

Rassegne

Post-rationalist psychotherapy academy today: research and clinical practice

La scuola di psicoterapia post-razionalista oggi: ricerca e pratica clinica

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SUMMARY. The post-rationalist psychotherapy academy (non-classic cognitive approach) started at the end of the 80's with a series of consistent hypotheses. It is an academy which stems from contemporary psychotherapy and develops different areas, giving a strong contribution to theoretical and clinical psychotherapy. This academy has presented development as all other psychotherapy schools have, as well as the same difficulties and solutions. In this article, our aim is to show some tendencies that don't present an epistemological, theoretical, methodological and coherency, since these tendencies don't allow any confutation, which is the fundamental premise of Vittorio Guidano's academy. Finally, we stress how it's nowadays crucial in psychotherapy, to apply coherent methodological and conceptual positions based on the research.

KEY WORDS: post-rationalism, PMO, self, personal meaning, cognitivism, psychotherapy, process, research.

RIASSUNTO. La scuola di psicoterapia post-razionalista (approccio cognitivista non classico) ha avuto inizio alla fine degli anni Ottanta con una serie di ipotesi coerenti e scientificamente attendibili. È una scuola che prende l'avvio dalla psicoterapia contemporanea e si sviluppa in aree differenti, offrendo un notevole contributo alla teoria e alla clinica della psicoterapia. Tale scuola ha avuto nel corso degli anni i suoi sviluppi, al pari di tutte le altre scuole di psicoterapia, come pure le stesse difficoltà e capacità di trovare soluzioni. In questo articolo, nostro scopo è quello di illustrare alcune tendenze che non presentano una coerenza epistemologica, teorica e metodologica e non consentono alcuna confutazione, cosa invece fondamentale nelle premesse della scuola iniziata da Vittorio Guidano. Infine, sottolineiamo come sia fondamentale oggi in psicoterapia applicare metodologie coerenti e posizioni concettuali basate sulla ricerca.

PAROLE CHIAVE: post-razionalismo, OSP, self, significato personale, cognitivismo, psicoterapia, processo, ricerca.

INTRODUCTION

The aim of this study is a partial revision of some problems in the post-rationalist academy, as in other schools of psychotherapy¹. In general, there are different kinds of problems in the history of psychotherapy, which schools have resolved with empirical research. During the XXI century, the importance of research in psychotherapy, as a viable criterion of knowledge for humans being, is not in discussion. Today this matter is settled and the aim is to better understand the processes and results that we obtain in clinical practice in psychotherapy.

Psychotherapy is used for individuals, couples, families and groups. Regardless of the comprehension and intervention, its general purpose is to eliminate and/or reduce psychological suffering and to promote the patient's well being. It is important to underline that theories and practices in psychotherapy involve the subjectivity of the clients and professionals who practice and promote it. The juxtaposition of

the subjectivities that are implicated in the psychotherapeutic process is an issue that should be researched²⁻⁹. This goal is evident in the increasing appearance and consolidation of international societies for research and application in academic and professional fields.

In the XXI century, psychotherapy has a fundamental role in Western culture and proof of this is in the progressive growth of the public and private service in all Western countries. At the same time, we observe a massive demand for intervention, including a range of 460 different kinds of approaches and methods¹⁰. The complexity and integration of different professionals in the health care system, progresses in order to obtain improved services for mental health clients and patients. According to Deleon: «Today, in 2010, psychotherapy is increasingly being viewed as an integral component of our overall health care delivery system. This is a substantial change from how most mental health practitioners have historically viewed themselves. To a significant ex-

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tent, this is the result of modifications over time in the reimbursement status of psychotherapy and other mental health services, as well as evolving standards of what is deemed by society to be “quality health care.” With this new status comes increasing governmental oversight and societal responsibility»¹¹.

In this sense, psychotherapy is a part of the public health care system in Western countries and it is considered a valid and reliable component of the treatment process. The post-rationalist approach applies these concepts and considers research to be the fundamental premise to develop the comprehension of the complexity of human suffering and to change and improve mental health¹². We can understand such a change through the research of psychotherapeutic processes and observation during clinical practice.

For the post-rationalist school based on research, we consider that the understanding of the “complexity of psychological suffering and its changes” implies a study and analysis of the processes and results of psychotherapy. If we look at the history of psychotherapy, we find two big ways to perform research in this field: paradigmatic and narrative^{5,13,14}. Both methods generate knowledge and feature methodological and epistemological differences, while in the XXI century we have reached integration for the two approaches, which has been demonstrated by different works of research^{5,14-21}.

From this integration, it is extremely important to take into consideration the dialectical relation between theory and research during the psychotherapeutic process, in order to observe and understand how to deal with psychopathological problems. In this sense the objective of our study is to understand “why” and “how” stability varies in psychological suffering. Any other aspects that do not consider this perspective would be a “severe self-denial”. We are obviously psychotherapists and our goal is to help people with psychological disorders, rather than acting as “psychotherapy philosophers”. We reject what we refer to as the “ideological pseudo-post-rationalist” point of view²²⁻²⁴.

It is important to underline the permanent relation between theory and facts in contemporary psychology as is evident in the post-rationalist psychotherapy generated by Vittorio Guidano. Based on these considerations, we do not share nor accept post-rationalist proposals from the “ideological pseudo-post-rationalist school”, that propose suggestions that are not based on clinical research in psychotherapy as i.e. Giampiero Arciero does²³⁻²⁵.

GUIDANO'S THEORIC AND CLINICAL COGNITIVISM

The post-rationalist approach mainly takes shape through the work of V.F. Guidano^{26,27} with the expansion of the traditional epistemological associationist empiricist perspective and the elaboration of a “psychology of the self” that embraces cybernetics, systems theory, and artificial intelligence (i.e. the forefront of the “cognitive revolution” burst in the 70's and 80's in the Anglo-Saxon world). Guidano was one of the major theoreticians and spokesmen of the epistemological change that occurs transforming knowledge from the point of view of he who possesses it into a method for psychotherapy and a conceptual model to explore individual development and knowledge. The “post-rationalist” attribute

introduced by Guidano at the end of the 80's hinted at a new way to view psychology, based on the recognition of individuals' irreducible characteristic of constructing meanings. He pointed to an approach rooted in the so-called cognitive revolution, viewing epistemology as the founding discipline of the clinical theory and practice of a new scientific psychology. Instead of empiristically considering cognition as a system of hierarchically ordered beliefs that guide people's actions and emotions, Guidano²⁷ and Mahoney²⁸ regarded cognition as a process corresponding to the “interiority” of individuals and explored the active role that each subject plays in the construction of his or her reality. For a scientific investigation of the mind (that does not neglect the study of interiority), knowledge had to be intended as an active, adaptive and historical process, conducive to the creation of certain structures – or theories – that living beings generate during the course of their interaction with the environment.

Guidano's theoretical and clinical cognitivism²⁶⁻²⁹ had the merit of having gone beyond the associationism of the empiricists and the methodological positivism of some psychologists and “classic cognitivism”³⁰, trying to create the rise of a system-process oriented approach to psychopathology: post-rationalist cognitivism, from animal models (mainly primatology) to personal meaning. As biological systems are very likely determined by physical and chemical laws of spontaneous self-organisation, and changes in evolutionary and learning processes are guided by exogenous factors, as well as by internal and endogenous constraints³¹. His point of view allowed generations of clinical psychologists to continue to analyse and operate according to its notions¹².

The contribution of neuro-science and modern biological psychopathology, along with the experiences derived from clinical practice, case formulations based on research^{4,32}, clinical inquiries³³, has extended to areas such as affects regulation, attachment theories, mentalisation^{34,35}, subjective time in psychotherapy^{2,36,37}, development of the Self³⁵, consciousness and language^{38,39}, narratives⁴⁰⁻⁴² thus providing evidence to theories that in the past were confined to the exclusive competence of philosophy. Evolutionary epistemology^{43,44} based itself on a vision of man intended as an organism able to actively order its reality through the production of theories whose conservation or elimination is ruled by natural selection. In his vision of the individual, Campbell⁴⁵ emphasised the feature of interior self-regulation, that is intrinsic to the internalisation of theory selection and conservation processes, in the same way that Darwin had done with genes. However, Campbell's analysis of personal autonomy was still strongly dependent on the neo-Darwinian view of the organism/environment relation: a subject that was traditionally approached by considering natural selection as structural changes in the organism, regarding evolution as the optimisation of adaptation to the environment (continuist/gradualist hypotheses). In the early 80's, the two Chilean biologists, Francisco Varela⁴⁶ and Humberto Maturana⁴⁷, pushed evolutionary interpretation into the internal dynamics of animal groups and into the history of structural transformations and environmental changes. The founding notion is that an organism and its environment, change in an interdependent fashion: unit-environment relations can therefore be maintained only if the autonomous unit – the system – is able to generate, within its own organisational constraints, levels of reference that are suitable to coping with environmental change.

During the same period, a discrepancy was becoming increasingly evident between the logic “linearity” of descriptive psychiatry and the multifaceted “complexity” of human experience that would be encountered in clinical practice, while cognitivists and relational therapists were working at an integration of the developmental hypotheses, which focused on the interface between family and individual processes. The interdisciplinary convergence that leads to the approaches in terms of complexity²⁶⁻⁴⁸, embraced cybernetics, irreversible thermodynamics, evolutionary pluralism, cognitive science, evolutionary or natural epistemology, etc., radically transforming the traditional relation between observer and observed. This made it possible to elaborate a constructivist epistemology: rather than as the active and autonomous construction of a system that progressively models its internal order, starting from a flow of variable and unpredictable stimuli, while defining its specific individuality and identity «[...] this gradually takes shape in the course of individual development, and [...] each one of us, though living in an “objectively” shareable social reality, actively constructs “from the inside” at very articulated levels of an individual perceptive order, an absolutely unique and exclusively subjective point of view»²⁶. The metaphor of a man-scientist, who generates theories – followed by Popper’s disciples –, is then followed by that of the observer, who by means of observational processes, constructs an order of reality, that reflects his or her own perceptive organisation (self-reference): «Everything said, is said by someone»⁴⁷.

The studies on self-organised systems support the introduction of a new methodological perspective in cognitive sciences, such as the one described. Although the concept of self-organization, which is common in biological systems, is viewed differently within the scientific field, here it is considered as a simple spontaneous process that occurs in complex systems. In order to explain how an organism generates a certain meaning, a new epistemological framework consists in the construction of a mechanism that is able to produce a given behaviour, resulting from the internal coherence of its operations, i.e. a specific mental state. This approach – which can be defined as “constructivist” – is different from the predictive model of physical sciences (rationalist behavioural and cognitive), mainly founded on anticipation and prediction according to rational principles. Hence, the definition of post-rationalism, to indicate the rejection and overcoming of any linear determinism, of any trust in a single and absolute scientific truth, which is the same for everyone, in favour of a pluralistic and multiple interpretation of every perspective. In our clinical practice, rather than accurately predicting the person’s cognition in that specific instant, as indicated by a prediction-based approach, it could be more useful and explicative to reconstruct the internal dynamic of an individual who is able to give meaning to a set of events according to personal coherence.

This is how Guidano arrives at the formulation of the notion of “personal identity”, intended as a hierarchical organisation of knowledge, emotions, perceptions and memory, a true structural theory of the Self and of the conscious world, where past, present and future events are connected in a sort of continuum going from normality to psychopathology. Infancy, childhood, adulthood and senescence are the different stages of the irreversible development of individual life, characterised by their organisational, biological, affective and

cognitive peculiarities that participate in the construction, maintenance and change of personal meanings. During the course of individual development, cognitive processes are articulated in an ordered set of sub-systems of reactions and meanings that make up identity, in a specific self-referential process of construction of self identity²⁶⁻²⁹.

The shift from structuralist cognitivism to post-rationalist psychology²⁶⁻²⁹ was shaped by a change initiated by evolutionary epistemology and complex system theories, stressing that the biological organisation is the ongoing activity of neurobiological systems as well as the process of human knowledge: any clinical and psycho-therapeutic practice, are nowadays inextricably related to biological phenomena⁴⁹⁻⁵¹ – and therefore to clinical investigation – including those that pertain to development and knowledge, as well as to the more abstract domains of thought and language. The regulation of emotions is initially developed in the framework of interpersonal relations and has evolved during phylogenesis in a complex process of self-organisation that leads to the acquisition of self-organising abilities and the construction of personal meaning, advocating the possibility for this approach to give fundamental contributions to cultural psychology⁵².

EPISTEMOLOGY, CLINICAL PRACTICE AND INVESTIGATION

If we consider the human organism as a theory of its environment, we understand that knowledge is the result of bio-psychosocial processes. In other words, knowledge’s structures are evolutionary patterns that have developed as a result of environmental changes. As Weimer said⁵³, the main issue is to understand how the nervous system, through the sensorial order and mental processes, shapes the environment in which the organism develops and grows, with increasing levels of adaptation.

Guidano’s theory considers these concepts and evolutionary epistemology to be the root of his theoretical framework, but today different followers of the speculative pseudo-post-rationalist school have neglected to take into consideration both Guidano’s model – thereby, misunderstanding its development – and the physiological and psychosocial aspects that characterize our evolutionary history.

Following the metaphor of the 50’s and 60’s by Kelly⁵⁴ and Khun⁵⁵ “the man like the scientist” and the heated debate during the 70’s between Popper⁴³ and Lakatos⁵⁶ on the tautology of the sciences and so forth, the interest for epistemology is inevitable for a clinician in the “consciousness” of his practice, but cannot be a mere lucubration or quibble, when it is not in line with the patient’s needs nor evident and effective.

At the same time, the crystallisation of the so called “paradigm of evidence-based medicine” and the evolutionary standpoint implies a shift in attention from the immediate causes that are experimentally studied to the remote ones, and to the fact that the patient’s individuality is an irreducible evidence; it is essential to keep into account the historical constraints that influence the risk of getting sick both at a phylogenetic and ontogenetic level⁵⁷⁻⁵⁹. “Narrative Medicine” has recently been moving in the same direction in the USA (“Narrative Based Medicine”, term coined by Charon

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and Wyer⁶⁰ and it has already been formalised in the different university fields. Primary and specialist doctors are working together to develop new communication strategies, practice listening and both telling and writing about experiences that they witness on a daily basis.

«The causes of diseases are harmful not in themselves, but because of the incongruence between the body's physiology and the surrounding context: this dissonance or mismatch is manifested by the interactions between the individual genetic/epigenetic constitution and the contingent environmental factors»⁶¹. Such a theoretical novelty that comes to characterise medical thinking and that leads us to look at medicine from a historical perspective as well as the Darwinian or evolutionary medicine standpoint, entails a paradigm shift in the way of approaching the different domains of medical sciences (Translational Medicine and multidisciplinary research⁶² that may have some major repercussions on teaching practices, while contributing to the training of a new breed of physicians, who are capable of a broader understanding of epistemology and psychology.

An increasingly tailor-made health care system, in the belief that each one of us is the carrier of an individual genome, with a personal evolutionary history and moving towards a social and epigenetic trajectory that emphasises the uniqueness of each individual and also the doctor-patient relationship, must be framed, understood and revised in light of evolutionary considerations⁶¹. We believe that these processes are in line with a post-rationalist approach, that can give a contribution that goes well beyond the field of psychology⁵².

All of this is conductible to a post-rationalist approach, but nowadays after almost thirty years from its birth, from the formulations of Guidano^{29,63} and his powerful heuristic anticipations of many current scientific evidences⁶⁴, and his several practical suggestions for the process of psychotherapy, guided by the main interest in the relationship between what changes and what remains stable in a "knowing system", we need above all a way to define a methodological and systematic framework of change in psychotherapy, which includes individual and personal differences of the professionals in their way of acting and thinking without losing the common "hardcore" of the above mentioned approach.

THE CURRENT NECESSITY IN THE FIELD OF PSYCHOTHERAPY

In order to better define what we mean with necessity for psychotherapy, we refer to the "process and outcome in psychotherapy"⁶⁴ and to the "clinical utility" for practitioners, for dealing with and helping people who suffer, and last but not least, with 'being transparent' and immediately accessible for professionals as well as young trainees. To this extent, we want to make three examples: 1) philosophic-epistemological; 2) clinical-conceptual; 3) methodological, referring to the most frequent categories of debates among some very well known experts in the field of post-rationalist psychotherapy (of course they are not personal but explicative of what we want to say).

1) What Arciero writes: «But if Guidano's postrationalist theory doesn't place itself beyond rationalism, but it's itself rationalist, this means that different forms of rationalism even differentiating among method have a common founda-

tion: the seeking for truth oriented by the correspondence of theoretical-knowing learning (idea, judgement, theory, mechanism etc.) and the object (Adapting things to intellect). But then what postrationalist psychology are we talking about when we're dealing with Guidano's postrationalism?»⁶⁵ (p. 2). His acquired philosophical abilities and detailed and erudite reasoning may also be interesting (while others are much less noteworthy, as he has a tendency to contradict himself, in order to avoid being confined to an "Abigail" subordinated role. In fact, this way of thinking features an indisputable characteristic: it has little to do with psychotherapy, and does not offer much insight on how to help people who are suffering, nor does it indicate a methodology that is better than others. Instead, the only way psychotherapy can function properly, is to proceed together with the study of neurosciences. There is one point, however, with which we agree: «[...] From this perspective it's difficult to understand how the followers of these theories developed by Ricoeur [...], fully utilized the narrative vision (some talk about organizations' style, others of emotional narratives, others of personal narratives, others of narrative meaning, others then of narrative abstraction!?). So that the unconscious becomes the place of those cognitive representations that, even not entering the consciousness, operate as affective metaconsciousness or as unconscious cognition. It's very arduous to be more rationalist than this»⁶⁶ (p. 5).

The fact remains that insisting on this level of discussion: «And yet these pirouettes are perfectly coherent with Guidano's post-rationalism. They could even be adequate if human being were living machines instead of people in the flesh! It seems to me then that Guidano's postrationalism as well as Maturana's experimental epistemology share the same ontological perspective that animates modern thinking, characterized by the anticipate determination of being as if it was a thing; as if it was a product – the self-organized system – that remains processually unchanged during time and immutably underlies (subordinated) every changing qualities»⁶⁵ (pp. 5-6), could deserve the same consideration to ask ourselves whether Guidano is a postrationalist, a standard rationalist or perhaps a sophisticated rationalist. Such a consideration is a philosophical and epistemological issue that does not add substance to research and to psychotherapeutic clinical practice.

Arciero and Bondolfi deny the possibility of recognizing syntactic rules of individual functioning. Such a position is unsustainable from the perspective of a fundamental premise of the post-rationalist model. Instead, they propose to identify personality styles in terms of the «individual awareness of one's life story in terms of abstract patterns of immediate experience»²⁴ (p. 108).

2) The conceptual-clinical domain is the one that features the most disparate and implausible statements, but the good mood derived from it, immediately weakens thinking about how these could be iatrogenic for our patients and misleading for our trainees. It is for this reason that we feel forced to discuss and refute them.

Juan Balbi, i.e., states: «Our conclusion implies a change in the original nosology formulated by Guidano and Liotti in 1983 and supported by Guidano in all his subsequent writings [...]»⁶⁷. In his subsequent writings, Guidano significantly modified, developed and refined the initial notion of "Cognitive Organization"⁶⁸, thereby giving way to a revolutionary

and clinically efficacious unification of the different aspects of Eating Disorders, as did H. Bruch⁶⁹⁻⁷¹ in an unitary syndrome. Guidano then went on to defining “Personal Cognitive Organization”²⁶ in terms of complexity, followed by that of “Personal Meaning Organization”²⁹, which is focused on personal meaning clearly expressed by its processual definition²⁹. As Cutolo stresses: «I could have not being working with these patients if I didn’t had conceptual tools offered by post-rationalism, that allowed me to construct from the beginning with these patients a therapeutical relationship in which they, for the first time, felt themselves understood instead of interpreted»⁷². Balbi continues: «[...] and consists in the revision of the notion of ‘Organization of the type Eating Disorders’ (formulated by Guidano and Liotti on a sample of 38 patients) that we don’t consider anymore, as the other three PMO, a valid category for describing a functional dimension of identity process [...]»⁶⁷. One of three authors, has been working for almost forty years (both private practice and in the public services) with over 1,000 ED patients (data being processed). She personally followed the patients at the Sapienza University of Rome hospital; first in the Institute of Clinic of Nervous and Mental Diseases and then in the Center of Dietology and Paediatric Nutrition^{73,74}, conducting research and clinical research in the Center for Eating Disorders at the Department of Neurology and Psychiatry⁷⁵ and finally, working as a director of the Departmental Operative Unit for Adult Eating Disorders⁷⁶ during the last ten years. We therefore cannot give value to Balbi’s affirmations without any clinical and/or research data, and even more so, one that lacks a clear and transparent theoretical argumentation related to psychotherapeutic practice⁷⁷.

Moreover, «this symptomatology couldn’t be explained as the consequence of a disappointment of concrete aspects of parental imagine, a process every adolescent deals with [...] a trivial and dangerous simplification of a complex clinical problem, not coherent with Guidano’s model». As R. Proietti stresses, «ED conceptualization, something in most cases referring to a specific PMO, has been one of the biggest innovation of the post-rationalist model»⁷⁸, we may affirm that J. Balbi misconceives the meaning of disappointment, labelling it as pertaining to “concrete aspects”, whereas Guidano and Liotti⁶⁸ state that, «disappointment lies in the emotional bond» (p. 287) rather than being classified as a concrete aspect. Furthermore, he demonstrates to have not completely understood the notion of PMO type ED in terms of organizational recursivity and self-construction among relational redundancies during the personal development of a «blurred perceived sense of the self...that oscillates between an absolute need for significant others’ approval and the fear of being intruded upon or disconfirmed by significant others»²⁶ (p. 155), enhancing a very delicate and difficult therapeutic relationship construction, allowing the patients to acquire a sense of “trust” before having the possibility of self observing.

«That’s the theoretical and methodological issue we dealt with: the eating disorder disease, to be effectively treated, required from us an explanations in terms of affective failure, unavailable with the explicative notion of ED PMO. Instead, both the phenomenological explicit contents and signs and symptoms of anorexia and bulimia, and the repertoire of immediate experience, present in a similar way in different patients, referred to many different tacit personal meanings

that were attributable to one of the basic processes described in the three other PMO [...] an intense sensitivity to external judgment in the definition of him/herself, it is a sign of a chronicization adolescent mourning, which leads to a dysfunctional process of identity development of, whatever the type of PMO»⁶⁷. In our view, this brings us to a dimensional spectrum perspective, which is very distant from a three-dimensional one, oriented in terms of complex systemic processes. His statement recalls the biological model of psychiatry, which fails to encompass an overview of the variety of clinical conditions presented by these patients, taking refuge once again in the concept of comorbidity and merely prescribing a series of medications. «[...] In this way we have solved the problem of methodology, since the new theoretical perspective allowed us to advance with a firm step in the rehabilitation and reorganization of the specific affective disorder to each case [...]». This methodological resolution remains extremely obscure, as the statement is not supported by a scientific paper (nor any official conferences or recorded documents, whether written, audio or video) describing his ideas related to, «[...] an intense sensitivity to external judgment in the self-definition, which is an intrinsic invariant of normal adolescent development [...]». While the latter may be true, it depends on the different developmental paths and on the quality of family relationships until then shared by the adolescent, so much so that the concept of PMO, and obviously that of ED, emphasizes precisely the differences that perform specific and peculiar organizational roles with different and peculiar adult outcomes. «[...] The period in which, while the subject is facing the repercussions of emerging affective discrepancies, his sense of self and one’s value is still vague and undefined; – the aforementioned sensitivity to the judgment (*ndA*) – can not be considered to constitute the normal functioning of adult identity [...]». In fact, a healthy adult with a secure attachment style and an adequate capacity of mentalization^{34,35} does not display a marked sensitivity to judgement (which is instead physiological for a child), having reached a more balanced affective and cognitive autonomy.

Balbi continues to explain that, «[...] in adulthood, it is instead considered as an integral part of a set of symptoms that make up different types of disorders [...]». Specific types of diseases, such as phobic or depressive PMOs eg., present different ranges of sensitivity to judgement. He also states that, «when it’s in people over the juvenile phase, an intense sensitivity to external judgment in the self-definition, it is the sign of a chronicization of adolescent mourning». While we agree with the definition of the “mourning” process, along with the separation and affective and cognitive demarcation from the individual’s caregivers (which has been well argued by the post-rationalist model²⁹⁻⁷⁷, and supported by a wide range of experimental evidence, the use of the term “mourning” appears to be the obsolete reuse of a psychodynamic term. It is also alleged the epistemological and theoretical author’s confusion «Leading to a dysfunctional process of development of identity, whatever the type of PMO [...]»⁶⁷⁻⁷⁹.

3) Stressing what Guidano says, «A P.M.Org [...] a unitary ordering process in which continuity and internal coherence are sought in the specificity of the formal, structural properties of its knowledge processing (i.e., flexibility, generativity, and abstracting level), rather than in the definite semantic

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properties of its knowledge products. This leads to the adoption of a systems/process-oriented methodology [...]»²⁹ (p. 33), we wonder how it is possible to identify a PMO with a projective methodology⁷⁹⁻⁸¹ or any other methodology with a two dimensional premise rather than a three dimensional perspective, given that a systemic point of view implies the process of relationship, and with this the introduction of a third dimension in the subject's observation: the observed object, the observer and the relationship between the two⁸².

Finally, we would like to address the issue that some colleagues use to identify the PMO through a projective methodology, which is a different issue than the one mentioned above^{12,26,27,29,68}. In this case, the methodology is based on research, but the procedure does not present theoretical and epistemological coherence even if it is a conceptual issue that could be evaluated. We find this conceptual and epistemological discrepancy to be unacceptable, but the validity of PMO could be explained through clinical research.

OBSERVATIONS ON CONTEMPORARY POST-RATIONALIST RESEARCH PROGRAMS

Moltedo⁸³ offers a complete and current systematic review of articles and books on the post-rationalist domain. We find that this review emphasizes some the present need of this approach to overcome certain scientific demands and “organizational constraints” that this model requires, in order to avoid diverging into several “streams” and losing its “internal e common theoretical coherence”.

Different lines of research, clinical developments, theoretic and epistemological approaches may be detected among different therapeutic, academic and post-rationalistic researchers who have studied relational and attachment styles⁸⁴, performed conversational analyses of therapeutic sessions⁸⁵, researched psychophysiological correlates during sessions⁸⁶, sexuality⁸⁷, epistemology, eating disorders^{75,77}, case formulation³², genetic polymorphism and neuroimaging⁸⁸ etc. However, among these, as well as among a vast number of diverse psychotherapists and researchers, the common *hardcore* we spoke of above is easily lost.

Today, both psychotherapy and psychiatry are in need of a plausible theory of mind that is able to offer an understanding of basic inherited human feelings as evolutionary tools that are necessary for healthy human functioning: mind and brain are the same thing⁸⁹. The main issues in psychotherapy and psychiatry will produce a real revolution in the field of clinical practice and psychopathology, offering a more extensive vision on the way in which human emotions operate, and the possibility of creating better and specific strategies and medications to cure them²¹. In recent years, one of the article's authors stated that, «[...] the possibility of constructing a bridge between psychotherapy and psychiatry»³⁹. The primacy of affect during the evolution of Brain-Mind suggests that therapies need a clear vision and knowing of affective human life... What we need is a complete integration of every therapeutic tradition, having as core the primacy of affective development⁸⁹, not what each therapist or researcher thinks, but what a model, a paradigm, could integrate and organize what research says better than others, with a lower level of confusion and with improved operative results during the session.

A complex system-process-oriented approach such as the post-rationalist one, which features a postmodern way of thinking that is in line with contemporary literature, with the notions of self-referentiality and self-organization⁹¹, with the notions of relation as a process and that of temporal irreversibility^{92,93}, and moreover with the centrality of attachment and detachment processes for the affective and biological self-regulation of human thermo-dynamic equilibrium, all referring to the modern theories of complexity⁹⁴, seems to be able to embrace the challenge coming from affective neurosciences to psychotherapy and psychopathology.

Psychotherapy, traditionally intended as working by means of words, is moving toward a new revolution, consisting in the emergence of new perspectives and in the most direct manipulation of Mind-Brain's affective functions, using multimodal approaches⁸⁹. What is in need of further research and investigation is how cognitive therapies succeed in regulating affects and in improving the fusion of the cognitive perspective with positive affects, which occurs during an interpersonal relationship, as in a therapeutic one: modern research and therapy will be able to describe and construct the most adequate relationship, tailored to the patient's needs and to affective diseases, with a reliable and valid method.

CONCLUSIONS

In this article we present the developmental process of the psychotherapeutic approach that began in the 80's⁹⁵⁻⁹⁸. This new academy has presented problems and solutions as have most psychotherapy schools. We illustrate some problems that we feel diverge from the post-rationalist tradition and which we have called “pseudo-post-rationalist school” because the conceptualization does not have an epistemological, theoretical^{66,67,79,80} and methodological²²⁻²⁵ corpus for clinical practice in psychotherapy. In the context of psychotherapeutic tradition, the post-rationalist approach in the XXI century, aims to understand the psychotherapeutic process and results that give way to complexity from an ontological, evolutionary perspective that is coherent with its history. It is not a speculative model for psychotherapy, which is cut off from the scientific framework and from contemporary psychotherapeutic approaches. In this sense, the post-rationalist academy considers caution to be crucial, especially since this method is fundamental for the health sector.

For these reasons, we produce diverse examples of this speculation in the “field of psychotherapy”, that are out of post-rationalist model, and which could be dangerous, entailing iatrogenic issues that do not promote research.

All the assessments in hard and human sciences must be evaluated, in order to create a hypothesis and organize a scientific research design. Therefore, in psychotherapy a research project joins theory, research and clinical practice with the possibility to falsify the hypothesis.

The post-rationalistic research program uses a methodology with both scientific and artistic features. It is specifically focused on “how” to perform the psychotherapeutic process and achieve results for the patients.

The objective of this way of thinking and practising is to understand knowledge processes, in such a way as to stabilize them and improve psychological distress through a thera-

peutic relationship, which is strategy-oriented in order to reach a psychological balance.

The post-rationalist academy must be coherent with its premise and demonstrate data that could be revised in order to be effective. This approach has allowed psychotherapists to build viable knowledge in the health care. The improvement and development of all psychotherapeutic theoretical models consists in the organization of coherent approaches that are based on guidelines for psychological science in the XXI century. Historically, the post-rationalist academy in the XXI century put in perspective both the birth and the development of Vittorio Guidano's approach^{26,27,29,95-97}. This theoretical and clinical framework has undergone revision and has been rejected, and the developments have allowed achieving a new conceptualization based on research in psychotherapy and scientific articles and books. In agreement with this premise, the current post-rationalist orientation has produced research with neuroscience and clinical practice that confirms the theoretical epistemological framework and produces generalized data and information.

Moreover, we feel that the post-rationalist academy in psychotherapy must contribute to understanding the complexity of human psychological suffering and to development of a cultural psychology. Finally, currently we consider, part of the Post-rationalist Psychotherapy Academy, not so much who only says "to be" post-rationalist, as if it was a faith or an affiliation at a sect, or who only does so many philosophical, even interesting, dissertations²²⁻²⁵, or who conducts experimental neuroscientific studies^{88,99,100}, nor who chaotically daydreams^{8,66,67,79} expressing with complicated terms, whose understanding, even only theoretical, is of a great difficulty and confusing to the reader, but who eventually, in addition to all, or to better say, after coherent and organized theoretical multidisciplinary backgrounds, clarify in detail what and how he/she does it in psychotherapy^{12,26,29,77,97}.

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