applied to real healthcare contexts, primely characterized by aspects of uncritical passivity and delegation or by different hierarchies

of priorities, elicited by such healthcare situations in the variously involved subjects.

The evaluation of perceived quality appears, therefore, to be a complex methodological operation (Parasuraman, *et al.*, 1988; Ruggeri, 1996; Zeithaml, *et al.*, 1990) that primarily draws attention to the fact that users generally possess limited information about the management procedures and the regulatory and financial constraints underlying the provision of health services, with the risk of overlapping their desires with the actual priorities of the structure. On the other hand, “giving voice” to the recipients of health services means accessing a multitude of valuable information regarding the relationship models between interviewees and the healthcare institution in terms of needs, experiences, expectations, and requirements. In this perspective, the meaning of the concept of patient satisfaction, rather than referring to previous expectations, would seem to depend primarily on the role in which the user perceives himself or is identified by and in the relationship with the health system to which he belongs (Cipolla *et al.*, 2002; Zastowny, 1995).

The interesting trajectory “patient/user/client/stakeholder/citizen” (Cinotti & Cipolla, 2003) seems, therefore, to tell the changes in the identification of the recipient of the care processes observed in recent decades, making it clear how the very way of defining the person belonging to a Health Service probably represents the most powerful organizer of the clinical relationship model and, indirectly, of the quality/satisfaction evaluation paths that will be consequently implemented in this care context.

Along a dimensional continuum, it is then possible to imagine how the term “patient” (from the Latin *patiēnte*, he who endures, tolerates, suffers) tends to be associated more closely with the concept of pathology understood as somatic *disease* (Illich, 1976; Good, 1994) while the term “citizen” favors, in a more natural way, the consideration also of the social and affective aspects present in the concept of *illness*, favoring broader readings and articulations of the construct of Quality and its possible assessment.

Method

The critical issues identified have oriented this work towards the definition of an alternative methodological proposal for evaluating the quality of services provided by a specific care context. The perspective adopted, in particular, has: a) tried to anchor the quality construct to the theme of the functionality of the productive coexistence system traceable within a specific context; b) integrated information and representations on the Service produced by the different actors, involved in various capacities in the care process; c) used tools and strategies for data collection and processing differentiated along the qualitative-quantitative continuum, placing itself within a framework of methodological reflections typical of Mixed Methods Research (Amaturo & Punziano, 2016; Mauceri, 2019); d) considering the perceived quality not with marginal functions, as a simple corollary to the technical evaluation of the clinical-operational aspects (process) and managerial-organizational (structure), but as a privileged channel of knowledge access to the relationship between the concrete health action of the operators and the relative representations evoked in the population served; e) finally, understood this method of investigation as potentially applicable, with the same purposes, to the evaluation of different healthcare contexts.

Sample

The investigation was conducted in the context of a Psychiatric Day Center (PDC), a semi-residential structure located in the Italian city area of competence and with therapeutic-rehabilitative functions dedicated to a population of people between 25 and 70 years of age approximately, affected by a variety of psychiatric disorders of a predominantly psychotic type (schizophrenia and affective psychosis), severe/recurrent mood disorders or borderline personality disorders (low-functioning cluster A and B) (American Psychiatric Association, 2013; Lingiardi & McWilliams 2017) with different clinical profiles of autonomy and socio-affective functioning. The integration between a healthcare team and a group of operators belonging to a type B social cooperative (Law 381/1991), involved in the provision of laboratory

activities, allows the pursuit of rehabilitation objectives in patients related to the management of activities and requests of daily life and more functional adhesion to dyadic and group interpersonal relationships.

In particular, the investigation involved: 62 psychiatric users (33 males; mean age 49.1 years; SD = 11.9); 12 laboratory technicians (9 females; mean age 49.5 years; SD = 9.6); 7 healthcare workers (5 females; mean age 43.7 years; SD = 12.1).

The evident heterogeneity of the subjects involved, in terms of roles, levels of knowledge of the organizational context, and different capacities for symbolic representation of their affective-relational experience, suggested, during the research planning phase, the preparation of differentiated tools and strategies for detecting their respective opinions and perceptions on the Quality and functioning of the Service.

Procedure

The data were collected between May and November 2021 following these points: a) the administration of a patient satisfaction questionnaire addressed to users (62 subjects) attending at least one of the laboratory activities offered by the PDC during the chosen time window, and interested in joining the survey by signing the prepared informed consent; b) the administration of a job satisfaction questionnaire addressed to all laboratory technicians (12 subjects) permanently employed in the Service; c) the compilation of an organizational Check-List by healthcare workers (7 subjects) employed by the PDC; d) conducting and audio-recording three plenary *focus groups* dedicated to healthcare personnel and laboratory technicians on topics relating to the evaluation of the organizational functioning of the PDC.

Data analysis

The research involved collecting and processing data from the different information sources following development phases: a) the first objective was to evaluate the levels of satisfaction perceived by

patients with respect to the quality and methods of delivery of social-assistance services used in the PDC. The SPSS software (ver. 19) allowed the analysis of the association and co-gradation relationships of the variables, expressed at nominal and ordinal levels, taken from the questionnaire items dedicated to the users. The Kendall Tau Index, in particular, proved to be statistically suitable for evaluating the relationship between two ordinal quantitative variables on samples of small subjects and for which the normal distribution is not assumed (non-parametric test); b) the second objective, in parallel, concerning the evaluation of the perceptions of laboratory technicians and the functionality and related critical issues of their work experience within the PDC. The analysis of the frequency distributions detected by the questionnaire dedicated to technicians was carried out using the SPSS software (ver. 19); c) the evaluation of the observation vertex proposed by the healthcare workers, with respect to the shared organizational context, represented the third objective of the survey, conducted through an Organizational Check-list and the analysis of the frequency distributions carried out with the support of the SPSS software (ver. 19); the viewpoint of healthcare and laboratory staff regarding the critical issues of the productive coexistence system within the Service and the relationships with the users under care was also explored through a lexicometric analysis of textual material from different sources: three focus groups; open-ended questions from the questionnaire dedicated to laboratory technicians; the descriptions provided by operators and technicians in the Annual Project, submitted to the institutional client, regarding objectives, educational content, and methods of delivering clinical-rehabilitative activities. The T-Lab software (ver. 5.5 PRO), in particular, allowed for identifying relationships between profiles of co-occurrences of lexical units (LU), on the one hand aiming to highlight specificities through Association and Comparison algorithms between pairs of LU, and on the other hand synthesizing the information through ECT (Elementary Context Types) algorithms based on Cluster Analysis and Correspondence Analysis models (Lancia, 2004). This qualitative analysis of the textual corpus was aimed at a clearer specification of the quantitative data expressed by operators and technicians in the respective tools dedicated to the relative perceptions of quality. Unfortunately, in the time window dedicated to the research it was not possible, for organizational reasons and user functionality, to carry out

a similar collection of textual material on the patients involved, an aspect that presumably would have allowed a more articulated construction of hypotheses. Quantitative data obtained from the three specifically designed structured tools, analyzed using the SPSS software (version 19), and qualitative data relating to the narrative corpus obtained, analyzed using the T-Lab software (version 5.5 Pro), were thus understood as hierarchically integrated within the same design.

Measures

The tools used in this survey were created ad hoc according to the objectives outlined. In particular, the questionnaire proposed to users, entitled “Your point of view”, is composed of 11 items (rating; forced choices between opposites) and includes a personal data section and the following four thematic areas: 1) *Function/Purpose* of health or professionalizing nature mainly attributed by the subject to the PDC in relation to his/her therapeutic-rehabilitative project; 2) *Methods/Expectations of relationship* with the Service in the context of participation in rehabilitation activities; 3) *Perception of satisfaction/appreciation* expressed on various aspects of the functioning of the Service; 4) *Results/Personal changes* that the patient believes to have achieved following the attendance of the PDC activities.

The perceptions of laboratory technicians were collected through the questionnaire “My work well-being”, composed of 11 items in total, the first 8 of which were closed (one response among alternatives or rating scale), aimed at identifying the critical issues relating to the organizational functioning of the Service, followed by three open-discursive questions relating to the methods of relationship with both healthcare workers and patients in charge.

Finally, the description of the representations of healthcare workers with respect to the functional, organizational and interpersonal dimensions of their work experience within the PDC was carried out through an Organizational Checklist. A tool composed of 60 closed items (rating scales) with scores expressed on a Likert scale from 0 to 5 and divided thematically into three macro-areas: a) Structure, 10 items on the characteristics of the work environment; b) Process, 38 items related to 9 sub-areas (Sending/reception methods; User assessment;

Therapeutic interventions; Relationships within the team; Relationships with technicians; Relationships with the population in charge; Stress factors; Problem-solving strategies; Professional updating/training); c) Outcomes, 12 items distributed in 3 sub-areas (Evaluation of service objectives/performance; Perceived quality; Forward-looking vision).

Results

The following presents the findings from the data analysis based on the empirical data collected through the various investigative methods described. The first subsection is dedicated to the results on patient satisfaction, followed by the descriptions of the results from both quantitative and qualitative analyses performed on the representations provided by laboratory technicians and healthcare operators.

Patient Satisfaction Results. Table 1 below shows the satisfaction levels expressed by users (62 subjects, 33 males; average age 49.1 years, SD = 11.9) across a wide range of service functioning aspects.

A variable percentage, but always less than 20% of the subjects, expresses negative judgments on specific areas of service delivery considered in the study. The user group shows significant gender differences, with higher satisfaction expressed by women (Pearson's $\chi^2 = 9.09$; $p = .011$), only regarding the aspect of the variety of activities and services offered by the PDC.

This first general survey of the levels of satisfaction expressed by users required further specification through the evaluation of the demand and the expectations of the relationship addressed by users to the Service. In particular, the function/purpose variable attributed to the PDC allowed a group differentiation based on the relative expectations of the relationship with the context. This variable, taken from the dedicated area of the questionnaire, distinguishes the users involved in 53% (n. 33) of subjects who attribute greater weight to the health aspects of their care path and 47% (n. 29) who identify in own participation in the PDC for primarily socio-work purposes. Specifically, in the group whose attribution of professionalizing functions to the PDC prevails, more defined expectations of the relationship with

the context and higher satisfaction levels on a range of services can be identified. This part of the user group shows greater perceived satisfaction regarding: a) the clarity of information provided by operators about the rehabilitative pathway (Tau C value=.632; sign=.030; X² value=7,250; df 2; sign= .027); b) the support/help in managing unexpected issues and problems provided by the operators (Tau C value=.596; sign=.046; X² value=7.035; df 2; sign= .030); c) the quality of knowledge and skills proposed by the laboratories (Tau C value=.674; sign. .023; X² value=6.302; df 2; sign= .043); d) the recreational and cultural external activities offered (Tau C value=.687; sign=.024; X² value =5,536; df 2; sign=.039).

Tab. 1. Quality judgments expressed by users with respect to 9 dimensions of functioning of the Day Centre

| Dimensions | Perceived quality judgment | | | Tot % |
|---------------------------------------|----------------------------|-------------|------------|----------|
| | Low | Moderate | High | |
| Reception/availability of operators | 0 | 32,3% (20) | 67,7% (42) | 100 (62) |
| Clarity of information | 11,3% (7) | 38,7% (24) | 50% (31) | 100 (62) |
| Activities/services | 9,7% (6) | 48,4 % (30) | 41,9% (26) | 100 (62) |
| Comfort environments | 11,3% (7) | 53,2% (33) | 35,5% (22) | 100 (62) |
| Laboratory equipment | 19,4% (12) | 46,8 % (29) | 33,9% (21) | 100 (62) |
| Warmth/positive atmosphere | 4,8% (3) | 40,3% (25) | 54,8% (34) | 100 (62) |
| Support in Managing Unexpected Issues | 4,8% (3) | 46,8% (29) | 48,4% (30) | 100 (62) |
| Learning utility | 3,2% (2) | 51,6% (32) | 45,2% (28) | 100 (62) |
| Project sharing | 14,5% (9) | 43,5% (27) | 41,9% (26) | 100 (62) |

This different perception of PDC present in the group with predominantly work-related expectations also tends to translate into greater levels of: a) active participation/adhesion to the therapeutic project (Tau C value=.681; sign=.041; X² value=4.183; df 2; sign=.037); b) personal confidence regarding the recognition of crisis signals (Tau C value=.579; sign= .046; X² value= 5,839; df 2; sign=.037); c) ability to ask for help and rely on operators (Tau C value=.654; sign= .027; X² value= 6.705; df 2 ; sign=.033).

The search for associations and co-graduation relationships between variables has thus led to the identification of some specific perceptions regarding the functioning of the PDC, particularly those proposed by users who are able to take a more defined, committed position in their relationship with the Service and the referring operators. On the other hand, the system of perceptions regarding the PDC attributable to the group of individuals with predominantly health-related expectations appears to be less defined.

Job Satisfaction Results

The administration of the “My well-being at work” questionnaire to the laboratory technicians (n. 12) made it possible to identify the phases of the production process considered to be of more significant organizational criticality (low if identified by less than 30% of the technicians; moderate by less than 50%; high from 50% and above) and the consequent risk factors detected (Table 2).

Thus, a first representation of the Service emerges, expressed by the technicians, as difficult with respect to an effective sharing of planning and anamnestic-functional information on the users. The most immediate critical area identified involves redefining inter-functional communication methods between social and healthcare professionals during the planning and delivery of interventions.

At the same time, the organizational checklist proposed to healthcare workers (n.7) introduced a third observational perspective on the productive reality under examination. The scores deduced from the checklist were developed, at a preliminary level, to verify the concordance of the judgments expressed by the different operators. A first graphic representation of the distribution of the scores expressed is proposed in the boxplot of Fig.1 relating to the different scales of the checklist. Observing the extension of the two “whiskers”, upper and lower, and the width of the interquartile range (IQR), as indicators of dispersion of values, it emerges that the categories Sending/receiving methods, on the one hand, and Therapeutic interventions, on the other hand, are respectively the areas with the least and more significant variability in the scores attributed by the coders, both relating to the Process dimension (Cf. Figure 1).

Tab. 2. Judgments of critical issues expressed by laboratory technicians with respect to the various phases of the production process

| <i>Production process phases</i> | <i>Judgment of criticality</i> | <i>Critical factors encountered</i> |
|---|--------------------------------|---|
| Initial interview and assessment (healthcare worker/user) | Low | None |
| Case description to the technician | High | Insufficient information about users for the required technical-relational work |
| Rehabilitation project planning | High | limited involvement with the healthcare team in defining the rehabilitation project |
| Presentation of the project and activity chosen to the user | Low | None |
| User integration into the laboratory | High | Inclusion of users deemed not fully suitable for the planned laboratory activities |
| Delivery of the socio-rehabilitative laboratory program | Moderate | Need to manage unexpected emotional-relational crises of one or more participants during activities |
| Periodic monitoring and verification meetings | Low | None |

The multidimensional evaluation of the PDC carried out through the checklist highlights, on the other hand, how the scores for two of the three dimensions explored take on values that can be placed below 50% of the respective ranges (Table 3).

In the perception of the 7 healthcare workers, the Structure dimension appears to be the most problematic in terms of comfort and adequacy of environments and equipment, while generally higher average scores concern the *Outcomes* dimension relating to the quality attributed to the outcomes of their activity.

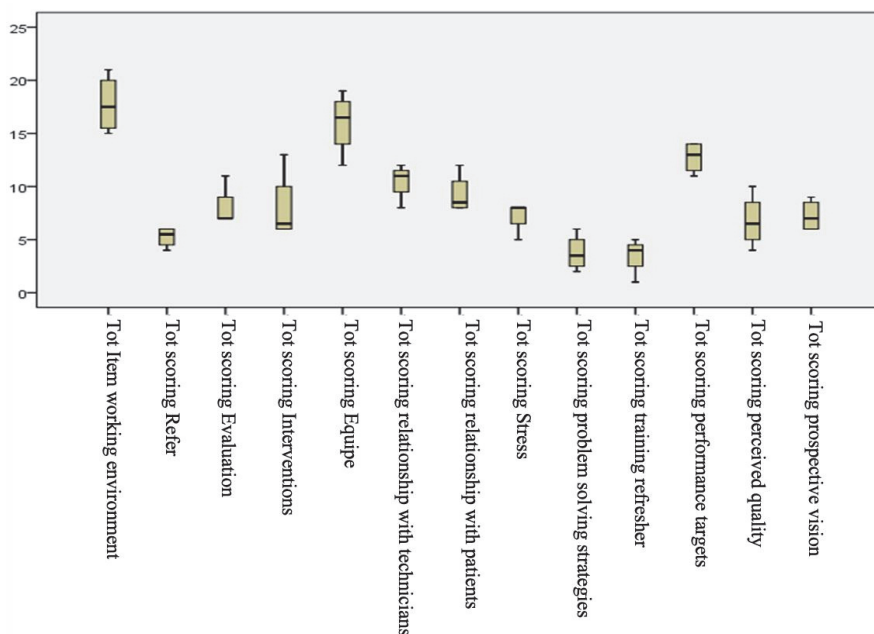


Fig. 1. Box-Plot relating to the distribution of scores of the sub-categories of the Organizational Check-List

Tab. 3. Check-List dimensions and related values attributed by operators

| Dimensions | N | Range | Min | Max | Mean | | Std. Dev. | % |
|------------|---|-------|-------|-------|---------|---------|-----------|------|
| | | | | | Statist | Err.Std | | |
| Structure | 7 | 0/40 | 15,00 | 21,00 | 17,75 | 1,376 | 2,753 | 44,3 |
| Process | 7 | 0/152 | 64,00 | 85,00 | 71,50 | 4,734 | 9,469 | 47,0 |
| Outcomes | 7 | 0/48 | 25,00 | 30,00 | 26,75 | 1,108 | 2,217 | 55,7 |
| Tot. C-L | 7 | 0/240 | 109,0 | 125,0 | 116,0 | 3,535 | 7,071 | 48,3 |

Results of lexicometric analysis

Further development of the investigation path concerned the analysis of the dialogic and descriptive narratives proposed by social and healthcare workers regarding their productive coexistence within the Service.

The textual corpus used presents a vocabulary composed of 2925 lemmas, 3395 Hapax, and 5729 graphic forms (type), with a total of

31360 occurrences (token), determining a Lexical Extension Index TTR (Type/Token Ratio) equal to 18.2 %. A text analysis was conducted through the T-Lab *Word Associations* tool. It shows the relationships between a selected keyword and the words that most frequently co-occur with it in the analyzed text. Figure 2 graphically describes the contextual meaning of the keyword *rehabilitation process* in its clinical, organizational and learning aspects within the PDC.

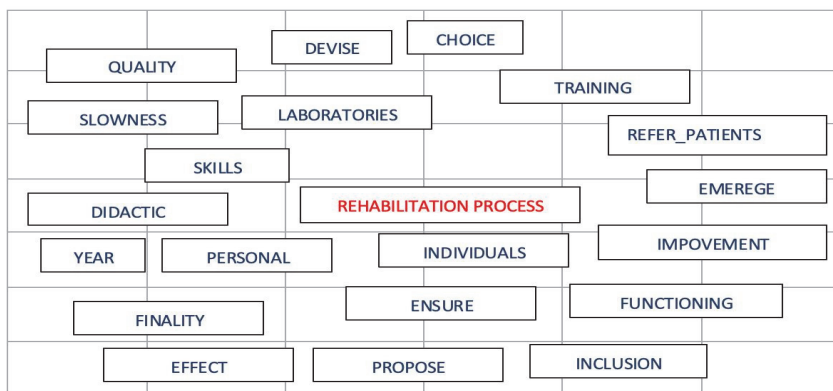


Fig. 2. Map of the keyword “rehabilitation process”

The T-Lab *Keyword Pair Comparisons* tool allows you to continue a detailed analysis of the text by detecting the words that are most frequently and differently associated with a pair of selected keywords. In particular, comparing the key words *patient* and *learner* in Figure 3, it emerges that the former is more frequently associated with *functioning*, *differentiating*, *improvement*, *psychiatric disorders* and *new crisis*. The key word *learner* is instead associated with words such as *dedicate*, *autonomy*, *support*, *motivation*, *relationships*. Two different modes of representation of the users emerge within the context of the PDC, based on the prevalent healthcare or socio-rehabilitative value attributed to their care pathway.

The transition, in the analysis of the textual corpus, to an overall vision was carried out using ECT algorithms (Elementary Context Types), based on Cluster Analysis and Correspondence Analysis models. In the *Typologies of elementary contexts* T-Lab tool, in particular, each cluster obtained from the analysis can be described using the

sentences, i.e. the elementary contexts and the words (LUs) that most characterize it, selected and ordered through the CHI square test. We opted for a 4-cluster output. The distribution of text segments across the four clusters is illustrated by Figure 4.

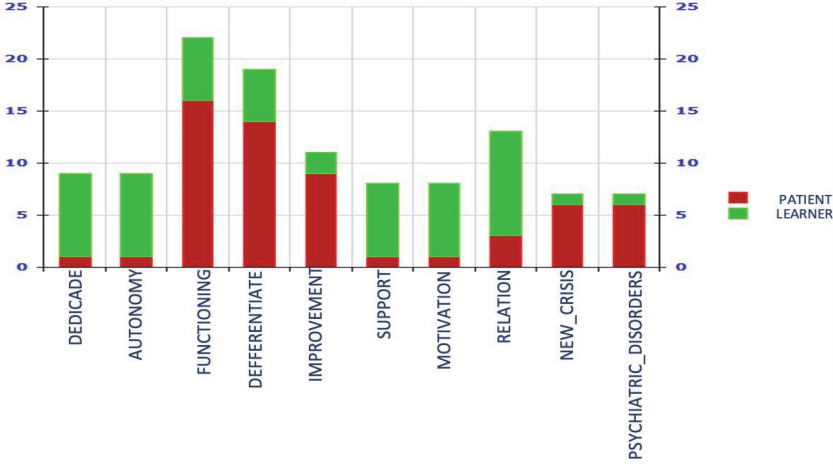


Fig. 3. Patient and Learner Keywords

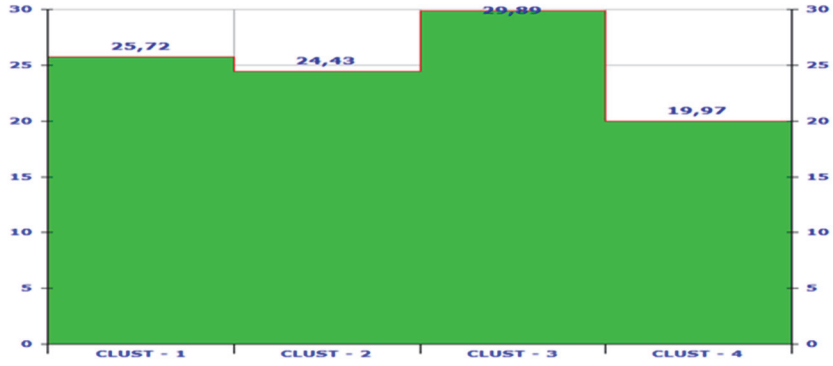


Fig. 4. Inertia explained by the 4 factors

The summary vision obtained through the ECT statistical procedures allows us to outline, through the LU. and the most characteristic phrases of each cluster, a representation of the main cultural

repertoires (Carli & Paniccchia, 2003; Foddis & Grasso, 2008) proposed by the staff with respect to the theme of the quality of services within their production context.

Cluster 3, with a higher share of elementary contexts (29.89%), is organized around the following lemmas (Table 4), which seem to reference to the objectives and results expected through the activities of the various professionalizing laboratories.

Tab. 4. Most representative lemmas of Cluster 3

| <i>Lemmas</i> | <i>X²</i> | <i>EC in cluster</i> | <i>EC in total</i> |
|------------------|----------------------|----------------------|--------------------|
| <i>Learning</i> | 89,06 | 36 | 36 |
| <i>Knowledge</i> | 33,10 | 17 | 19 |
| <i>Autonomy</i> | 29,85 | 17 | 20 |
| <i>Group</i> | 28,53 | 42 | 74 |
| <i>Skills</i> | 27,71 | 30 | 47 |
| <i>User</i> | 27,46 | 65 | 134 |
| <i>Reach</i> | 26,31 | 19 | 25 |
| <i>Practice</i> | 25,94 | 14 | 16 |
| <i>Working</i> | 24,19 | 62 | 130 |
| <i>Purpose</i> | 24,07 | 21 | 30 |
| <i>Use</i> | 23,54 | 43 | 81 |
| <i>Goals</i> | 22,24 | 36 | 65 |

The most characteristic phrases of the above cluster are: “*Specifically, the laboratory aims to provide basic learning by providing for the acquisition of knowledge such as, Basic concepts, Use of the computer and file management, Word processing, Sheets electronic devices, Internet navigation and communication. The laboratory takes place inside a dedicated room equipped with PC stations*” (score 42.445); “*The activity has three types of objectives: acquisition of the ability to use computerized audiovisual technology independently, knowing how to work in a group by developing envious skills and attitudes by sharing a common purpose (producing an audiovisual work)*” (score 41.930); “*The activity of this laboratory, aimed at job placement, involves the acquisition of knowledge useful for the restoration of antique furniture that can be revalued. To achieve this objective, the laboratory is divided into two different lines of intervention which also meet the diversified abilities of the users who take part in it*” (score 35.857).

Cluster 1, following, with a percentage of elementary contexts of 25.72%, is organized around the lemmas reported in Table 5, which seem to describe operational aspects of the relationship between health operators and laboratory technicians in the provision of social-rehabilitation services.

Tab. 5. Most representative lemmas of Cluster 1

| <i>Lemmas</i> | <i>X²</i> | <i>EC in cluster</i> | <i>EC in total</i> |
|-------------------------------|----------------------|----------------------|--------------------|
| <i>Healthcare workers</i> | 156,14 | 65 | 77 |
| <i>Laboratory technicians</i> | 100,14 | 56 | 77 |
| <i>Improvement</i> | 53,03 | 35 | 51 |
| <i>Relations</i> | 45,67 | 27 | 37 |
| <i>Presence</i> | 36,07 | 32 | 53 |
| <i>Exchange</i> | 29,25 | 14 | 17 |
| <i>Resources</i> | 21,44 | 15 | 22 |
| <i>Plenary meetings</i> | 21,21 | 10 | 12 |
| <i>Clinical condition</i> | 20,89 | 11 | 14 |
| <i>Quality</i> | 19,00 | 14 | 21 |
| <i>Situation</i> | 15,74 | 19 | 35 |
| <i>Dialogue</i> | 15,64 | 8 | 10 |

The three Elementary Contexts having the strongest statistical association with Cluster 1 are the following: *“To do this I think that dialogue and discussion between technicians and healthcare workers represent the essential element. It is in the continuous exchange between technicians and healthcare professionals that the path that the user must follow becomes clear and both professional figures are precious and complementary for the user as part of their rehabilitation path”* (score 77.042); *“The dialogue and discussion with the operators is excellent with everyone. I would like it to be possible to think of a noticeboard that contains important information for the various communications between technicians and I hope that events can be organized in which all technicians participate in encouraging aspects of socialization and consequently improving working relationships”* (score 74.996); *“In the relationship between technicians and healthcare workers, I see as strong points the historicity of the Day Centre, its location within a given territory rich in cultural suggestions and experiences, the fact that the building is owned by ASL Roma 1,*

next door to more relational aspects such as the group nature of the operator staff and the present hospitable climate” (score 65.268).

Cluster 2, with a slightly lower percentage of elementary contexts (24.43%) than the previous, one appears to be mainly composed of the lemmas listed in Tab. 6. This is attributable to the theme of personalized clinical-rehabilitation paths and the assessments of the appropriateness of the relative insertions of the user.

Tab. 6. Most representative lemmas of Cluster 2

| <i>Lemmi</i> | X^2 | <i>EC in cluster</i> | <i>EC in totale</i> |
|--------------------------|-------|----------------------|---------------------|
| <i>Patient</i> | 51,67 | 58 | 114 |
| <i>Professionalizing</i> | 49,36 | 24 | 31 |
| <i>Patient referral</i> | 34,37 | 17 | 22 |
| <i>Complexity</i> | 32,02 | 23 | 36 |
| <i>Person</i> | 29,35 | 30 | 55 |
| <i>Reality</i> | 28,51 | 29 | 53 |
| <i>Operating modes</i> | 25,71 | 19 | 30 |
| <i>Informatics</i> | 25,71 | 19 | 30 |
| <i>Choice</i> | 22,91 | 20 | 34 |
| <i>Understand</i> | 21,44 | 15 | 23 |
| <i>Support</i> | 20,11 | 12 | 17 |
| <i>Attention</i> | 19,52 | 15 | 24 |

The most characteristic Elementary Contexts of the aforementioned cluster are: “*in fact, the sending methods we are currently thinking about are based on a radical revision of these aspects which have shown in the past to favor uncritical sending, which pay little attention to the evaluation of the real capabilities of the patient and also perhaps a little too compliant towards their unrealistic requests*” (score 32.484); “*whereas in the last two or three years only one person could take the EPDCL exam. We could increase the hours of basic IT by removing them from the EPDCL to organize the offer in a more realistic way or more relevant to the real composition of the group of students belonging to the laboratory, based on actual abilities and motivations*” (score 29.868); “*I only partly understand this discourse on the need to choose and propose professionalizing workshops exclusively because in reality we risk in a choice that is too rigid and*

polarized to lose something, i.e. to do away with a certain type of activity that acts as a glue and allows even the most professionalizing workshops to reap greater rewards” (score 28.587).

Finally, the 4th cluster, with the lowest share of Elementary Contexts (19.97%) is defined by the lemmas reported in Tab. 7:

Tab. 7. Most representative lemmas of Cluster 4

| <i>Lemmas</i> | <i>X²</i> | <i>EC in cluster</i> | <i>EC in totale</i> |
|------------------------|----------------------|----------------------|---------------------|
| <i>Design</i> | 35,95 | 33 | 70 |
| <i>Video</i> | 34,80 | 13 | 17 |
| <i>Audiovisual</i> | 32,24 | 14 | 20 |
| <i>Embellishment</i> | 27,93 | 12 | 17 |
| <i>Production</i> | 27,89 | 22 | 43 |
| <i>Decorate</i> | 26,88 | 10 | 13 |
| <i>Preparation</i> | 24,38 | 11 | 16 |
| <i>Outdoor</i> | 23,82 | 13 | 21 |
| <i>Mosaic</i> | 20,32 | 16 | 31 |
| <i>Consumables</i> | 19,88 | 13 | 23 |
| <i>Artistic</i> | 19,56 | 11 | 18 |
| <i>decorated walls</i> | 19,12 | 6 | 7 |

The three Elementary Contexts having the strongest statistical association with Cluster 4 are the following: *“This year’s project is included in the more general project of the restyling of the day center. In this regard, the 6 students attending the laboratory with a variable regularity were prepared, 4 themed paintings with the 4 seasons to be set up in the main room of the Day Centre” (score 29.19); “The renewal of the design and appearance continued in the wake of the initiatives launched last year aesthetic, restyling of the Day Centre, both in relation to the internal environments, laboratories and common spaces, and the external one, composed of the two gardens, the central one and the perimeter one” (score 18.53); “The IT Laboratory and the Photo/Audio Laboratory /Video should in fact occupy the same space while the artistic center of the Mosaic and Recovery Art laboratories should have differentiated and respectively dedicated rooms, but until we find a solution to these problems of space allocation the Mosaic laboratory will always find itself stuck on restricted expressive*

possibilities” (score 17.07). Thus, this cluster essentially proposes themes relating to the organization of spaces and the embellishment of the structure, aspects on which a good part of the ongoing projects in the Service converged at the time of the survey.

Therefore, in the staff’s narratives, an overall representation of the functioning of the Day Center emerges polarized around: the choice of specific outputs of the rehabilitation activities (cluster 3); the development of more effective inter-functional relationships between healthcare operator and laboratory technicians (cluster 1); to the definition of targeted insertion paths for patients in care (cluster 2); and finally to the functional adaptation of the Service environments (cluster 4).

Summary

The investigation adopted an integrated method of qualitative-quantitative data collection and analysis, allowing the definition of a measurable set of representations, expressed in various ways by the subjects involved, concerning the functioning of the investigated organizational context. The calculations carried out highlight in particular how: 1) the population in charge of the PDC appears to be widely diversified internally in terms of expectations, objectives and functions attributed to their rehabilitation path; 2) The centrality of outcomes related to the improvement of users’ work skills, expressed by operators (Cluster 3), should be interpreted in conjunction with the findings of the patient satisfaction analysis. It is an indicator of prevailing attention aimed at a professionalizing mission of the Service, such as to determine, however, significant current difficulty in grasping and defining in a more detailed way even the demand made by the share (53%) of users with predominantly healthcare expectations; 3) the relationship between healthcare workers and laboratory technicians, as a strategic space in the definition of effective and co-participated inter-functional synergies, is an aspect strongly requested but only partially acquired within the PDC practices. The critical areas outlined therefore seem to represent, to improve the quality of services, the aspects of most immediate intervention within the context investigated.

Discussion

The investigation proposed a reflection on the theme of Quality, with reference to the field of territorial psychiatry, starting from the specific theoretical-operational dimensions present in the literature and the critical issues in the prevalent survey methods. The operational aim was to outline a methodological path useful for exploring the relationship between the system of expectations and needs of the users and the models of operation and provision of services proposed by a given healthcare context. The idea of being able to grasp this connection between the needs/expectations of the users and the organizational-performance structures of a given Service has favored the transition, outlined in this article, from a survey of patient satisfaction according to usual survey methods to a broader, with the integration of quantitative and qualitative data, deduced from different observational perspectives (patients, healthcare and social workers) concerning the functioning of the production context in question. A methodological path that has allowed us to outline a more complex image of the Quality of the Service in question, compared to that obtainable solely through the opinions expressed by a sample of users interviewed on a list of general aspects and with predictable levels of satisfaction attested, such as from literature references, around 80%. From this perspective, improving the quality of a service does not simply mean making specific corrections to individual areas perceived by users as uncomfortable but being able to build a systemic idea of the functioning of the context and a prospective vision of the same.

Quality, understood as knowledge dimension, then becomes a valuable reading model for understanding how competent an organizational context is in intercepting and understanding the requests and needs of the actors involved, translating them into development dimensions and perspectives within the relationship with current and potential service users.

References

Amaturo, E., & Punziano, G. (2016). *I Mixed Methods nella ricerca sociale*. Carocci.

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders – fifth edition (DSM-V)*. American Psychiatric Pub Inc.
- Barcella, M., Cappucciati, M., Magnani, R., Rocchetti, M., Vecchia, L., & Politi, P. (2010). Il contributo dei pazienti come ricercatori: uno studio cross-over su qualità della vita e soddisfazione. *Bollettino della Società Medico Chirurgica di Pavia*, 123 (2), 317-327. DOI: 10.6092/2039-1404.123.674
- Bateman, A., & Fonagy, P. (2019). *Handbook of Mentalizing in Meantal Health Practice*. American Psychiatric Pub Inc.
- Biggeri A. (1994). The contribution of epidemiology to the evaluation of psychiatric services. *Epidemiology and Psychiatric Sciences*, 3 (1), 39-48. DOI: 10.1017/S1121189X000093
- Bolelli, D. (1996) *Andare a tempo. Un modello di psicoterapia psicoanalitica breve*. Borla.
- Buscaglia, G., Corolei, A., Baldazzi, F., Marinoni, A., & Ferro A. M. (2004). Rilevare la soddisfazione dei pazienti e dei familiari: l'esperienza del Dipartimento di Salute Mentale di Savona. *Epidemiologia e Psichiatria Sociale*, 13 (3), 158-168. DOI: 10.1017/S1121189X00003432
- Carli, R., Paniccia, R. M., & Lancia, F. (1988). *Il gruppo in psicologia clinica*. La Nuova Italia Scientifica.
- Carli R., Paniccia R. M. (2002). *L'analisi Emozionale del Testo. Uno strumento psicologico per leggere testi e discorsi*. Franco Angeli.
- Carli R., & Paniccia R. M. (2011). *La cultura dei servizi di salute mentale in Italia*. Franco Angeli.
- Carr-Hill, R. (1992). The measurement of patient satisfaction. *Journal of Public Health Medicine*, 3, 236-249. DOI: 10.1093/oxfordjournals.pubmed.a042739
- Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66, 7-18. DOI: 10.1037/0022-006X.66.1.7
- Chiappelli, M., & Berardi, S. (2000). Pattern of intervention and patient's satisfaction with Community Mental Health Service in Bologna. *Epidemiology and Psychiatric Sciences*, 9 (4), 272-281. DOI: 10.1017/S1121189X0000840X
- Cinotti, R., & Cipolla, C. (2003). *La qualità condivisa fra servizi sanitari e cittadini*. Franco Angeli.
- Cinotti, R. (2004) (Ed.). *La gestione del rischio nelle organizzazioni sanitarie*. Il Pensiero Scientifico.
- Cipolla, C., Giarelli, G., & Altieri, L. (2002). *Valutare la qualità in sanità*. Franco Angeli.

- Clarkin, J. F., Yeomans, F. E., & Kernberg, O. F. (2006). *Psychotherapy for Borderline Personality Focusing on Object Relations*. American Psychiatric Publishing, Inc.
- Cortese, C. G., Colombo, L., & Ghislieri, C. (2010). Determinants of nurses job satisfaction: The role of work-family conflict, job demand, emotional charge and social support. *Journal of Nursing Management*, 18, 35-43. DOI: 10.1111/j.1365-2834.2009.01064.X
- Costa, G., & Gubitta, P. (2004). *Organizzazione aziendale*. Milan: McGraw-Hill.
- Cozza, M., Amara, M., Butera, N., Infantino, G., Monti, A. M., & Provenzano, R. (1997). La soddisfazione dei pazienti e dei familiari nei confronti di un Dipartimento di Salute Mentale di Roma. *Epidemiologia e Psichiatria Sociale*; 6 (3), 173-183. DOI: 10.1017/S1121189X000084
- Dazzi, N., Lingiardi, V., & Colli, A. (2006). *La ricerca in Psicoterapia. Modelli e strumenti*. Raffaello Cortina.
- De Coro, A., Andreassi, S., Mariani, R., Ibernì, E., Crisafulli, V., & Matarrese, A. (2010). The evaluation of outcomes and process in psychotherapies offered by Mental Health Centers and by a university Clinical Psychology Center. *Research in Psychotherapy*, 2 (13), 125-146. DOI: 10.4081/ripppo.2010.35
- Donadebian, A. (1980). *The definition of quality and approaches to its assessment*. Health Administration Press.
- Fava, E., & Masserini, C. (2002). *Efficacia delle psicoterapie nel Servizio Pubblico. Il contributo della ricerca valutativa alla clinica*. Franco Angeli.
- Fitzpatrick, R., & Hopkins, A. (1983). Problems in the conceptual framework of patient satisfaction research: an empirical exploration. *Sociology of Health and Illness*, 5, 297-311. DOI: 10.1111/1467-9566.ep10491836
- Foddìs, C., Di Biase, R., Di Girolamo, D., Manfredi, B., Silingardi, L., Miglio, R., & Milani, L. (2023). An algorithm for psychosocial screening of fragile families belonging to the Modena AUSL. *Child Abuse and Maltreatment*, 25, 85-107. DOI: 10.3280/MAL2023-003006
- Foddìs, C., Di Girolamo, D., Silingardi, L., Manfredi, B., & Mazzoni, S. (2021). Proposal of a decision-making algorithm to support the assessment procedure of triadic relationships of fragile families conducted through the Lousanne Trilogue Play (LTP). *Family Therapy*, 125, 107-124. DOI: 10.3280/TF2021-125006
- Foddìs, C., & Grasso, M. (2008). Treatment termination in the Community Mental Health Services: A research on the narrative representation of the clinical processes in a group of therapists. *Giornale di Psicologia*, 2 (3), 159-178.

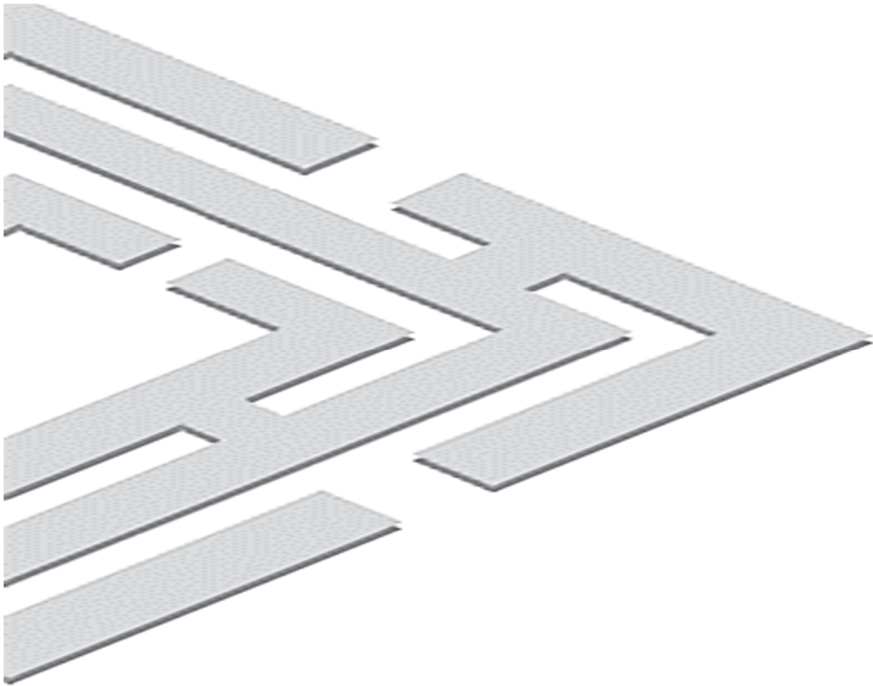
- Foddis, C. (2011). *La Consulenza Organizzativa. Modelli di intervento psicosociale nelle organizzazioni*. Armando Pub.
- Gilliéron, E. (1994). *Le premier entretien en psychothérapie*. Paris: Dunod (trad. it. *Il primo colloquio in psicoterapia*. Roma: Borla, 2007).
- Giordano, C., Iannuzzi, V., Danesi, F., & Poletti, M. (2021). Fattibilità ed efficacia della terapia dialettico-comportamentale per pazienti con disturbo borderline di personalità nei servizi di salute mentale italiani: Uno studio preliminare. *Rivista di Psichiatria*, 56 (1), 43-45. DOI: 10.1708/3546.35219
- Good, B. J. (1994). *Medicine, Rationality, and experience: An Anthropological Perspective*. Cambridge University Press.
- Grilli, R., & Taroni, F. (2004) (Ed.). *Il Governo Clinico*. Il Pensiero Scientifico.
- Hod, O., & Yaron, I. B. (2015). How positivity links with job satisfaction: Preliminary findings on the mediating role of work-life balance. *Europe's Journal of Psychology*, 11 (3), 406-414. DOI: 10.5964/ejop.v11i3.869
- Illich, I. (1976). *Limits to medicine-Medical Nemesis: the expropriation of health*. Marion Boyars Publishers Ltd.
- Lancia, F. (2004). *Strumenti per l'analisi dei testi. Introduzione all'uso del T-Lab*. Franco Angeli.
- Lega, F. (2016). *Management e leadership dell'azienda sanitaria*. Egea.
- Lezza, R. (2011). Customer satisfaction: cosa c'è da salvare? *Emergency Care Journal*, VII, 1, 3-4. DOI: 10.4081/ecj.2011.1.3
- Linder-Pelz, S. (1982). Social psychological determinants of patient satisfaction: a test of five hypotheses. *Social Science and Medicine*, 16 (5), 583-9. DOI: 10.1016/0277-9536(82)90312-4
- Linehan, M. M. (2014). *DBT Skills Training Manual*. Second Edition. Guilford Press.
- Lingiardi, V., & McWilliams, N. (2017). *Psychodynamic Diagnostic Manual: PDM-2*. Second Edition. Guilford Press.
- Lingiardi, V. (2002). *L'alleanza terapeutica. Teoria, clinica, ricerca*. Raffaello Cortina.
- Liotti, G., Monticelli, F. (2014). *Teoria e clinica dell'alleanza terapeutica*. Raffaello Cortina.
- Lomonaco, E., Muggia, E., & Merli, R. (2003). La qualità dei servizi dal punto di vista degli utenti e dei familiari. L'esperienza del Dipartimento di Salute di Biella. *Rivista sperimentale di Freniatria*, 1, 1-10. DOI: 10.1400/66965
- Lora, A. (2003). Patient Satisfaction with Community-Based Psychiatric Services. *International Journal of Mental Health*, 32 (2), 32-48. DOI: 10.1080/00207411.2003.11449583

- Luborsky, L., & Crits-Christoph, P. (1990). *Understanding Transference*. Basic Books Inc Publishers.
- Luborsky, L. (1984). *Principles of Psychoanalytic Psychotherapy*. Basic Books Inc Publishers.
- Manna, V., & Dicuonzo, F. (2018). Burnout dello psichiatra o burnout dell'assistenza psichiatrica? *Rivista di Psichiatria*, 53 (2), 76-79. DOI: 10.1708/2891.29155
- Mauceri, S. (2019). *Qualità nella Quantità. La survey research nell'era dei Mixed Methods*. Franco Angeli.
- Nicolò, G. (2021). *Psichiatria territoriale. Strumenti clinici e modelli organizzativi*. Raffaello Cortina.
- Paccaloni, M., Pozzan, T., & Zimmermann, C. (2004). Le informazioni ricevute e il coinvolgimento nella cura in psichiatria: cosa pensano i pazienti? Una revisione della letteratura. *Epidemiologia e Psichiatria Sociale*, 13 (4), 270-283. DOI: 10.1017/S1121189X000017
- Pagano, A., & Vittadini, G. (2004). *Qualità e valutazione delle strutture sanitarie*. Etas.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL. A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64, 12-40.
- Rebba, V. (2010). I ticket sanitari: strumenti di controllo della domanda o artefici di disuguaglianze nell'accesso alle cure? *Politiche sanitarie*, 10 (4), 221-242. DOI: 10.1706/473.5587
- Rossi, E. (2003). Qualità ed efficacia: percorsi della ricerca in salute mentale. Una revisione della letteratura sulla valutazione degli esiti in psichiatria. *Rivista sperimentale di Freniatria*, 3, 1-20. DOI: 10.1400/66952
- Roth, A., & Fonagy, P. (1998). *What works for whom? A Critical Review of Psychotherapy Research*. Guilford Press.
- Ruggeri, M., Dall'Agnola, R., & Bisoffi, G. (1993). Measuring expectations and satisfaction of patients and their families towards community psychiatric services: Validation of the VECS and VSSS. Sensitivity and content validity. *Epidemiology and Psychiatric Sciences*, 2 (3), 191-198. DOI: 10.1017/S1121189X000070
- Ruggeri, M. (1996). Gli obiettivi, i modelli e i metodi per la valutazione dei servizi psichiatrici. Un'esperienza italiana. *Epidemiologia e Psichiatria Sociale*, 5 (1), 19-27. DOI: 10.1017/S1121189X00003894
- Ruggeri, M. (1993). The evaluation of the qualitative aspects of the care provided by psychiatric services and the integration with the data of the registries and information systems. *Epidemiology and Psychiatric Sciences*, 2, 75-77. DOI: 10.1017/S1121189X00006837
- Sakaluk, J. K., Williams, A. J., Kilshaw, R. E., & Rhyner, K. T. (2019).

- Evaluating the evidential value of empirically supported psychological treatments (ESTs): A meta-scientific review. *Journal of Abnormal Psychology*, 128 (6), 500-509. DOI: 10.1037/abn0000421
- Scrivens, E. (1995). *Accreditation: Protecting the professional or the consumer*. Open Univ. Pr.
- Subeesh, V., Singh, H., Jissna, J., & Sonia, S. (2019). Association of medication adherence and treatment satisfaction among psychiatric outpatients. *Minerva Psichiatrica*, 60 (4), 169-173. DOI: 10.23736/50391-1772.19.02021-1
- Tarallo, F., Matarrese, A., D'Alessandro, M., Griffo, S., Marino, G., Marazzi, M., Riggio, F., Sangiovanni, L., Scardigli, M. I., & Nicolò, G. (2020). Interventi cognitivo-comportamentali di gruppo e psicoanalisi multifamiliare di gruppo in un Servizio Psichiatrico di Diagnosi e Cura. *Rivista di Psichiatria*, 55 (4), 222-226. DOI: 10.1708/3417.33998
- Timulak, L. (2009). Meta-analysis of qualitative studies: A tool for reviewing qualitative research findings in psychotherapy. *Psychotherapy Research*, 19 (4-5), 591-600. DOI: 10.1080/10503300802477989
- Vaccaro, C. M., & Barletta, R. (2003). Sperimentazione innovativa sulle liste d'attesa in sanità: un progetto pilota a Bolzano. *Tendenze nuove*, 3 (1), 67-84. DOI: 10.1450/8539
- Voutilainen, A., Pitkaaho, T., Kvist, T., & Vehvilainen, K. (2016). How to ask about patient satisfaction? The visual analogue scale is less vulnerable to confounding factors and ceiling effect than a symmetric Likert scale. *Journal of Advanced Nursing*, 72 (4), 946-57. DOI: 10.1111/jan.12875
- Voutilainen, A., Pitkaaho, T., Vehvilainen, K., & Sherwood, P. R. (2015). Meta-analysis: methodological confounders in measuring patient satisfaction. *Journal of Research in Nursing*, 20 (8), 698-714. DOI: 10.1177/1744987115619209
- Westen, D., Morrison, K., & Thompson-Brenner, H. (2004). The empirical status of the empirically supported psychotherapies: Assumption, findings and reporting in controlled clinical trials. *Psychological Bulletin*, 130, 631-663; DOI: 10.1037/0033-2909.130.4.631.
- Zastowny, T. R. (1995). Patient satisfaction and experience with health services and quality of care. *Quality Management in Health Care*, 3, 50-61. DOI: 10.1097/00019514-199503030-00006
- Zeithaml, V. A., Parasuraman, A., & Berry, L. L. (1990). *Delivering Quality Service. Balancing, customer perceptions and expectations*. Simon & Schuster.



COMMENTARIES*



* Commentary on Castelnuovo *et al.* (2023). Psychology profession, clinical psychology, psychotherapy. Specificities and boundaries. *Rivista di Psicologia Clinica*, 1, 7-25.

Copyright © FrancoAngeli

This work is released under Creative Commons Attribution - Non-Commercial –
No Derivatives License. For terms and conditions of usage please see: <http://creativecommons.org>



Psychology and Market. Commentary on: “Psychology profession, clinical psychology, psychotherapy. Specificities and boundaries”

Ruggero Andrisano Ruggieri*, Maria Monaco**

Submitted: 23/04/23

Accepted: 04/7/24

Abstract

This study builds upon the methodological framework established by Castelnuovo *et al.* (2023) to analyze the influence of the intervention context (market) on professional psychological practice. Despite ongoing efforts to define psychologist, clinical psychologist, and psychotherapist roles, we argue that these definitions are insufficient to safeguard both professional practice and client well-being. Regulatory frameworks contained by intervention contexts can create conditions that limit the scope of psychological practice. This limitation stems from the introduction of “other players” and the roles assigned to them by regulations. This can lead to a concerning marginalization of core psychological functions, such as diagnosis. We demonstrate that intervention context significantly impacts the profession’s scope, influencing crucial aspects like the diagnostic function. The legal context is presented as a specific example for further discussion.

Keywords: Psychology Profession, clinical psychology, psychotherapy, forensic psychology.

* Department of Human, Philosophical and Educational Science, University of Salerno, Italy.

** Studio Legale Monaco, Massafra (Ta), Italy.

Corresponding Author: Ruggero Andrisano Ruggieri, Department of Human, Philosophical and Educational Science, University of Salerno, Via Giovanni Paolo II 132, 84084 Fisciano (Sa) (Italy). E-mail: rruggieri@unisa.it

Rivista di Psicologia Clinica (ISSNe 1828-9363), n. 2/2024

DOI: 10.3280/rpc2-2024oa18070

101

Copyright © FrancoAngeli

This work is released under Creative Commons Attribution - Non-Commercial – No Derivatives License. For terms and conditions of usage please see: <http://creativecommons.org>

Introduction

This paper builds on the work of Castelnuovo *et al.* (2023) and adopts their methodological framework to analyze the practice of psychology. We believe that some of the topics addressed have remained in the background and deserve to be brought to the forefront.

The Italian Order of Psychologists' request for an opinion underscores the dual importance of professional protection and upholding ethical standards¹. This ethical framework, known as deontology, safeguards the quality of clinical psychology and psychotherapy services for clients.

This need arises from the turbulence in the professional landscape, impacting psychology like many other fields. This turbulence necessitates a systematic reevaluation of the scope of practice, which in turn has clear consequences for required professional competencies. It is no coincidence that university educational systems have adapted to greater flexibility in the construction of professional paths, precisely with the 3+2 model to which psychology itself belongs. The 3+2 model, where students earn a bachelor's degree in three years followed by a master's degree in the following two years, exemplifies the growing trend in universities to offer more flexible paths to professional careers. This model is particularly beneficial for psychology students, as the additional two years allow them to finalize their skillset for the job market through specialization. The coursework during these years is enriched by contributions from disciplines beyond psychology but remains relevant to the overall professional field.

This increased flexibility has emerged in response to labor market demands and has led to the adoption of interdisciplinary criteria in the training of professional profiles, resulting in a cross-pollination of skills among professionals operating in the same markets. The examples are numerous: law firms engaging in real estate brokerage despite the existence of real estate agencies, psychologists providing educational services (e.g., homework assistance), clinical pedagogists,

¹ The Italian Order of Psychologists is a national society that regulates the profession of psychologists. It sets professional standards, provides certification and licensure, and works to ensure the quality and ethical practice of psychology in Italy. It is recognized by the Italian government.

medical engineers entering operating rooms with robotic equipment, dentists who are no longer graduates in medicine, etc.

Within this framework, referencing the normative framework of laws, ministerial circulars, and diverse documents issued by the Italian Order of Psychologists becomes an imperative requirement as it can establish an unambiguous baseline for the range of professional practice across diverse markets.

In this sense, we share the attention given to the «a) *sectoral technical skills* – relating to the specificity of the problems/phenomena on which one is intervening – for example: a motivational interview and a psychodiagnostics assessment interview share methodological and technical aspects (e.g., models for interpreting the question) but require different conducting criteria, due to the context in which and according to which they are exercised (purposes, organizational conditions); b) *interface skills* – relating to knowledge of the organizational-institutional frameworks of intervention (e.g., norms, standards, lines of development, organizational models and dynamics, timelines) – for example: a psychologist who intends to work in the legal context needs to know the qualifying standards of expert witness texts, the procedures in which they are embedded, the way they are interpreted and used by commissioners, and the implications potentially associated with them» (Castelnuovo *et al.*, 2023, p. 11).

In our opinion, it is precisely these latter aspects that create challenges for the professional system. While the legal framework that establishes and regulates the profession is important, equally important is the regulatory framework that governs the markets and contexts within which the profession is practiced. In fact, challenges can arise when the psychological profession intersects with other professional systems that operate within the same market or context.

Therefore, it can happen that psychological interface skills may undermine the strength of the *sectoral technical skills* inherent in the psychological profession, to the advantage of other players (other professional systems) operating in that market. In other words, *sectoral technical skills* may lose their relevance, leading to a loss of market share due to the regulatory systems governing them. Focusing on navigating regulations, at the expense of the professional knowledge produced by practice, might overshadow the unique technical expertise psychologists offer, leading to a loss of market share.

These aspects deserve greater attention and further examination, as they can significantly impact the development or regression trajectories of the psychological profession as a whole, and particularly of clinical psychology and psychotherapy. In this paper, we will not propose abstract hypotheses but will present concrete cases drawn from the professional experiences of the authors.

We will argue that despite ongoing efforts to establish clear definitions for the professional roles of psychologists, clinical psychologists, and psychotherapists, these clear definitions are inadequate to protect professional practice and the client. This is because regulations governing intervention contexts can establish conditions in which – to paraphrase the cited authors – “the more not includes the less” or the whole does not encompass the parts but, on the contrary, the parts exert an influence on the whole psychology practice.

Cartabia Reform: Child Hearing

Italy’s Law No. 206 of November 26, 2021, aimed at reforming the judicial system, significantly impacted family law and child protection. Notably, it established the role and functions of the child’s attorney².

In particular, the child’s attorney is tasked with: a) ensuring the representation and defense of the child in court; b) informing the child about their rights and duties as well as the procedures of the process; c) listening to the child’s opinions and considering them in the execution of their mandate; d) promoting the best interests of the child; and e) collaborating with the special curator and other professionals involved with the child.

These tasks thus take shape in the actions and acts related to civil procedure; the issue of child listening and testimony straddles both

² The Cartabia Reform, named in honor of the former Minister of Justice in the Draghi government, Marta Cartabia, aims to optimize the efficiency of the Italian civil and criminal process. This reform not only addresses procedural dynamics but also introduces a progressive enhancement of the digitization process. This reform aims to reduce the duration of civil and criminal proceedings to meet the commitments made by Italy regarding the National Recovery and Resilience Plan (PNRR), specifically the reduction of the average process duration by 25% by 2026.

legal and psychological domains. Contributions in this area come from various psychology branches, including clinical, developmental, and social, each with expertise in both their specific areas and in interfacing with the legal system. Consider, for example, the procedures for protected hearings and the methods of conducting evidentiary hearings.

The scenario to which the Cartabia Reform refers places greater emphasis on the role of the child's attorney. It is now widely recognized in the Western world that minors must be educated and cared for in a manner that respects universally recognized rights and aligns with their individual aptitudes and aspirations. These principles are grounded in the Italian Constitution and the United Nations Convention on the Rights of the Child, adopted on November 20, 1989, and ratified by Italy with Law No. 176 on May 27, 1991. Article 12 of the Convention requires member states to assure that minors who are capable of forming their own views have the right to express their opinions freely in all matters affecting them. In adherence to these references, the supranational regulations specifically recommend listening to the minor: in adoption proceedings, the minor's wishes, opinions, and consent must be respected – Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (1993); in the 2019 Regulation No. 1111 of the Council of Europe, it is stipulated that judicial authorities, when exercising their competence in matters of parental responsibility, must ensure that minors have a concrete and effective opportunity to express their opinions either directly, through a representative, or through an appropriate body (e.g., social services).

Furthermore, the Charter of Nice (2000) recognizes the right of minors to freely express their opinions, which must be duly taken into account according to their age and level of discernment.

This scenario in the civil law context has thus resulted in:

- *Article 473-bis, 4 of the Code of Civil Procedure (Child Hearing)*. A minor who has reached the age of twelve, or younger if capable of discernment, shall be heard by the judge in proceedings where measures affecting them are to be adopted. The minor's opinions must be taken into consideration with regard to their age and level of maturity.

- *Article 473-bis, paragraph 5 of the Code of Civil Procedure (Methods of Hearing)*. The hearing of the minor is conducted by the judge, who may be assisted by experts and other auxiliaries. If the proceeding involves multiple minors, the judge shall generally hear them separately. The hearing is scheduled at times compatible with the minor's school commitments and, where possible, in suitable and age-appropriate locations, including venues outside the courthouse. Before proceeding with the hearing, the judge informs the parents, those exercising parental responsibility, their respective legal representatives, and the special curator of the subjects to be addressed. They may propose topics for further examination and, with the judge's authorization, participate in the hearing. Taking into account the age and level of maturity of the minor, the judge informs them of the nature of the proceeding and the implications of the hearing, and conducts the hearing in a manner that ensures the minor's peace of mind and confidentiality. A minor who has reached the age of fourteen is also informed of the possibility of requesting the appointment of a special curator pursuant to *Article 473-bis, paragraph 8*. An audiovisual recording of the minor's hearing is made. If, for technical reasons, recording is not possible, the minutes shall provide a detailed description of the minor's demeanor;
- *Article 473-bis, paragraph 45 of the Code of Civil Procedure (Hearing of the Minor)*. The judge personally and without delay conducts the hearing of the minor as provided by *Articles 473-bis, paragraphs 4 and 5*, avoiding any contact with the person identified as the perpetrator of abuse or violence. The hearing is not conducted if the minor has already been heard in another proceeding, including criminal proceedings, and the findings from that hearing have been entered into the record and are deemed sufficient and comprehensive.

The issue of the capacity for discernment thus becomes a crucial point of discussion between psychological and legal sciences, as it highlights the importance of interface skills. It cannot be ignored that psychology has provided a significant contribution in this regard, particularly when Piaget's (2013) theories on cognitive development somehow align with *Article 97 of the Italian Penal Code*, which states

that “minors under the age of fourteen are never criminally liable” and with *Article 98 of the Italian Penal Code*, which states that “a person who, at the time of the act, was fourteen years old but not yet eighteen, is criminally liable if they had the capacity to understand and to will”. This principle underscores the legal system’s recognition of a limited mental capacity in children under this age, hindering their ability to fully comprehend the nature and consequences of their actions³. Consequently, they are not held criminally responsible for their offenses. But, in civil matters, these aspects become less clear.

If Camerini and Pingitore (2023) emphasize the lack of a shared definition of ‘*capacity for discernment*’ between legal and psychological sciences – a crucial aspect – we focus on the existing regulations that allow a minor to be heard by three different actors in the same context: the child’s attorney, the judge, and the judge’s auxiliary (Pasanante & Tucci, 2024).

This regulatory framework stands in contrast to the well-established Noto and Venice Charters, which advocate for minimizing child interviews in all types of proceedings. Similarly, it deviates from the guidelines issued by various Italian professional organizations, including those specializing in forensic psychology.

It is worth emphasizing that the Noto Charter and Venice Charter (Scolari, 2016) along with various professional guidelines, represent the culmination of a collaborative dialogue between legal and psychological studies⁴. Their primary objective is to enhance the reliability of children’s statements in legal proceedings, taking into account the

³ It refers to the maturation of cognitive and affective functions, the progressive development and refinement of these mental abilities. This progressive development is critical for overall psychological well-being and effective functioning in various aspects of life.

⁴ Noto Chart, which consolidates the guidelines for the investigation and psychological examination of minors, emerged from the interdisciplinary collaboration of magistrates, attorneys, psychologists, psychiatrists, child neuropsychiatrists, criminologists, and forensic medical professionals during the Conference on "Child Sexual Abuse: Roles and Responsibilities" held in Noto from June 6 to 9, 1996. The Noto Chart has been subjected to numerous updates throughout its existence, driven by advancements in scientific understanding. Venezia Chart he is the product of an interdisciplinary collaboration of lawyers, psychologists, psychiatrists, child neuropsychiatrists, criminologists, and service providers who came together to draft the Venice Protocol on forensic diagnosis of collective sexual abuse.

unique developmental and psychological considerations of minors. These guidelines embody the recognition that children's cognitive abilities, emotional processing, and memory formation differ significantly from those of adults. Consequently, legal proceedings must be adapted to accommodate these developmental differences to ensure the accuracy and trustworthiness of children's testimonies.

While judges and lawyers are undoubtedly well-versed in legal matters and procedures, their training and experience may not adequately equip them to delve into the complexities of child development and psychology. This can lead to challenges in accurately interpreting a child's behavior, statements, and underlying motivations.

A judge and lawyer typically lack knowledge about the various forms of primary and secondary narcissism, as well as an understanding of developmental psychology. They are even less capable of comprehending and evaluating a child's psychological reality, including their behavioral and declarative outcomes. This is because psychology bases its science on differentiating between common sense and psychic reality.

Psychology has developed tools capable of capturing psychic reality and its developmental trajectory: in other words, psychology is able to discern that a child's statement such as "I want to be with Mom", "I want to be with Dad" can be the result of a narcissistic stage of development – as Freud himself indicated in the anaclitic model – a conflicted condition, opportunistic behavior, manipulation, etc.

If we imagine that the three different stakeholders may, for various reasons or purely procedural ones, overlap in terms of their role in listening, then it is possible to imagine encountering divergent opinions. Conversely, some opinions may align with each other: for example, it is more likely that the judge's opinion may align with that of the child's attorney to the extent that they share a legal professional framework.

In such cases, it is evident that *the lesser absorbs the greater*, whereby sectorial technical skills lose value, as the professional opinion of a technician is absorbed and depleted by the logic of legal system, where the judge is *'peritus peritorum,'* that is, the expert of experts.

Hence, when the judge constructs their own conviction, this conviction maintains an element of unparalleled strength within our legal

framework. For example, in situations of parental disagreement concerning their child's educational placement, the minor's legal representative, appointed to advocate for the child's interests in court proceedings, is obligated to ascertain the child's preferred school environment in preparation for upcoming hearings. Coinciding with this inquiry, the child may also be undergoing a formal technical evaluation of parental competence. This overlap in timelines raises the strong likelihood that the child's educational preferences will become a relevant aspect of the official technical assessment (psychologist). Consequently, there may be instances where the child's attorney and the psychologist reach disparate conclusions and exhibit divergent perspectives.

In the case of the minor's attorney and the judge, dialogue will be more straightforward as they utilize the same categorical professional framework. Conversely, the psychologist will struggle to convey their thoughts and integrate them into a legal framework. Therefore, the judge and the minor's attorney, lacking expertise in recognizing manipulative relational systems, the vulnerability to the child's suggestion, and the experience of guilt associated with the tower game (choosing between mother and father due to conflict), could only operate according to a legal logic that, in any case, remains anchored to common sense, where psychic reality coincides with the statements made. Therefore, it will be easy for them to label this condition as conflictual, forgetting that resorting to the court inherently involves a conflict between the parties. In this case, the psychological expert witness risks remaining isolated due to advocating a professional logic where common sense and psychic reality do not coincide. The psychologist's opinion risks being assimilated into legal logic, potentially neutralizing sector-specific technical competencies applied within the framework of legal context and existing regulations. For this reason, in our opinion, it is often stated in psychological assessments that "*the spouses have communication issues*" and "*they are a conflicted couple*" that are manifestations of the common sense.

Such expressions serve the sole purpose of making a futile attempt to develop a "*sort of competence*" to navigate a legal context by trying to speak the same language as legal professionals. These operational methods lead to a depletion of the psychological function in the medium and long term due to the abandonment of technical-professional

competencies. This results in a loss of distinctions between the professions involved, with psychology emerging as the weaker party.

The landmark decisions of the Italian Supreme Court, Cassation n. 10776/2019 and n. 1474/2021, have marked a significant shift in the legal landscape, extending the possibility of hearing children below the statutory age of 12 in matters that directly impact their lives, such as decisions regarding education, sports, and other personal choices. This expansion of child hearings reflects a growing recognition of the importance of children's voices and their right to participate in decisions that affect their well-being.

In addition, the Cartabia reform provides that lawyers for minors, guardians of minors, and technical consultants must be professionals specialized in this field, to the point that it also provides for the establishment of specific registers.

Therefore, it is conceivable that lawyers and judges could enhance their competencies through continuing education courses, conferences, and other forums. These opportunities would enable them to acquire knowledge and skills relevant to the psychological profession, including techniques for listening to minors, developmental theories, methods for gathering testimony, understanding family dynamics, and more.

The psychological services market is demonstrably experiencing a transformation. This transformation is significantly influenced by the regulatory power of the legal framework, which can impact the ability of professionals to exercise their technical skills within the sector. As observed, these skills appear to be homogenizing among various players, diminishing the distinctiveness associated with the psychological profession. In this scenario, psychology risks losing a service function within the legal context that it has painstakingly built up over the years.

Diagnosis, Psychopathology, and Assessment of Parental Capacity

We propose another example to make it clearer how regulatory systems in contexts can impact and restrict the exercise of psychological function.

The right to parenthood of psychiatric patients balances two

interests: maintaining contact with their child to safeguard the patient's emotional resources and protecting the child from exposure to the parent's mental disorder.

The presence of psychopathologies in a parent does not automatically justify deviating from shared custody, as the judge must prioritize shared custody and ensure the right to both parents unless circumstances dictate otherwise. The Italian Supreme Court of Cassation (Cass. civ., 09.01.1998 n. 120) has ruled that parental mental deficiencies do not automatically equate to parental inadequacy, which must be established on a case-by-case basis. Assessment of parental abilities must consider the specific situation and timeframe, avoiding automatic correlations between psychopathology and parental incapacity. This approach is supported by various rulings, including *Court of Milan, Sez. IX, Decree 27.11.2013*; *Courte of Velletri, Judgment 18.01.2018, n. 74*.

This jurisprudential orientation has led many psychologists to refrain from making diagnoses, even when there were conditions present that could warrant the certification of a psychopathological condition, due to the legal system's perceived irrelevance of such aspects.

The perceived irrelevance of psychopathological conditions in parental capacity assessments has been a subject of significant debate among psychologists, legal professionals, and other stakeholders. Solely providing detailed personality descriptions in psychological evaluations without a corresponding diagnostic label raises concerns about adhering to the fundamental principles outlined in Article 1 of Law 56/89, which governs the psychology profession in Italy and emphasizes diagnostic competence.

This trend is concerning as it diminishes the value of personality descriptors by severing their connection to the nosography categories established in diagnostic manuals (DSM V TR; ICD-11, PDM-2).

Once again, we witness the devaluation of specialized expertise due to its underutilization or, even worse, its partial application.

Furthermore, psychology has largely overlooked the unifying power of diagnostic manuals. Regardless of their theoretical orientation, psychologists tend to readily recognize diagnoses within the framework presented by these manuals. The different theoretical models lose consistency within diagnostic manual.

In such a scenario, the psychologist can only work to either refute

the existing diagnosis by proposing an alternative diagnosis or by certifying an improvement in the patient's condition. This unifying aspect of diagnosis grants psychology a position of strength in the market, as it operates within a universally recognized system with clear professional boundaries, enabling the transcendence of divisions within the field (Salvatore *et al.*, 2022).

Working on personality traits independent of diagnostic categories involves, lead to overly simplistic or vague descriptions of individuals, such as labelling someone as “*infantile*” or “*immature*”.

It should be noted that “*infantile*” and “*immature*” are not psychological categories but rather educational ones, consistent with common sense. Furthermore, it is important to recognize that these terms may be symptomatic of a narcissistic personality disorder. These operational modes, over time, may marginalize the psychological profession within a legal context that is inherently positivist, favouring the construction of truths aligned with common sense. The absence of a diagnosis, in fact, opens the door to mere differences of opinion regarding personality descriptors, where the diverse methodologies of psychological schools' reign supreme, precluding any form of verification and labelling psychological science, as an inexact science, a “relativistic science”.

This aspect becomes particularly critical when considering its future implications. It suggests, for instance, the possibility that the psychological structure of an individual can be assessed, to some extent, by observing a series of life events. This could potentially empower other professions, such as pedagogists, to delve into evaluations of parenting skills based on educational criteria. Consider the recent approval of the draft law on “Provisions concerning the regulation of pedagogical and educational professions and the establishment of the respective professional registers” – DDL S. 788.

Indeed, from a strictly psychological perspective, it cannot be denied that a pathological structure significantly impacts parental functions, as defined by scientific literature as outlined by Vicentini (2003)⁵.

⁵ According to review study of Visentini (2003), parental functions are: protective function affective function, regulatory function, normative function, predictive function, meaningful function, representational and communicative function, triadic function.

Failure to utilize diagnostic categories in the evaluation of parental capacity implies the disregard of potential predictors of parenting competence, not only for the parent with the diagnosed pathology but also in relation to the other parent (co-parenting function). The absence of diagnostic categories in forensic reports, coupled with an overemphasis on personality traits, often renders these reports scientifically incoherent and incongruent. This stems from the abandonment of specialized expertise under pressure from regulatory systems governing these contexts. Inevitably, this reinforces the position of other professional systems operating within this domain.

Conclusion

It is worth emphasizing that our discussion of the provided examples could be reductively interpreted as a mere conflict between norms or as a divergence in regulations across the various fields where psychology intersects with law.

While the considerations hold validity, it is crucial to acknowledge that the professional practice contexts and markets are themselves governed by specific norms that regulate the actions of various stakeholders.

As we have demonstrated, psychological intervention contexts can significantly impact the scope of the profession itself, influencing crucial aspects that define psychological practice, such as the diagnostic function.

While our focus in this work has been exclusively on the legal context, we believe that there are numerous other sectors where regulatory systems constrain the practice of psychology, potentially even undermining its foundations and challenging the profession's technical expertise.

The entire psychological community (academia, scientific associations, private practitioners) should pay close attention to the relationship between psychology and the market, drawing valuable lessons from the historical experience that led to the establishment of the psychologists' register and the subsequent responses from related professions such as psychiatry.

References

- Camerini, G. B., & Pingitore, M. (2023). *Separazione, divorzio e affidamento con la riforma Cartabia* [Separation, divorce, and child custody under the Cartabia reform]. FrancoAngeli.
- Castelnuovo, G., Di Nuovo, S., Lingiardi, V., Madeddu, F., & Salvatore, S. (2023). Psychology profession, clinical psychology, psychotherapy. Specificities and boundaries. *Rivista di Psicologia Clinica – Open Access*, (1). DOI: 10.3280/rpc1-2023oa16357
- Passanante, M. C., & Tucci, S. (Eds.). (2024). *La nuova CTU psicologica dopo la Riforma Cartabia* [The New Psychological Expert Consultation after the Cartabia Reform]. Pacini Giuridica.
- Piaget, J. (1967). *Lo sviluppo mentale del bambino e altri studi di psicologia* [The Mental Development of the Child and Others Studies in Psychology] (*reprint*). Piccola Biblioteca Einaudi.
- Salvatore, S., Ando', A., Andrisano Ruggieri, R., Bucci, F., Cordella, B., Freda, M. F., ... Zennaro, A. (2022). Compartmentalization and unity of professional psychology. A road map for the future of the discipline. *Rivista di Psicologia Clinica – Open Access*, (1). DOI: 10.3280/rpc1-2022oa14450
- Scolari, C. (2016). Linee guida e protocolli per l'intervista del minore sessualmente abusato: una rassegna [Guidelines and protocols for interviewing sexually abused children: A review]. *Maltrattamento e abuso all'infanzia*, 56, 31-50.
- Visentini, M. (2003). *La valutazione delle capacità genitoriali* [The assessment of parenting skills]. Giuffrè.