What is *therapeutic*? Analysis of the narratives available on the websites of Italian addiction rehab centres to present the therapeutic programme

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ABSTRACT

In recent years, the use of the adjective "therapeutic" has expanded to encompass a great variety of experiences, blurring the line between what is effectively therapeutic and what is not. Proceeding from the idea that a word's meaning is linked to its use in a particular linguistic game, we will analyse the etymons "therapy" and "psychotherapy" and the change in their meanings over time. This background will guide us in the qualitative analysis of the so-called "therapeutic activities" available on the websites of 14 Italian therapeutic communities for treating addiction. Four main master narratives emerge from our investigation. These are characterised by biomedical assumptions, pedagogical principles, religious precepts, and moral values, respectively. Activities are considered therapeutic per se rather than based on theoretical assumptions regarding change. In the light of our results, the adjective "therapeutic" has become a domain of common sense, which poses the threat of undue reification of the linguistic game that expresses it.

Key words: therapeutic; psychotherapeutic; Wittgenstein; therapeutic communities; website.

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Introduction

What does it mean to say that something is therapeutic?

Within the domain of everyday language, the adjective therapeutic means "what relates to the treatment of disease or disorders by remedial agents or methods"; it is synonymous with the two terms "curative" and "medicinal" (Rakel, 2021). This meaning has changed a lot over time and contexts. A look at the history of its etymology gives us an overview of the many meanings changes it has undergone before assuming the current ones and to restore its polysemic richness. The method of perspicuous representation proposed by Wittgenstein (1953) suggests analysing based on the observation of ways and linguistic rules in which it is (or has been) inserted. Our grammar, according to the philosopher, is not able to observe itself. Therefore, "perspicuous representation" becomes fundamental to the investigation of words meanings. Its aim is the creation of new language games. We must "replace one form of expression with another: you have to look at the many uses of words … extending the exercise beyond the present uses, including possible and impossible ones" (Wittgenstein, 1929). Our way of speaking imprisons our way of thinking. Our interest is an insight into "the prisons" inherent in our ways of speaking about the "therapeutic func-

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tion" to improve the awareness of the cultural implicit that only an observation of language can make known and explicit. Starting from these assumptions, our intent is the exercise of a reflective thought, investigating by virtue of what is presumed that a certain strategy or activity is to be considered therapeutic.

Paradoxically, the ability to practice perspicuous representation, or to de-perspectivise and observe reality (in this case, words) from different points of view, is itself the purpose of "psyche therapy" as it emerges in the postmodern vision; it fosters change in those linguistic-representational rules by which we have constructed a particular discursive configuration whose opposite, or even difference, we are incapable of configuring (Wittgenstein, 1921). This leads us to always stage it and "read" it in the same way.

What is this paper about?

This philosophical background will constitute the premise of the research, which is aimed at analysing the linguistic features by which the activities promoted on the websites of 14 Italian communities are proclaimed as therapeutic for treating addiction. The choice of this particular clinical setting derives from the consideration that such institutions are assumed to be per se "therapeutic", due to accreditation from the Ministry of Health.

Our intent is to investigate on what basis some activities have been considered, in the sites, as "therapeutic" unlike others. This question is central in clinical psychology and psychotherapy, since it allows scientist to focus on the principles that make the interventions effective. Are these assumptions made explicit in the sites? Do the communities ask themselves this question or, in a self-referential way, do they define as effective what they propose only because of the accreditation received by the ministry?

When the efficacy factors are not anchored to scientific bases but are rather the result of idioms or positions taken with respect to a presumed self-attributed therapeutic power, the risk of reification arises. Effectiveness is not an always true promise, rather, it must be realized and demonstrated with respect to the meaning that people (both client and therapist) attribute to the therapeutic path. Trusting that a certain activity may be "forever" beneficial is quite naïve, since it presupposes that the same psychological effect can be replicated at any time, and that therefore, it is possible to determine the meanings beyond the context and the individual experience. Conversely, this research can help improve awareness of the need not to assume that some type of intervention may always works. It is also a warning to use the term "therapeutic" with caution and only under certain conditions. Since our investigation questions the possible meanings of the adjective "psychotherapeutic", the starting point will be the study of etymology and the analysis of the ways its use has changed over time. Hence the choice of being guided by the Wittgensteinian reading in the study of the relationship between the ways of using words and their meaning, as will be better specified later.

What does "psychotherapeutic" mean?

The term "therapy" derives from the Greek word "therapeia," noun of the verb "therapeuo," with the primary meaning of "service," "cure," and "obedience" (Montanari, 2004). "Therapeuthés" is the one who cares. The Greek roots ther- and thar- refer to holding and supporting ("therapy," n.d.). "Therapeutics" is that "part of medicine that has as its object the cure of diseases, that is, it indicates the curative means for each disease" (Montanari, 2004). According to the philosopher Curi (2017), the original meaning of the term "therapy" is "service": "in the Iliad Patroclus is presented as Achilles' therapôn, that is, he places himself "at his service", "it assists him, listens to him, makes himself a military attendant of the great warrior," not because of hierarchical reasons or social obligations, but out of free choice (Curi, 2017). The Greek word "therapeia" also appears in the Platonic dialogues in reference to the cult of the gods (therapeia theon) to indicate the placing at the service of the gods in cults and devotion, offering them rituals and sacrifices.

This meaning corresponds to that of the Latin term "cura" (care), which precisely indicates "the solicitude, the concern, the interest in someone or something" (Curi, 2017), so much so that its opposite was identified in "negligentia," in carelessness, indifference, or disinterest. With the advent of Christianity, the term "cure" was used in reference to the soul, made sick by sin and salvable through faith and prayer. The therapon is associated with the figure of the priest, the holder of the knowledge of the Scriptures and the representative of God among men, the way of access to redemption. From the 1600s onwards, the absolute criterion of objectivity in the study of man and nature was promoted in the various disciplines of knowledge; personal involvement represented a threat to the correct and systematic application of the knowledge techniques. This paradigm also persuaded medicine, now far from the "Ars medica" of Hippocrates and Galen, to emphasise the neutrality of the researcher in favour of the scientific method.

Therapy became a "technical device whose exercise was reserved for some well-identified social figures in a professional sense" (Curi, 2017, p. 58). Furthermore, the grammatical function of the verb "to cure" changed from intransitive use ("to take care of," "to worry about," or "to be interested in") to a transitive one ("to cure the patient"). Therefore, the patient became the complement object or the object of a set of standardised procedures, and the subjective value of the care relationship was lost in the linguistic expression. The emphasis shifted from the care relationship as exclusive to its replicability, understood as the effectiveness of the technique. Finally, at this point in the story, the term "therapy" has been defined by the dictionary (see above) as the "part of medicine that treats the cure of diseases."

A particular type of therapeutic activity, certainly of our interest, given the cutting edge of the research, is that which refers to the suffering of the soul, namely psychotherapy.

We may ask, what are the values of use assumed by the term "psychotherapy"?

We have evidence of a practice aimed to alleviate, even remove, the suffering of the soul already around the middle of the fifth century BC in Greece (Curi, 2017). [Sophist Antiphon] had established an art [techne] to heal pain, similar to the one that doctors apply to diseases. In Corinth, near the main square, he opened a room with a sign in which he declared that he could treat moral pain by means of the words [logoi], that is, by inquiring about the causes of suffering and consoling his patients (Curi, 2017). Antiphon may, therefore, be considered the first psychotherapist ante litteram, as during these colloquia he used specific and well-known strategies which can be referred to as "techne." It was his belief that "nothing existed that could not be cured with words" (Nardone & Salvini, 2013). Hippocrates, the founder of the medical art, also defined therapy as the combined action of "touch, remedy and words" (Nardone & Salvini, 2013). These ideas have come down to the modern era, with some necessary adaptations. In 1890, a text entitled "Psychotherapeutic Hypnotism" was published by Felkin in which the heal-

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ing processes implemented through the treatment of the "psyche" were illustrated.

Referring to this writing, a French physician and neurologist called Bernheim coined the term "psychotherapy" in 1892 (Curi, 2017). The vocabulary defines it as the "treatment of mental disorders and maladjustments through a psychological technique based on the relationship between doctor and patient" (Zingarelli, 2003).

This is described in more in detail as follows: Every form of therapeutic intervention against mental, emotional and behavioural disorders, set up and carried out with psychological techniques (to which the pharmacological complement can be added), inspired to different principles and methods, with the aim of improving the adaptation of patients to existence and reality by circumscribing the causes and nature of diseases, conflicts, critical situations […] (Treccani, n.d.)

A direct link with the medical model is available here.

The prefix "psycho" is adapted to the methodological practices typically provided for modern Western body care. Psychological "therapy," therefore, takes on the character of a metaphor borrowed from the language of medicine to indicate something that may help a person to feel better.

The core dilemma: can psychotherapy be inspired by body therapy?

The analogy whereby body therapy is assumed as a prototype for soul therapy becomes problematic when the researcher does not question the irreducibility of the mind with respect to the brain and falls into the trap of misunderstanding to solve existential dilemmas by treating them like things of the world. The strategy used to achieve a "therapeutic" objective follows very different paths in medicine and in psychology. If in medicine it is inspired by an etiological theory that explains the anomaly of the body on the basis of a physiological normative conduct made impossible by the accident (this is just one of the cases), in psychology the different theories (or "maps") relating to the mental, which can be placed within different epistemologies, make the discourse much more articulated; a topographic map is to the territory what any metaphorical representation is to that which is otherwise not accessible and which in order to be communicated needs a discursive medium. Unlike the relationship between a topographic map and territory, those events that we call psychological, which are mostly sensorially inaccessible, do not have a priori territory. But this is constituted as a reality through an analogical and metaphorical device (Cipolletta, Fassoni & Faccio, 2018). The problem of the false analogy between medicine and psychology needs to be expanded beyond these introductory considerations and requires a much broader discussion (Szasz, 1961; Wascul & Vannini, 2016; Salvini, 2006; Neri, Iudici & Faccio, 2020; Iudici, Salvini, Faccio & Castelnuovo, 2015). We just want to remember that the knowledge about the brain does not offer simple maps about mind functioning and vice versa (here it suffices to recall the dilemmas related to the body/mind relationship). This has serious implications for the study of what is good for the body and what for the mind since the first corresponds to an organ, while the second does not have an organic element to refer to, so it is expressed in intangible thoughts, feelings and ways of speaking (Iudici, Castiglioni & Faccio, 2015).

There are a few research in the literature that have considered the risk of defining once and for all what "works" in psychotherapy and equating it to a medical treatment, able to always "work" in the same way based on a consolidated and replicable practice rather than on the basis of the meanings the person attributes to the experience. Mille considers the absence of an appropriate epistemological reflection on the therapeutic nature of activities related to the so-called "art therapy" as a matter that makes it difficult to explain why these activities have produced a therapeutic effect (Mille *et al*., 2015). Genoe, by virtue of a careful epistemological reflection on the use of the term "therapeutic" in reference to "recreational therapy," underline the urgency of a paradigm shift (Genoe *et al*., 2021). According to the authors, the use of the term "therapy" would bring with it a vision, borrowed from the medical model, of intervention as "repairing the person" and not as "promoting social interactions," as should be the case in a therapy of the "psyche" (Genoe *et al*., 2021). Maratos' review of music therapy studies is consistent with our argument. The authors argue that group music therapy seems to lack a coherent therapeutic framework and a theoretical approach capable of legitimising music as therapy. It is assumed that listening to music is intrinsically therapeutic, but without a therapeutic framework that legitimises music therapy, researchers cannot say that it is therapeutic per se (Maratos *et al*., 2008).

Other papers refer to the reification caused due to the diagnosis (Hyman, 2010), to the use value of the diagnosis in terms of instrumental advantages, to its negotiating power with respect to institutions, and to the re-signification of identity personal resulting from identification with the reified diagnosis (Faccio, Belloni & Castelnuovo, 2012; Faccio, Pocobello, Vitelli & Stanghellini, 2022; Faccio, Turco & Iudici, 2019). There are also works that propose innovative methods of intervention with respect to the risk of falling within the tracks marked by the processes of reification (Harrè & Tissaw, 2005; Romaioli & Faccio, 2012). Li offers an impressive example of the risk of using metaphors in psychotherapy, which may reify the experience of the patient within the conceptual framework of the therapist without revealing their conventional origin: "language is fundamentally metaphorical – more often than not, words are used to achieve a purpose rather than pointing to things" (Li, 2018). Wittgenstein's proposal is valuable because he writes "the meaning of an experience is in its living." The crux of the matter is that meaning cannot be captured, framed, or pinned down once and for all. It might be more fruitful to think of meaning as unstable, in flux, and emergent.

The theoretical framework of the research

Wittgenstein's philosophical research developed this question by shifting the paradigm of knowledge to the so-called "linguistic-discursive" turning point. In particular, the concept of "discursive psychology," that is, a research perspective capable of illuminating subjective elaboration by way of sense-making procedures, is firmly anchored to the "second Wittgenstein" (Edwards & Potter, 1992; Mininni, 1995). According to this new perspective, the nature of mental phenomena is continuously reconstructed by the shapes we create in connecting representations to language; therefore, psychological objects have no stable quality or property, but rather "acquire truth from the methods and language devices that we apply in order to understand them" (Foucault, 1963, p. 57). The metaphor "turning point," by which psychologists identify passage to a new paradigm (Harrè & Gillett, 1994), is relevant to Wittgenstein's writing as well. There, we clearly perceive a passage from a semantic focus on the link between language and reality to a pragmatic focus. In fact, the great Austro-English thinker aban-

dons his earlier position compatible with logical neo-positivism (Wittgenstein, 1921) in favour of a contextualist perspective (Wittgenstein, 1953, 1980). Words represent – are images of – objects in the world: their meanings are not negotiated in the social act but reified in the signifier (the graphic form). Psychology deals with and tests its own scientific capacity, beginning with the study of what can be objectively examined. Such premises mark the history and the academic interpretations of the discipline, nourishing the hope that we might succeed in defining the objects of our study and their meanings.

Valsiner (2009) describes this as follows: Instead of moving in the direction of making sense of human subjective experience, the discipline got caught in a mechanistic re-construction of the psyche along the lines of behavioural and (later) cognitive perspectives. The volatile, transient, temporary, and internally contradictory psychological phenomena … were translated into analogues of mechanical machines. (p. 3)

Linguistic issues play a fundamental role here: As long as there is a verb ‘to be’ that seems to work like to eat or to drink; as long as there are adjectives like identical, true, false, possible, as long as all these expressions are used, men will keep on facing the same difficulties, they will keep on staring at something that no explanation seems to be able to eliminate (Wittgenstein, 1980, §41).

In his second phase, Wittgenstein recognises that not all words are the linguistic equivalents of real objects, since their meanings are determined, from one case to the next, by their use in the context of a shared human activity or “linguistic game” (Wittgenstein, 1953) disciplined by conventional contextual formulas rooted in daily life. The relationship between language and reality is reversed: discourse produces reality, not the other way around (Austin, 1962). Adhesion to a discursive approach, then, means radically restructuring the theoretico-conceptual apparatus of clinical psychology, which results in legitimising differing therapeutic options (Grossen, 2010; Lyra, 2010; Mininni, 2010). Discourse produces reality, since it may be viewed as a “form of life” enabling human beings to manage their efforts after meaning (Mininni, 2003). Within the framework of this shared epistemological assumption, we can recognise various forms of “talk cure.” However, all the forms share a common interest in the sense-making processes (Salvatore & Valsiner, 2008). In any case, the expectation of change which is implicit in a request for psychotherapeutic treatment is justifiable only if there is shared trust in the power of words to model various configurations in the internal world. Human subjectivity draws sense and value from specific “psycho-discursive practices” (Wetherell, 2008) which allow individuals to elaborate an image of themselves according to Gestalt dynamics activated by relationships with the physical and social world (Galli, 2009). Wittgenstein’s complex, sometimes obscure, ideas about the paradoxical nature of private language offer a fundamental resource for forming a clinical psychology based on the discursive approach. Such an approach, in refusing the ontological metaphor of mind as a “mirror of nature” (Rorty, 1980), may choose, instead, an interactive, socio-constructionistic view of sense-making (Gergen, 1994; Salvini, 1998). He allows us not to surrender to the misleading pictures and intellectual illusions that aspire to the “explanation” or to the “determination” of meaning (Harrè & Tissaw, 2005). Eminent scholars have tried to translate and apply the indications offered by Wittgenstein in psychology, in particular in clinical psychology (Harrè & Tissaw, 2005). The linguistic analysis made available by him allows us to enter the peculiarities of the idioms and to reconstruct the world in which the person lives starting from his linguistic world. There are various examples of how this type of approach can be declined with respect to the single case (Faccio, 2011; Faccio, Author, Rocelli 2021; Faccio, Centomo & Mininni, 2011; Faccio, Mininni & Rocelli, 2011; Salvini *et al*. 2012). It offers important lenses for reading experience and personal discomfort, while bringing with it all the limits of an idiographic approach, where the focus is on the individual and cannot be extended or generalized (Faccio, Aquili, Anonymous, & Rocelli, 2022).

The research context

In this sense, a semiotic theory can be seen as foundational to psychotherapy (Barclay, 1997) as in recent years the use value of the adjective “therapeutic” has expanded to include situations or experiences that are very distant from each other. Everything is potentially “therapeutic” in the absence of a rigorous criterion defining its premises. As Szasz (1978) puts it, “Virtually anything that anyone could do in the company of another person could today be defined as psychotherapeutic.” The ease with which the term “therapeutic” is used becomes even more critical in the event that a “non-expert” wants to choose one of these countless options, without having the tools to navigate such a wide range of alternatives, all equally defined as “therapeutic.” One of the areas in which the situation described above is embodied is that of the so-called therapeutic communities for drug addicts, a term that already includes the promise of change. The choice of this area arose from the observation that it offers extremely varied therapeutic proposals, which also subsume very distant or antagonistic concepts, both with respect to the consumption of substances and with respect to the relative therapy. We will investigate how each community shapes the term “therapy” and its implications in the various operational proposals.

Materials and Methods

Aims

The general aim of this research is to explore the meanings attributed to the construct of “therapy” by 14 drug addiction rehabilitation communities, investigating the way each community presents itself on its website. In particular, the research question is inclined towards the understanding of the theoretical conceptualisation of the human being in relationship to the substance addiction that the community has welcomed as a reference, in the implicit or explicit theory they use for describing the therapeutic scopes they pursue, and the therapeutic aims and actions they propose as core element for the psychological community path. We also are interested in analysing how they define and legitimise the therapeutic value of the proposals that the community makes to its users and on the basis of what argument. We will pay particular attention to the narrative that dominates for content and prevalent metaphors in the analysed texts (Bamberg & Andrews, 2004; Faccio & Costa, 2013).

Material

The corpus consists of the text of 14 websites of the following drug addiction rehabilitation communities, all located in Italy. These were tracked down via a Google search by typing “drug addict residential therapeutic communities.” The sites were organized in very similar sections, presenting the aims and the mission of each therapeutic community, the treatment proposal, the

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actions and the forms of help provided. The communities' websites were consulted during 2019. Five communities have more than one physical location in the country. The remaining communities, all located in the north and centre of Italy, have only one site in the country and vary in terms of the number of places dedicated to reception: eight communities have accredited places ranging from a minimum of 14 to a maximum of 74; one community, located in central Italy, has 1200 places. Each site consisted of a words number that shifted from 683 to 2472 words.

Method

In line with the theoretical-epistemological framework of reference, we opted for a qualitative research methodology and focused on everything that would help answer the following question: what is considered therapeutic by the community whose site is the subject of study? We considered that the text available online was sufficient to conduct a survey that answered the research question, placing ourselves from the point of view of a web user who can freely consult the sites, without therefore the need to add observations in the field, interviews or others. Animated by the idea of applying the perspicuous representation (Wittgenstein, 1953) to the use of the term "psychotherapy" and of the adjective "psychotherapeutic" in the texts available on the sites, we had to amplify our initial proposal as the objectives and activities promoted by the communities were expressed in the form of bullet points, in a synthetic and didactic way. The conditions were therefore lacking to analyse the way in which the word "psychotherapy" or "psychotherapeutic" had been used within the discourse. We therefore opted for the template analysis (King, 1998; Brooks & King, 2012), which combines two classical approaches: content analysis, which is theory-driven, and grounded theory, which is data-driven (Cardano, 2011). King's methodology proposes the preliminary identification of "containers" in which to enter data, established on the basis of what the researcher expects to be relevant in a certain discourse and/or in reference to the literature on the subject. These categories are not stringent or determined once and for all. On the contrary, they can and must be remodelled, adjusted, and revised, to the point of inventing new ones, in the light of the constant comparison with the text for which and from which they have been identified. Once the core contents, or the most useful categories, were identified, they were qualified with labels. In the first phase, the argumentative categories that build the phenomenon were identified. In the second, we analysed the lexicon and the set of metaphors used to define and assess actions and events that are generally available in a given cultural setting and serve as frames for interpreting experiences (Potter & Wetherell, 1987).

The identified analysis categories were as follows:

i. Narrative configurations used to represent the human being in relation to the phenomenon of drug addiction, including implicit and explicit theories about drug addiction. It aims to capture the thought patterns that community leaders and operators refer to as well as the representations of the substance user. The textual elements traced can be described in terms of rhetorical figures, for example, the metaphor and propositions that introduce definitions or descriptions such as "the community is," "the drug addiction is," "the therapeutic program is of type" and so on.
ii. Narrative configuration used to describe therapeutic goals. The second category traces and categorises narrative elements used for description and for legitimating therapeutic objectives. Sometimes these are explicitly resumed in a paragraph on the site; alternatively, they are left implicit but are easily recognisable due to propositions such as "the project aims at" and so on.
iii. Proposed activities. Sometimes they are described and deepened in detail. At other times, they are simply listed. In any case, they represent a relevant aspect as they show the practical implications of the model or highlight any inconsistencies with it.

In the second step of the analysis, the data collected on the narrative configurations of drug addiction, therapeutic goals, and proposed activities allowed us to identify a series of dominant or master narratives, which had been described in the literature as "narrative frames according to which the course of events can be easily traced, easily because the audience is led to 'know' and accept these courses. They delineate how narrators position themselves within their story and provide guidance and direction to subjects' everyday actions, structuring the way the world is intelligible. They offer people a way to identify what is assumed to be a normative experience" (Bamberg & Andrews, 2004).

We will offer an example of analysis, transcribing the presentation of two communities:

i. "XXX is a home, a family for young people who have lost their way, who have lost motivation and must resume a journey made of self-esteem, dignity, responsibility, enthusiasm." The description is characterised by the metaphor of the journey of life, in search of lost or only forgotten values (Master Narrative: Values)
ii. "An Italian excellence in the residential sector for the treatment of alcohol, cocaine, and gambling addictions. An innovative therapeutic method, based on the new results of neuro-scientific research and on foreign experience in this field."

In this case, there is a specification of the addictions treated, and the discourse is strongly placed within a scientific and biomedical narrative (Master Narrative: Biomedical and psychological).

The same procedure was followed with the other sites in order to identify all the available master narratives.

The analysis of basic codes and the development of the architecture for the interception of master narratives was done through an iterative process. All three authors independently read the material in an initial meeting focused on developing codes. Data were independently coded between meetings, and the authorship team came together to revise the coding structure once before organising codes into four overarching categories. The second and third authors then completed the final coding, achieving an inter-rater reliability of 89.0%. Discrepancies were resolved via consensus and in consultation with the first/senior author who served as auditor. Exemplar quotes were identified and agreed upon by the entire coding team.

Results

The first and the most important result concerns the use made in the text of the verb "to be" to describe the activities considered therapeutic. In the light of the reflections proposed by Wittgenstein, the very fact that the presentation of therapeutic activities is imposed not so much in the form of possibilities in the discourse, but in the bullet point formula, to assume the objectivity and self-referentiality of the content. That makes up the list. We can therefore speak of what is therapeutic as if we were speaking of things that are visible and definable in a sharp and

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clear way. The meaning lies in the thing, not in the way its use is expressed in the conversation (and, therefore, in the interaction). In addition to this, proceeding in the analysis of the discourse and the content, the researchers highlighted the presence of four master narrative configurations (Table 1).

Dominant narrative: biomedical and psychological (4 sites out of 14)

These sites refer to biomedical theories and methods dealing with the organic consequences of substance use, while the psychological component is expressed in "assessment and diagnosis," "prevention and treatment," and scientific explanation, for example, Linehan's "Dialectical Behavioural Theory," "cognitive and behavioural techniques," and "systemic approach" (the words in quotation marks have been transcribed as they are from the sites). One community, in particular, applies different theories according to the type of intervention: the "dynamic-relational approach" in music therapy, the "psychoanalytic work" in yoga practice, and the "cognitivist-constructivist" and "transpersonal" approach in individual and group meetings. For three communities, "addiction is a disease, not a vice." Finally, the terms employed by one community, in particular, seem to have strong neuroscientific connotations. The stated aims are to achieve a person's health and well-being, both physically and mentally. These include "recovery from addiction," "rehabilitation," "detoxification," "prevention," "treatment," "rehabilitation," and finally "complete removal of causes." Abstinence is a shared goal. A causal logic is highlighted: the removal of the cause of the discomfort (the addiction itself or its antecedents) would lead to the solution of the problem and the overall well-being of the person. This is done through a process that allows the "rehabilitation" or "recovery" of what has been lost due to drug use and that teaches how to "prevent" the possible reconstitution of the initial situation. Other therapeutic programmes are based on individual psychology and aim to promote "motivation to change," "emotional liberation," "trauma processing," "increased body awareness," "the unravelling of knots and tensions of psychological origin, for a full awareness of one's own emotional nature," and for "the conscious re-appropriation of one's own history and resources." Some communities defined therapeutic activities such as occupational therapy, art therapy, music therapy, socio-therapy, and body psychotherapy. Various types of sports activities are also carried out within the communities.

In general terms, when the theory is announced, therapeutic activities are not linked to it in terms of relevance or derivation; in other cases these practices are presented as beneficial "per se" and expressed in a list of points of the therapeutical path (for example, literally from one of the sites: "support activities for the therapeutic path, *Psychocorporeal activities*: yoga, Shiatzu, Tai chi Chuan, Mindfulness Meditation; *Expressive therapy activities*: Art therapy meditation; *Cultural and recreational activities*: sports, trips, excursions and cineforum"). This mode of presentation of the activities, sparse and without theoretical justification, is also proposed in the dominant narratives that we present below.

Religious dominant narrative (3 out of 14 sites)

The Christian-Catholic religious orientation is sometimes mixed with scientific approaches of another matrix. This connotation is evident from text excerpts such as "precise ecclesial position of the Community" and "the activity desired and supported by the friars was and is a coherent response to the charism of their Founder, St. Francis [...]." For example, one site announces itself as exclusively based on the Christian faith. The rhetorical style of the whole site is permeated with typical formulas and references to religious beliefs, such as the community was created following the "call of God." Proposed activities are "moments of prayer, witness and joy, testimony of rediscovered faith and discovery of new values: meetings, service to the elderly and the sick, participation and animation of prayer and spirituality groups, musical performances and ballets inspired by the Gospel." The website also contains descriptions of recurring prayer and evangelisation events, such as the "Alternative New Year's Eve" (*i.e.*, the "proposal for young people who wish to celebrate the arrival of the New Year with prayer and a drink with fellow believers") and "Bread, Work and Paradise" (*i.e.*, a "week of meetings for young people and teenagers in search of the 'true' meaning of life, in the footsteps of St Giovanni Bosco." It is interesting to note that the other communities of Christian-Catholic inspiration structure their activities according to other models, sometimes drawing on clinical, sometimes on secular, values, without connoting them explicitly in a religious term.

Dominant value-based narrative (5 out of 14 sites)

In some communities, the value system is relevant in the structuring of community life and the therapeutic programme. One community wants to "rehabilitate ethical and moral princi-

Table 1. The four master narrative configurations.

Master narrative configurations	Description	Examples of content
Biomedical and psychological narrative	Biomedical and psychological theories and methods	"Recovery from addiction", "rehabilitation", "detoxification", "prevention", "motivation to change", "emotional liberation", "trauma processing"
Religious dominant narrative	Formulas and references to religious beliefs	"The programme includes participation in prayer and spirituality groups"
Dominant value-based narrative	Value judgements	"Drug addicts are particularly marked by a long history of illness, with profound personal and family hardship"
Applied (psycho)educational dominant narrative	Promotion of new skills	"Scholastic recovery" or "resumption of studies abandoned in the past at any scholastic level"

ples" and "the spirit." It "offers young people in difficulty the possibility to live in a group and relive the values that our society has diluted and confused, recovering their traditions and cultural roots"; thus, also highlighting the value of the group. Values are often taken for granted, to the point of declaring them universal or necessary. Responsibility is one of the most cited values: "a responsible existence", "a happy and drug-free life," "a healthy, honest and happy existence", and "a positive and free lifestyle" are advocated. Welcoming appears to be the fundamental and characteristic attitude of the community. Trust is also invoked and declined in various ways: it is sought to "encourage the meeting and the relationship of trust" and "to rediscover trust in oneself", while according to one other site "trust is to be understood as a vital impulse towards existence and in being open to the Other from oneself." Among these sites, some express value judgements about drug addicts, describing them as "subjects particularly marked by a long history of illness, with deep personal and family distress or sadly and cruelly closed to any healthy sense of life and any authentic value, incredibly and terribly immature" and "where the lines are fragile and crooked"; they are people with "loss of interest in the normal activities and pleasures of life, with a progressive deterioration of significant areas such as physical health, work, social relationships, affections," who need to "recover normal emotionality." According to one website, "Day after day, community guests recover the pleasure of feeling useful to themselves and others, experiencing new forms of gratification, alternative and opposite to the illusory ones offered by drugs."

The aims pursued by these communities are based on moral, ethical, and human principles elected to be therapeutic. A community hosts the goal of "living a healthy and drug-free existence," a "happy and free life"; "rehabilitating ethical and moral principles"; achieving a "satisfactory quality of life"; "reaching maturity and autonomy" and "self-realisation"; the "search for values: choosing them and embodying them concretely" and "living entertainment and leisure in a healthy, spontaneous and truthful way"; "reviving a set of values that our society has diluted and confused, recovering its traditions and cultural roots." Here, as in the rest of the corpus, the terms "autonomy," "responsibility," and "maturity" recur as essential goals for a good period of community life. Some communities aim at "rebuilding the relationship between the young person and his family" or building a "collaboration with the territory" while achieving "emancipation from one's own state of marginality and addiction in order to experiment a new role and recover the capacity of social integration, improving relationships."

Applied (psycho)educational dominant narrative (2 sites out of 14)

Some communities formulate goals that go in the direction of developing and promoting new skills and knowledge that can be used in the "outside" world once the community pathway has been completed. These are both skills concerning the management of the relationship with oneself, but also aimed at training and work. As far as the individual dimension is concerned, some communities aim to "provide basic knowledge of the affective sphere" and the "regulation of emotions that interact with learning mechanisms." Some pursue the goal of "elaborating an authentic, personal life project"; "making the persons welcomed, aware of their own abilities, to enhance the positive aspects of their lives"; "taking charge of needs, problems, responsibilities"; and "recognising the most frequent situations at risk of relapse and developing ad hoc strategies to deal with it." Often the communities provide study activities or more specifically "scholastic recovery" or "resumption of studies abandoned in the past at any scholastic level". Professionalising activities are the most frequent: "learning a profession to the best of one's ability allows each young person to grow in self-esteem and interpersonal relations" and "it is through daily work that each young person can get involved, confronting their limits and discovering or rediscovering their potential." Other communities focus on the recovery and development of purely manual activities, such as carpentry and glasswork, mechanics, plumbing and electricity, the recovery of agricultural and handicraft work, car and motorbike maintenance, and animal breeding. To this end, some communities are located in the countryside, while others have set up social enterprise projects, or "Rural Hubs," which involve the regeneration of "local vegetable ecotypes" and the implementation of a sustainable economy.

Many activities are proposed including a detoxification programme that includes running (which, together with sweating in the sauna and taking minerals, performs the task of "releasing drug residues in the body," which "constitute a serious risk of relapse"). Sea races are planned as an opportunity for "psychological and social maturation" along with football, basketball and volleyball leagues, and disciplines such as yoga and meditation, Shiatsu, and Tai Chi Chuan. Other activities are recreational or expressive: "Emotional and creative education workshops"; information, entertainment, theatre, music; "Cultural and recreational activities: trips, excursions, film forums"; and "Leisure time management, summer and winter holidays, Sunday outings". These activities are not specifically therapeutic, but still considered important for life.

Discussion

All the websites choose to talk about their programmes through essential and sparse argumentative formulas, which use the bullet point, an indicator of the certainty with which the proposed goals and activities appear to meet the expectation of beneficial effect. This approach fully realises the reification of experiences as therapeutic in itself.

Each dominant narrative is distinguished by the narrative elements to which reification applies. Within the biomedical and psychological context which considers drug addiction a disease, the human being is conceived as subordinate and determined by the bio-chemical and the psychological laws of cause-effect that can be traced back to personality, context, or dependent relationships. The consumer's position is therefore passive, and the service offered is mostly of an assistive nature. The assumption guiding the therapy does not distinguish between medical and psychological contribution, both being managed on the basis of a standardised and replicable protocol.

The analysis of the sites inspired by the psycho-educational dominant narrative has highlighted the tendency to associate the attribute "therapeutic" with any kind of activity, somewhat as it happens in the language of common sense, even in the absence of its theoretical and scientific legitimation. In these sites the term "therapy" becomes a passepartout. This also has major implications from a health and economic point of view; the communities define themselves as therapeutic by virtue of their accreditation with the national health system, which allows them to access state and regional funds. However, accreditation does not require an explicit statement of the criteria and methods by which the therapy

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will be structured; in the Italian context, the law focuses only on structural requirements (for example, the characteristics of the spaces) and organisational requirements (type and number of staff required, procedures to be followed in carrying out the respective tasks, etc.), that is, aspects that already subsume the "therapeutic" status of the service (Giunta Regionale Veneto, 2007; Giunta Regionale Lombardia, 2003, 2018). This leads to a serious misunderstanding; an accredited structure is exempt from having to scientifically legitimise its proposals from a theoretical and scientific point of view since every proposal it makes is already "therapeutic" in itself. The community could also propose certain activities to the users as therapeutic, activities which have perhaps already been experimented with "non-therapeutic" effects outside the community (sports, excursions, etc.). In this case, their anchorage to a scientific framework that legitimises them and the ability to put them in resonance with the needs and meanings attributed by the users could mark the difference and save them from therapeutic indifference.

The same issue applies to value-based communities, where the programmes follow the ideal model of life that dominates our age. Therapy, therefore, assumes the meaning of not only social but also moral "adaptation." Each community adopts certain cardinal principles (religious or secular) on the basis of which it orients its work and takes them for granted to be universally shared, to the point of defining them as therapeutic in themselves, without considering that they have been chosen by the community operators, and it is not certain that they reflect the values of their users.

These value choices are not argued or legitimised, and almost all the sites state that the programmes are personalised. More generally, this leads us to reflect on the delicate boundary between the theoretical approach at the basis of the programme, which suggests practices and lines of conduct consistent with the premises that have defined certain activities as therapeutic, and the individualisation of the intervention on the basis of the specific needs of the person. This issue represents a real dilemma for those who work in the field and requires questioning the boundary between "personal and common-sense interpretation" of what can be defined as therapeutic and a strict definition consistent with the theory chosen as reference.

Conclusions

Our research has focused on the generalised and unquestioned tendency to reify, in terms of content, an experience that cannot be defined as such, if not on the basis of shared and always fluctuating meanings, then on the basis of psychotherapy. The nature of the experiences that we later discover have been beneficial or negative for us is not fixed, but changeable and in constant transformation. The metaphor of the mind falling ill (psychopathology) and its possibility to heal (psychotherapy) used in the same way as in the medical world, applying techniques to the body in a standardised and replicable way, has created great misunderstandings and conceptual confusions in the psychological disciplines. Thus, therapeutic experiences lose their value of care, assistance, and availability at the service of the person, in favour of implementing some technical contents and replicating them in time, making them independent from the care relationship. Once objectivised, it is capable of making persons forget that it is their own product, instead becoming a thing in itself. People is thus capable of producing, paradoxically, a reality that denies him. This is the most precise meaning of the term "reification" (Berger & Luckman, 1969). All of the studied communities seem to speak the language of reification without problematising it.

Analysing the operational proposals of these residential communities has enabled us to put ourselves in the shoes of those who enter a service and accept the care proposals offered. The findings of this study show access to care in relation to a dominant idea that precedes the users' entry. This moral, religious, or medical "domination" of the idea of care is critical when it governs psychotherapeutic interaction. In this case, the risk is that the red thread linking the patient's personal project with the programme in which they are to participate is lost; pathways thus become systems of adherence rather than systems for promoting change. It would perhaps be more useful to establish a dialogue between the project of the person seeking treatment and the operational proposal of the reception structure, tracing the "therapeutic nature of the pathway" in the possibility of learning to construct therapeutic situations for the person, rather than standardised treatment packages.

References

Austin, J. L. (1962). *How to do things with words*. Oxford: Oxford University Press.

Bamberg, M., & Andrews, M. (Eds.). (2004). *Considering counter-narratives: Narrating, resisting, making sense* (Vol. 4). Amsterdam: J. Benjamins.

Barclay, M. W. (1997). The metaphoric foundation of literal language: towards a theory of the reification and meaning of psychological constructs. *Theory & Psychology*, *7*, 355-372. doi: 10.1177/ 0959354397073004.

Berger, P. & Luckmann, T. (1969). *La costruzione sociale della realtà.* Bologna: Il Mulino.

Brooks, J. & King, N. (2012). Qualitative psychology in the real world: The utility of template analysis. In: *2012 British Psychological Society Annual Conference*, 18th 20th April 2012, London, UK.

Cardano, M. (2011). *La ricerca qualitativa*. Bologna: il Mulino.

Cipolletta, S., Frassoni, E., Faccio, E. (2018). Construing a therapeutic relationship online: An analysis of videoconference sessions, *Clinical Psychologist, 22*(2), 220-229. DOI:10.1111/cp.12117

Curi, U. (2017). *Le parole della cura*. Milano: Raffaello Cortina Editore.

Edwards, D., & Potter, J. (1992). *Discursive psychology*. London: Sage.

Faccio, E. (2011). What works with individuals in a clinical setting? *Frontiers in Psychology,* 2, 2. doi: 10.3389/fpsyg.2011.00002

Faccio, E., Aquili, L., Anonymous, Rocelli, M. (2022). When the non-sharing of therapeutic goals becomes the problem: The story of a consumer and his addiction to methadone, *Journal of Psychiatric and Mental Health Nursing, 29*(2), 174-180. doi: 10.1111/jpm.12793

Faccio, E., Author, A., Rocelli, M. (2021) It's the way you treat me that makes me angry, it's not a question of madness: Good and bad practice in dealing with violence in the mental health services, *Journal of Psychiatric and Mental Health Nursing, 28*(3), 481-487. doi: 10.1111/jpm.12690

Faccio, E., Belloni, E., Castelnuovo, G. (2012). The power semantics in self and other repertory grid representations: A comparison between obese and normal-weight adult women,

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Frontiers in Psychology, 3, 517. DOI: 10.3389/fpsyg.2012.00517
Faccio, E., Centomo, C., Mininni, G. (2011). "Measuring up to Measure" Dysmorphophobia as a Language Game, *Integrative Psychological and Behavioral Science, 45*(3), 304-324. DOI: 10.1007/s12124-011-9179-2
Faccio, E., Costa, N. (2013). The presentation of self in everyday prison life: Reading interactions in prison from a dramaturgic point of view, *Global Crime, 14*(4), 386-403. DOI: 10.1080/17440572.2013.831761
Faccio, E., Mininni, G., Rocelli, M. (2018). What it is like to be "ex"? Psycho-discursive analysis of a dangling identity, *Culture and Psychology, 24*(2), 233-247. DOI: 10.1177/1354067X17735502
Faccio, E., Pocobello, R., Vitelli, R., Stanghellini, G. (2022). Grounding co-writing: An analysis of the theoretical basis of a new approach in mental health care, *Journal of Psychiatric and Mental Health Nursing* DOI: 10.1111/jpm.12835
Faccio, E., Turco, F., Iudici, A. (2019). Self-writing as a tool for change: The effectiveness of a psychotherapy using diary, *Research in Psychotherapy: Psychopathology, Process and Outcome*, *22*(2), 256-264. DOI: 10.4081/ripppo.2019.378
Foucault, M. (1963). *Naissance de la clinique. Une archéeologie du regard médical.* Paris: P.U.F.
Galli, G. (2009). Gestalt psychology, personality, phenomenal person. *Gestalt Theory Phaenomenal, 1*(1), 42-43.
Genoe, M. R., Cripps, D., Park, K., Nelson, S., Ostryzniuk, L., & Boser, D. (2021). Meanings of therapeutic recreation: professionals' perspectives. *Leisure/Loisir*, *45*(1), 35-51.
Gergen, K. J. (1994). *Realities and relationships, soundings in social construction.* Cambridge: Harvard University Press.
Giunta Regionale Lombardia. (7 aprile 2003). *Deliberazione n. VII/ 12621.* http://www.agespi.it/wp-content/uploads/2018/08/DGR-12621-7_04_2003-requisiti-dipendendenze.pdf
Giunta Regionale Lombardia. (1 ottobre 2018). *Deliberazione n. 585.* https://inapp.org/it/strumenti/normativa/norme-regionali/lombardia-deliberazione-giunta-regionale-1-ottobre 2018-n-xi585
Giunta Regionale Veneto. (16 gennaio 2007). *Deliberazione n. 84.* https://bur.regione.veneto.it/BurvServices/pubblica/DettaglioDgr.aspx?id=194858
Grossen, M. (2010). Interaction analysis and psychology: a dialogical perspective*. Integrative Psychological & Behavioral Science, 44*, 1-22. doi:10.1007/s12124-009-9108-9.
Harrè, R., & Gillett, G. (1994). *The discursive mind*. Los Angeles: Sage Publication.
Harrè, R., & Tissaw, M. A. (2005). *Wittgenstein and psychology. A practical guide.* Burlington: Ashgate.
Hyman, S. E. (2010). The diagnosis of mental disorders: the problem of reification. *Annual review of clinical psychology*, *6*, 155-179.
Iudici, A., Castelnuovo, G., Faccio, E. (2015) New drugs and polydrug use: Implications for clinical psychology, *Frontiers in Psychology,* 6, 267. DOI: 10.3389/fpsyg.2015.00267
Iudici, A., Salvini, A., Faccio, E., Castelnuovo, G. (2015) The clinical assessment in the legal field: An empirical study of bias and limitations in forensic expertise, *Frontiers in Psychology, 6,* 1831, DOI: 10.3389/fpsyg.2015.01831
King, N. (1998). Template analysis. In G. Symon & C. Cassell (Eds.), *Qualitative methods and analysis in organisational research. A practical guide* (pp. 118-134). London: Sage Publications.
Li, C. (2018). Where words trap the mind: The bewitchment of psychotherapy. *Language and Psychoanalysis*, *7*(1), 84-105. DOI: 10.7565/landp.v7i1.1584
Lyra, M. C. D. P. (2010). On interaction analysis and dialogical perspective: emergent patterns of order and relational agency. *Integrative Psychological & Behavioral Science, 44*, 273-280.
Maratos, A., Gold, C., Wang, X., & Crawford, M. (2008). Music therapy for depression. *Cochrane database of systematic reviews*, 1.
Mille, C., Barthe, E., Saint Come, M. B., & Delhaye, M. (2015). Thérapies avec médiations, ou la thérapeutique par surcroît: comment et quand poser l'indication d'un projet de soins «paradoxal»?. *Neuropsychiatrie de l'Enfance et de l'Adolescence*, *63*(5), 332-340.
Mininni, G. (1995). *Discorsiva mente*. Napoli: Edizioni Scientifiche Italiane.
Mininni, G. (2003). *Il discorso come forma di vita.* Napoli: Guida.
Mininni, G. (2010). The method of dialogue: transaction through interaction. *Integrative Psychological & Behavioral Science, 44*(1), 23-29.
Montanari, F. (2004*). GI, Vocabolario della lingua greca.* Torino: Loescher Editore.
Nardone, G. & Salvini, A. (2013). *Dizionario internazionale di psicoterapia.* Milano: Garzanti.
Neri, J., Iudici, A., Faccio, E. (2020) The concept of "normality" in medical and psychological sciences: Differences and interconnections, *International Journal of Interdisciplinary Social and Community Studies, 15(1)*, 35-45. DOI: 10.18848/2324-7576/CGP/v15i01/35-45
Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage.
Rakel, R. E. (2021). *Therapeutics*. *Encyclopedia Britannica*. Available from: https://www.britannica.com/science/ therapeutics. Accessed August 26, 2021
Romaioli, D., Faccio, E. (2012) When therapists do not know what to do: informal types of eclecticism in psychotherapy *Research in Psychotherapy: Psychopathology, Process and Outcome, 15*(1)*,* 10-21. DOI: 10.4081/ripppo.2012.92
Rorty, A. O. (1980). Where does the akratic break take place? *Australasian Journal of Philosophy, 58*(4), 333-346.
Salvatore, S., & Valsiner, J. (2008). Idiographic science on its way: Towards making sense of psychology. In S. Salvatore, J. Valsiner, S. Strouts, & J. Clegg (Eds.), YIS: *Yearbook of idiographic science, 1*, 9-19. Roma: Firera.
Salvini, A. (1998). *Psicologia clinica*. Padova: UPSEL.
Salvini A. (2006). Normalità/Anormalità. In: F. Barale, M. Bertani, V. Gallese, S. Mistura, A. Zamperini (Cur.), *Dizionario sulla storia delle scienze della psiche.* Torino: Einaudi.
Salvini, A., Faccio, E., Mininni, G., Romaioli, D., Cipolletta, S., Castelnuovo, G. (2012) Change in psychotherapy: A dialogical analysis single-case study of a patient with bulimia nervosa, *Frontiers in Psychology*, *3*, 546. DOI: 10.3389/fpsyg.2012.00546
Szasz, T. S. (1961). *Il mito della malattia mentale*. Milano: Il Saggiatore.
Szasz, T. S. (1978). *Il mito della psicoterapia*. Milano: Feltrinelli Editore.
Treccani (n.d.). Psicoterapia. *In Treccani.it.* Available from: https://treccani.it/vocabolario/psicoterapia/. Accessed August, 26, 2021
Valsiner, J. (2009). Integrating psychology within the globalizing world: a requiem to the post-modernist experiment with Wissenschaft. *Integrative Psychological & Behavioral Science, 43,* 1-21. doi:10.1007/s12124-009-9087-x.

Waskul, D. & Vannini, P. (2016). *Body/embodiment: Symbolic interaction and the sociology of the body*. New York: Routledge.
Wetherell, M. (2008). Subjectivity or psycho-discursive practices? Investigating complex intersectional identities. *Subjectivity, 22*, 73–81.
Wittgenstein, L. (1921). Logisch-Philosophische Abhandlung. *Annalen der Naturphilosophie, 14*, 185-262. Leipzig.
Wittgenstein L. (1929), *Philosophisch Grammati*k, In Rhees R. (Cur.) Oxford: Blackwell.
Wittgenstein, L. (1963). *Ricerche filosofiche (Philosophische Untersuchungen, 1953)*. Torino: Einaudi.
Wittgenstein, L. (1980). *Bemerkungen über die Philosophie der Psychologie.* Oxford: Basil Blackwell.
Zingarelli, N. (2003). *Lo Zingarelli, Vocabolario della lingua italiana.* Bologna: Zanichelli Editore.

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