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An Historical, Cultural, and Indigenous Perspective on Counseling and Psychotherapy in Italy

Introduction

The field of psychotherapy in Italy shows a plurality of voices that makes it hard to depict it, if not in broad strokes. At the same time, some common elements characterize the main discourses that inform the knowledge, training, and practice of psychotherapy in Italy. Some of these elements are about potentially constructive aspects of the Italian therapy scenario, like the professional regulations given by the Italian Order of Psychologists and the Ministry of Education, University and Research, the humanitarian role of the Roman-Catholic Church, the challenges and opportunities offered by the recent immigration, and the emphasis on relational and ecological (as opposed to detached, laboratory-style, and individualist) approaches to psychology. While other aspects may be deemed questionable and detrimental to the field, like the closed oligarchy of the university system, the relative international isolation of Italian psychotherapists, and the limited dedication to research studies in counseling and psychotherapy, especially concerning issues of cultural diversity and clinical or training outcomes.

History of psychotherapy in Italy

Edoardo Weiss, (1889-1970), was a student of Freud who, by moving from Vienna to Trieste became the first Italian psychoanalyst. In 1932, he co-founded the *Rivista Italiana di Psicoanalisi* (Italian Psychoanalysis Review) with Cesare Musatti (1897-1989), who is still today the most influential and famous Italian psychoanalyst. Despite the intellectual enthusiasm surrounding the development of psychology, the cultural climate of the period was unfavorable toward the field: both the powerful Catholic Church and the fascist regime deemed psychoanalysis a threat to their authority (Colombo, 2003). Their pressure and authoritarianism silenced the just-born *Rivista* and repressed the spread of psychoanalysis into Italy. In 1923, the Gentile Reform of the education system decreed the abolition of psychology as a teaching subject in Italian schools and universities. Psychology was substituted for philosophy and pedagogy of idealistic orientation. Weiss had to migrate to the United States in 1934. A few years later, Cesare Musatti lost his university teaching position, which he regained only after the Second World War following the political shift to democracy and the publication of his influential *Trattato di Psicoanalisi* (Treatise on Psychoanalysis) in 1949. Despite these political controversies, psychoanalysis succeeded to set the bases for Italian psychology and mental health counseling: hereafter it would be the point of comparison for all other forms of psychotherapy.

After the end of the Second World War in 1945, the U.S. experimental psychology and practices of mental health became a leading influence within Italian psychology. The post-war context was a time of deep societal changes in Italy. Especially in the 1950s and 1960s, the public demand for mental health counseling became increasingly popular (Cancrini, 1982). Nonetheless, psychology achieved an official scientific status only in the 1970s, with the simultaneous launch of the first two psychology degrees at the universities of Padua and Rome in 1971. These openings into the rather conservative and elitist academic world became main avenues through which new clinical theories and practices could enter the Italian scene. Since then, and in just two decades, theoretical diversity in mental health therapy has flourished.

The recognition of psychology as a scientific discipline came at the cost of reducing the scientific method to cognitive dimensions and measurable variables of human experience. Powerful lobbies within the university deemed the human sciences and the interpretive aspects of mental health and counseling as being too unscientific.

Basaglia and the Law 180

Inspired by phenomenology, the anti-psychiatric movement quickly developed in Italy thanks to the pioneering work of Franco Basaglia (1924-1980). By revaluing the person within the social context and emphasizing an empathic understanding of human suffering, this movement seriously and effectively challenged many psychoanalytic assumptions and the medical model of mental illness management (Benvenuto, 1997). Basaglia's (1968) movement, *Psichiatria Democratica*, Democratic Psychiatry, deeply shifted the professional's as well as the public's opinion toward an interpretation of psychological concerns as meaningful and contextualized within the patients' personal, social, and cultural reality or realities. Psychiatric patients went from being seen as passive subjects under treatment to users who actively participated in the mental health services they received (Vitelli, Galiani, Amodeo, Adamo, & Valerio, 1998).

The anti-psychiatric lobby in Italy was able to become a vast and popular opinion movement, which, in 1978, led the Italian Parliament to establish the Law 180 (Law 180, May 13, 1978). This law reformed the entire psychiatric system and changed the response of the Italian society to mental illness. In particular, Law 180 abolished previous legislation that confined mental patients in asylums and denied them the rights entitled to other medical patients. The reform law entailed the gradual closing of existing mental hospitals, a focus on prevention and rehabilitation through community-based services, and clarifications on the exceptional character of compulsory admission to psychiatric wards (Piccinelli, Politi, & Barale, 2002). Popularly called "*Legge Basaglia*" (Basaglia Law), the new regulation transferred the care of psychiatric patients from institutional settings of isolation, pathologization, and iatrogenesis to community practice, which included outpatient care, rehabilitation centers, patient cooperatives, and long-term residential facilities (e.g., apartment units).

The Current Context

As in most Western countries, in Italy as well the solitary supremacy of psychoanalysis has faded, taking out of its shadow a number of different clinical schools and orientations. A common consequence of the lack of a strong reference is the blurring of definitions and boundaries that could previously be taken for granted. Thus, despite numerous attempts to create consensus on the names and meanings of therapy traditions, the process of identifying and labeling a school of thought inevitably creates disagreements and arguments that are epistemological and historical as well as political (Legrenzi, 1980; Marhaba & Armezzani, 1988). The endorsement of certain schools by already-established circles of power influences the reputation, acceptance, and degree of success of the specific school.

In brief, the Italian panorama on counseling includes the major theoretical approaches usually described in European and U.S. literature. We compared Marhaba & Armezzani's (1988) presentation of the 25 most well-known representatives of Italian psychotherapy with Adami Rook, Ciofi, & Giannini's (1998) review of current Italian counseling traditions and schools of thought. Although it cannot be considered exhaustive of the Italian psychotherapeutic context, the following is a list of the counseling approaches that the two texts have in common: Adlerian individual psychology; bioenergetics; behaviorist and cognitive-behaviorist therapy; brief cognitive therapy; cognitive therapy; constructivist therapy; Freudian, Lacanian, and Kleinian psychoanalysis; family system therapy; Gestalt psychotherapy; humanistic psychology; hypnosis; Jungian analytic psychology; object relations; psychodrama; Psychosynthesis; Rational Emotive Therapy (RET); and transactional analysis. In addition, Young (2008) reports body-psychotherapy to be a fast-growing approach in Italy.

Based on their originality and the attention they received in international literature, we deem the following to be among the most innovative and long-lasting contributions of Italian psychologists: psychosynthesis developed from the works of Assagioli (1965; Ginger, 2003); family system therapy originated from the contributions of Selvini-Palazzoli, Boscolo, and Cecchin (Boscolo, Cecchin, Hoffman, & Penn, 2004; Palazzoli, Cecchin, Prata, & Boscolo, 1978; Bertrando, 2003) and Andolfi (1977/1979); the cognitive approaches of Guidano and Liotti (Guidano, 1991; Guidano & Liotti, 1983); and the brief strategic therapy model of Nardone and Watzlavick (1990/1993; 1997/2004).

Four main mental-health professional roles in Italy

Four main professional figures can be licensed to perform clinical work in mental health or psychotherapy in Italy: the psychologist, the psychotherapist, the medical psychotherapist, and the psychiatrist. A fifth profession, the mental health counselor, is still under-regulated.

- *Psychologist*: College graduates in psychology who want to start a professional practice need first to complete a year-long internship in clinical or counseling psychology, in which students typically shadow licensed psychologists and do not engage in direct clinical work with patients or clients. Upon completing this internship, students are eligible to take a state exam for psychologists that allows for the professional practice of clinical, counseling, or community psychology. This exam roughly corresponds to the licensure exam in North America.
- *Psychotherapist and medical psychotherapist*: Graduates in psychology or medicine can enroll in a training school in psychotherapy. Programs usually run on weekends and are at least 4-year long. They consist of a minimum of 2000 hours of courses, tests, workshops, and direct face-to-face therapy (at least 100 hours). Students need to enroll in individual psychotherapy. At the end of their training, students take a final examination within the school and the state licensure exam that allows them to practice as psychotherapists. If they are registered physicians with the Medicine Association, medical psychotherapists can prescribe medications and perform pharmacological therapies. In general, the Italian criteria and norms for private schools of specialization are considered quite restrictive in comparison to the standards of the European Certificate of Psychotherapy (Deurzen, 2001). For a detailed history of psychotherapy regulations in Italy, the interested reader may refer to Borsci (2005).
- *Psychiatrist*: Similarly to the Anglo-Saxon world, the psychiatrist is a medical school graduate who undertakes a 4-year specialized training and an internship in psychiatry. Under the Italian regulatory system for the practice of psychology, the medical specialization in psychiatry is equivalent to the psychotherapy training. Therefore, psychiatrists are allowed to take the licensure exam to become psychotherapist. This is a contentious practice that indicates the power of the Medicine Association, and that may be questionable from a professional standpoint since psychotherapy is an area of study and practice that is marginal and frequently absent in psychiatry trainings.
- *Counselor*: The professional figure of the counselor is yet to be well-defined in the Italian systems of mental health. For instance, it is not clear the ways in which the work of a mental health counselor differs from that of a psychologist, educational psychologist, or social worker (Remley, Bacchini & Krieg, 2010). The school system is one of the most important professional outcomes for counselors. As Remley et al. (2010, p. 31) write, “schools in Italy need counselors and a counseling approach to help students make career decisions, to prevent violence and adolescent gangs, and to teach students how to mediate

in order to solve interpersonal problems and conflicts.” There are no university academic programs dedicated to the formation of counselors, although this may soon change.

The links between Italian psychotherapy and counseling.

The word counseling does not find a precise correspondent in the Italian language (Vitelli et al, 1998). In 2006, the Federation of Italian Psychotherapy Associations (FAIP, 2006) defined counseling as

a helping relationship that, starting from the analysis of the client’s problems, aims at creating a new vision for such issues and at implementing an action plan to meet the client’s goals, like decision making, relationships, awareness, feelings, emotion management, and conflict resolution.

Remley et al. (2010, p. 31) cite a definition by the National Council of Economy and Labor, according to which, differently from the psychotherapist, “the counselor is a professional who, after a 3-year training program of a specific school of theoretical orientation, can help to solve some existential difficulty that does not need a deep reorganization of personality” (CNEL, 2005, p. 93). Similarly, the editorial of the first issue of the Italian journal “Counseling” specifies that, in mental health, counseling applies to situations of psychological discomfort and suffering that, in contrast with psychotherapy, do not entail the pathological disruption or impairment of the psychic apparatus (Di Fabio & Fulcheri, 2008). Still, as the editor is careful to clarify, counseling interventions do not need to be “more superficial” and the training of counseling should not be reduced to learning techniques that disjointed from the professional growth and maturation of the professional counselor.

The relation between psychology and psychiatry

As everywhere else in the world, in Italy the relation between psychology and psychiatry develops along power dynamics to gain scientific respect, financial resources, and social recognition. In Italy, the political dimensions of the relation between the two disciplines is marked by a general cultural and philosophical sensitivity of Italian psychiatrists who usually recognize that psychosocial and community-based interventions are critical for the patients’ wellbeing. In our experience of the field, it seems more common for psychiatrists in Italy than in the United States to engage in forms of ongoing talk therapy with individuals or groups, as opposed to mere psychopharmacological interventions.

A 2007 decree by the Italian Judiciary body “has excluded medical doctors from university specialization courses in clinical psychology, reserving these places solely for psychologists” (De Bellis, 2009, p. 156). The response by the Order of Medical Physicians has been to institute a separate training track in “psychological medicine” that is reserved solely for medical doctors. Although it may be appropriate to draw a line between the training needs or foci of psychologists and physicians, the tone of the polemic highlights the risk for an uncompromising hostility between the two professions, which instead should collaborate toward the optimal care of mental-health patients.

Professional training in psychotherapy

An array of training schools is present in Italy. A first main distinction concerns whether they are affiliated with a public university or a private, for-profit institution. No private university in Italy offers training in professional psychotherapy.

As of 2006, approximately 59,000 psychologists were registered with the National Board. Of these, 35,000 are psychotherapists, two-thirds of whom hold a degree in psychology and the other third in medicine (De Bellis, 2009). This means that there is one psychologist to every

1,000 inhabitants – a ratio that is close to the European average, although significant variations exist among EU countries. For instance, for every 1,000 inhabitants, Belgium counts 1.7 psychologists, Portugal 1.3, Sweden 0.88, Germany 0.55, and Greece just 0.2.

Private training schools

As of June 2007, the Ministry of Education, University and Research (MIUR) recognized 179 schools, but, since institutes may also have branches, the total number of training centers was 305. This long list of private schools is continuously evolving. In July 2009, it included 197 private institutes with 333 different centers.

It is difficult and probably misleading to categorize the theoretical orientation of single schools simply by their names. Some of them may be too generic or non-denominational as to be able to understand their training practice. For instance, names such as “School for Comparative Psychotherapy” or “Cognitive Psychology Training Center” do not say much about their actual training or framework. It is usually more useful and informative to read the mission statements and didactic programs which may be available in the schools’ websites.

Although the practical training tends to be quite methodical throughout the board, in our experience the level of theoretical sophistication varies extensively from school to school. Similar to US or Canadian PsyD programs, private psychotherapy schools in Italy tend to give a secondary role to research. This contributes to the wrong impression that systematic research or knowledge creation is the responsibility of universities or hospitals. To an extent, the low involvement in research is both cause and consequence of the relative international isolation of most Italian private schools. Just a few of these schools actively seek and establish connections with other countries through international networks or the exchange of didactic experiences and visiting professorships.

Public schools

Public university schools are powerful players in the training of mental-health professionals. Differently from private training institutes, they are required to offer theoretically-diverse training, although CBT seems to be quite dominant (Sanavio, 1999). Instead, private schools are usually devoted to a specific theoretical framework.

University schools are often the battlefield of competing academic politics, which further confuse the actual outcomes and the interpretation of benchmarks in the formation of professional psychologists. For instance, university specialization programs that can award a degree to practice psychotherapy are hosted within psychology departments with denominations as different as Clinical Psychology, Neuropsychology, Psychology of Life Cycle, Health Psychology, or Psychological Evaluation and Counseling. The number of specialization programs at public universities tends to vary from year to year.

Cultural contexts and sociological dimensions relevant for psychotherapy in Italy

In this section, we will reflect on some sociological and cultural phenomena that may be relevant to understand the development and performance of psychotherapy in Italy.

Questioning the existence of an Italian culture: An historical and critical view

Despite the presence of an Italian constitution and common regulatory system, Italy is a culturally-diverse country, with wide differences of languages, traditions, practices, and values. Historically, Italy is a relatively young country that, until 1861, was composed of several independent states. In most instances, the unification of Italy occurred through military force.

Within a geographical area that is slightly larger than the U.S. state of Arizona, historical and cultural differences within Italy reflect centuries of conquests, invasions, and transitions. Regardless of political and historical interpretations, the concept of an Italian culture embodied in the Italian population cannot and should not be taken for granted. The expression “Italian culture” is controversial and may be more significant to an external observer than to an Italian living in Italy. A few years after the unification, Massimo d’Azeglio, a leading politician, asserted the famous motto: “Now that we made Italy, we need to make the Italians.” This sentence summarized the complexity of the cultural and social dimensions of the unification.

Still nowadays, regional dialects, languages, and cultures are palpable instances of a number of foreign influences, (Maiden & Parry, 1997). While psychotherapy is usually a well-known resource to address mental health concerns in the North and in the Centre of Italy, in the South of Italy it is a much less common and a more stigmatizing practice, which cohabits with other practices and “practitioners” like wizards or healers - heritage of a passed but never completely vanished paganism. It is not by chance that the majority of the psychotherapy schools are concentrated in the North and the Centre of the Country, although this gap in percentage terms is slowly and relatively decreasing.

The Catholic Church

The Roman Catholic Church has had a deep influence on Italian society: “In Italy, naturally enough, the weight of Catholic thinking has always been considerable” (Sanavio, 1999, p. 70). In regard to mental health care and prevention, the Church is a main player in the fields of humanitarian assistance, solidarity, and charity. Indeed, it systematically helps a number of needy people, including underrepresented and marginalized groups, such as the elderly, undocumented immigrants, individuals with severe handicaps, and prisoners, whom the public health system too often neglects. The Church places the dignity of the individual in the midst of its social policy. In addition, the vast majority of Italian private schools are Catholic and the Church provides assistance with spiritual as well as practical issues of loss: Catholic priests are commonly present in hospitals and they preside over the vast majority of funerals.

As an institution, the Church plays a key role in the promotion of social support, community care, and dignity. This Catholic neo-humanism entails a certain political liberalism that finds a strong voice in pacifist movements, volunteer groups, and humanitarian organizations (e.g., Caritas), as well as in the daily work of single, good-hearted religious people who are usually far from high political or ecclesiastic spheres. The other side of the complex and politicized Catholic world is a theological and contemplative realm which is, instead, devoted to set religious orthodoxy, moral values, and behavioral standards. The two branches often appear far from each other and act discordantly. Due to the wide cultural influence of this institution, the role of the Vatican on mental health counseling would surely benefit from a more open and public dialogue between the theological and the socially-active forms of Catholicism.

The main influences of the Catholic doctrine on mental health therapy are blame and sacrifice. Other topics, like the role of women and the Church’s position on lesbian, gay, bisexual, and transgender (LGBT) individuals will be presented separately, although the influence of the Vatican extends to these realms as well.

Blame and sacrifice. In the Catholic Church, the individual carries the ultimate responsibility for his or her actions in front of God. On the one hand, this belief gives a certain degree of freedom to the human being, who is free to negotiate with God his or her meaning-making processes (e.g. justifications). On the other hand, the person is seen as ultimately responsible and, eventually, will be individually blamed for his or her sins. People are generally invited to blame themselves as individuals instead of looking at institutional power, dominant

discourses, and shared responsibilities that may have played a critical role in determining the person's behavior (McNamee & Gergen, 1999). This individualistic Catholic interpretation is in contrast with postmodern and constructionist views on shared and relational responsibility, which looks for answers, explanations, and actions both in the personal realm of the client and in the enlarged linguistic community of social meanings, structures, and norms (Foucault, 1980; Gergen, 2009).

Sacrifice often accompanies the individual's relationship with God and the process of liberation from sin and eternal suffering. Being God the final rationale and responsible for everything, the person is at times invited to accept the status quo of passive sufferance, instead of engaging in social action. As a recent study about Latino immigrants in the USA reports, "large percentages of Latinas are Catholic and believe God will solve their problems. This strong belief often impedes them from seeking services from the police, community shelters, or the criminal justice system" (Vidales, 2010, p. 537).

It is quite common especially in rural areas of Italy that the client's first attempt to deal with psychological concerns begins with a priest. Although this step can provide some initial assistance, the underlying implication of the prospected solution often carries the same message of personal blame, sacrifice, and passivity that is embedded in some Catholic interpretations.

Gender issues

Although gender egalitarian access is constitutionally granted in Italy, numeric differences between men's and women's presence in positions of political, economical, and social power are still striking (Gamba & Goldstein, 2009). The female presence in politics and in general positions of power is still among the lowest of Western countries. In 2001, Italy was the European country with the smallest percentage of female representatives in the European Parliament (10%). In 2003, the Italian Parliament was composed of less than 9% of women. In 2010, this percentage is much higher (approximately 20%), but still far from the European average of 37%. Costantini and Monni (2009) report dramatic differences in human development between the south of Italy and the other main geographical areas. For instance, between 1991 and 2006, the Italian average rate of female unemployment decreased for about 30% (-51% in the North-East), in the South it increased by 3%. Similarly, a 2010 report from the Organization for Economic Co-operation and Development (Iossa, 2010) confirms the trend for Italy of being among the OECD countries with the lowest female employment.

In the field of clinical and counseling psychology, although more women than men obtain undergraduate and graduate university degrees in psychology, more men actually end up working as professionals in private practice or as professors or researchers in the university. Without any doubt, women in Italy face bigger challenges than men in their access to positions of responsibility and power. Linked to this underrepresentation of women and the patriarchal discourses that regulate many social manifestations and the everyday life of many Italian regions (like TV programs or leisure activities), women are frequently portrait as sexual objects and therefore judged according to their look and beauty (Zanardo, 2010). Lower levels of self-esteem and high incidence of depressive symptoms are relatively high among Italian women, especially during adolescence (Pantusa, Berardi, Paparo, & Scornaienchi, 2006). However, in the absence of comparative cross-cultural studies it is not possible to tell about the idiosyncrasies of Italian culture or society in this regard.

LGBT issues

Being non-heterosexual in Italy is not easy. Social discrimination and stigmatization are common daily experiences for non-heterosexual individuals, who understandably are more likely

to suffer psychological distress in relation to the frequent lack of social acceptance and integration as well as for cases of ongoing harassment, discrimination and, at times, violent aggressions. Internalized homophobia for Italian LGBs has been linked to high levels of depression and suicide (Ciliberto & Ferrari, 2009). Homophobia runs high in the general Italian population, once again with significant differences among geographical areas and rural versus urban settings.

Concerning the social and cultural acceptance of homosexuality, Italy is still far from the political progresses of many of its European partners. The Roman Catholic Church plays an important cultural role in this context. The Vatican actively lobbies some important political parties in the Italian parliament to oppose same-sex unions, which are seen as “a deplorable distortion of what should be a communion of love and life between a man and a woman in a reciprocal gift open to life” (John Paul II, 1999, chap. 23). In 2009, the Vatican strongly opposed a French-initiated declaration at the United Nations General Assembly which intended to reach a common resolution calling on governments worldwide to decriminalize homosexuality

Worrying enough, professional mental health counselors often have their own homophobic constructs (Capozzi & Lingiardi, 2003). Although more research on the topic is needed, Capozzi and Lingiardi found homophobic and anti-homosexual biases among members of Freudian institutes of psychotherapy. Therapists should address these biases in a process of reflexive exploration that is, indeed, necessary for the multicultural development of mental health professionals. In fact, despite the most conservative voices inside the Vatican and quasi-racist political parties, like the influential Lega Nord, Italian society is becoming increasingly diverse in its family and life-style standards, as shown by the increased number of domestic partners (i.e., de facto couples living under common law), separations, and divorces (ISTAT, 2002).

Family life

The family is a key institution of Italian life and the divorce rate is the lowest among Western countries. Remley et al. (2010, p. 29) cite the fact that “children live in their parents’ homes in Italy until they [...] leave to get married” and that “many homes in Italy house three or four generations” are signs that “Italian families continue to be very close and strong.” Although it is undeniable that the family is a crucial point of reference for Italians, the tendency for young adults to live with the parents should not be romanticized or seen as an overall sign of family attachment. Vast differences between North and South and between urban and rural areas exist. In addition, Italians strongly value owning their house: the percentage of families living in rented properties is among the lowest of OECD countries. However, this desire is countered by the high cost of the real-estate and by a restrictive banking system. Therefore, living with the parents is often a money-saving strategy that young adults adopt to save money.

Emigration and immigration

Migration has been a sociological presence and experience for Italians since the unification of the peninsula. It is estimated that in the 100 years from 1876 to 1976, 25 million Italians left the country to escape from famine, poverty, political persecutions, and in search of better life opportunities (Favero & Tassello, 1978). Although references to far-away relatives were often romanticized in the popular culture, the psychological consequences of migration were significant for the emigrant’s families. They were split and often deprived of their most energetic and healthy members; family equilibriums were destabilized. Often, the emigration was lived as a traumatic event, generating in those who stayed in Italy feelings of anger and the

impression that their family life was never going to be the same as before the departure of the emigrant.

Brain-drain. Contemporary emigration is mostly in search of life or professional opportunity, like the notable brain drain of Italian researchers and academicians (ADI, 2001). A 2006 publication (Constant & D'Agosto, 2006) reports that, in the author's sample of Italian scientists and researchers who live abroad, 62% are in Anglo-Saxon countries and 38% in other EU countries. The brain drain in Italy has also a remarkable internal dimension involving the migration of younger talents and college graduates from the poorer South to the more prosperous and dynamic North.

Powerful lobbies of professors (called "*baroni*," barons, to underscore their craving for power) control the access to all of the paid roles within the university, from PhD students to professorships (Gardini, 2009). Professors assign jobs to their own pupils or protégées, favoring nepotism and clientelism against meritocracy.

Many professors actively try to de-stigmatize the brain-drain by reinterpreting it as the "brain circulation" of the globalization process and by emphasizing its compensatory effects (Beltrame, 2007). However, empirical studies that explore both personal experiences and public discourses on the flow of researchers highlight its "forced" dimension however, and the one-way direction of the brain drain (Morano Foadi, 2006).

Immigration. Political discourses on immigration frequently focus on the benefits that Italians may receive from the *extra-communitari* (immigrants from non-EU countries), like cheap labor and counter balancing one of the lowest birth rates in the world. In addition, the second-generation immigrants are often described as those who, through their work and taxes, will allow Italians to keep receiving a retirement pension. These exploitative and utilitarian social constructions of migrants tend to hinder their constructive integration and the development of a mature cultural dialogue between Italians and immigrants (Beneduce & Martinelli, 2005). In most cases, integration of immigrants is seen as their ability to adopt Italian customs and values. In other words, Italians frequently see the integration of immigrants as cultural assimilation to the Italian culture.

The promotion of mutual dialogue and inter-cultural understanding is surely a field of practice and concern in which Italian psychologists and counselors will be most beneficial in the future. As in other areas of the world with longer histories of immigration, racial or ethnic tensions as well as intergenerational conflicts are likely to become pungent topics of social and psychological concern in Italy.

Reflections on an Italian indigenous psychology

The focus on the social and relational aspects of psychology (which have so well been portrayed in Fellini's films) is probably a cultural feature that distinguishes Italian psychotherapy from most of its Anglo-Saxon counterparts, with the exception of relation-focused approaches like constructivist/constructionist or object-relation therapies. Arguably, this is also one of the reasons why ecological approaches to psychology have been traditionally privileged over laboratory studies. Community support and the relational location of psychological concerns are two cultural aspects that are partially reproduced in the mental-health offered in Italy, which is strongly marked by a growing emphasis on community psychology (Francescato, Arcidiacono, Albanesi, & Mannarini, 2007; Santinello, Martini, & Perkins, 2010).

The historical location of an indigenous psychology in Italy is more problematic because it is not marked by the presence of visible foreigners, like in post-colonial contexts. Before the Second World War, the cultural influence of German-speaking scholars was instrumental in Italy to develop psychology as a discipline that was separated from philosophy and theology. After

WWII, the cultural and economic influence of the Anglo-Saxon world shaped the field and led to the creation of a scientific psychology that, at least in the university, furthered the separation from philosophy and non-objective approaches to therapy.

In order to explore the possibility for an indigenous psychology in Italy, it would be interesting to analyze the cultural ramifications implicit in the strong political and economic influence of the U.S. government on the post-war Italian politics, for instance through the Marshall Plan and the endorsement of center-right wing parties of Christian inspiration to contrast the surge of the Italian communist party. In addition, the USA played a key role in the collective fantasies of wealth and power, which was popularized and romanticized in the Italian mass media. The Italians' "esterophilia" was maintained especially through assumptions of US scientific and technological superiority. These assumptions had an impact on Italian psychology as well. For example, still nowadays most textbooks used in university degrees in psychology are translations of works in English or are written by Italian professors who rely mainly on American and British contributions. France and Germany also provide important referents for psychology, but to a much lower extent than North America and the UK.

At times, Italian psychologists reacted to this cultural imperialism, like in the case of behaviorism, which was deemed by some to be "the expression of North American scientific and economic colonialism; and to be the ideological superstructure that reduced man and human relations exclusively to the realm of money" (Sanavio, 1999, p. 71). However, reactions of this sort are not exempt from ideological influences and they tend to represent multifaceted theoretical movements as a single corpus. It is important to bear in mind that Italian researchers are almost obliged to use the English language in order for their work to be recognized internationally. This requirement creates a gap between English-fluent younger generation and older academics, who often read but do not write in English. As Benevenuto (1997) writes, "Italian analysts lack an international audience because they write in a tongue which is spoken only in Italy." Most scholars publish in Italian and their works are very seldom translated into English. So, while the Italian academic context is strongly influenced by the English-speaking world, the reverse does not occur.

In our opinion, one major contribution for the international audience would be the philosophical and epistemological depth of Italian reflection on therapy. Italian scientists, professors, and even practitioners tend to pay great attention to epistemological sophistication. Most Italian clinicians are aware that practices such as interpretation, truth, assessment, intervention, culture, clinical setting, or wellbeing can be understood, explored, and deepened only through the careful interweaving of clinical and epistemological research and practice (Ceruti & Lo Verso, 1998). Interestingly, in the editorial of the first issue of the journal "Counseling", the authors underscore that effective and competent counseling requires an epistemology of complexity (Di Fabio & Fulcheri, 2008). Such dedication to philosophical elaborations ensures theoretical coherence, originality, and creativity, as well as an overall consciousness of what therapists do and what happens in counseling. Counseling is never a neutral activity. As Basaglia (1968) and Foucault (1980) warned, the act of addressing mental health issues carries deep epistemological, social, and cultural implications for what the world is and how life can and, more or less implicitly, should be lived.

Future developments

We hope Italian psychotherapy will be able to capitalize on its strengths, which we see as mostly related to its theoretical and cultural diversity and its openness to undertake philosophical and political debates, which are rarely a focus of North American mainstream psychology. In addition, the shift to a community-based clinical care for severely-distressed patients and the

shift to ecological contexts are two of the most remarkable Italian contributions to the international debate on chronic mental illness.

Therapists, scholars, and researchers would surely benefit from entering a constructive dialogue with the international community. A fundamental step in this direction is to increase the publications in English-speaking journals, a process that may challenge the unidirectional rapport between the Anglo-Saxon and the Italian world of psychotherapy.

Conclusions

Despite the historical obstacles to its development, such as little investment on scientific research, academic nepotism, Catholic conservatism and the language barrier, mental health professions in Italy are growing fast. As in the in the rest of Europe, “psychotherapy has become more and more integrated into the daily environment of the average citizen today, no longer reserved exclusively for the sick and the ‘crazy!’ It exists in an intermediate zone, a crosswalk between medical, psychological and social spheres” (Ginger, 2003, p. 136). However, some obstacles to the growth of clinical professions may be found in the recency of professional legislation and the slowness of the European Union, the European Association for Psychotherapy, and the European Association for Counseling to reach an agreement on minimum standards of and requirements for professional mobility. International mobility within Europe is still an unresolved issue. In addition, the almost frozen situation of the Italian university system, which is a victim of disastrous power games among its own administrators and professors, does not allow for innovative contributions from external researchers and scholars (Fava, 1997). Italian universities rarely attract foreign scholars or graduate students in the humanities and social studies. The brain-drain phenomenon deprives the university of some of its best scientists (ADI, 2001) and research in clinical psychology, psychotherapy, and counseling is limited and heavily dependent on contributions from the English-language world.

The Italian university system was recently reformed to increase the low rates of access, retention, and graduation from college. However, the results are quite disappointing. The introduction of the Anglo-Saxon model that sharply divides undergraduate, master, and doctoral students took to a fragmentation of theoretical courses, which were some of the best assets the Italian university had to offer. According to the Order (which represents the whole body of Italian psychologists), the three-year long undergraduate training in psychology is too short and incapable of providing proper professional formation and outcomes (Repubblica, Sept 28, 2009).

From our point of view, some of the main points of strength of the Italian psychotherapy panorama are found in the wide plurality of orientations practiced in the country, the link between philosophical awareness and professional practice, the roots in the community, and the openness to multidisciplinary interventions. Bertrando (2003, p. 101) suggests that one of the reasons why Italian therapists were able to nurture complexity is because, “unlike what took place in the United States from the end of the 1970s, . . . [Italian] therapists have not given up the serious psychiatric pathologies, such as schizophrenia, mood or personality disorders.” The plurality of theoretical orientations and the epistemological awareness that characterizes the clinical formation and practice of many Italian psychotherapists are assets to understand and work with the complexity of the fast-changing Italian society. In addition, the attention to the theoretical and philosophical bases of psychotherapy tends to challenge professional feudalism, to develop critical awareness on the limits and possibilities of psychotherapy, and to comfortably seek the collaboration with other professional figures (e.g., social workers, physicians, psychiatrists, educators, judges) who are involved in the clients’ psychological wellbeing. If these assets of Italian therapists are valued, then psychologists and psychotherapists are well-located to encourage dialogue among old and recent cultures and identities in Italy.

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