

Meaning, identity, relationship: A reflection on post-rationalist cognitive method in psychotherapy

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Self-Meaning Cognitive Psychotherapy rises within the constructivist perspective developing cognitive post-rationalist theory by Vittorio F. Guidano. Relationship, as the place where the self-meaning arises and develops, has a peculiar and specific role. Relationship, as the place where the self-meaning arises and develops, has a peculiar and specific role. So it becomes object and instrument in psychotherapy. A new kind of psychology takes place. From clinical observations, formulating hypotheses on personal meanings, the new explicative psychopathology can deal with existential themes and with severe psychological disorders, showing a specific attention to the patient as a person in his/her subjectivity and complexity.

Keywords: post-rationalist cognitive therapy, personal meaning, identity

Introduction

Psychotherapy based on the meanings of the self (*Self-Meaning Cognitive Psychotherapy*) was established within the constructivist paradigm as development of the cognitive post-rationalist model proposed by Vittorio Guidano (Dodet, 2010).

The intersubjectivity is placed at the center of theoretical reflection since it is the space where identity takes shape, and in particular the personal significance that represents the invariant core around which the processes that generate the feelings of continuity and uniqueness take place.

Starting from the clinical observation, different routes of development have been outlined that, taking their cue from different attachment patterns, are characterized by a specific emotional and cognitive core. This is in effect the lens through which the individual perceives himself/herself and the world around them. Such programs of development are described in the emotional domain organizations that represent an attempt to build a model of personality in which each individual character is in relation with others creating a feeling of uniqueness and consistency of the self also and above all in relation to their own life story.

Meaning, identity, relationship

In the proposed model a meaning can be translated into a harmonic dimension, neurotic or psychotic, which allows the possibility to approach in explanatory terms both existential distress and distress expressed in a neurotic or psychotic psychopathology.

The resulting care is characterized by a method that aims at allowing the patient to reconstruct their personal discomfort through a first-person narrative that is respectful of its complexity. Psychotherapy, even before being a dialogue between a patient and a specialist, is a relationship in which immediacy reflects the essence of the care itself.

So, the relationship is the subject and at the same time the therapy tool: it is the subject since the topics are inescapably linked to interpersonal relationships and it is a tool because the interaction between the patient and therapist can be a prototypical experience in the modulation of emotions.

A psychology of meaning

Ortega y Gasset argued that *“man is the only living being who to live has to give reason for his existence”* (Ortega y Gasset, 1966).

In order to lay the foundations of a psychotherapeutic project we have to get in touch with the subjective experience of an individual using various tools which are different from those belonging to psychiatric intervention referring to a descriptive psychopathology (which deals with what is observable and acceptable Sims, 1988). The cognitive constructivist post-rationalist model proposes an explanatory psychopathology which is a prerequisite to be able to cross the borders of subjectivity and bring us closer to understanding the experience first-hand.

The symptom or psychological distress are an expression of subjectivity and represent the entrance door to access the personal meaning, or better, to the specific emotional buoyancy characteristics - that underlie the cognitive processes of an identity.

Schneider defines the Personality as: *“the unique qualities of the individual, his feelings and personal purposes”* (Schneider, 1959). Lorenzini and Sassaroli believe that personality is *“what is constant and characteristic of the subject in their own way of constructing reality”* (Lorenzini & Sassaroli, 1995). Their definition talks about the *individual processes* by which an identity builds its own knowledge, explanatorily speaking.

Vittorio Guidano no longer uses the term personality, but introduces the term *Domain of Emotional Organization* or *Organization of Personal Meaning* and *Organization of the Self* meaning a *“unitary process of ordering experience... on the basis of invariant structure of personal meaning”* (Guidano, 1987, 1991a, 1991b).

From the “objective” point of view we observe and describe the features of a personality and possibly the associated disorders. Thus, “explanatorily” speaking, we can reconstruct and explain the “subjective” level of personal experience on two bases, the emotional and the narrative level, which gives it meaning and shape getting a personal identity.

Around the construct of “organization of the emotional domain”, the cognitive constructivist model called “post-rationalist” by Guidano (1996-99) develops. This model, also called “systemic procedural model”, is oriented on the study of the processes which characterize complex systems as the living beings.

The human being is considered a self-eco-organized grouping system (Morin, 1977, 1990) with autopoietic capabilities (Maturana & Varela, 1980, 1987a, 1987b) to create a meaning which tends to self-organize itself in all life learning in an effort to maintain consistency that ensures a sense of identity.

The process which creates a feeling of self

The self is the core process of emotion modulation. The perceived immediacy is recognized and attributed to the self and enriched with a reading that takes shape in a conscious image of the self.

The self is a process, a multi-modal and multi-level system which conveys different cognitive dimensions. Not only those cognitive *explicit*, linked to the thought or directly related to the intervention of consciousness itself, but also all the *implicit* cognitive forms, so called not only because they are motor, sensory, emotional, autonomic, but also because they do not require the intervention of consciousness: tacit or procedural knowledge (Mead, 1934; Polanyi, 1979).

The Self is multimodal and multilevel. Multimodal because knowledge is not only cognitive, but also emotional, sensory, perceptual, kinaesthetic and procedural.

The Self is multilevel because the emergence of language and articulation means that the experience is carried out continuously, and simultaneously on two levels: that of immediate experience and that of the conscious image we have of ourselves, with the difference that the immediate experience is not related to intentionality, flowing on its own, in a continuous and relentless manner; while the conscious image of ourselves always represents a step back from immediate experience, having to constantly reorder the present time which has meanwhile moved on. (Guidano, 1996-99)

A narrative flow is arising. Language allows to differentiate events and their meaning resulting in an inward flow of narratives that also characterize the identity in their subjective characteristics.

Immediacy and Self story are an expression of an invariant core which underlies the sense of self that is defined as personal meaning, or rather, self-meaning (Dodet, 2010).

Personal meaning

In 1991 Guidano writes: “*If the world order is inseparable from our being, thus knowledge corresponds to existence and the meaning is the way in which this existence becomes experienceable and measurable*” (the I and the ME). And again:

“The meaning appears as an *ontological understanding* where recursion perceived in the flow of one’s affective-psychophysiological modulation is recognized and evaluated consistently as a single and continuous over time through the structuring of basic categories of law capable of producing consistent and assimilating experiences” (Guidano, 1991b, p. 32).

We define meaning as: “the emotional-cognitive core which guarantees the system the feeling of continuity which allows it to address and incorporate discontinuities (emotional discrepancies) and guarantees the feeling of oneness which allows it to deal with and integrate the otherness. (Dodet & Merigliano, 2009).

Assuming this view, the psychological discomfort arises from the emotional discrepancy resulting in a difficulty of reading, recognizing and attributing the 'immediate experience or turning it into a conscious self-image.

The symptom or psychological distress in this view represents the system attempts to maintain coherence and therefore a feeling of itself viable.

The model to which we refer comes from the integration of the theory of complex systems (Maturana & Varela, 1987a, 1988), of attachment theory (Bowlby, 1969, 1982, 1979, 1988;

Crittenden 1994, 1997; Lambruschi & Ciotti, 1995), of the psychology of personal meaning (Guidano, 1987, 1991a, 1995; Reda, 1986), of narrative psychotherapy (Bruner, 1985, 1990), and the studies on the processes of self and emotional development and emotional reciprocity (Lewis, 1992, 1997; Sroufe, 1995; Dodet, 2002, 2003).

An immense research project on the themes of meaning which appears to be in a constant development.

Emotional domain organizations

The basic hypothesis:

An emotional/cognitive structure consists of a personal way of perceiving the self and, in a specific way, explaining the perceived immediacy. The foundation of emotional domain organization requires multiple processes which proceed at different levels and which take place within significant relationships in the space of attachment processes.

By *attachment* is meant the alternation of approaches and departures modulated by emotional swings with opposing polarities which create an area of (epistemic) relational knowledge. The attachment is thus not the one of the dimensions in which takes shape a relationship but inescapable dimension of knowledge for humans.

The quality of the relationship with the caregiver in terms of accessibility and empathy, will allow you to select and order the multiplicity of perceptual patterns, emotional and relational innate. The attachment directs the differentiation of emotions and cognitive development. The establishment of such self-referential systems of attachment patterns enables the development and the structuring of a personal identity: the Self. During the first intermodal relations and coordinators of sensations, perceptions and actions (in particular emotional value), the baby begins to derive the sense of permanence of itself. Still regarding attachment, a specific selection of the emotional domain starts and establishes itself with a corresponding assembly of the basic emotional tone. These are expressed in a rhythmic oscillation between opposing polarity with the function of connote and denoting various events of life. Through multi-processual assemblies, which actively produce a sort of experiential flow on both the tacit- affective and explicit-emotional level, the organization of the emotional domain can be defined. In this way, a stabilization of a sense of permanence of the Self with an increasing specificity feature is achieved.

In a narrative flow which is gradually being shaped, "life issues" emerge and turn into an "invariant explanation" which the individual gives themselves of the phenomenal reality experienced in keeping with a consistent representation of the self and of the world according to their own existential dimension (Villegas, 1994).

The language differs, and order the internal and external events and gives them meaning by producing an inner stream of narratives that also define, in their subjective characteristics, the individual's identity. The *narrative of life* is structured by integrating the personal data of experience in well-defined narrative lines which "mean" the same experience. The richer is the narrative plot, the more data can be integrated into it, creating a history of functional personal life and generative where the explanation which is given of their own life experience is always consistent with the latter (Dodet, 1989-93; Merigliano, 1998).

Regarding specific attachment, we refer to types derived from the work of Crittenden (1994, 1997, 1999), Lambruschi and Ciotti (1995) and Fonagy (2001). Revisiting them and identifying, for brevity, only the three major groups identified in the *Pattern A (avoidant)* characterized by inhibition of emotional expression by the child in order to ensure their proximity

to their caregiver perceived as not capable of being able to accommodate; in *Pattern C (Coercive)* where the child is found to have to deal with the caregiver perceived as oscillating and unstable; and *Mixed Pattern A/C* in which you recognize expressions of the two previous models, giving rise to a type with avoiding coercive aspects and at the same time with the prevailing ambiguous or ambivalent character sets.

The pattern A, C, A/C are treated as qualitative aspects of the attachment in course which can be divided into *Safe Mode (B)*, *Disorganized Mode (D)* or *Anxious Mode*.

The Pattern B and D then become the pattern joints A, C, A/C. We have a pattern A/Secure or pattern A/Disorganized and so on for the others. This proposal for a new categorization which can be found in Guidano's papers comes from the observation of the specific characters of the subclasses of attachments B and D which take us to characters from the pattern A, C, and A/C (Guidano, 2007, 2008; Nardi, 2001, 2007).

Thus, the pattern B and D acquire a processual character losing its categorical dimension.

What derives is that a pattern of attachment A, C, or A/C may generate an emotional/cognitive structure with harmonic, neurotic or psychotic characters.

This creates the basis for explanatory psychopathology which allows us to get in touch with individual existential narrative stream from the harmonic dimension to the psychotic one passing through the neurotic dimension where the thread which can be followed is represented by the specific characters emotional / cognitive balance.

We correlate to a child intersubjectivity, characterized by a prevalence of a specific pattern of attachment, the organization of emotional domain. We will only briefly discuss the organizations referring to the papers of Guidano (1987, 1991b), Reda (1986), Quinones (2000), Nardi (2001).

A family atmosphere in which a child is stressed in order to elicit in him mainly feelings of abandonment, will lead him to develop an attachment with *Pattern Type A* characterized by an underlying emotional swing Despair/Anger giving rise to an organization in the Depressive Type whose narrative themes will focus on feelings of guilt, worthlessness and unrelated kindness to relational issues such as loss, abandonment and separation.

The feeling of self will be centred on the theme of personal amiability. All children react with an emotional oscillation despair / anger when abandoned. The assumption is that if the family atmosphere produces mainly abandonment experiences this emotional oscillation becomes the central one to the feeling of self.

In a family atmosphere in which a child is urged to elicit in him mainly experiences of danger, he will develop an attachment with *C-type pattern* characterized by an underlying emotional swing Fear/Curiosity (boost exploration) giving rise to a *organization type phobic* whose narrative themes will focus on feelings of security research, of autonomy and relational control in order to keep the significant figure at the right distance.

The feeling of self will be centred on the theme of personal vulnerability.

A family atmosphere in which a child is stressed in order to elicit in him mainly experiences of ambiguity (infinite meanings in a single message), both on emotional and cognitive level, will induce an attachment with *Type A Pattern (4)/C* characterized by an emotional oscillation basic fault/Anger, giving rise to an *organization of psychogenic eating disorder type* whose narrative themes will focus on experiences of extreme vagueness of the self which create the need for external confirmations and suspension fears. The feeling of self will be centred on the theme of personal adequacy.

In a family atmosphere in which a child is urged to elicit in him mainly feelings of ambivalence (two opposite meanings and antithetical in one message) the child will develop an attachment with *Pattern Type A (3)/C* characterized by an emotional swing based on Desire/Anger giving rise to an *organization of obsessive disorder type* whose narrative themes

will focus on an experience of self-ambivalence which creates the need for certainty by achieving some knowledge expressing doubts.

The feeling of self will be centred on the theme of certainty (Dodet & Merigliano, 2009).

Probably, nowadays the clinic provides us with additional insights which drive us to review such beliefs thanks to new attachment studies and correlations of this attachment with personal meaning organizations.

The hypothesis pursued in disease patterns belonging to descriptive psychopathology could match some invariants regarding the pattern of attachment as well as personality traits and operation aspects of the family of origin. This hypothesis was not validated by clinical observation and research so the construct has changed keeping its name which can create confusion because an organization of personal meaning is a specific way of being of people who have not manifested their psychopathology. An example: not all depressive patterns belong to depressive organization.

We believe that the four organizations represent the cardinal points of a more complex system which can help us represent a map of the infinite multiversa possible. *Mixed Organizations*, in which the nuclei of two organizations are fused, can be regarded as the existing transition plan between two *Pure Organizations of Meaning*.

In a processual perspective, the articulation of the attachment style has to be seen as closely related to the articulation of an Organization of the Emotional Domain. The former proceeds from secure attachment, through an intermediate stage to disorganized attachment incessantly. In the same way, harmonic, neurotic and psychotic articulation proceeds in adults.

The size of processing experience can be considered through the creation of a narrative plot identified by Bruner (1990), affecting the modulation of emotions and, thus, the cognitive/emotional structure. These are:

- *Flexibility*, meant as the ability to change personal explanations of an uncanny experience in relation to the emergence of discrepant and unexpected emotions.
- *Abstraction*, meant as the ability to develop and maintain one's experiences detached from the immediate perceptual context attributing them general meanings.
- *Generativity*, meant as the ability to produce new interpretations in order to make personal experiences consistent once the discrepant aspects recognized.
- *Integration*, meant as the ability to place a coherent framework both between the different ingredients of an experience belonging to a single event (synchronic integration) and experiences which belong to events happening at different times (diachronic integration).
- *Metacognition*, the ability to distinguish between an immediate experience and the explanation which is given to it (Mannino, 1996; Merigliano et al., 2011).

In a subject with a neurotic articulation, flexibility and ability to abstract appear decreased, as well as generativity is revealed reduced. The ability to integrate and metacognition are maintained. In a subject with a psychotic articulation all dimensions are strongly damaged.

In a clearly psychotic subject and partially in case of personality disorder, in variously distributed manner, can be observed that:

- the ability to maintain a single and continuous sense of self in time is damaged;
- contents of consciousness are not integrated "outside the self" and become psychopathological disorders (hallucinations);
- there is a certain tendency to staying bound to the immediate perceptual context;
- the ability of distinction between an immediate experience and its evaluation appears damaged;
- the ability to quickly change the explanation of an ongoing experience does not seem either appropriate or flexible;

- the ability to generate new interpretations regarding one's personal experience of themselves or the surrounding world is nearly inexistent.

In "severe" patients the range of recognizable and decodable emotions appears greatly restricted, as well as the capacity to build emotional experience in its basic ingredients (imaginative, cognitive, affective, sense-perceptive) is damaged. The ability of sequencing is poor and deficient as well (Guidano, 1998; Merigliano, 2009; Merigliano et al., 2011).

In this way, a psychopathology based on meaning is formed: a sense of self which can be declined in the harmonic, neurotic and psychotic dimension. Each organization has the prevalent diseases from which derives the name of the self-organizations. However, each psychopathology can be sustained by different meanings.

The therapy

To create the cognitive post-rationalist model, Vittorio Guidano has placed the key principles for the construction of a method by which we can come closer to the psychological suffering respecting the constraints of a radical constructivist epistemology. A method which is consistent with the explanatory hypothesis of suffering based on the personal search for meaning, unavoidable individual dimension which allows us to develop a treatment strategy. A symptom or psychological distress are no longer the expression of suffering that is alleviated by any means, but they represent the door of entry in the subjective and should be studied and reviewed with the subject itself to understand the cognitive and emotional complexity and their role maintaining the feeling of self. A method that we must then direct to address the nature of human beings who, like all natural phenomena, appears as a puzzle with endless tiles which combine to make a complex unity which goes beyond a comprehensive knowledge. This complexity is the challenge we have to face.

The post-rationalist prospect changes substantially the concept of "therapeutic change" and therefore the goals of treatment. The cure will fit in the space between immediate experience of living (I) and explicit experience (Me) with the aim of making aware the continuous allocation of work in its own perceptions and emotions in the construction of a conscious self-image that is through the articulation of their personal meaning. Change can be of two types: cognitive type, which can be reached quickly and repeatedly at one hundred and eighty degrees; and emotional type, which is more difficult to obtain but more stable and closely related to the perception of the continuity of personal identity. This second change is the main one which tends through the creation of a setting in which the assessment and the therapeutic relationship changes with respect to the cognitive standards aiming to build a therapeutic process which is capable of producing emotions such as to trigger a change of critical emotions at the base of the disorder. Guidano (1996-99) argues that thoughts can change the thoughts and only emotions can trigger a change of emotions.

The sources of such emotions are either those arising from the effect of a different and deeper understanding of their own internal dynamics or those arising within the relationship with the therapist. The whole point of therapy is represented by driving the person to assume the ability to recognize and differentiate the immediate experience from their explanation and make them aware of the individual nuclei invariants that characterize the transition from one to another in creating a sense of self stability.

The slow motion is the founding core of this method which arises, making self-organization processes and the personal meaning construction as central issue to the man (Dodet, 1998).

Meaning, identity, relationship

The slow motion is the cloth with which, through the reconstruction of significant events as if they were parts of a script, the therapist guides the subject in the work of differentiation between immediate experience and his explanation making him aware of the allocation work itself which is expressed between the two levels. We do not like to define the slow motion technique because it is actually a way to enter into a relationship with the patient leading him to rebuild their emotional experience and helping to produce a first-person narrative. The therapist will have to act as a catalyst for a process without ever substitute in defining the emotional states or proposing plans of explanation. The therapist has the function of guidance and support in reformulating the elements made explicit by the patient emphasizing the consistent core of self which emerges.

When a subject perceives an event which he recognizes as significant for the inconvenience associated with it, or because he considers it important in the reconstruction of a specific repertoire, this, first of all, must be conveyed in its development in a comprehensive but synthetic manner. From that account will then arise a division into successive scenes. These must each represent a moment in which event, emotional state and self-perception undergo a specific change.

At this point, "as if it were in slow motion of an assembly hall", the therapist guides the subject in retracing the event overview (panning) to dwell on extrapolating a single scene (zooming out) to focus on some details and then place it back in (zooming in) enriched in the original sequence (Guidano, 1987, 1991b). As in a screenplay, what happens in terms of the behavior must be mounted with the flow of corresponding emotional states, also trying to grasp the nuances, the more muted tones, to expand the capacity of the subject in the discriminate and recognize them. This is the plan of immediate experience. The other plan to be included in the sequence is that of the succession of the different senses of self and explanations which make them possible and consistent with the maintenance of a continuity of identity. Dwelling on explanations means guiding the subject to focus on the ways in which they attach to themselves the immediacy of living. In this way, it brings it to identify invariant nuclei through the articulation of which they come to build conscious image of themselves (Dodet & Merigliano, 2001).

Referring to the work of Lewis (1992, 1997), we consider that during the process through which a person comes to the perception of the self, there is a dialogue between the feeling of continuity and a sense of happening and a dialogue between feeling of uniqueness and feeling of the other. During the talks in which the reconstructions of episodes of life take place in slow motion, the therapist will help the patient to make reconstructions as they are sequenced events and emotions in their unfolding (sequencing), and will cause them to turn a demarcation line between experience of oneself and construction of the image of the other.

To sum up:

The *slow motion* is a process of *script* of the way in which the immediate individual experience takes place, accompanied by the patient's decoding of such experience which benefits from "second-order conversation" in its course (Bercelli & Lenzi, 1998a, 1998b; Guidano, 1996-99).

It consists in a process of:

- *self-observation* of experience;
- construction of emotional experience in its basic ingredients (affective, cognitive, bodily and imaginative);
- *sequencing* of experience through recognizing the different emotional activations in progress;

- *contextualization* of emotional events in the reconstruction of the immediate context and the broader context in which the discrepant event took place;
- *reconstruction of the subjective and objective point of view* of the experience of self and reality (Merigliano, in press).

The first phase of therapy will consist in the reconstruction of the dynamics of imbalance.

Starting from the description of how the current crisis has taken shape which brings the subject to therapy, from the earliest perceptions of discomfort you start to rebuild the relationship context and life events which seem significant and can be compared with the discomfort itself (contextualization).

It is 'necessary to investigate the emotional effect that generated the events belonging to the period immediately preceding the episode brought about. The goal of this initial action will be to reach a first hypothesis regarding what expresses discomfort or symptoms in relation to the function of maintaining continuity of the feeling of self (internalization).

To bring out the personal meaning indicators is not enough, the reconstruction of a single event although significant, but other moments of life which have generated a critical event will eventually be put back in slow motion. It will be equally important to reconstruct, through the narration of episodes, the pattern of attachment with the parental figures and dynamics belonging to the working and friendship spheres. Objective of this first phase is to identify the redundancies that are indicators of a specific meaning and which arise in various areas.

We can define three groups of redundancies: 1. emotional redundancies: dominant self-feeling, prevailing emotion in the search for contact with the other, the prevailing emotion of distancing the other, the rooted anguish. 2. cognitive redundancies: the dominant theme, the prevailing attribution to the self, the prevailing allocation which is given to the other. 3. behavioural redundancies: proving active or passive relationships as well as active or passive aggressive behavior.

The definition of the therapeutic contract will never be focused on specific objectives. It will be rather proposed to the patient to study the elements of identity which seem related to the discomfort which is presented in therapy altogether.

In addition, particular emphasis will be placed on the reconstruction of episodes from the past which have a significance in creating a sense of historical continuity with respect to the uniqueness of perception of the self. The reconstruction of the life history and therefore of the oldest stages of individual development and the relationship with the parental figures will be done in the first phase as a flash back.

This can happen when the memories flow through emotional assonance during a reconstruction of a current event. Most of this work therapy in advanced phase can be done in a more structured way, seeking the common thread underlying the feeling of identity.

The reconstruction of the emotional and relational style will be of crucial importance in the course of therapeutic work. This means the reconstruction of unspoken identity needs which underlie the choice of a partner or a person with which to establish an amicable relationship. The relationship is the space in which the personal meaning is expressed and takes shape in the relationship with the meaning of the other with whom the subject comes into reciprocity.

The analysis of the dynamics of the relationship will be especially important part of the therapeutic work and it will especially analyse the relationship with the therapist which is the place where the patient has the opportunity to experience a relationship with qualities different from all the others being characterized by substantial aspects of asymmetry.

The therapeutic work will be aimed at achieving a greater awareness of the patient's own emotional and cognitive functioning, the dominant feeling of the self and the needs which are expressed within the 'inter-subjectivity. The Fundamental objective is to achieve greater articu-

lation of personal significance which will lead to a clearer explanation of the individual generative capacity.

Conclusions

We have explained how the therapeutic relationship becomes the subject and a working tool for the therapist and patient in the reconstruction of the emerging material throughout the psychotherapy route.

The work with the patient is focused on a vision from the point of view of those who make the experience of living, recognizing once rebuilt with them, their specific personal meaning. This directs the patient on the path of existence, even in its most concrete aspects.

The post-rationalist model allows a study of the experience and, there, of the human knowledge from an individual point of view using their experience and knowledge. This perspective is very attentive to the person in all their complexity since its ultimate objective is the reconstruction and articulation of the specific personal meaning of the individual. It is likely a model applicable to different types of human functioning, from the normal mode, with harmonics in its existential themes, to the neurotic one, with its short and tiny discontinuities. These can result in an unstitched fragmentation which can be as serious and gross as the one deriving from psychotic mechanisms.

Guidano reminds us that: “*this is a very difficult job, because it is very hard to do [...] you have to be very flexible, available and able to change attitudes [...] while dealing with different patients. It is a job done in solitude, because you work with and are responsible for the patient [...] while experiencing intense personal emotions which cannot be disclosed [...] but need to be analysed internally [...] since it is a tough job, I believe that from this point of view a good understanding of oneself can help the therapist to hold up better who is strong enough humanly and emotionally*” (Guidano, 1996-99).

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