Abstract

In the post-rationalist approach, independently of their semeiological characteristics, the symptoms refer to an alteration of the internal balance, which can produce embarrassing, unstable and severe changes in self-perception. By analysing the sequence of images of a significant episode in the "moviola setting" (a kind of psychological slow motion) it is possible to reconstruct the subjective immediate experience of perturbing events. When a significant episode is chosen, the therapeutic work is similar to editing a movie, analysing what happens before, during and after the episode. When reordering the problem, this can be seen as depending on the internal status and not only on external and objective events. Focusing on the PMO, feelings of self-negativity, perceived as objective and unchanging aspects of the self, can be used as subjective patterns for organizing experiences: they can be re-framed as loss of control in a Controller PMO, as loneliness and abandonment in a Detached PMO, as loss of support and personal inadequacy in a Contextualized PMO, or as personal imperfection, doubt, unworthiness in a Principles-oriented PMO. By means of therapy, the "generative ability" can be improved, looking for new more adaptive and alternative ways differing from the previous concepts, which were once perceived as necessary and unique to cope with life events.

Key words: post-rationalist cognitive therapy; Personal Meaning Organizations (PMO), moviola setting.

The post-rationalist evolutionary approach

1. Introduction

In previous papers (NARDI, 2006, 2007; NARDI & BELLANTUONO, 2008; NARDI & MOLTEDO, 2008; NARDI ET AL., 2009) we have discussed a new evolutionary and adaptive post-rationalist approach. Starting from GUIDANO’S works (1987, 1991), the main topics of this approach are the following: a) the development of the self is closely related to the affective and emotional
activations, b) through the experience/explanation interface, the subjective manner of experience rearrangement drives the processes decoding the knowledge of the self and other persons, c) psychopathology is a perturbation of these self-organizational processes resulting in the loss of one’s internal coherence maintenance and the beginning of a crisis, d) this crisis can be resolved by creating a new, more complex and adaptive equilibrium according to the specific Personal Meaning Organization (PMO), e) there is a continuous range from normality to pathology; in fact, the severity of the symptoms depends on a compromise between flexibility and self-organizing skills, and, to a low extent, between abstract and concrete thought. Therefore, independently of their semiological characteristics, the symptoms refer to an alteration of the internal balance, which can produce embarrassing, unstable and severe changes in self-perception, the consequences of which depend on the patient’s subjective competence in arranging internal affective-emotional and cognitive aspects in a new and coherent manner.

2. Nardi’s theory on PMO development

In situations with overlapping emotions such as laugh, angry, fear or sleep, the child perceives the caregiver (and, in general, his/her environment) as stable and predictable. Under these conditions, it is easy to predict experience, decoding the caregiver’s and his/her own facial expressions concerning basic feelings (fear, anger, sadness, and happiness). Recognizing such activations allows the subject to focus on “nuclear scenes” that become the basis of a proto self (Tomkins 1978, Abelson 1981); these “isles” of experience gradually join together defining a kind of “movie in the brain” and constituting the basis of the identity (Damasio 1999).

As our researches pointed out (Nardi, 2006, 2007; Nardi & Bellantuono, 2008; Nardi & Moltedo 2008; Nardi et al., 2009), the permanence and predictability of the caregiver’s behaviours and emotional expressions allow the child to precociously decode his/her own activations. For example, the subject begins to perceive in which situations he/she feels safe or in danger, protected or alone and, therefore, he/she reads through internal activations what happens in the environment (internal focus: “Inward” lecture of experience; see Fig. 1, top, and Table 1, second column).

On the contrary, when the caregiver’s behaviours and expressions are perceived as more complex and changing, depending from external situations and requests, they are less predictable and more difficult to decode. The child needs to memorize more data and update them continually. Nuclear scenes must be updated and re-framed as well; emotional activations are connected to a self-evaluating cognitive pattern (guilt, sense of self-inadequacy, shame). Under these conditions, the self develops from a preliminary evaluation of the environment directing the recognition of internal activations and self-perception (external focus: “Outward” lecture of experience; see Fig. 1, bottom, and Table 1, third column).

Therefore, during the development of the inward/outward focus, predictability and variability of the caregiver (and, in general, of the environment) drive each individual towards an improved adaptation. Likewise, they drive the subject to construct invariant skills in assimilating and self-
referring experience in order to maintain internal coherence. In fact, there is not an adaptive pre-eminence of inward or outward focus, but each one provides specific skills in decoding the self and the environment regarding major aspects perceived by attachment. Inward focus is useful when the external world is perceived as stable and predictable, and, therefore, its changes can be easily decoded in terms of physical protection or loneliness. Outward focus, on the contrary, is suitable when environmental characteristics seem vague, complex or changing and, therefore, require the assimilation of more cognitive parameters. The development of emotional patterns is in accordance with this aspect: in general, inward activations essentially consist of basic feelings which do not need the expression of complex cognitive evaluations, while cognitive processes are developed afterwards to explain the feeling perceived by the subject (i.e. why he/she gets frightened or sad). In outward activations, on the contrary, cognitive self-evaluation is essential to perceive emotions which are more complex and expressed as emotional patterns (i.e. shame or guilt needs a preliminary evaluation of one’s own behaviour). Obviously, inward/outward patterns can be more or less evident in different subjects, but in each individual one of the two is in any case prevalent, at least in specific categories of experience.

In the inward development the same emotional reciprocity patterns are expressed in the same situations, and the ability to decode changes is conditioned by one’s own perceived managing skills. Communication is focused on physical reciprocity (distance, availability of the caregiver in terms of protection or detachment); therefore, reciprocity develops from high to low patterns of physical reciprocity (high protection and reassurance – loss and loneliness).
<table>
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<th>MAIN CLINICAL FEATURES</th>
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<td>Perception of caregiver’s attitude (attachment)</td>
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<td>Stable patterns</td>
<td>Use of internal activations (i.e. fear, rage) to read the environment’s characteristics (i.e. whether it is available, dangerous, etc.)</td>
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<td>Prevalence of basic feelings (fear, rage, sadness, happiness)</td>
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<td>Cognitive abilities</td>
<td>Directed to practical and key aspects of life (evaluating dangerous changes, availability of help and accessible coping abilities)</td>
<td>Directed to other persons’ thoughts and expectations, social rules, etc. (how to achieve personal goals according to the world’s requests and canons)</td>
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<td>Reciprocity construction</td>
<td>Based on the perception of physical distance from others (i.e. their presence or absence, goodwill or hostility)</td>
<td>Based on the perception of the semantic significance of environmental messages (i.e. as parameters of one’s own personal attitude toward others or of intrinsic self-value)</td>
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<td>Environmental control</td>
<td>Adaptability regarding both protection and other types of availability and loneliness and abandonment</td>
<td>Adaptability both to reach approval and agreement and to focus on certainties, good rules and values</td>
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<td>Inward Personal Meaning Organizations (PMO)</td>
<td>Controller: balance between protection and freedom (perceived by the self-ability to find significant key personal skills)</td>
<td>Contextualized: balance between approval or disapproval, agreement or disagreement, and success or failure (perceived by the self-ability to find significant relational personal skills)</td>
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<td>Outward Personal Meaning Organizations (PMO)</td>
<td>Detached: balance between loneliness and self-commitment (perceived by the self-ability to find significant autonomous personal skills), helping himself/herself and others</td>
<td>Principles-Oriented: balance in constructing a correct view of the world choosing between antithetical aspects of life (perceived by the self-ability to find significant intrinsic personal skills)</td>
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The evolutionary inward development allows behaviours regarding the perception and management of how one is protected or alone, consequently affecting one’s exploratory detachment. It promoted two essential abilities of *Homo sapiens*: a) to construct their identity recognising reassuring and reliable figures, distinguishing between friends and foes and managing adversities and dangers, b) to cope with separation, loss, desertion and loneliness as the starting point to develop their own abilities to become aware of their own responsibilities and to take care of others. In Nardi’s view, the first PMO in human history were the inward ones, which provide the basic skills for survival.

When physical reciprocity is high, identity is constructed on the basis of how the subject perceives his/her need of protection or freedom. Separation from the caregiver and environmental exploration are possible when the subject feels the situation under control and, therefore, when he/she is sure of himself/herself. In all the inward PMO with high physical reciprocity the “Controller” PMO become stable (*Fig. 1*, top, left).

When physical reciprocity is low, identity is constructed on the basis of detachment and loneliness, which the subject perceives as the habitual condition of his/her life span. The subject learns to be independent and, thanks to his/her autonomy, to become aware of his/her responsibilities, taking care of others. In all the inward PMO with low physical reciprocity the “Detached” PMO become stable (*Fig. 1*, top, right).

In the outward development the complexity and variability or ambivalence of environmental signals direct the construction of emotional patterns via the relevant importance of cognitive self-evaluation. The subject learns to read information from his/her significant environment to update the internal perceptions in terms of acceptance or refusal, high or low agreeableness and self-importance or insignificance. Communication is focused on semantic reciprocity in terms of approval, rules and values; therefore, reciprocity develops from high to low patterns of semantic reciprocity.

By focusing on others’ internal world, two additional abilities of *Homo sapiens* were promoted: a) to use (and, if possible, to anticipate) external judgements and opinions to produce successful behaviours and to update them when styles and fashions are changing, or b) to find patterns and theories to understand human experience.

When semantic reciprocity is high, identity is constructed in “real-time”, step by step, on signals perceived from the external context in terms of approval or disapproval, agreement or disagreement, and success or failure. Relevant importance is given to the comparison with others, to the achieved results and to the adaptive research of persons, situations, and activities which enable the subject to develop the best possible self-esteem. In all the outward PMO with high semantic reciprocity the “Contextualized” PMO become stable (*Fig. 1*, bottom, left).

When semantic reciprocity is low, identity is constructed on precepts, rules, criteria about what is right or wrong, good or bad, and useful or useless. The subject directs his/her strategies to individuate a set of positive thoughts and behaviours to reach certainty in order to stabilize the perception of the self and the world, and, at the same time, to overcome any doubts and to
keep out negative thoughts and behaviours. The basic parameter to evaluate his/her behaviour is self-commitment rather than results (as for contextualized outward PMO). The subject looks for instructions, rules and a way of thinking about life. In all the outward PMO with low semantic reciprocity the "Principles-Oriented" PMO become stable (Fig. 1, bottom, right). Therefore, each individual has variable and constant modalities of self-referring experience, typical of one specific PMO; furthermore, in many cases, is it possible to observe that, in any situations, the same subject can show aspects that are typical of another PMO ("Mixed" PMO).

**Therapy as a changing process**

1. **A framework for a post-rationalist approach**

As Guidano pointed out (1987, 1991), the therapist is a "strategically oriented perturber", helping the subject to reach a more adaptive mental functioning; however, this result can be obtained only within the limits of the subject's invariant modalities structured during development. For the construction of the therapeutic setting focusing on the subjective manner of self-referring experience, Guidano emphasized the importance of distinguishing between "immediate experiencing" ("how") and "explanations of the experience" ("why"). In fact, he wrote (1991) that «the "how" has to do with the subjective experiencing, both in terms of how it is made up, that is its ingredients (e.g. ongoing patterns of flowing imagery; multifaceted, opposing feelings; the felt sense of self) and in terms of how it comes about, that is what perception of events or circumstances brought it on» In other words, the immediate experience consists of the continuous flowing of internal perceptions and activations regarding the experience in progress; the explanations comprise one of the various possible self-referring manners of that experience; they allow the subject to keep the patterns by which he/she usually feels himself/herself stable and coherent and construct the plot of his/her life play. These two levels of experience form the basis of the "movie in the brain" (Damasio, 1999), in which basic feelings and emotional patterns are activated and connected to the mental pictures and ideas. Such processes are closely connected to the PMO of the subject. In this way, it is possible to reconstruct the subject's view of the self and the world and how he/she can self-explain what feeling is. Therefore, the therapist must evaluate: a) how the subject expresses his/her emotions and b) what he/she thinks about such activation (explaining it).

According to our experience (Nardi 2007), the aim of therapy is not simply to eliminate symptoms (which often recur in another form); on the contrary, using them as a starting point, therapy reconstructs the specific subject's ability of self-referring experience, employing the adaptive skills of his/her PMO. In fact, each symptom is also the expression of an adaptive effort and its comprehension can facilitate the subject's functioning. By means of therapy it is then possible to read an experience from another point of view, consequently changing the emotional patterns associated with that experience. The subject must
learn that feeling and thinking is not the same process and acquires a decoding approach different from the one he/she usually employs; in particular, he/she must consider that emotional activations during the immediate experience are more important than logical explanations by which he/she refers that experience to himself/herself. On the contrary, it is the current opinion that facts and thoughts are the core both of normal and pathological human behaviours. From the first initial sessions the therapist involves the subject in an "exploratory co-operation", paying attention to the subjective way of reordering the immediate experience to construct personal explanations and believes.

2. The “moviola setting”

According to GUIDANO (1987, 1991) facts must be reconstructed just as they occur by collecting clinical data. For this reason, it is important to choose some significant episodes of emotional activation related to the clinical problem.

The “moviola setting” (slow motion, see Fig. 2) is necessary to focus on this problem and to distinguish between immediate experience and its explanations. Starting from a significant episode, the sequence of the images can be analysed, reconstructing the subjective immediate experience of the perturbing event.

When a significant episode is chosen, the therapeutic work is similar to editing a movie, analysing what happens before (situations and behaviours generating the perturbing emotional activation), during (what the subject feels and how he/she refers it to himself/herself), and after the episode (Which are the effects of what happened and of how the subject self-refers what happened? Can the subject normalize the activations experienced at the end of the episode and if so, how?).

By means of the moviola setting, the episode can be roughly reconstructed from a general view (panning), which forms the basis for the therapeutic work during “film cutting”. Single freeze-frames are chronologically reordered. The whole sequence is run through up and down, showing unknown or out-of-focus aspects and constructing a new, more integral and conscious knowledge of the self and others (reframing). The subject is requested to look again at the sin-

![Why it happens (conscious explanations)
How it happens (effects of the experience)
What happens (out of and into the subject: zooming out/in)](image)

**Fig. 2.** The “moviola” focus of a significant episode to reconstruct the subject’s experience
gle freeze-frames, focusing both on what he/she felt (*zooming in*) and what others could have felt (*zooming out*) in the same situation. Thus, starting from the clinical problem, it is possible to reconstruct the process dynamics of self-construction, identifying the related emotional and cognitive patterns.

3. The reordering process

Therapy begins with collecting and reconstructing details: the subject must inversely proceed with respect to the manner in which he/she usually reconstructs a life event. He/she must use a self-observing method with respect to what is the internal construction of the sense of himself/herself. The subject can learn to distinguish between the explanations usually employed and the immediate experience which, although he/she may ignore it, is the expression of what he/she actually feels when something happens. If the subject begins to be able to modify his/her consciousness, he/she can also explain more details, enlarging the internal coherence, re-expressing these details in a new and more adaptive manner, and allowing a different approach to himself/herself and the world.

The possibility to approach the original clinical problem (that caused the request for help) in a different manner is the first phase of therapy. Therefore, when reordering the problem, this can be seen as depending on the internal status and not only on external and objective events. External focus means that the subject perceives his/her experience like a passive spectator, as this experience is a consequence of objective external or somatic events. On the contrary, thanks to the therapeutic work, external events and objective symptoms can be seen as a consequence of the usual way of self-referring experience. Therefore, they allow us to understand the internal functioning, which can now be explored. Although; in the case of perturbing events, the subject’s explanations refer to a disappointment, it is often only the anger related to it that is perceived; in general, he/she cannot focus on the immediate experience of self-negativity (i.e. the perception of self-inadequacy, self-devaluation, sense of shame or guilt) that comes before the anger.

If the subject regards the problem and his/her corresponding condition exclusively as a consequence of the environment, it is evident that the only possible intervention is with regard to the social network. On the contrary, if the problem can be considered as the consequence of the subjective manner by which the subject usually refers this experience to himself/herself, he/she will discover that he/she can change his/her personal approach to events and other persons' behaviour. Consequently, also his/her emotional activation (connected to the experience) will change. In other words, starting from attachment to the caregivers and other significant people the subject can learn that there is a difference between “the person who he/she is” and “the idea of the person that he/she has created”. Thus, it is possible to focus on the immediate experience preceding the explanation and individuate the perceptions, imagoes and basic feelings used by the subject to self-refer the experience. Depending on the PMO characteristics different patterns are employed for this self-referring experience: it can be perceived
as loss of control in a *Controller PMO*, as loneliness and abandonment in a *Detached PMO*,
as loss of support and personal inadequacy in a *Contextualized PMO*, or as personal imperfection, doubt or unworthiness in a *Principles-oriented PMO*.

Therefore, although it is impossible to modify external situations and other persons’ beliefs, it is possible to change the effect of these factors depending on the subjective manner of referring them to oneself. For example, it is possible to distinguish between “negative event” and “personal negativity”, “other persons' negative evaluation” and “self-devaluation”, “loss of control on something” and “self-inability and fragility”. The possibility to read a problem not as external and objective, but, on the contrary, as an expression of the internal and subjective functioning, allows the subjects to change his/her manner of self-referring the perturbing experiences, thus reducing the negative activations and improving his/her own adaptive abilities. In fact, the aim of the post-rationalist therapy is not to verify the objectivity, validity and veracity of the subject’s themes but, using them as a starting point, to reconstruct his/her subjective and internal manner of self-referring these experiences as a consequence of the invariant processes connected to his/her PMO.

4. From “externality to “internality”

In this way, the external problem becomes internal. The subject is no longer a passive spectator of what happens (“I cannot do it”, “I am not able”, “I can’t do anything”), but he/she realizes to be an active constructor of what he/she perceives and of how he/she self-refers the experience (“what my way of coping with the problem tells about me”). For example, he/she can discover the tendency: a) to control a dangerous world regarding his/her own need to be protected and to be free at the same time (in *Controller PMO*), b) to save himself/herself from the risk of abandonment, loss and failure (in *Detached PMO*), c) to research other persons’ approval and agreement in situations perceived as personal examination to avoid disapproval and disagreement (in *Contextualized PMO*), or d) to research safety and certainty with respect to the antithetical aspects of experience, choosing the right manner to see life (in *Principles-oriented PMO*). The consequence of this change is that the usual modality of self-referring the experience is seen only as one of the innumerable possible (and not always available) ways chosen and utilized by others.

Therapeutic change is achieved by reordering the dialectics both regarding implicit and explicit knowledge and regarding the stabilization of organizational patterns and the changes allowed by flexibility of individual plasticity. In this process, any subject can develop a higher consciousness and, therefore, a more adaptive management of his/her emotional patterns. By means of therapy, the “generative ability” can be improved, looking for new, more adaptive and alternative ways differing from the previous concepts, which were once perceived as necessary and unique to cope with life events.

Changing one’s personal managing skills is necessary to change and enlarge a perturbing feeling and discover new emotional activations. In other words, therapeutic change means to
amplify the range of emotional managing skills, looking for new modalities to perceive the same situation. In the course of life, changes in thinking happen more quickly and flexibly than emotional changes. In fact, changes in opinion and life style can occur without perturbations, while it can be more difficult to manage emotional changes. As affective patterns are rather stable and less influenced by logical changes, the perturbing emotional experiences often produce a higher and quick internal coherence reorganization of thought processes.

For example, in a Controller subject who is afraid of leaving his/her house, this fear can be re-framed by a different and internal point of view including detachment from his/her reassuring figure: the subject can move from an initial perception of being sick (like in a “phobia”) to a new perception of how he/she feels when he/she is too far from or too near to his/her significant reassuring figure. To look at a situation from another point of view allows an enhancement of internal control regarding the fact that it is one thing to live with an unexplainable fear, but another to perceive this feeling as belonging to his/her own emotional pattern of approaches and splitting of which he/she is now aware. The awareness, in fact, consists in asking what is the effect of being himself/herself (immediate experience) and, therefore, how it is possible to make the immediate experience of being himself/herself consistent with the sense of the self (explanations of the experience). This effect depends on the PMO. Explaining the self-awareness (i.e. making it consistent with the sense of the self) allows the subject to integrate such awareness into the self-imago drawn from the immediate experience. This awareness does not correspond to rationality: it is a self-referring function allowing the subject to integrate experience data into his/her internal coherence, not to pursue the true reality.

5. Awareness and resistances
Any level of awareness has its corresponding level of self-deception and ignorance. Therefore, when passing from a lower to a higher complex level, new problems arise and no definitive and ultimate knowledge of the self and the world exists.

The possibility of changing the manner by which a subject self-refers the immediate experience necessarily produces a change in self-perception, with an emotional activation corresponding to the importance of the new aspect found.

Finally, in the course of therapy, resistances represent expressions of the emotional difficulties that a subjects has in changing his/her point of view; therefore, these are self-referring processes by which the subject tries to keep his/her internal coherence unaltered, actively excluding perceptions that can perturb the sense of the self.
References

• Nardi, B. (2006). Rol de los procesos filogenéticos y ontogenéticos en el desarrollo de las organizaciones de significado personal. Psicoperspectivas (Chile), 5, 1, 49-64.

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