The idea of psychotherapy in a group of people who have never experienced it

by Fiammetta Giovagnoli[*], Sonia Giuliano[**], Rosa Maria Paniccia[***]

Introduction

The work we are presenting is part of a more extensive research in which we analyze the idea that people have of psychotherapy, supposing that this study is at the same time relevant but not present enough in the wide field of researches that concern psychotherapy. In a previous work, we presented the results of a research that explored the perceptions on psychotherapy by a group of psychotherapists and a group of patients (Giovagnoli, Dolcetti & Paniccia, 2008). In that case we took into consideration perceptions that referred to actual psychotherapy experiences lived by the people we interviewed. On the contrary, in this case, we interviewed a group of people who stated that they never had any experiences with psychotherapy; we will refer to this group of people as "non-patients". We once again need to remark the fact that, in this case, we explored thoughts about psychotherapy that were never confirmed through direct experiences; in this sense, these thoughts can be referred to the social role of psychotherapy.

We define the social role of a profession as the set of shared ideas, inside a given social group and in a certain moment of its history, that identify a particular problem and the specific practices that are considered appropriate to deal with it. The social role is therefore culturally and socially connoted and it is the product of the interaction among different social institutions. Let's think about the laws, about the actions of pressure and the public statements by institutions such as a political party, a religious organization or a professional corporation; let's think about scientific literature, about artistic expressions such as a novel or a movie, about the mass media. As we can see from the diversity of the institutions that organize it, the social role is characterized by differences that make it anything but unambiguous: it causes discussions and conflicts.

Going back to our group of "non-patients", we can suppose that these persons will talk about the social role of psychotherapy nowadays in Italy. That is the collusively shared ideas by people whose expectations about psychotherapy only derive from what it is said about it by the mass media, by literature or by the relationship with somebody who has experienced it.

We need to remember that the ideas referred to the social role of psychotherapy form the most extensive contest in which both psychotherapists and the people who actually address to them find themselves.

This research uses a methodology that identifies the perceptions of the people who were interviewed, that is the symbolic and collusive[1] components through which psychotherapy is connoted, as its most important object. We already ascertained that researches on patients' and psychotherapists' perceptions about their experience with psychotherapy are wanting in scientific literature, if compared to other themes of research; the same thing can be said about researches on the perceptions of those we have defined as "non-patients". Therefore,

[*] Teacher, Faculty of Psychology 1, "Sapienza" University of Rome.
[**] Psychologist, trainee at the School of Specialisation in Psychoanalytic Psychotherapy, Rome.
[***] Associate Professor, Faculty of Psychology 1, "Sapienza" University of Rome.

[1] For collusion, we mean a relationship model that is based on the emotional symbolization of the shared context by those who belong it. The cohabitation within social contexts is organized by the emotional symbolizations of the context produced by those who share it. The analysis unit is the relation, not the individual. The context is symbolic and not structural. The collusive model was suggested by R. Carli e R.M. Paniccia at the beginning of the 1980's (Carli & Paniccia, 1981) and later clarified and broadened so as to build the basis for the analysis of the demand and, more in general, to propose a psychoanalytic theory of social relationship and of cohabitation. For a summarizing proposal of the model, refer to Carli & Paniccia (2003) e Carli & Paniccia (2005).

we are in lack of investigations about the way through which the relationship between supply and demand in psychotherapy is organized, with particular attention to the symbolic configuration of the latter. The research seems to be concentrated on how to obtain the results that are expected by the psychotherapy techniques used. When we inquiry about the social role of psychotherapy, we ask ourselves which social institutions are interested in making the techniques prevail on the demand. We already tried, together with others scholars, to give an answer to this question (Grasso, 2006; Grasso & Stampa, 2006; Grasso & Stampa, 2008; Paniccia, Giovagnoli & Giuliano, 2008; Salvatore, 2006). We are now interested, by consulting the "non-patients", in proposing some data that are able to give voice to other components of the social role of psychotherapy. Before going on with the description of the research, let's see more closely how scientific literature contributes to the study of the perceptions about psychotherapy.

A brief look at scientific literature

The theme of the way through which the psychotherapy experience is connoted can be found in some studies that we divided into two typologies: the demonstrative and the explorative studies. We placed the studies whose objective is that of producing data in order to demonstrate or falsify an hypothesis in the first typology, while we placed the studies that produce data in order to create interpretative hypothesis in the second one.

The demonstrative studies

A certain attention for the expectations and the knowledge of psychotherapy both of patients and non-patients is present in some fields of research focused on the relationship between these expectations and the results of psychotherapy itself. For instance, in some studies on therapeutic alliance, we can find researches about the way in which patients consider psychotherapists. This is the case of the research by Bender, Farber, Sanislow, Dyck, Geller & Skodol (2003). This investigation deals with a study carried out on patients in individual treatment, using an instrument created by the authors: the Therapist Representation Inventory. The authors analyzed the patients' thoughts about the therapists, noticing differences related to specific factors: diagnosis[2], sexual gender, length of the treatment. According to the research data, patients with Schizotypal Personality Disorder show a more intense "mental involvement" with regards to the therapist, developing a bigger desire for friendship and feeling the absence of the therapist. On the contrary, patients with Borderline Personality Disorder, do not seem to develop a good idea of their therapists. Which clinical interest do these data have? The authors encourage the therapists to find out which idea that patients develop of them, considering it as an index of the "internalized models of objective relationship", models which, according to the theoretical premises of the authors, affect the patient's social adaptation ability and, therefore, the result of the psychotherapy too. Other studies also involve persons who have not had any psychotherapy experience. In such cases, the "reputation" of a treatment is analyzed (Clinton, 1996; Hardy, Barkham, Shapiro, Reynolds, Rees, & Stiles, 1995; Joyce & Piper, 1998; Morrison & Shapiro, 1987; Pistrang & Barker, 1992; Reimers & Wacher, 1992; Rokke, Carter, Rehmn & Veltum, 1990; Safren, Heimberg & Juster, 1997; Wanigaratne & Barker, 1995). What interest does the analysis of the reputation have? According to the authors mentioned above, there is a relationship between the reputation of a treatment, the therapeutic alliance that arises between the patient and the therapist and the result of the treatment. According to this relationship, the research on the results of psychotherapy would take advantage of the study of the expectations that patients and "non-patients" have with regards to the therapeutic intervention. Other studies do not set expectations and results in such a direct relationship,

[2] Carried out starting from the DSM IV: Schizotypal Personality Disorder; Borderline Personality Disorder, Avoidant Personality Disorder and Major Depressive Disorder.

but are rather focused on obtaining a "correct" representation of psychotherapy among what it is generally defined as "public opinion". Often, in such cases, the point of reference is represented by the reputation of psychotherapy. Let's think for instance about some studies carried out on groups of patients and non-patients, often university students (Hardy, Barkham, Shapiro, Reynolds, Rees, & Stiles, 1995; Pistrang & Barker, 1992; Rokke, Carter, Rehmn & Veltum, 1990; Wanigaratne & Barker, 1995). These studies reveal that the treatment credibility and reputation, as all of the studies on reputation confirm, are developed regardless of the experience. The research by Bragesjö, Clinton, e Sandell (2004) goes in this direction. The authors point out how little the general public knows about the credibility of psychotherapy and they hope for an increase of the number of researches about the perception of the different forms of treatment among the public opinion. For this purpose, the authors are interested in studying the reputation of three different forms of therapy among the public: the cognitive one, the behavioral one and the psychodynamic one. Among the results obtained by this research, we see that people who never had a therapy experience consider the cognitive therapy as the most "suitable" one, while people who had a therapy experience prefer the psychodynamic one. In the same branch of research we find some studies that deal with "prejudicial representations". This is the case of the research by Gutstadt (2002) on the representation of group psychotherapy. According to the author, it is a common opinion to consider group therapy as less effective when compared to the individual one. Also this time, a more unfavorable opinion has been noticed among the people who have not had any experience with group therapy after comparing the perception of effectiveness of group therapy between people who have experienced it and people who have not. We must remember that this difference systematically arises in all the researches about reputation where the object of the investigation, when generally considered, often shows lower reputation ratings of the object itself when it is experienced in particular situations by the interviewees. The study about the perception of the effectiveness of counseling among the public by Richardson & Handal (1995) goes in the same direction. Also in this case, we record a perception of lower effectiveness of counseling in comparison to psychotherapy. The authors read this perception relating it to the temporal factor: according to them, there is a widespread belief, not supported by objective verifications, that the effectiveness of a treatment increases with the increase of the treatment length.

As a conclusion, we can include in this first typology of studies also some researches on the representation of psychotherapy offered by the mass media (Faberman, 1997; Gabbard & Gabbard, 1999; Jorm, 2000; Signorelli, 1993; Wolff, Pathare, Craig & Jaff, 1996). These authors share the idea that the representation of psychotherapy among the general public is developed through the most common and stereotyped portraits of psychologists offered by television and by the cinema. According to these authors, the influence of the mass media on the representation of the psychologist profession reveals its importance if we consider that the researches carried out highlight the fact that there is poor information about mental health and psychotherapy treatments among the general public, even poorer than the information about physical illness and its relative treatments. Some focus groups and some TV interviews conducted by the American Psychological Association (Faberman, 1997) let us see that, in spite of the fact that most of the interviewees acknowledge the importance of taking care of mental illness, they are not informed about how and when to access the services that deal with it. The study by Wolff, Pathare, Craig and Jaff (1996) carried out on a sample of adult population of the United Kingdom, proves that the 32% of the interviewees mentions the mass media as the main source of information about psychotherapy. Gabbard and Gabbard (1999) state that, before deciding to ask for a psychological treatment, the possible future patients have "familiarized" for a long time with the version that the media give of psychotherapy. The authors also state that, in the United States, psychotherapy (which comes from Europe) and the cinematographic industry were born in the same period and grew together. The two authors propose a study of the idea of the psychiatrist[3] offered

[3] In their work, the term "psychiatrist" is used in general to indicate all the professionals who work in the field of mental health, since the US movies have never been able to make a distinction between psychiatrists, psychoanalysts, psychologists nor between social workers and other therapists.

by the cinema from its birth until 1987, though the analysis of 450 movies, all by American directors. From this study, a so-called golden age between 1950's and 1960's when psychiatrists we almost always idealized, arises. On the other hand, in the previous and in the following years, negative stereotypes prevailed. In any case, in the different historical periods, the idea of the psychiatrist always seems to coincide with stereotypes that express the predominant culture of a given historical period in the United Sates.
Therefore, different researches emphasize the existence of a representation of psychotherapy that is not linked to experience. How should we consider this datum? The objective of the studies that we defined as "demonstrative" is that of correcting the "prejudicial representations" of patients through the diffusion of information that is useful to modify them. It seems like we meet with the symbolic dimension of the representations of an object - psychotherapy in this case - without, most of the times, conceptualizing the process itself. We assume that the information is cognitive: the errors derive from poor or manipulated information and it would be appropriate to correct them; the information is mainly considered as a one-way process. Let's now head to the second kind of studies.

Explorative studies

We place in this second group studies concerned about the symbolic dimensions through which the psychotherapy object is organized. These studies tend to know the representations, the expectations, the experiences that refer to it, proposing an interpretation of their genesis and of their function.
As far as Italy is concerned, and extending the concept of psychotherapy as to make it become part of the psychological intervention considered more in general, we find a group of researchers who are interested in understanding how the psychological profession is lived. Let's think about Carli & Salvatore, (2001), Carli, Paniccia & Salvatore, (2004), Carli, Paniccia, Bucci, Dolcetti & Giovagnoli, (2009). The objective that these researches explicitly set for themselves is to fill a gap, starting from the consideration that, unlike other professions, the psychological one, at least in Italy, seems to be very little interested in knowing how the specific social contexts in which it is comprised represent it. The psychological intervention seems to take life without actually knowing its social demand, as if the necessity to answer to this demand was not the criterion to legitimate the psychological profession. Among the most recent researches, we find, in this same direction, the work by Montesarchio and Margherita (2001). The authors study the representation of the psychological profession among a group of advertising men, starting from the premise that advertising effectively tells about the symbols produced by society and creates shared ideas. This research depicts the psychologist as a person who investigates on the deepest aspects of the individual mind. We are far from seeing him as an expert in relationships and contexts; the object of study and intervention of the psychologist is the individual's psychological reality, as an independent and decontestualized entity. The roots of this kind of studies on psychotherapy can be found in the research on the social representations of psychoanalysis carried out by Serge Moscovici in 1961, even though this author is more interested in French culture and in the dynamics of the organization of cultures rather than in psychoanalysis as such. His research studies the processes that consolidate psychoanalysis in French culture during the 1960's, and the interest for psychoanalysis can be referred to the fact that, back then, it represented a predominant cultural model. Moscovici carried out a double investigation. He interviewed a group of 2265 people of different ages and professions (professionals, professors, students, craftsmen, shopkeepers..) asking them to answer to a questionnaire built ad hoc first and, after, to an interview about psychoanalysis. At the same time, the author carried out a research on how the press manages to spread and create social representations. This research is based on the analysis of 1640 articles taken from 230 newspapers and magazines. Through the analysis of their content, Moscovici observed how the theme that was the object of his research was presented and considered in each of the articles. The analysis of the

investigations and of the press brings to the conclusion that the social representation of psychoanalysis is the result of a complex interaction between scientific knowledge and common sense. In spite of their differences, scientific knowledge and common sense are not independent one from the other: a scientific theory becomes a collective knowledge through a process of reinterpretation and reconstruction that is performed inside the social groups, not inside the individual. The social representations generated by this process carry out the fundamental function of giving a meaning to the unknown. Just like the emotional symbolization that are collusively shared, the social representations do not reproduce reality and its objects, but transform it using symbolic codes that belong to a given context.
In the case of explorative researches, the study of the representation of the psychological profession wants to stimulate a consideration within the scientific community. It is not about correcting the representations that the different information agencies provide, as much as soliciting a thought about producing representations of the profession, representations that are part of the collusive dimensions of the social contexts that produce them. Our study can be placed in this sphere too. Let's now head to the presentation of our research, starting from the methodology used.

The research methodology

We interviewed a group of 78 non-patients to whom we asked the following question: "According to you, what are the reasons why people go to a psychotherapist?". The interviews we made can be set in the field of the so-called free interview. Once a question that works as a stimulus is made, you give the interviewees the chance to associate the key words of the question with everything that comes to their mind. The role of the interviewer is that of supporting the associative process of the interviewee, bringing his discourse back to the point, if necessary, without interrupting him or leading his answers in any specific direction.
A Text Emotional Analysis (AET) was carried out on the interviews. For a deeper knowledge of this research methodology, refer to R. Carli and R.M. Paniccia (2002). In this circumstance we want to give some basic information, useful to understand the reasons why we chose this specific methodology with regards to the object of our research and its aims. The AET allows us to understand the emotional symbolizations of a context, shared by those who belong to it. We can define local culture as the sum of the emotional symbolizations that characterizes a context and organizes the relationships inside it. The local culture of a specific contextual reality can be transmitted, and therefore known, through oral or written texts produced by somebody who shares that reality. The hypothesis on which the AET is based, is that the local culture can be identified in the co-occurrence of some words, the ones that Carli and Paniccia define as dense words, inside specific textual units, produced by the division of the text by a text analysis software. Dense words are characterized by maximum polysemy and minimum ambiguity. Polysemy should be considered as the infinite evocative power that a word can undertake, if we separate it from the specific linguistic context in which it is found. The interpretative hypothesis on the local culture are created by using psychological and clinical models of the social relationship through which the co-occurrence of dense words is read. The creation of interpretative hypothesis on the local culture aims to identifying specific markers of development of the given context starting from the potential expressed by the collusive dynamics.
In order to carry out these statistical passages, we used the software Alceste (Analyse des Léxèmes Cooccurrents dans les Enoncés Simples d'un Texte) by Max Reinert. We will only take into account three phases of the analysis. The first one, and the most relevant from a methodological point of view, consists of the researcher's individuation of dense words inside the whole vocabulary of the examined text. Only these words are considered in the following phases of the analysis. The second phase produces clusters of dense words which we will call Cultural Repertories (RC). Inside each cluster, dense words are put in order

according to the decreasing value of χ^2. The third phase, identifies the factors that can explain the relationship between RC's through the factorial analysis.

The characteristics of the group we interviewed

We took into consideration two variables in the group of non-patients: gender and age. In the analysis, the two variables have been codified as illustrative variables. In the following charts, we have reported the non-patients' distribution according to each variable.

Gender	
Men	39
Women	39
Total	78

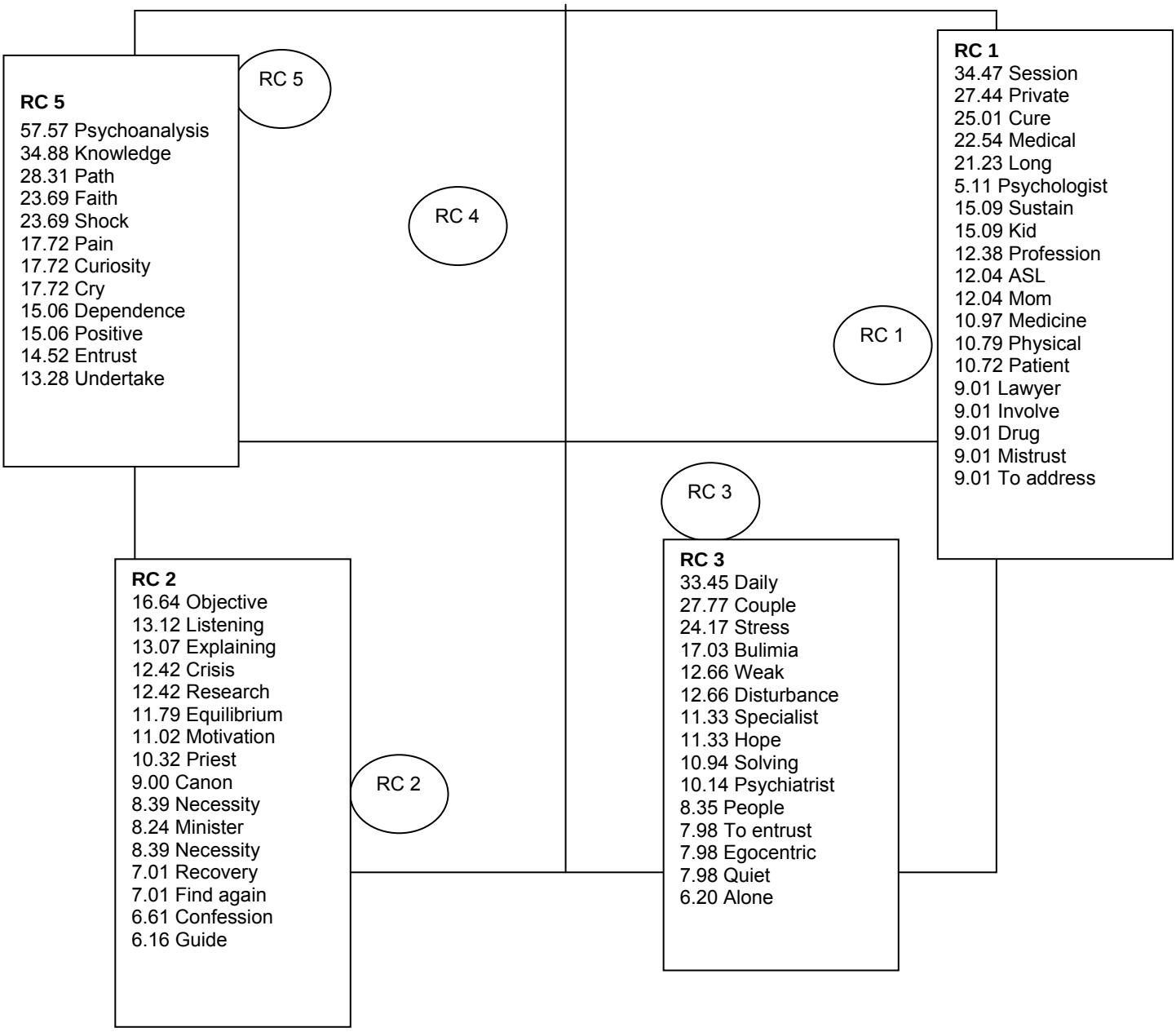
Age	
Under 30	26
Between 30 and 50	26
More than 50	26
Total	78

The analysis of the data has not shown significant relationships between the illustrative variable and the RC's. As we will see, this means that we are dealing with cultures that concern the whole group of interviewees.

The results of the analysis. The local culture of the non-patients

We will show the results of the analysis through a chart. The horizontal line represents the first factor, the vertical one represents the second factor. The RC's 5, 1 and 2 are represented in association with the poles of the factors with which they have a statistical relation. We need to assume that the RC's 3 and 4 are in another dimension since the relationship with the third and the fourth factors cannot be represented graphically.

Chart 1



The relationship RC's/ factors

	F1	F2	F3	F4
RC1	.825	.125	.097	.411
RC2	-.436	-.767	.022	.183
RC3	.318	-.065	.175	-1.047
RC4	-.301	.500	-1.353	-.040
RC5	-.763	.838	.654	.124

Cultural Repertory 1

The RC 1 is in relation with the positive pole of the first factor. If we analyze the meeting of dense words inside the cluster, we will identify the emotional meaning of the RC. The first meeting of dense words is between **session** and **private**. Session comes from the Latin *sedere*, to stay, rest, be in a place. Sitting metaphorically indicates occupying an official position, an office. A session is also a meeting, an assembly, a meeting of persons. When somebody stops, he interrupts his moving through the space and, together with it, the natural change of the relations he is part of. He takes a stand within a relationship. The session is the specific space-time of the psychotherapy relationship. It is the stopping of a couple where the two parts hold reciprocal functions. Private derives from the Latin *privatus*, and, as opposed to *publicus,* has the meaning of non-public, separated from the community, that belongs to a single person. *Privus* is the single person missing from a public office, from a charge that gives him responsibility towards the community. A couple of people establishes a relation, they impose a stop to their activities, they meet in a private space, separate from any other public function that is not addressed to the couple itself. This is a confidential, private relationship, but, at the same time, it is free from the functions that have others has an object. There follows the dense word **cure**; with this word, the aim that characterizes this private space starts to take a shape. Cure is the thoughtful and continuous vigilance, the quick interest that can get to anxiety and preoccupation. At the same time, it is the sum of remedies used to treat and heal a disease. We are talking about a private relationship, separated from the public sphere, during which the daily activities are suspended in order to promptly take care of something. The following word is **medical**. It comes from the Latin *medeor*, meaning healing a disease on the basis of a specific knowledge. The relation that has been established has a double aim: taking care of something or somebody in a private space and eliminating a disease. This disease cannot be cured within the normal activities, within the community: it requires a specific place and relationship. The following word is **long**, that is extended in time, that requires a lot, and maybe even too much time. The cure requires a long time. We go on with **psychologist**; this is the second professional figure that is mentioned after the reference to the medical one. The allusion to psychology (from *psiche*, soul and *logos*, speech) lead us to a level that is different from the one related to organic pathologies; we are in the field of the psychic, of thoughts, of fantasies. Someone takes care, within a private space a through a long process, of something that has to deal with a disease, but also with psychic. There follow the words **sustain** and **kid**, with the same value as χ^2. Both of them seem to refer to somebody who has to grow in autonomy and importance. The first word (from the Latin *subs*, on top and *tenere*, to keep, keep steady) means bearing, protecting, feeding, maintaining. The second one refers to young servants with shaved head and ragged clothes[4]. This Cultural Repertory seems to represent psychotherapy as a special and protected relationship that gives comfort, sustains and makes people grow up. For a long period. A relationship where the thought of depending from a strong and qualified figure who is an expert on the body and the mind, gives people confidence. There follows the word **profession**, from *profiteri,* meaning declaring in public, teaching. Practicing a noble art, of those you teach from the chair. The fact that the relationship has to be protected by a certified competence is once again confirmed: the person who has to grow up and be sustained, needs to address to someone who is suitably authoritative. There follows the word **ASL**, the Italian local health units that are spread all over the territory and whose aim is that of providing assistance and care to the citizens. The public function joins the private relationship with which the cluster opens; those who need sustain and care require a dedicated space but they also mention the public assistance. There follows the word **mom**. This is the first kind of assistance that everyone gets and, in our culture, this represents the familiar figure dedicated to the assistance and the care far beyond the age of need, until getting, sometimes, to the epithet “mummy’s boy”, for those who cannot get away from their mothers even when they are adults. There follow **medicine**, **physical** and **patient**; these terms once again lead the cluster towards meanings that are linked to the care of the body

[4] The Italian term for kid is *ragazzo*, either from the Greek *rake,* ragged clothe, or from the dialectal *ragar*, to shear.

and its diseases and towards the medical treatment. There follows the word **lawyer** which, on the contrary, evokes conflicts within the relationships, as well as a relationship is evoked through the word **involve**, that is to implicate somebody in situations that entail risks or responsibilities. There follows **drug**, a substance with one or more active principles with therapeutic action but, in common use, linked to stupefacient, stimulant and hallucinatory properties, that is destructive for the body. A treatment can also be bad. There follows **mistrust**, a lack of trust in other people due to the worry and the suspect of being deceived. There follows **to address**, to lead, to let somebody go somewhere or in a certain direction; this can be evoked both as a friendly advice and as a manipulation. In the central part of the cluster, the relationship seems to be comforting and dedicated to the patient, in a private area and outside the daily routine. In the peripheral part, after the presence of the family and of the public context through the words mom and ASL, conflicts and danger for the relationships arise. It looks like this culture perceives psychotherapy as an area that is free from the conflicts and the implications of the daily life and, also for this reason, it can be considered as a healing process; however, psychotherapy seems somehow besieged by daily life itself.
In brief: in this culture, psychotherapy is proposed as a relationship that is protected by the qualified competence of the psychotherapist and it is dedicated to a patient who can evolve and be cured within an area that is defended from the risky implications and the conflicts of public and familiar life. Psychotherapy is a sort of periodic break from the daily life misfortunes. A break that can concern daily life even for a very long time, just like a restoring parenthesis that one periodically gives himself; a parenthesis within which one can finally be needy because someone will support you. The psychotherapy of this RC does not solve any problems, but offers a comforting alternative, a chance to develop and grow with regards to the relationships that are at the same time essential but also troublesome and dangerous. The professional figures that are mentioned in this cluster and that are connected to the psychotherapist are first of all the psychologist and the doctor. This way, the psychologist and the doctor are linked one to the other and they are related to the functions of supporting the individual and helping him with tolerating relationship issues that cannot be solved but from which one can take a break. On the contrary, we will see that the psychiatrist, separated from the doctor, will be connected to the act of confining, isolating and expelling relationship issues. This cluster also includes the lawyer, that is the person who intervenes in the conflicts and defends his client's rights. The psychotherapist has to take care of his patient in a protected environment, but he also has to defend him from the conflicts that he lives somewhere else. The psychotherapist, together with the psychologist, the doctor and the lawyer, takes care of the individual who is surrounded by a series of hostile relationships.

Cultural Repertory 5

The RC 5 is in relation with the positive pole of the second factor, with the negative pole of the first one and, finally, with the positive pole of the third one. The first couple of dense words is **psychoanalysis** and **knowledge**. The term psychoanalysis comes from the Greek *psiche*, soul and *analyo*, I dismantle. It evokes a complex issue, that has to be dismantled into its basic elements in order to be clear. Psychoanalysis is related to the unconscious that symbolizes the most hidden and mysterious part of our soul. The word knowledge refers to the awareness we have about a specific thing, to the capability of practicing a certain activity, to knowing somebody. Knowing is a verb that expresses the relation with reality, with people. It looks like psychotherapy is symbolized as an introspective process that dismantles the soul and helps understanding its complexity and, together with the knowledge, it is useful to establish a relationship with reality, with other people. There follows the word **path**[5]. This word let us think about the itinerary rather than the destination to reach. It is like saying that the route is more important than the point of arrival. The first

[5] The Italian term for path is *percorso*, from the Latin *per* and *correre*, to run through.

words of the cluster evoke a path whose purpose is that of knowing reality, analyzing the mind: activating this process is more important than obtaining a final result. There follow the words **faith** and **shock**, with the same value as χ^2. Faith is a belief based on other people's authority or on a personal conviction more that on confirmations and proofs. Faith is way different from analysis and knowledge. We know that faith is questioned by analysis and knowledge. Regarding the shock, it is a violent organic reaction caused by a strong physical or psychic stimulus. For extension, a shock is a violent and sudden psychic upsetting. The path of knowledge leads to violent and traumatic outcomes. The beliefs that are based on other people's authorities or on personal convictions with no confirmations suffer a crisis. Afterwards we find, with the same value as χ^2, **pain**, **cry** and **curiosity**. Pain[6] is an unpleasant, hurting sensation. Cry[7]: dropping tears for emotion or pain. Moaning because of sufferance. Curiosity comes from *cure*, concern. It is typical of those who wants to know and learn. Even more than they should: a curious person wants to know and see everything, going beyond the limits, sometimes. It looks like we are talking about a psychotherapy that is symbolized as a journey that people make to discover and evaluate parts of themselves and the relationship with the psychotherapist; a journey that leads to denials and pain and yet it is still supported by curiosity. This cluster relates psychotherapy to a painful and, at the same time, curious exploration that questions one's beliefs. The following word is **dependence**: from *de pendere*, to be hung. Depending means being originated, deriving as a consequence, being subordinate, being part of a necessary relationship. The journey one makes to discover himself and reality is full of feelings of denials, pain and curiosity and the relationship between those who are travelling is intense, necessary and also connoted by the sufferance caused by being bound to it. There follows **positive**, from *ponere*, meaning to set, to put. Positive is something that is there, something you can rely on. Positive has therefore the meaning of good, useful. There follows **entrust**, giving something or putting oneself into other people's faith. Trusting somebody. The exploration journey is more and more connected to a deep relationship, made of dependence and of the chance to rely on somebody. The next term is **undertake**: starting a work or an effort, especially if it is demanding, long and risky. This explorative and cognitive relationship on which one relies and confides, has its own identity and, at the same time, it allows us to start and to get involved in important and difficult activities. The psychoanalytic myth of the starting journey inside one's mind seems to survive, through a suffering that compensates and leads to maturity. All this takes place in a sort of internal implosion, while we are in the hands of somebody we trust and we depend on.
In brief: in this culture, psychotherapy is suggested as knowledge. We cannot find shelter from problematic relationships, we cannot lead them back to orthodoxy, or free ourselves from them as if from a tie, or integrate them in their differences, as we will see in all the other RC's in this local culture. In this cluster, the context of relationships in which the psychotherapy patient lives does not appear as much as his internal world, in which he makes a journey of knowledge, characterized by the idea of questioning embedded faiths and beliefs in a painful way, to have access to new and productive knowledge. All this takes place within a relationship of trust in a reliable psychotherapist, a person one can count on who must be a reference in such a path. The professional figure associated to this culture is the psychoanalyst, who, in this way, poses as the proposer of one's knowledge, considered different from all the other psychotherapeutic actions.

Cultural Repertory 2

The Cultural Repertory 2 is placed on the negative pole of the second factor. The central dense words in the cluster are **objective** and **listening**. Objective is everything concerning the object, and not the subject; what is based on facts. It expresses a neutral position, it is

[6] The Italian term for pain is *dolore*, from the Latin *doleo*, I feel pain.
[7] The Italian term for cry is *piangere*, from the Latin *plangere*, hitting while making noise, from the act of beating oneself when feeling pain.

an optical system that gives the real image of an object. But it is also an aim to reach, a target to hit. Listening means lending one's ear carefully, paying attention. But also listening with the meaning of agreeing, following a recommendation, a piece of advice. Somebody follows an objective, has an aim. And together, we need to listen to somebody who speaks. We speak in an objective way, without the bias of feeling and emotions, we speak because we want to achieve a goal, we speak because we want somebody to listen. The next word is **explaining**. Carrying out, spreading by widening, making clear by giving examples. Explaining recalls the idea of a precast knowledge, which has to be shown. We address, orient the listening; somebody explains, gives examples. Listening and explaining, together, recall a relationship organized within the ability to speak and listen objectively, without any emotions and a precast knowledge, kept by somebody who gives it to somebody else. The next two words, with the same value as χ^2, are **crisis** and **research**. The word crisis recalls a breaking point, a separation point. The term crisis comes from the Greek *krino,* which means I separate; in a figurative way, I decide. The crisis is the moment that separates a series of phenomena from another, different one. It is the decisive change, for good or for bad, in the course of an illness. The crisis is the suspension of a regular moment, the appearance of a sudden change. As far as searching is concerned, it means looking again, once again. It refers to something we have lost, something we miss, and that we want. There follows the word **equilibrium** (from the Latin *aequilibris*, of the same weight), which indicates the ending stage we expect from this research: the return of a harmony without any oscillations and deviations from an ideal, pacifying centre. A crisis starts off the research of the lost equilibrium; this can be done through listening to a person who explains what is to be done in an objective way, in what way things have to be understood. A balance has broken and we want to restore it. The interrupted equilibrium is about the loss of the goal and its objectivity, the penetration of a deviant subjectivity. There follows the word **motivation**, from motive, that which induces us to move. We can get over the crisis, regain the equilibrium. Listening obliges one to move towards the regained objective. There follows **priest**. From *presbytes*, the oldest. With a meaning of authority, skilled. So the elderly able to guide the Christian community in the first centuries after Christ. Afterwards, minister of the Catholic services. There follows **canon,** from the Greek *kanon*, straight road: therefore, in a figurative way, rule, model. The religious rule, or exemplifying rule which we refer to in an art. There follows **minister**, he who offers sacrifices to a god, within a polytheistic religion, as well as the Jewish or Christian ones. The RC seems to get organized on a psychotherapeutic fantasy represented as a rite that leads back to the canon and the rule, a crisis in the orthodoxy. It reinserts the person in crisis within a community led by skilled, exemplifying elderly people, organized like a church, a set of people who share the same faith, the same principles. There follows **necessity**, that which we cannot do without, impelling necessity; **recovery**, making a sick person well again; **find again**, find what we had lost; **confession**, openly stating one's errors and doubts, showing disapproval; **guide**, the one who shows the way. If the RC 5 encourages the starting of exploration inside oneself, the RC 2 recommends that one goes back to the right way, already known, orthodox and safe, that had been lost.

In brief: in this culture, psychotherapy is conceived as bringing back a patient in crisis to the orthodoxy, the conformism, the recognized behaviour controlled by the authorities. A crisis is the loss of an objective meaning of things, meaning that is not to be looked for and thought, but it must be restored by listening and following those who know it, those who know. A crisis is not a resource, but a deviation from the rule. The psychotherapist embodies one who listens to a confession of errors and corrects, advises, guides, addresses. Psychotherapy brings the patient back to a conformist context of relationships, organized by an authority that controls and regulates relationships. A psychotherapist is a religious figure, in turn conforming to this authority and its indications, of which it is a dedicated spokesperson. The figure associated to the psychotherapist is a priest, a minister.

Cultural Repertory 4

The RC 4 is in relation with the positive pole of the third factor. The first two words are **child** and **elderly person**. A child is a human being between birth and the beginning of adolescence and, besides this, he is defined as immature, not developed, ingenuous. An elderly person is a human being in an advanced age, at the other end of life. We represent a life span with its two poles of beginning and end. At the same time, we suggest the two non-productive, less autonomous ages. Psychotherapy, as dealt with in this Cultural Repertory, looks after the problems of people who are in a position of dependency, weakness, who need to be looked after by somebody. Thinking about the whole life span, the human development from birth to death, we mean a psychotherapy that helps an entrance and accompanies an exit. There follows **generation**. Generating means producing a being similar to oneself. A generation is a set of people who share the same age, who belong to and recognize themselves in a decade (the 60's, the 70's), sometimes in conflict with other generations. A generation is also a period of time, about 25 years, that it takes in general before an individual generates other individuals. We indicate the life span, the entrance and the exit of individuals into and from cohabitation systems, the organization of generations in their reproductions, in the comparison between them, in the passing of time. There follows **integration**, from the Latin *in tangere*, not touched, whole. An integration is an addition that fills a loss, something incomplete or an imperfection. But also a relation of strong collaboration, of reciprocal help. Individuals tied and, at the same time, separated by generations, by their age, must be integrated within cohabitation situations, helped in entering into and in leaving life, within the reproduction processes. The next word is **free**. A person who has no bosses and who can do whatever he wants according to his mind and to his pleasure is free. We integrate in relationships, thus adjusting our limits of isolated individual. But we must also keep our freedom, not to be subject to dependency. The RC puts aside the issue of social relationships, of the ways in which it is represented as a resource and as a tie, and recalls to psychotherapy as intervention on the problems it poses. There follow the words **culture** and **asylum**, with the same value as χ^2. One can work on the cohabitation to integrate, to put together, to exchange, or one can work to eliminate the different being, to isolate it so that it is no longer a threat. There follow **young person**, **society**, **teacher**. A teacher is a person who knows a subject very well; the main road is the one to which all the minor ones lead. We go back to the social use of young people, on the fact that they are a resource for society, on the need to train, to learn, to find teachers. There follows **stranger**, from *extraneus*, from another country; therefore unusual, extraordinary. There follows **facing**, positioning oneself in front of, assaulting, beginning to deal with something hard. The fact of being a stranger, of being different can be fought as well as dealt with and put close together in a difficult confrontation. There follows **character**, a distinctive feature of somebody or something, a peculiar characteristic, and **conditioning**, affecting by determining the behavior. The individual can be conditioned by the context of relations in which he lives, or he can have a strong personality, defend and develop his own particular and distinctive traits. The cluster seems to go on dealing with the issue of adaptation, of the insertion of the individual within cohabitation contexts, through the elaboration and the integration of the differences.

In brief: this culture is close to the RC's 2 and 1, and, as we will see, also to the RC 3 in the sense of using relations as the object of the psychotherapeutic intervention. But, at the same time, it is completely different from the RC's 3, 2 and 1, since it is the only culture that, considering the relation as its central interest, does not consider it as a source of conflict between the individual and society, as in contrast with the interests and the freedom of the individual. One must not free himself from his relationships or detach himself from them periodically, nor constrict them within a violent conformism that controls them. The differences that pass through the relationships are life itself, and, as such, they must not be avoided; rather, they must be integrated. Psychotherapy is considered an aid in working out the problems posed by the relationships, above all in the integration of the stranger, of what is different. In the RC's 2, 1 and 3, the protagonist is an individual in conflict with his context of relationships; in the RC 4 the relationship itself is the protagonist. The relationship is the context from which the individual cannot separate, and the work requested to psychotherapy is one of integration between the individual and his context. In this culture, we do not

suggest any professional figure to associate to the psychotherapist. Neither the minister who authoritatively controls the relationships to lead them back to orthodoxy, neither the doctor or the psychologists who look after somebody in a periodic pause from the problems of daily life, neither the lawyer who defends his client from the aggressiveness of the others, neither the psychiatrist who, as we can see in the next cluster, frees one from problematic relationships. Let's note that in the other clusters, all the figures which are compared to the psychotherapist in imagining his function and identity, except for the psychology and the psychiatrist, are found among the oldest professions. Here, instead, together with the absence of these traditional figures, there are new, unprecedented problems, at least as far as the expectations of a profession that will look after them is concerned.

Cultural Repertory 3

The RC 3 is in relation with the negative pole of the fourth factor. The first words are **daily** and **couple**. Daily[8] recalls the familiarity of an experience characterized by the repetition, by normality and, together with the importance of daily life, by what concerns us every day. The daily repetition, normality, are reassuring in appearance, but also depressing because of the lack of novelty, of risk. Couple comes from the Latin *copula*, which means tie, conjunction. The word is used to indicate two elements of the same species, two cards of the same value, two strengths of the same intensity, also two people tied by the same activity, by affection. Daily life is characterized by ties, by what keeps us together, linked, tied to another person. There follows the word **stress**, or push, pressure, constriction. This word indicates the adaptive response of the organism to its environment; it can be physiologic and also have pathological consequences. The common language uses it in the second meaning. In this case, it indicates a disadaptive reaction associated to too strong stimuli and connected to emotions. The emotions are separated from the meaning that those who feel them could give them, and considered as reaction, perhaps "exaggerated" and strongly connected to physical reactions, to strongly pressing stimuli. The repetitive daily life of a couple , its apparent normality undergo stress, the repetition becomes constriction. There follows **bulimia**, from the Greek *boulimía,* ravenous hunger. The term expresses an alteration of the normal sense of hunger that leads to the specific use of a psychiatric word, which has become common. Eating, a daily action, becomes ravenous voracity. The couple, the relationships, are inside a repetitive, stressing daily life void of any meaning, that generates a ravenous destructive hunger. The follow the words **weak**[9] and **disturbance**, with the same value as χ^2. Weak is a person who does not have, who lacks something and has, therefore, little strength. Disturbance comes from *dis*, intensifier, and *turbare*, upset, create a mess. A relationship, having lost the reassuring life of repetitivity, is invaded by a devouring emptiness; it lacks strength, it is involved by the mess, by the lack of meaning. There follow, with the same value as χ^2, **specialist** and **hope**. A specialist is a person who exercises a science or an art in a special, dedicated way. The next word is **solving**, from *solvere*, to free, to untie. A situation in a strong tie, a couple undergoing stress, disorder, a feeling of voracious void, need a specialist who offers hope and solution, who frees, who unties the constriction. There follows **psychiatrist**, the specialist in mental pathologies. The specialist called to solve, and a doctor helped by medical resources, by drugs and prescriptions. He is helped by the public health service, to be used in case the crisis of the relationship violates the rules of daily life. The repetitive, normal daily life, at the basis of the crisis, is what must be restored by solving or doping the crisis. There follows **people**. People talk, people think. The conformism that poses the others' opinions as regulator of normality, of what must be done, of the criteria we must follow, comes out. There follows **to entrust**, to trust, but also tells somebody in secret. Sociality separates. On one side, we have a conformed and conformist community; on the other side, we have a private tie, in which we trust and confide. There follows **egocentric**. A person who is concentrated on himself.

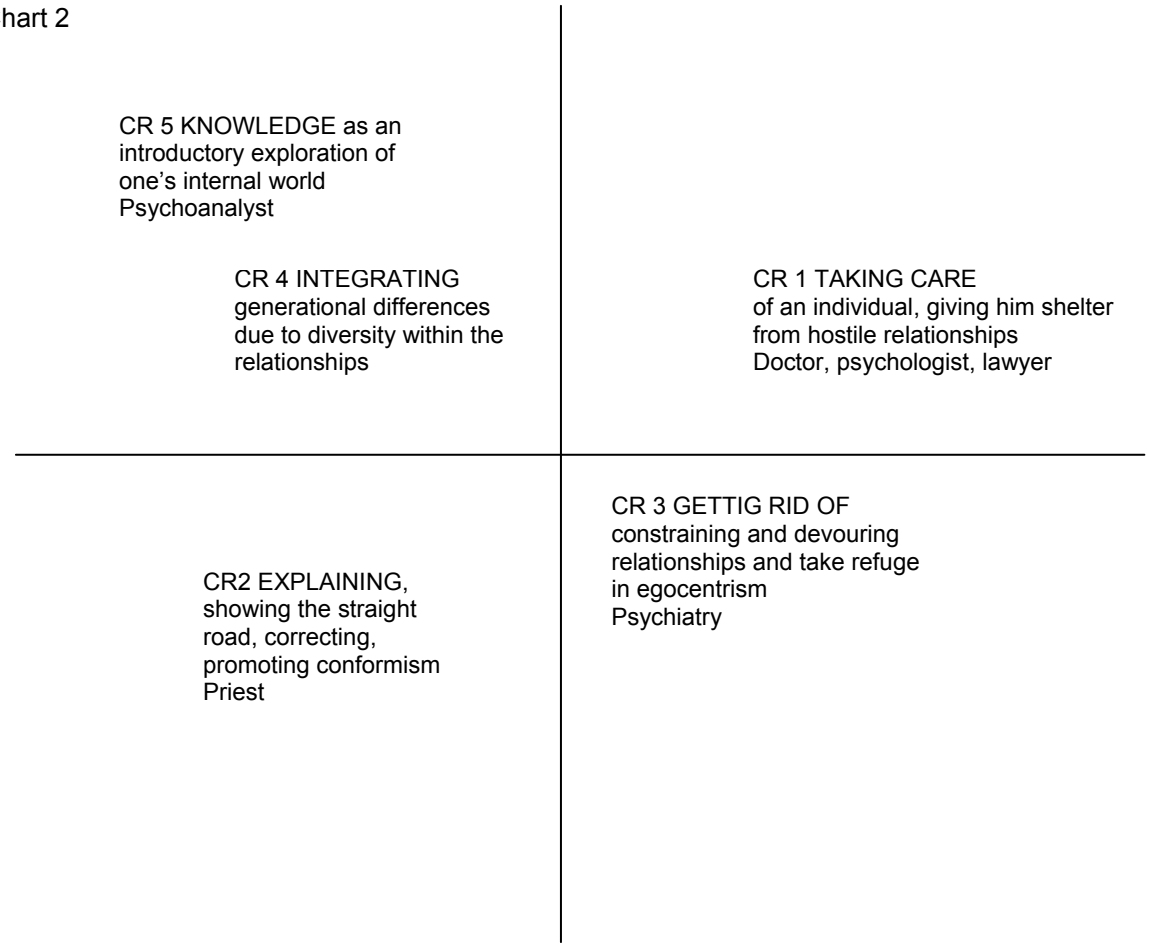
[8] The Italian term for daily is *quotidiano*, from the Latin *quotidie*, every day.
[9] The Italian term for weak is *debole*, from the Latin *dehibilis*.

There follows **quiet**, without upsettings, calm. We are at the opposite pole of the stress with which the cluster begins. There follows **alone**: the couple does not exist any longer, and with it, there is no more constriction. The RC seems to present the problems that lead somebody to psychotherapy as connected to the constrictions of ties that empties and makes ravenous, that messes up a daily life that must go back to an ideally calm, adequate state. It appears that the result must be a solution in the sense of not looking for a meaning in void, in voracity, in constriction but rather to get rid of them. The solution is getting rid of the ties that are sources of the stress with the help of a specialist who may leads a person tied to others, to a calm self-centrality.
In brief: in this culture, a relationship is seen as an intolerable tie, where two people take possession of one another ravenously and, at the same time, live in a sick void. We see the relationship as possession of the other person and, at the same time, destruction of oneself and of the other person within this dynamics of taking possession and of devouring. The relationship is a pathology. There is no hope nor a prospective to reconstruct the relationship by reorganizing it on other bases. Rather, we have to take refuge in a calm egocentrism, freeing ourselves from the ties and the constrictions that the relationship poses. The professional associated to the psychotherapist, the one who solves and unbinds the ties of constraining relationships, the surgeon of relationships, is the psychiatrist.

Conclusions. A synthesis of the local culture of the non-patients

We are now presenting another chart through which we synthesize the different cultures that organize the cultural space of the non-patients of psychotherapy. We need to remember that, within the bond of the two-dimensional representation, RC's 5, 1 and 2 can be represented in relation with the poles of the factors with which they have a relationship, while we have to think of RC's 3 and 4 as in a third dimension, since they are in relationship with the poles of the third and the fourth factors.

Chart 2



RC 5, which sees knowledge as an introductory exploration of one's internal world, is in contrast with all the RC's except for RC 4 which is the only one placed on the third factor. If, on the one hand, RC 5 recalls an internal world without any relation with a context, RC's 1, 3 and 2 refer to different cultures of relationship, making the relationship itself as the source of the psychotherapeutic intervention. We thus have a first contraposition between the internal world made of fantasies, emotions and thoughts of the individual on the one hand, and the context on the other hand. From an interpretative point of view, also the RC 4, that addresses to a context of cohabitation as the source of the intervention, is in contrast with RC 5.

After the first contraposition between internal and external world within the interviewees' culture, let's analyze how the latter is organized in the RC's that refer to relationships within contexts of cohabitation. We are always dealing with problematic relationships, but they are referred to as in many different ways.

According to the RC 1, psychotherapy defends and protects the individual from the constraining and binding public and familiar relationships that besiege him within a private space. Psychotherapy represents a break from daily life: it is a shelter and it takes care of those who address to it offering them the protection and the attention that would otherwise be missing. From this point of view, psychotherapy can last for a very long time, since its aim is that of offering an alternative to the hard daily life. According to the RC 3, instead, psychotherapy does not represent a break after which one can restart the difficult relationships he had moved away from, but it has to free, once and for all, the individual from the relationships that are seen as a constraining bound, an obstacle to his autonomy. What counts here is not the process but rather the final outcome, which is just represented

by the final untying of constraining relationships. The final stage seems to be a quiet, ideal egocentrism. As far as the RC 2 is concerned, psychotherapy has to bring the messed up and transgressive relationships back to an appropriate conformism.
In RC's 1, 3 and 2 the difference between individuals and between the individual and the context turns out to be a source of conflicts. They are temporarily settled trough long breaks taken in a secure place; they are permanently settled when the individual gets rid of relationships or takes refuge in conformism. RC 4's position is considerably different. If, on the one hand, the RC 4 sees the differences within the relationship as the source of the psychotherapy intervention, on the other hand, it identifies their integration as its objective.
We thus have two great contrapositions. First of all, between *internal world* on the one hand (RC 5) and the *social relationships* on the other hand (RC's 1, 3, 2 and 4). Secondly, between *relationships seen as a source of the problem* on the one hand (RC's 1, 2 and 3), and *relationships seen as a resource* on the other hand (RC 4), since for this cluster the objective of psychotherapy must be the integration between the differences that characterize the development of life and of cohabitation.
We also see that the professional figures that are associated to psychotherapy are the psychoanalyst, the psychologist, the doctor, the priest, the psychiatrist. The psychoanalyst is the person who, in contraposition with all the others, dedicates himself to the internal world, to the others, and, in different ways, to relationships. The psychiatrist is he who solves and eliminates problems after separating them from the persons who are afflicted by them. It is no accident that the RC 3, the cluster where the psychiatrist appears, is set against the RC 5, the psychoanalyst's cluster. Emotions, that are considered as separated from the social relation and that are only experienced within the psychotherapeutic relationship, are the central resource in the first case, while they represent the pathology to get rid of in the second case. As far as the doctor and the psychologist are concerned, (we note that the doctor is linked to the psychologist and distinguished from the psychiatrist) they are the people who cure, meaning that they give the patient shelter from problematic relationships. According to RC 1, curing is not solving, but taking care. Finally, the priest is he who explains, corrects and bring the individual back to the straight road. With as much zeal as the psychiatrist's, he eliminates the disturbing differences, he does not consider them as a source of information. In this case, we have the psychotherapist - a priest with sermons and advices. The doctor and the psychiatrist look like the psychotherapists one would willingly send other people to: a friend, a son or a parent that needs help and sustain. It is interesting to see that, regarding the RC 3, the one that identifies psychotherapy as an integration of the differences within the contexts of cohabitation, this function is not linked to any specific professional figures; that is to any stereotypes. In this case, a question arises rather than thoughts linked to professional stereotypes and to what one thinks these professionals can do and offer to the people who address to them.
As far as the variables of gender and age are concerned, they do not seem to have any significant relation with any of the clusters produced by the analysis. This means that, within the group of people that were interviewed, the cultures are totally transversal.
When Moscovici states that scientific data go under a logical and linguistic transformation when they become part of a culture, he tells us that scientific knowledge and common sense are not totally independent one from the other[10]. We considered that also the scientific theories originate from the emotional symbolizations of the researchers and from their collusive affiliation to given contexts of research (Paniccia & Giovagnoli, 2008). In this sense, we assert an interaction between common sense, collusive dynamics and scientific research. This interaction must avail itself of corrections as to make the research not just an expression of the collusive dynamics that sustain it. Within the psychotherapy sphere, the lack of researches on the expectations of patients and non-patients, as well as on the psychotherapists' ones, tells us that the emotional dynamics that characterize these groups have been very little explored. We thus believe we can state that the collusive dynamics that

[10] Grasso and Salvatore (1997) refer to and analyze Moscovici's work within their study of the scientific concepts' processes of objectification, when these concepts become the object of what they define as conversational worlds, that is of the common sense that organizes relationships.

organize the relationship between the social role of psychotherapy and the research are not enough considered nor analyzed. The same thing can be said about the dynamics that organize the relationship between demand and supply of psychotherapy.

References

Bender, D., Farber, B., Sanislow, C., Dyck, I., Geller, J., & Skodol, A.E. (2003). Representations of Therapists by Patients with Personality Disorders. *American Journal of Psychotherapy*, *57* (*2*), 219-236.

Bragesjö, M., Clinton, D., & Sandell, R. (2004). The credibility of psychodynamic, cognitive and cognitive-behavioural psychotherapy in a randomly selected sample of the general public. *Psychology and Psychotherapy: Theory, Research and Practice*, *77* (*3*), 297-307.

Carli., R., & Paniccia, R.M. (1981). *Psicosociologia delle organizzazioni e delle istituzioni*. Bologna: Il Mulino.

Carli., R., & Paniccia, R.M. (2003). *Analisi della domanda: Teoria e tecnica dell'intervento in psicologia clinica*. Bologna: Il Mulino.

Carli., R., & Paniccia, R.M. (2005). *Casi clinici: Il resoconto in psicologia clinica*. Bologna: Il Mulino.

Carli, R., Paniccia, R. M., Bucci, F., Dolcetti, F., & Giovagnoli, F. (2009). La domanda nei confronti della psicologia e l'immagine dello psicologo nella popolazione toscana. *Psicologia Toscana*, *15* (2), 5-24.

Carli, R., Paniccia, R.M., & Salvatore, S. (2004). *L'immagine dello psicologo in Toscana*. Ordine degli Psicologi della Toscana.

Carli, R., & Salvatore, S. (2001). *L'immagine della psicologia: Una ricerca sulla popolazione del Lazio*. Roma: Kappa.

Clinton, D.N. (1996). Why do eating disorder patients drop-out? Evaluating the role of patient therapist frames of reference. *Psychotherapy and Psychosomatics*, *65*, 29-35.

Hardy, G.E., Barkham, M., Shapiro, D.A., Reynolds, S., Rees, A., & Stiles, W.B. (1995). Credibility and outcome of cognitive-behavioural and psychodynamic interpersonal psychotherapy. *British Journal of clinical psychology*, *34* (*4*), 555-569.

Farberman, R. K. (1997). Public attitudes about psychologists and mental health care: Research to guide the American Psychological Association public education. *Professional Psychology: Research and Practice*, *28*, 128–136.

Gabbard, G.O., & Gabbard, K. (1999). *Psychiatry and the cinema* (2nd ed.). Washington, DC: American Psychiatric Press.

Giovagnoli, F., Dolcetti, F.R., & Paniccia, R.M. (2008). Le attese e le valutazioni sulla psicoterapia dal punto di vista degli psicoterapeuti e dei clienti. *Rivista di Psicologia Clinica*, *3*, 334-353. Consulted on March 3rd, 2009 on http://www.rivistadipsicologiaclinica.it/italiano/numero3_08/Giovagnoli_Dolcetti_Paniccia.htm

Grasso, M. (2006). Chiodi, unghie e martelli: annotazioni sparse sull'oggi della psicologia clinica. *Rivista di Psicologia Clinica*, *1*, 3-18. Consulted on March 4th, 2009 on http://www.rivistadipsicologiaclinica.it/italiano/numero1/Grasso.htm

Grasso, M., & Salvatore, S. (1997) Pensiero e decisionalità: Contributo alla critica della prospettiva individualista in psicologia. Milano: FrancoAngeli.

Grasso, M., & Stampa, P. (2006). Chi ha slegato Roger Rabbit? Diagnosi psichiatrica e modelli di salute mentale: osservazioni su alcune criticità metodologiche per la ricerca in psicoterapia. *Rivista di Psicologia Clinica*, *1*, 102-117. Consulted on March 4th, 2009 on http://www.rivistadipsicologiaclinica.it/italiano/numero1/Stampa_Grasso.htm

Grasso, M., & Stampa, P. (2008). ... Siamo proprio sicuri di "non essere più in Kansas"? Metodi quantitativi ed epistemologia della ricerca in psicoterapia: una prospettiva critica. *Rivista di Psicologia Clinica*, *1*, 127-150. Consulted on May 4th, 2009 on http://www.rivistadipsicologiaclinica.it/italiano/numero1_08/Grasso_Stampa.htm

Gutstadt, M.J. (2002). Public expectations of group psychotherapy Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 63(5-B), pp. 26-51.

Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *British Journal of Psychiatry*, *177*, 396–401.

Joyce, A.S., & Piper, W.E. (1998). Expetancy, the therapeutic alliance and treatment outcome in short-term individual psychotherapy. *Journal of Psycotherapy Practice & Research*, *73* (3), 236-248.

Montesarchio, G., & Margherita, G. (2001). (Eds). *Pretesti di Colloquio bis*. Roma: Scione Editore.

Morrison, L.A., & Shapiro, D.A. (1987). Expectancy and outcome in prescriptive vs exploratory psychotherapy. *British Journal of Clinical Psychology, 26*, 59-60.

Moscovici, S. (1961). La psychanalyse, son image et son public. Paris: Presses Universitaires de France.

Paniccia, R.M., & Giovagnoli, F. (2008). Riflettendo sulla resocontazione: La costruzione di significati come prassi di ricerca e intervento. *Rivista di Psicologia Clinica*, *3*, 379-395.

Paniccia, R.M., Giovagnoli, F., & Giuliano, S. (2008). Per una psicologia clinica dello sviluppo: La competenza a costruire contesti come prodotto dell'intervento. *Rivista di Psicologia Clinica*, *1*, 55-74. Consulted on March 4th, 2009 on http://www.rivistadipsicologiaclinica.it/italiano/numero1_08/Paniccia_Giovagnoli_Giuliano.htm

Pistrang, N., & Barker, C. (1992). Clients' beliefs about psycholocical problems. *Counselling Psychology Quarterly*, *5*, 325-335.

Reimers, T.M., & Wacher, D.P. (1992). Acceptability of behavioural treatments for children: Analog and naturalistic evaluation by parents. *School Psychology Review*, *21*, 628-644.

Richardson, P., & Handal, P. (1995). The public's perception of psychotherapy and counseling: Differential views on the effectiveness of psychologists, psychiatrists, and other providers. Journal of Contemporary Psychotherapy, Vol 25(4), pp. 367-385.

Rokke, P.D., Carter, A.S., Rehmn, L.P., & Veltum, L.G. (1990). Comparative credibility of current treatment for depression. *Psychotherap*y, *27*, 235-242.

Safren, S.A., Heimberg, R.G., & Juster, H.R. (1997). Clients' expectancies and their relationship to pretreatment symptomatology and outcome of cognitive behavioural group treatment for social phobia. *Journal of consulting and Clinical Psychology*, *65* (*4*)*,* 694-698.

Salvatore, S. (2006). Modelli della conoscenza ed agire psicologico. *Rivista di Psicologia Clinica*, 2-3, 121-134. Consulted on May 5th, 2009 on http://www.rivistadipsicologiaclinica.it/italiano/numero2_3/Salvatore.htm

Signorielli, N. (1993). *Mass media images and impact on health*. Westport, CT: Greenwood Press.

Wanigaratne, S., & Barker, C. (1995). Clients' preferences for styles of therapy. *British Journal of Clinical Psychology*, *34*, 215-222.

Wolff, G., Pathare, S., Craig, T., & Jeff, L. (1996). Community knowledge of mental illness and reaction to mentally ill people. *The British Journal of Psychiatry*, *168*, 191–198.