Chapter 9
Bringing Mental Health Back into the Dynamics of Social Coexistence: Emotional Textual Analysis

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Abstract Emotional Textual Analysis (ETA) is a psychoanalytically informed method of text and discourse analysis that was developed in the 1980s as a tool for psychological research and intervention with social groups, institutions, and organizations. ETA hypothesizes that emotions expressed in language are a fundamental organizer of relationships. By detecting clusters of emotionally dense words within a text (through a procedure that combines quantitative—software supported—and qualitative data analysis), this method enables the exploration of the unconscious emotional dynamics underpinning processes of sense-making within social groups and organizations. This chapter aims to discuss the contribution that the ETA methodology can offer today to mental health studies. We will present two case studies. (a) In the first one, ETA served to shed light on a new issue that has arisen in the mental health field: an unprecedented increase over the last few decades in psychiatric diagnosis related to children's difficulties at school. (b) In the second one, ETA was used

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within the framework of a 3-year intervention-research with a healthcare organization providing services for adult disability. The organization was stuck in a growing conflict with the family members of the service users. Our results corroborate the hypothesis that contemporary mental health risks—as well as demands and developmental trajectories—cannot be understood by looking solely at the individual; it is crucial to bring them back into the current dynamics of social coexistence, by means of methodologies that allow us to study the relationship between individuals and changing social contexts.

Keywords Textual analysis · Psychoanalytic theory · Psychosocial research · Institutional cultures · Inclusion · Diagnosis · Special educational needs · Client-staff relationship · Family-teacher relationship · Emotional symbolization

Introduction

Events on a global scale—such as the 2008 financial-economic crisis as well as the new migrations in Europe—have affected our social systems, in recent years, impacting so deeply on the experience of coexisting that, when dealing with "mental health," one cannot fail to take into account the social contexts in which the multiple issues we refer to with this term are situated. Thus, when it is said that mental health is rising to a global challenge, this means in our view that it is becoming all the more important in the present not to split mental health and mental illness issues from a more global understanding of the issue of social coexistence, in its affective and historical dynamics.

This would require a paradigm shift from the still dominant biomedical model toward psychosocially oriented models of analysis and intervention.

On the one hand, we could say that what sociology called individualization of problems and experiences (e.g., Beck, 1992; Giddens, 1991) has gained further momentum in the last few decades, along with an increasing effort to diversify and individualize patterns of health and social care (Needham, 2011). The case of education is a perfect example of this, with a worldwide surge in children diagnosed with learning disabilities (see, for example, Paniccia, 2012a, 2012b). On the other hand, from a different perspective, it becomes evident that the experience of being at risk of becoming socially marginalized, due to the impossibility of finding a place within the social system, affects more and more people, and this happens especially in countries where trust in legitimate institutions, and hence in the meaning and purpose of living together, is undergoing a deep crisis (Carli, 2017).

From this point of view, we believe that contemporary mental health risks—as well as demands and developmental trajectories—cannot be understood by looking solely at the individual; it is crucial to bring them back into the current dynamics of social coexistence, and in order to do that we need research methodologies that allow us to study the relationship between individuals and changing social contexts.

In this chapter, we shall examine a psychoanalytically informed method of text and discourse analysis, i.e., Emotional Textual Analysis (ETA), that was developed in the 1980s by Renzo Carli and Rosa Maria Paniccia to enable psychological research and intervention with social groups, institutions, and organizations (Carli, 2018; Carli & Paniccia, 2002; Carli, Paniccia, Giovagnoli, Carbone, & Bucci, 2016).

A significant development took place in psychoanalytic theory, especially in the 1970s, based on several international contributions leading to a new formulation of the unconscious as a symbolic meaning-making process unfolding within and through social relations (i.e., beyond the intrapsychic domain). The development of psycho-analytically informed methods of text analysis was in multiple ways connected to this theoretical shift, which inspired new active tools of social research and intervention. In the first section of the chapter, we describe some methodological features of ETA and the theory of mind and of social relationship inspiring it. We will also provide elements concerning the history of this tool, which is significant not just in terms of scientific innovation but also of the cultural context from which the method stemmed: a context of widespread interest in the functioning of social groups and organizations, as well as in the link between subjectivity and culture. It is important to bear this background in mind in order to grasp the difference between this methodological perspective and the present scientific and cultural context—epitomized by the radical shift to an individualistic paradigm in psychological sciences (Plamper, 2018)—and thus define the contribution that the ETA approach can make today to mental health studies.

In the following sections, we present two case studies, where ETA was used for different aims and levels of inquiry. In the first study, ETA served to shed light on a new demand that has arisen in the mental health field: that is, an unprecedented increase over the last few decades in psychiatric diagnosis related to children's difficulties at school. The meaning of this phenomenon remains still very unclear in the literature; we will propose a hypothesis based on our findings. In the second case, ETA was used within the framework of a 3-year intervention-research with a healthcare organization providing services for adult disability. The organization was stuck in a growing conflict with the family members of the service users, whose requests were perceived by the staff as apparently unlimited, pressing and intractable.

Incidentally, the two studies are closely interconnected: our results suggest that the rise of a diagnostic culture in school is undermining the precious socializing function that education had historically served in Italy. In a previous study carried out with the same methodology (Paniccia, Giovagnoli, Bucci, & Caputo, 2014), we found that families in central Italy perceived the school system as the only service attending a socializing aim for their children with disability. Reading together the results of the studies that we discuss here and the study from 2014, we can hypothesize that the spread of a diagnostic culture in school is also contributing to greater isolation for families with members with disability, particularly mental disabilities, whose requests toward the healthcare services become more and more pressing, demanding, and hopeless.

Emotional Textual Analysis

Theoretical Framework

Emotional Textual Analysis hypothesizes that emotions expressed in language are a fundamental organizer of relationships.

From a theoretical-epistemological viewpoint, ETA rests on a specific theory of emotion as a form of knowledge linked to the unconscious, which participates in the psychological construction of reality, according to rules that psychoanalytic theory has sought to explain. Specifically, the work of Matte Blanco and Fornari was central to the development of ETA. Both these authors started from a rediscovery and reinterpretation of Freud's first writings on the unconscious.

Matte Blanco (1975) considered all the spatial and structural models used in psychoanalysis until that time as inadequate in describing mental phenomena: in particular, the conceptualization of the unconscious as the region of repressed contents, which, being morally unacceptable or too distressing, are banished from consciousness. By introducing a radically different interpretation, Matte Blanco described conscious and unconscious in terms of *bi-logic*, that is, of two different modes of sense-making constantly interacting with each other: namely, while conscious thought follows the rules of cognition informed by the non-contradiction principle, the unconscious being is informed by the principles of symmetry and generalization, which found our emotional way of experiencing reality. This *bi-logic* implies that those aspects of reality that we perceive as endowed with a univocal sense in terms of cognition are, at the same time, polysemic—that is, they evoke multiple implicating experiences and associations—in terms of unconscious meaning (Bucci & Vanheule, 2020).

According to the Italian psychoanalyst Fornari (1976), this double level of meaning is reflected in language and can be inferred by studying language. The work of Fornari shed further light on the affective implications of unconscious semiosis, thereby contributing to a shift in psychoanalytic theory from a drive model to a semiotic model of the mind. By *semiotic* we mean a model of the mind as an ongoing process of meaning-making that mediates our relation to the world and takes places by means of semiotic devices (such as language), the effectiveness of which depends on social exchange (Salvatore & Freda, 2011). Fornari maintained that unconscious symbolization transforms objects of reality into objects charged with affective value; that is objects that engage us in an affectively meaningful relationship[1]: i.e., friend or enemy, benevolent or threatening, vital or destructive instances. Without such a primal signification, Fornari says, sensory data coming from experience would be to us only raw data, quite irrelevant for the purposes of survival. At the same time, given the very way in which an *affective symbol* functions—i.e., given its symmetrical, arbitrary, and polysemic nature—it intrinsically implies a confusion between the self and

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[1]Fornari's theory of affective codes (1976) builds on Melanie Klein's object relations theory, in which we find for the first time a distinction between internal and external objects.

the other, between the inner and outer world, as well as between good and evil. This creates the basis for the incessant need in human beings to verify and negotiate the meaning of things intersubjectively—which happens through language—so as to establish socially effective cultural codes. Affective symbolization needs a cultural code to become effective in terms of reality (Fornari, 1981).

Renzo Carli and Rosa Maria Paniccia—founder members of Italian psychosociology—pushed this theoretical pathway forward by translating it into a theory of the technique of psychological intervention, not just with individuals but also with social groups, institutions, and organizations (see Carli & Paniccia, 1981, 2003). Their notion of *emotional collusion* (Carli, 2006a; Carli & Paniccia, 2003) gives form to a social model of the unconscious. The basic assumption is that every aspect of social experience, from the point of view of the unconscious knowledge, is polysemic in the sense outlined by Matte Blanco, that is endowed of multiple, potentially infinite emotional connotations. Within the social relationship, such a polysemy progressively reduces itself giving rise to a common symbolic process between the participants in a context. This process of sharing the emotional sense of reality between social actors is what Carli and Paniccia call *collusion* (from Latin *cum ludere*, literally, playing together) and it works as a sort of implicit premise that primes subsequent interpretative activity and interactions within a context: i.e., ways of interpreting events, evaluating, and decision-making (Salvatore & Freda, 2011).

Think for instance of a class in a primary school, whose progress evidently depends not just on the students' cognitive skills or the teachers' technical competences, but also on the relationship between students and teachers, underpinned by the way they reciprocally emotionally symbolize the process of learning, in its various components: e.g., the experience of making mistakes, of exploration and creativity, of competition and cooperation, of achieving goals, of being evaluated, and so on.

Carli and Paniccia's work within a broad, varied research and clinical field shed a new light on the functioning of social groups and organizations, by mapping emotional meaning-making activity inside them. They developed ETA with the goal of establishing a standardized tool for studying the emotional collusive dynamics underlying social relationships in social and organizational contexts, based on the analysis of texts produced by participants in the context. The outcome of these analyses could be used within the framework of psychosocial interventions in order to foster local relational and organizational competencies.

Operational Procedure

When using ETA, the process of inquiry most often starts from focus groups or individual interviews based on one initial open-ended question aimed to let the interviewees freely narrate their experience with regard to the research topic.[2]

The interviews are recorded, transcribed verbatim and put together in a single textual corpus, for the analysis of which ETA uses a specific procedure that integrates multivariate quantitative analysis and qualitative analysis. This procedure aims at breaking up the narrative order of the text, with the scope of allowing us to grasp a different order within it, which we assume to be an emotional order, based on the symmetrical logic of the unconscious.

One of the endeavors of ETA's authors was to exploit new chances for exploratory multivariate analysis of contingency data sets emerging in linguistics (in the wake of the work of Jean−Paul Benzécri [1973], for example), to pursue the new lines of inquiry that had opened in psychoanalysis with the hypothesis of a polysemic unconscious.

The quantitative analysis "starts by isolating in the textual corpus what we call *dense words:* that is, words whose emotional meaning (emotionally charged with polysemic values) is immediately evident even when we take the word out of its discursive context. *Dense* stands here for emotionally dense. For example, words such as 'to go away,' 'hatred,' 'failure,' or 'ambition' are characterized by a maximum of emotional density. By contrast, words like 'to go,' 'to think,' 'to do,' like modal, auxiliary and widely used verbs, or many adverbs, have a low emotional profile and do not indicate emotions except, at times, within a sentence (Carli et al., 2016)" (Bucci & Vanheule, 2020, p. 280). These are considered non-dense.[3] This is made possible by using software for text analysis, such as Alceste (Reinert, 1983, 1990) or T-Lab (Lancia, 2004), which generate a dictionary of all the words contained in the text, with related roots and frequencies, thereby allowing the research team to select only the dense words among them. Then, by means of multidimensional statistical analysis—i.e., factorial correspondence and cluster analysis—the software enables us to study how the dense words co-occur within the text forming stable and significant repertoires, which are then projected onto a factorial space so as to make their reciprocal relationships clear.[4] Finally, the meaning of the clusters inside the

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[2]All the interviewees' associations, references, and the new connections they establish starting from the proposed question are significant for the detection of the emotional sense organizing their discourse, while the narrative coherence of their speech is deemed irrelevant in this kind of analysis.

[3]Depending on the context, a word may acquire particular emotional relevance. Thus, the dense words' selection is guided by knowledge of the local research context.

[4]To be precise, these programs cut the text into segments of similar length (sentences or fragments of sentences called Elementary Context Units, ECUs), which are automatically delimited by punctuation. Thus, once the dense words have been isolated and the context units delimited, the software constructs a matrix crossing ECUs and dense words. On this matrix the program conducts a cluster analysis (based on a factorial correspondence analysis) designed to classify the context units according to the similarity or dissimilarity of the words occurring in them so as to map the most significant lexical repertoires in the text. For each cluster we have a list of the dense words that

factorial space is interpreted through qualitative analysis. The interpretation is carried out by researchers specifically trained in the psychoanalytic models informing the ETA method (see Carli & Giovagnoli, 2011) and proceeds as follows: beginning with the dense words with the larger $\chi 2$ in each cluster, we first study the word's *etymology*, as a way to explore its *emotional polysemy*. This refers to the ability of a word—according to the symmetrical logic of the unconscious (Matte Blanco, 1988)—to evoke an intense multiplicity of meanings, that often only become clear if their historical roots in people's speech are addressed (Carli & Paniccia, 2002; Salvatore & Freda, 2011). Then, we study the associations between the words within a cluster, in descending order of $\chi 2$ (thus moving from the central word of the cluster toward those less significant), and subsequently the relationships between clusters within the factorial space. Through these various passages we are able to gradually grasp in a more precise and articulated way what meaning the problem we are dealing with acquires for the people that we interviewed from the point of view of their emotional implication.

The interpretative work is guided by a pool of analytic models elaborated by Carli and Paniccia (2002), building on the abovementioned psychoanalytic theoretical references.[5] Basically, these models distinguish different areas of emotional symbolization that all play a role in the adaptation process between the individual and its relational/social contexts. We can think of this process as of a continuum, starting with the primary emotional distinctions good/bad; friend/enemy, then passing through symbolizations linked to the experience of the body—e.g., the dichotomies inside/outside, bottom/top, or front/back. Then, we reach more elaborate, specific areas of emotional symbolization, connected with the experience of the other, that is of the relation to something external/extraneous to the self,[6] until we arrive to models regarding the social relation in its organizational, historically situated contexts.[7]

In the interpretation process, one goes constantly back and forth between the details of words, words' co-occurrences within the clusters, clusters' relationships within the factorial space, and the significance of these associations in terms of the analytic models. We will see an example of this interpretative work through the case studies to be discussed in the next sections.

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characterize it, ordered by chi−square value ($\chi 2$). The larger this value, the more significant the occurrence of the word within the ECUs belonging to that cluster. This means that the words with larger $\chi 2$ in each cluster are those that most significantly distinguish one cluster from the other. We know also how the different clusters are in relation to the so−called *illustrative variables*, that is socio−demographic and other structural variables characterizing the interviews or the interviewees in a study (for greater detail on the ETA procedure see Carli & Paniccia, 2002; Carli et al., 2016).

[5] A comprehensive description of ETA's analytic models can be found in Carli and Paniccia (2002).

[6] The models included in this area describe a range of emotional dynamics whose common thread is to put barriers against the experience of foreignness which is inevitably implied in any social experience, such as the dynamics of provoking, controlling, reclaiming, possessing, mistrusting, complaining, feeling obligated.

[7] Models in this area include for example the emotional difference between compliance and commitment in organizational life or the difference between the organization experienced as a given entity or as a constructed entity.

It is important to notice that not the clusters alone but their factorial relationships too are central in ETA to the interpretation of the data. Factors delimit the space within which the clusters of dense words are defined and find a position, thereby allowing us to study how the clusters are related to each other as well as the meaning of such relationships (see Figs. 9.1, 9.2, and 9.3; and Tables 9.1, 9.2, and 9.3). Statistically, this is based on the fact that the cluster analysis from which the clusters of dense words are obtained is performed on a previous factorial correspondence analysis[8] (see above in Footnote 3). At the same time, at the level of the qualitative interpretation of the data, factorial relationships are essential because the goal of ETA is not to infer different themes or positions prevailing in a text (as it happens in other qualitative approaches, like thematic for example analysis), but instead to grasp the symbolic process that we assume emotionally organizes the relationship between the research participants and the specific object of inquiry. Namely, we aim to understand this emotional process in its articulation, that is in its dynamically interrelated multiple components.

While interpreting the clusters, in the qualitative part of ETA, we also study the link between the clusters and the interview content, as well as with relevant literature on the topic of study and with background knowledge of the research context and of the local culture. This is in order to understand how the emotional symbolizations that we have been examining give rise to specific social dynamics or are the outcome of specific historical and cultural processes.

The qualitative analysis is usually performed by a team of researchers, who operate in order to guarantee reliability of the interpretative procedure. Furthermore, final meetings devoted to discussing the results with the research participants allow the team of researchers to verify and further develop their conclusions. Such meetings are an important part of the ETA method, especially when this is used for psychological interventions with organizations, which most often start from a request from the organization itself to undertake a research action aimed at addressing a problem that they are facing. But also when ETA is used for research purposes, final meetings with the research participants are still essential to validate the researchers' interpretative hypotheses and at the same time prompt new thoughts and discussion on the problems examined.

A History of Integration Between Research and Intervention

ETA was developed in the early 1980s in Italy from many intervention experiences within manufacturing and service organizations carried out by a person with profound experimental and psychoanalytic knowledge: Renzo Carli. From a theoretical and methodological viewpoint, the integrated coexistence of three domains,

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[8]Factorial correspondence analysis is a multivariate statistical technique developed by Benzécri and his research team, starting from the 1960s, particularly in order to study linguistic and textual data. More exactly, ETA uses multiple correspondence analysis, which enables the detection of underlying structures in a data set, by representing data as points in a multidimensional Euclidean space.

that is experimental research, psychoanalytic training, and organizational intervention, was not common at that time. There was an implicit rule that clinicians did not do research and researchers did not do clinical work. The division between clinical work and organizational intervention was less marked. It was strengthened later on, in a profound historical change, when from attention to cultures, relations, and subjective experiences we moved toward a growing individualism and an increasing focus on "facts," excluding, normalizing, and pathologizing subjectivity. To better understand the birth of ETA, we need to go back to the 1960s in Italy characterized by economic and cultural development. In that period a new emphasis was placed on companies and their responsibilities. What emerged from this was the concept of human resources to be developed instead of employees to control through rewards and punishments. It was a fervid cultural moment, which progressed further in the 1970s when French psychosociology, aimed at understanding social dynamics from a multidisciplinary perspective and informed by psychoanalytic expertise, encountered its Italian counterpart which was full of initiatives in that field.

In 1981, "Psychosociology of organizations and institutions" (Carli & Paniccia, 1981) was published. The book proposed to integrate the notion of organizational rationality, coming from economics, with psychosocial and psychoanalytic models. Carli and Paniccia worked within an intervention designed to change the culture of a leading Italian company: the hiring of a broad group of graduates was intended to revitalize the management, which had been unchanged for years. Carli and Paniccia felt it was necessary to know the culture of the company to be able to include and train the new entrants. In this way, the two authors wanted to avoid pursuing ideal purposes, at the risk of failure, and they looked for existing resources in the local context to accompany its development. They had experience in working with groups within organizations, aimed at reflecting on the participants' fantasies regarding the aims of the organization itself. They had formalized a pool of analytic models designed to translate the polysemy of the fantasies related to the organization they encountered into psychosocial and psychoanalytic categories that allowed new hypotheses on the meaning of the organizational experience. These were the premises of ETA where the two authors felt the need for a research method coherent with the theory of emotional collusion, to explore the culture of the company in question. Various resources were merged: the already mentioned pool of models, along with the new multivariate statistical techniques emerging at that time which allowed previously unimaginable amounts of data to be processed and exploratory research to be carried out in order to produce new hypotheses on certain themes, impossible without those data. The two authors thought they could investigate collusive emotional symbolizations with which members of an organization, institution, or social group requesting an intervention connoted their context of belonging even if the client could not afford long, expensive interventions. To this end, the authors designed two methods, both based on correspondence and cluster analysis. The first one was ETA, a discourse analysis, suited to the purpose of exploring the collusive fantasies of groups of people who could be reached with interviews and focus groups. The second one, called ISO (acronym for *Indicatori di Sviluppo Organizzativo*, Organizational Development

Indicators), was designed to analyze the data obtained through a specific questionnaire developed ad hoc on different research themes and suitable for application to samples of large populations. The two methods could be adopted in sequence: once the collusive specificities of a population had been identified through ETA, these could be sampled through ISO, leveraging on the knowledge gained with ETA. Here we focus on ETA, but we have mentioned the whole procedure to clarify how such a research methodology unfolds.

The findings of the research that Carli and Paniccia conducted in the 1980s, mentioned above, were used in a ten-year intervention that led to the recruitment of about one thousand graduates. Later the two authors directed several other studies, often using both ETA and ISO. For example, for a public administration company providing information technology services, we measured the customer satisfaction linking it to cultural clusters that made it possible to understand the grounds for the different degrees of satisfaction detected; for a communication company, we investigated the local collusive dynamics over five years, inspiring changes that the top management planned based on our survey. We were able to map how the organizational culture was changing, after our intervention.

From the 1960s up to the early 1990s, Italian companies and institutions invested a great deal in organizational competences, linking them to the knowledge of organizational cultures, which our research methods contributed to discern by shedding light on the emotional collusive dynamics underlying such cultures. Then, we registered an important shift, which was evident also in our research findings. The experience of an anomic country, controlled by elites that attacked instead of promoting competences, became predominant in those years. Meanwhile, as the financial sector, internationally, came to prevail over the "real economy," the interest in organizational cultures and in developing human resources dropped dramatically. In Italy, new demands for psychosocial research and intervention emerged: with rising crises inside social coexistence, young and older people in particular, as well as women, people with a psychiatric diagnosis, the unemployed and patients with chronic diseases, experienced new and increasing social risks. The case studies discussed here fall into this framework.

ETA to Inquire into the Meaning of Psychiatric Diagnosis in School

In 2015, the Italian school students diagnosed numbered 235,000, almost 2.7% of the whole student population. Compared to 10 years before, this group had increased by about 40% (MIUR, 2015). In 2017, the percentage rose further (Istat, 2018). Based on the review of the literature and from the observation of several cases, we thought that this phenomenon could not stem only from the refining of diagnostic criteria, or from a growth in pathologies, but was instead a sign of the emergence of a diagnostic culture in school. Diagnosis, we suggest, is not only a technical action performed

by physicians; it is more broadly a cultural process that concerns the relationship between children and teachers, between teachers and families, between the children and their parents, and so on. In such a culture, disabilities, learning difficulties, and cultural differences tend to blur and overlap, all of them becoming deficits: namely, deficits with respect to a presumed unifying norm. At the same time, the descriptive taxonomy of pathologies (i.e., the ICD, International Classification of Diseases) seems to be expanding endlessly. What our study focused on was diagnosis as a culture, which implies shared emotional symbolizations. A full description of this work can be found in Paniccia, Giovagnoli, Bucci, Donatiello, and Cappelli (2019); here, we dwell more specifically on the kind and level of analysis that ETA can provide to understand the context from which new mental health demands currently arise.

The study's goal was to understand current school problems from the teachers' perspective and, in particular, explore how they experience the growing number of school children diagnosed.

We interviewed 82 teachers, divided in terms of the different stages of compulsory education in Italy: 22 worked in kindergarten, 34 in primary and in lower secondary school, 26 in high school.[9] The interviewees' age was classified as follows: up to 30 years (5 interviewees), from 31 to 50 years (52 interviewees), over 50 (25 interviewees). Only 9 teachers were male.[10] All interviewees worked in the province of Rome. The recruitment was based on snow-balling: starting from a small group of teachers, we asked them if they had colleagues that might be interested in taking part in the study.

We carried out individual interviews based on an initial open-ended question. We introduced ourselves as an academic research team interested in education and in listening to the interviewee's opinion about the important issues of school today as well as to his/her experience in his/her own school. We then listened without asking further questions. We asked permission to record the interview and declared our intention to discuss the research findings with any participants interested in doing so. We anticipated that the duration of the interview would be about 30 min. At the end, if they had not mentioned it, we asked the interviewees what they thought of the increase in diagnosis in school.

All interviews were transcribed verbatim and put together in a single textual corpus that was analyzed by Emotional Textual Analysis. The data analysis produced 5 clusters of dense words within a factorial space of four factorial axes. Figure 9.1 and Table 9.1 illustrate the factorial space and the statistical relationships between clusters and factors.

On the first factor, Clusters 2 and 4 (negative pole) are opposed to C 1 (positive pole). On the second factor, C 2 (positive pole) is opposed to C 3 and 4 (negative pole). C 5 is opposed, respectively, to C 1, on the third factor, and to C 3 on the fourth

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[9]Education in Italy is compulsory from 6 to 16 years of age.

[10]Some contextual data: in Italy, 57% of primary and secondary school teachers are over 50 years of age, while on average in Europe only 36% belong to this age group (Eurydice, 2018). In European countries, most of the teachers are women. Italy is no exception (INDIRE, 2014).
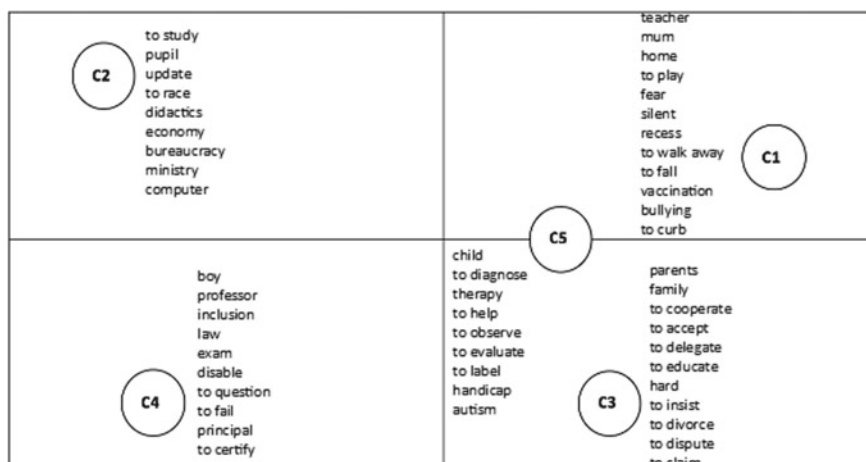
Fig. 9.1 Factorial space (The figure shows the key dense words in each cluster. *Note* The figure represents only the first and the second factorial axis: the first factor is represented by the horizontal axis, the second factor by the vertical axis. One should imagine the third and fourth factors as two other axes that cross the plane in the central point, thus generating a Euclidean 4-dimensional space. The central point represents the point of origin that cuts each factor into two semi-axes culminating in two opposite poles: a positive pole, on one side, and a negative pole, on the other [see Table 9.1])

Table 9.1 Relationship between clusters and factors (centroid coordinates)

	Factor 1	Factor 2	Factor 3	Factor 4
Cluster 1	**0.7588**	0.3788	**0.6465**	−0.0052
Cluster 2	**−0.6425**	**0.7296**	−0.2203	0.2852
Cluster 3	0.3946	**−0.4247**	−0.3321	**0.5810**
Cluster 4	**−0.5658**	**−0.4199**	0.3351	−0.1652
Cluster 5	0.3202	0.0417	**−0.5394**	**−0.6844**

Note The table shows the centroid coordinates of each cluster which indicate the cluster's position in relation to the factors; the higher this value (centroid coordinate), the more statistically significant the relation between cluster and factor. The most significant relationships are shown in bold

factor. As far as the illustrative variables are concerned, C 2 and C 4 are related to "high school," while C 1, C 5, and C 3 are related to "kindergarten."[11]

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[11] As stated above, we call socio−demographic and other structural variables characterizing the interviews and the groups interviewed in a study *illustrative variables*: in this study, we took the different levels of education as an illustrative variable. Unlike dense words, these variables do not enter *actively* in the formation of the clusters. Nonetheless, the software that we use to support the quantitative part of ETA estimates the extent to which the different clusters of dense words are connected to the illustrative variables (this relation is also expressed in terms of chi−square value), which indicates, in our case, that certain associations between words occur more frequently in the speech of teachers who work in the primary school, for example, or in the secondary school, and

We comment first on C 2 and C 4, both positioned on the left side of the factorial space and in relation to the variable "high school."

C 2 is characterized by the words *to study, pupils, update, to race, didactics, bureaucracy, economy, ministry, computer.* It is useful to recall here what we mean with dense words, how the decision about which words are dense and which not is reached and what happens afterward, once we arrive at the clusters' interpretation. As stated above, we call dense words, those words in a text that more than others are endowed with emotional polysemy and with a low level of ambiguity; that is, words that are capable in themselves (even when taken out of the sentence) to evoke a full and intense multiplicity of meanings, in terms of emotionally significant experiences and associations. Actually, every word we use expresses polysemic connotations. However, in a text we find words, like articles, adverbs, pronouns, conjunctions, that have grammatical meaning rather than lexical meaning: i.e., their function is to establish relations between the full words; as well as we find ambiguous words, which make sense only when in relation to other words, like for example modal and auxiliary verbs. Of course, not all the dense words, chosen as such within a study, are equally capable to bring knowledge about the emotional symbolization process shared among the research participants; the degree of emotional density of a words depends, indeed, on the specific research context and research questions. For example, the most significant word in C 2 (the word with larger $\chi 2$) is "to study." We chose it as a dense word because it evidently bares a full sense, charged with interesting polysemic connotations, as we will discuss in a moment. Nonetheless, this is such a widely used term in the discourse about school that, potentially, it could prove less informative than other words regarding the specific object of our inquiry: i.e., what issues teachers experience nowadays in their work, and particularly how they make sense of the growing use of diagnosis in schools. Probably, there are words, in this factorial space, that were more able than others to capture elements of the emotional-symbolic process that was in play in the interviews: for example, the word "to divorce" that we find in C 3. The teachers used this term in the interviews referring to the children's families, which in some cases are "divorced" families. Thus, on the level of communication, this word served to define a certain referent in the external reality; at the same time, on another level, that of emotional signification (on which ETA tries to shed light by pulling the word out of the grammatical bonds of the sentence), this term gives shape to a salient emotion that the teachers today experience in the relationship with the families. In this sense, we could say that "divorce" proved to be a particularly emotionally *dense* word in this analysis. We will return to the interpretation of C 3 below.

Going back to the analysis of C 2, thus we begin with studying the words' polysemy by retrieving their etymologies (where one finds clues on layers of shared meanings in the history of people's speech). Then, we go on studying the associations between the words in the cluster. Here we have an example of how the real

so on. If there are no statistically significant relationships with the illustrative variables, this means the cluster concerned has a wider relevance.

focus of the interpretative work in the AET is not the single words but the associations between the words within the cluster. In fact, only studying the relationship between the words, the emotional polysemy brought out by each of them can be gradually reduced and we gain understanding of the emotional process expressed by the cluster as a whole. Finally, we will analyze how the clusters are related to each other based on their position on the factorial axes.

To study means dedicating oneself to learning, striving to achieve a goal. *Pupil*, *alunno* in Italian, comes from the Latin *al-dare*, that is, to nourish; the one who is raised and educated by someone other than their parents. The first words evoke the two main aims of the school: i.e., pursuing goals and competences, on the one hand, and educating, raising on the other. Now, school life, with these different training and educational aims which are often not easy to reconcile, is experienced by the teachers as a *race*. They have to update their skills to keep abreast of contemporary progress which seems to escape from their grasp, and, at the same time, they feel caught up in a routine of obligations that they have to fulfill (bureaucracy, recording expenses, complying with the ministerial programs). One cannot stop to think of what has been done: this seems to be the experience expressed in this cluster.

C 2 is opposed to C 4 on the second factorial axis. The latter depicts the school's problems from a different angle. The key dense words are: *boy, professor, inclusion, law, exam, disable, to question, to fail, principal, to certify.* In its etymology, "inclusion" means to close inside. In Italy, the verb "to include" (in line with a widespread use of the word "inclusion" in the international discourse on education) has almost replaced the term "to integrate," which previously played an important role in the Italian reflection on the participation of children with disability in school. Based on previous research and interventions within schools,[12] we could say that "inclusion" and "integration" describe deeply different emotional models of social interaction: while including, the prevailing fantasy is to assimilate something alien into a system by homologating it, that is by making it as normal as possible or, in other words, in line with the expectations regarding the main characteristics defining the norm in a given system. While with integrating, one recognizes that all the different elements that make a whole already belong to that system and help to define it (see, Paniccia, 2012a). In C 2, we find that the *inclusion* of students with disability seems all the more difficult to achieve within a school culture in which this is perceived as a duty, prescribed by *law*, and in which *examination* and *evaluation* (with the impending danger of the negative outcome: *to fail*) seem to emotionally saturate the sense of the experience.

We comment now on C 1, C 3, and C 5. These are all related to the variable "kindergarten."

C 1 is opposed to C 2 and C 4 on the first factorial axis. The first dense words in the cluster—*teacher, mum, home, to play*—tell us about the expectation that characterizes

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[12]We have devoted several works over the years to investigating the education systems' problems (Carli, Dolcetti, Giovagnoli, Gurrieri, & Paniccia, 2015; Giovagnoli, Caputo, & Paniccia, 2015; Paniccia, 2012a, 2012b, 2013; Paniccia, Giovagnoli, Bucci, & Caputo, 2014: Paniccia, Giovagnoli, Di Ruzza, & Giuliano, 2014).

this initial stage of the school journey, more than any other, as a continuity between school and family. However, with the following words—*fear, silent, recess, to walk away, to fall, vaccination, bullying, to curb*—what seems to prevail in the experience of the teachers are emotions of fear and loss of control: toward the new little pupils with their unpredictable behaviors; but also toward the parents, with whom subjects of conflict can come up. The word *vaccination* evokes the harsh fight of the last few years in Italy, between school and the anti-vaccination movement among parents.

C 3 brings the conflict between school and family more evidently to the fore (*parents, family, to cooperate, to accept, to delegate, to educate, hard, to insist, to divorce, to dispute, to claim, mothering*). Teachers seem to think that families are not able to cooperate and educate because they are broken, not in step with the norm. But the divorce mentioned here refers also, in our interpretation, to the separation currently perceived between school and family, after the past union. The question at stake seems to be how school and family have to deal with the child.

C 5, lastly, is the cluster on diagnosis, which, when reading the words (*child, to diagnose, therapy, to help, to observe, to evaluate, to label, handicap, autism*), seems to proceed along a separate path, guided by its own logic, language, and techniques. C 5 is opposed to the conflicting C 1 and C 3, respectively, on the third and the fourth factor. In this cluster, we find no trace of conflict: conflict seems to be neutralized by the presence of the diagnosis. Here in particular, we see how factorial relationships are important in the interpretation of the data. We have not one but two clusters that are opposed to C 5 on two different factors. In both cases, on the one hand, we find traces of relationships with the children and the families, which the teachers experience with intense implication, albeit with distress (see the words *fear, to walk away, to fall,* and *bullying* in C 1) and conflict (see the words *hard, to divorce, to dispute, to claim*); on the other hand, in C 5, every word seems consistent with a diagnostic code, which in turn seems to create a world apart centered on the single child (word with the highest significance in the cluster) where no mention can be found of the aforementioned tensions.

In summary, we could say that the first factor tells us about a school that seems to be experienced by the teachers, in emotional terms, as a path of progressive assimilation of the students into the school routine and an inward-looking functioning: with an entry stage connoted by fear and danger (C 1) and a final stage where in many respects the feeling of obligation and the pressure to comply with the norm seem to prevail (C 4 and C 2). We find no mention in the clusters of a future that the school can help to envision, for and with the students; we will come back to this point in the conclusions of the chapter. A certain tendency toward looking inward is not a novelty in school.[13] We had found the same attitude also in the past (see, e.g., Carli, 2006b), but in a very different context, where school certification had a clear role in

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[13]We use "inward-looking" to describe the tendency of an organization to function as a closed system, that is a system tending to assimilate any variability connected to the relationship with the external reality (including the relationship with the users/clients) in terms of an internal operative model designed to pursue given organizational patterns (Bucci & Vanheule, 2018; Thompson, 1967).

allowing social mobility,[14] and a greater cultural continuity tied families and school together. Nowadays, the fact that school is inward-looking appears rather as a form of defense, within which the diagnosis seems to aim at neutralizing the new knowledge potentially coming from criticalities (see the open, intense conflict with families) and restore the fantasy of routine. The diagnosis, we suggest, "sedates" the conflict, taking on the function of a new conformity, an alternative to the lost one. The "old" conformity, which was guaranteed by the cultural continuity between nursery school and families, seems to be replaced now by diagnosis as a surrogate conformity. This however changes the focus from the school's functioning to the individuals who diverge from the norm; a norm that ultimately remains unquestioned.

ETA as an Intervention-Research Tool for the Development of Healthcare Organizations

The second case study that we wish to discuss regards an organization that provides services for adult disability.

It is important to say that disability is a category developed in the medical field in the 1980s with the stated purpose of enlarging the potential range of action of the healthcare system beyond the limit of organic illness. WHO defines disability as a restriction or a lack, caused by an impairment, in carrying out an activity in a way or within a range considered normal for a human being, and it thereby re-defines illness as everything interfering with the individual capacity to fulfill the functions or obligations expected in a context (World Health Organization, 1980).[15] In this theoretical framework, disability is interpreted as an individual deficit, compared to what is considered normal in the context, that legitimates an intervention seeking to correct the deficit. This specific definition of disability establishes the possibility of classifying social behaviors as normal or pathological, regardless of the identification of etiopathogenic factors and through a classification process with unspecified reference parameters. This means that the classification process is determined mainly by the historically and culturally situated point of view of the operators conducting it. These staff members, to quote Canguilhem (1966/1975), may systematically confuse normality with what is considered socially desirable within their culture of belonging,

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[14]Numerous studies highlight the crisis of the Italian school system as a driving force for social mobility (Almalaurea, 2018; Censis, 2018; OECD, 2018).

[15]*Disability* is part of a tripartite system that includes also *impairment* and *handicap*. Impairment is defined as "any loss or lack of any physiological, anatomical, psychological structure or function"; handicap is instead defined as "a disadvantage, for an individual, caused by an impairment or a disability, that limits or prevents the assumption of a role considered normal (in regards to age, sex, social and cultural factors) for that individual" (World Health Organization, 1980, p. 183). As in the case of the psychiatric syndromes of the DSM V (which includes intellectual disability), this is a categorial system that tends to be inward-looking since there is no external validator of the classification system itself (Di Ninni, 2004).

no matter what may be the subjective motivation bringing the clients to access the healthcare system.

Connected to this, Carli and Paniccia (2011) argued that the healthcare context tends to deem subjectivity as irrelevant for medical praxis, which does not consider the emotional relationship that the client establishes with the organization providing care and services to him/her. This can produce criticalities in the relationship between clients of the healthcare system and its staff.

In 2016, some of us, members of an association of psychologists that provides organizational consultancy services,[16] started a 3-year intervention-research project commissioned by an organization that is part of the Italian National Health System (for a full description, see Bisogni & Pirrotta, 2018; Pirrotta & Bisogni, 2018). Here, we specifically discuss how the use of ETA in this project enabled reflection on the emotional dynamics of the relationship between the organization and its clients—people with disability and their family members—and how this was helpful for the organization at a time when it was facing significant changes.

The Research Context and Design

The organization that commissioned the project was a Complex Operative Unit (COU) of a Local Health Authority in central Italy, composed of four Simple Operative Units (SOUs), each situated in a different territorial district. Work in the SOUs was carried out by multidisciplinary teams. The COU's tasks entail admission, assessment, and delivery of health and social care services to adults with physical and intellectual disability, between 18 and 64 years of age, at their home or in semi-residential and residential centers. Services also include professional training and work integration. At the time when we met the management of the organization, the COU was facing a growth in requests—increasing by 30% in the last few years—regarding especially young people with intellectual disability and autism spectrum disorders.

The staff complained about having to deal with requests by the clients to which it was difficult to give an answer. They perceived these requests as never-ending and often "inappropriate," not in line with the organization's aims. Both the management and the operators reported a climate of conflict with the clients and their family members.

We suggested that this conflict could be interpreted as the sign that there probably was a gap between the professionals' and the clients' expectations of the service. This is also in line with a healthcare culture that tends to intervene without dealing with the subjectivity of the clients, that is with their emotional involvement in the relationship with healthcare services, or with the emotional experiences of the healthcare professionals themselves. What the operators perceived as erroneous or inappropriate requests could suggest, in our view, the need to explore both their own and the clients'

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[16]GAP was founded by Felice Bisogni and Stefano Pirrotta and provides organizational consultancy services for public bodies and third sector organizations (www.apsgap.it).

expectations of the service, and the relationships with each other. Starting from this hypothesis, we agreed with the management to carry out an intervention-research project, which ran in two phases.

Two Studies Using ETA to Explore the Culture of Staff and Clients

We conducted a preliminary study that involved 26 COU staff members and was aimed at exploring what they thought of the organizational functioning and of the relationship with the clients. Afterward, in a second study, which involved 90 clients—16 adults with intellectual disability and 74 family members (mostly parents, and 4 sisters)—we explored their expectations of the organization and of the problem that made them contact it. The families interviewed had been using the services of the COU for 7 years on average. The study involved mainly family members of people with intellectual disability; this choice was due to the staff's interest in understanding specifically the challenge this kind of user posed to the organization.

All participants were involved in individual open-ended interviews that were audio-recorded and transcribed. The interview transcripts were put together to form two textual corpora (one for the staff/one for the clients) which were processed through two separate Emotional Textual Analyses.

The Staff Culture

Regarding the staff culture, ETA produced 4 clusters of dense words within a factorial space made up of three factorial axes, which show how the clusters are related to each other (Fig. 9.2 and Table 9.2).

As far as the first factor is concerned, C 1 and C 3 (positive pole) are opposed to C 4 and C 2 (negative pole). On the second factor, C 4 is opposed to C 2. Clusters 1 and 3, which are associated with the first factor, are also opposed to each other on the third factor. We will now look at the meaning of these various oppositions and associations.

On the first factor, on one side (negative pole) we find two cultures (C 2 and C 4), which, in different ways, both seem to be based on evading the exploration of the clients' demand. The words in C 2 (*organization, team, to manage, operators, meeting, to decide*) describe the organizational dynamic as self-centered with no apparent connection with the clients' demand. The words in C 4 (*boy, parents, children, to live, patient, severe*) on the other hand highlight the tendency to infantilize the diagnosed adults and medicalize the relationship with them, thereby avoiding the exploration of the clients' own experience and expectations.
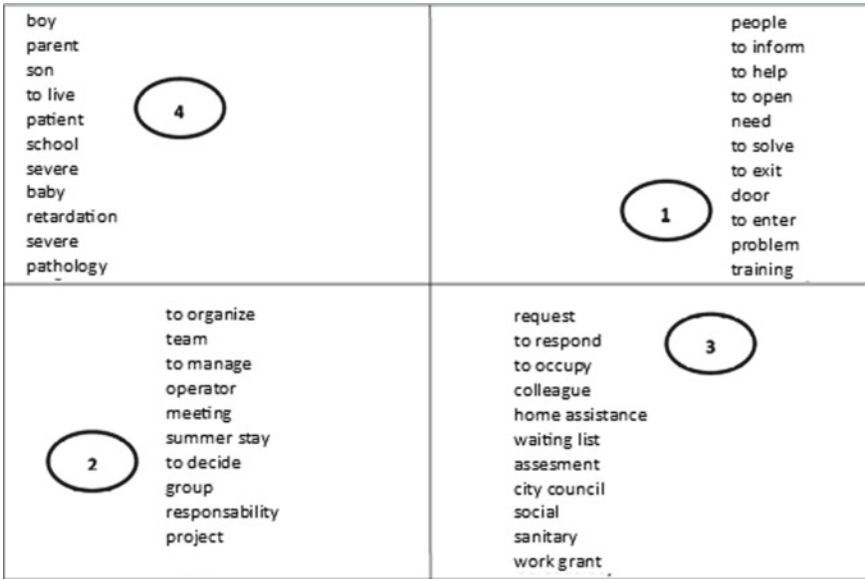
boy	people
parent	to inform
son	to help
to live	to open
patient	need
school	to solve
severe	to exit
baby	door
retardation	to enter
severe	problem
pathology	training

to organize	request
team	to respond
to manage	to occupy
operator	colleague
meeting	home assistance
summer stay	waiting list
to decide	assesment
group	city council
responsability	social
project	sanitary
	work grant

Fig. 9.2 Factorial space (operators) (The figure shows the key dense words in each cluster. *Note* The figure represents only the first and the second factorial axis: the first factor is represented by the horizontal axis, the second factor by the vertical axis. One should imagine the third factor as two other axes that cross the plane in the central point, thus generating a Euclidean 4-dimensional space. The central point represents the point of origin that cuts each factor into two semi-axes culminating in two opposite poles: a positive pole, on one side, and a negative pole, on the other [see Table 9.2])

Table 9.2 Relationship between clusters and factors (centroid coordinates)

	Factor 1	Factor 2	Factor 3
CL 1	**0.5018**	0.0972	**0.5717**
CL 2	**−0.5661**	**−0.7719**	0.1343
CL 3	**0.5087**	−0.1684	**−0.5972**
CL 4	**−0.4677**	**0.5769**	−0.1039

Note The table shows the centroid coordinates of each cluster that indicate the cluster's position in relation to the factors; the higher this value (centroid coordinate), the more statistically significant the relation between cluster and factor. The most significant relationships are shown in bold

In contrast, at the opposite pole of the first factor, we find two cultures (C 1 and C 3) in which the staff feel submerged by the clients' requests and somehow threatened. In C 3 (see the first words *request, to answer, to occupy, colleague, home assistance, waiting list*), the clients' requests are experienced as never-ending demands and, nevertheless, the organization is obliged to respond to them all, in an omnipotent way, because it operates as a public facility on behalf of the state. The words of C 1 (*people, information, to open, to help, need, to solve, to exit, door, to enter*) instead

express a culture in which the relationship with the clients seems based on the values of openness, of giving help and hospitality to people in need.

C 1 and C 3 are also opposed to each other on the third factor, because in different ways both declare a difficulty in the relationship with the clients, due the impossibility of dealing effectively with their requests unless one adopts criteria to define discrete problems that one can treat. By contrast, both the sense of obligation and the reference to philanthropic values tended to create relationships based on a fantasy of omnipotence as a response to limitless need. At the same time, there was also the wish to reflect on problems and to be trained (C 1).

Based on these results, the management of the COU commissioned a second study in order to explore also the clients' point of view.

The Clients' Culture

In this second study, the ETA produced 5 clusters of dense words in a factorial space of four factorial axes, as showed in Fig. 9.3 and Table 9.3.
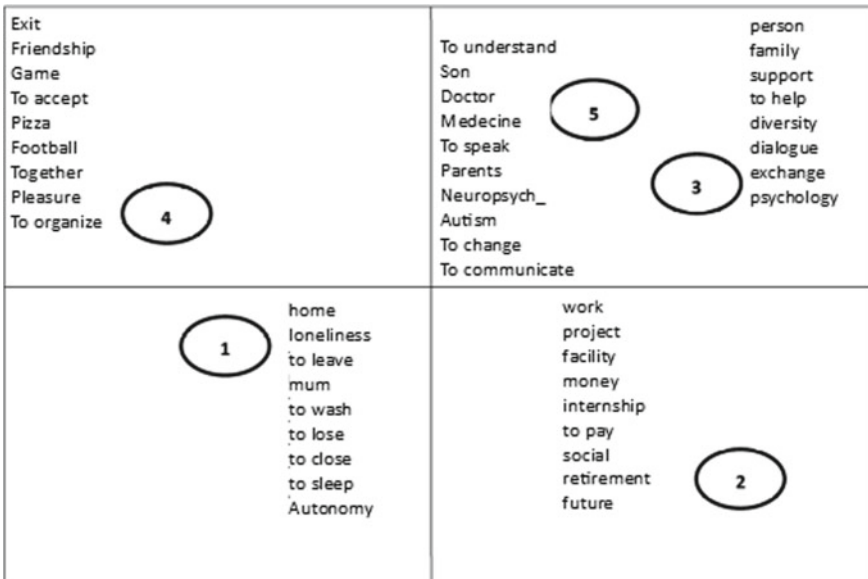

Fig. 9.3 Factorial space (clients) (The figure shows the key dense words in each cluster. *Note* The figure represents only the first and the second factorial axis: the first factor is represented by the horizontal axis, the second factor by the vertical axis. One should imagine the third and fourth factors as two other axes that cross the plane in the central point, thus generating a Euclidean 4-dimensional space. The central point represents the point of origin that cuts each factor into two semi-axes culminating in two opposite poles: a positive pole, on one side, and a negative pole, on the other [see Table 9.3])

Table 9.3 Relationship between clusters and factors (centroid coordinates)

	Factor 1	Factor 2	Factor 3	Factor 4
CL 01	**−0.3879**	−0.2657	**0.5346**	−0.0280
CL 02	**0.4272**	**−0.5395**	−0.3362	−0.0948
CL 03	**0.4534**	0.3119	0.1203	**0.7319**
CL 04	**−0.6648**	0.2625	**−0.4964**	0.0312
CL 05	**0.4468**	**0.5974**	0.1604	**−0.4902**

Note The table shows the centroid coordinates of each cluster that indicate the cluster's position in relation to the factors; the higher this value (centroid coordinate), the more statistically significant the relation between cluster and factor. The most significant relationships are shown in bold

We will not comment here on the analysis of the whole factorial space (on this, see Pirrotta & Bisogni, 2018). We focus on how discussing the clusters which emerged from the interviews with the users with intellectual disability and their families helped the staff discern the clients' demand in its various main emotional components. In this way, it was possible to disconfirm the representation of the clients as carriers of unlimited and all-encompassing requests, thereby defusing the persecutory emotion that was connected to such a representation. In particular, the study on the clients' culture allowed the clients' demand to be connected to a crisis in the cohabitation system within the family rather than to deficits regarding only the person diagnosed. This crisis concerned family relationships based on dynamics of unproductive dependency and reciprocal control that isolate the family (see in particular C 1) as opposed to the wish to construct an enjoyable, vital sociality (see in particular C 4) but also the difficulty in doing so. This appeared to be, in emotional terms, the core issue that motivated families of individuals with intellectual disability to request services: namely, the difficulty in building relationships based on the sharing of interests and wishes. We are talking about a problem that we can assume is linked with the failure of the parents' expectation of their children becoming progressively independent from them when adults, as well as to difficulties in the social and occupational integration of adults with disability.

By comparing the cultures which emerged from the two studies, we could see that both medical and social models of intervention, when failing to explore the clients' subjective motivation in contacting the healthcare organization and to define the problem on which to intervene in light of this motivation, risk hindering both the development of effective services and the mobilization of the clients' resources. It seems that the clients' problems cannot be taken for granted either as medical problems (illness to be cured) or as social problems (lack of job or social exclusion to be corrected, with respect to an expected norm). C 3 (in the second study) revealed the wish of the people with disability that we interviewed and that of the family members to have a dialogue with each other and with the professionals about the difficulties they experience in family life as well as in other social contexts. They also seemed interested in giving the organization their feedback so as to make it work more effectively. In order to support the possibility of such a dialogue, the two

studies were followed by training activities with the staff and the family members involved, based on using the group as a tool for discussion and exchange.

In other studies using ETA in order to explore the emotional collusive dynamics underpinning organizational relationships and cultures (see, for example, Bucci & Vanheule, 2020; Paniccia, Dolcetti, Cappelli, Donatiello, & Di Noja, 2018), interviews with the different members of the organization (e.g., young new hires and their corporate mentors; staff members and guests in a migrant reception service) were merged in a single textual corpus, which was subsequently analyzed (the difference between the groups was traced as an illustrative variable).

In the case study that we have just discussed, on the contrary, we conducted two separate ETAs on two different data sets (one collecting the interviews with the staff and the other collecting the interviews with the clients) and then we compared the outcomes of the two analyses. This was primarily because the management of the COU commissioned a second study in order to explore the clients' point of view only at a later time, in light of the results of the first study which had involved the staff. In the two studies, we used slightly different trigger questions and thus we decided not to merge the data sets. At the same time, for such characteristics, this is probably an all the more interesting example of empirical study of the notion of collusion, as theorized by Renzo Carli. In fact, when comparing the two factorial spaces, one can clearly see how reciprocal expectations within a relationship are emotionally oriented in terms of a collusive process, whereby components of the feeling of one party find their mirror or complementary counterpart in the feeling of the other party. Nevertheless, elements of divergence, in the sense that they escape the collusive interplay, come also to the fore and the possibility to reflect upon and discuss about these dynamics gives awareness of the shared process in which one participates, as well as can lead to new perspectives.

Conclusions

The main application of ETA has historically been in two fields: psychological intervention within organizations, with the goal of promoting developments in the relationship between the organization and its clients, on the one hand; research on processes of cultural change impacting on the dynamics of living together, on the other. In this chapter, we wanted to provide insights on both these traditions by focusing specifically on contemporary mental health issues and demands.

The study on school is particularly significant, we believe, in revealing that splitting the individual from the context is inadequate in helping us understand mental health demands, particularly at the present time because the very notion of context is currently in crisis. In this chapter, when we use the notions of individual and context, we mean by the latter the historical experience of social systems endowed with more or less stable—symbolic—boundaries; that is, systems whose existence and role would be taken for granted, unless a crisis occurred. Nowadays, not just school, but more generally organizational, national, and family boundaries seem to

be in question, in the sense that such systems are perceived as structurally in crisis, unless one takes care to retrieve and rethink their meaning.

Our findings suggest that the increase in diagnoses along with the spread of a diagnostic culture in school emerges as an attempt to restore a lost conformity, which was grounded on a cultural continuity between school and family (that has long been mediated by the Catholic Church in Italy). The diagnosis introduces a surrogate conformity which fails because, being built on an individualistic basis, it does not help the reconstruction of viable, shared purposes.

The conflict between schools and families, at the beginning of schooling, can be an important aspect of the development of the culture that we explored through our study. The conflict appears now not as a difference of positions, but as a mutual aggression. However, if the current confrontation with the families *becomes* a conflict, where the parties recognize the interest in sharing goals even if from different positions, this is the place where we can once again find a shared purpose for school.

Another aspect of development is the teachers' potential demand to reduce the gap they feel with the contemporary reality (e.g., present day languages, like the digital one, which would require or inspire innovations in teaching). The factorial space of the school does not tell us about the future, or of the function that school may serve in designing it. Nevertheless, in the individual interviews with teachers, there was no shortage of comments on the future and on other relevant issues, such as the loss of trust in education's power to provide important and useful skills. How should the absence of these themes in the factorial space be interpreted? There is no co-occurrence of dense words to evoke them: teachers do not share emotional codes and categories on these issues. Research studies like the one we have presented here intends to respond to this vacuum.

Olivetti Manoukian (2016) links the current crisis in health and social care organizations to a difficulty in defining and interpreting the problems motivating citizens' access to health and social care. The debate on disability, both scholarly and public, has historically been a place of strong divisions concerning the definition of disability (see, e.g., Bucci & Vanheule, 2018; Shakespeare, 2006; Söder, 2009). Carli and Paniccia have highlighted in several works (e.g., 2003, 2005, 2011) the difficulties related to the application of the medical paradigm, based on etiopathogenetic diagnosis and therapeutic prescription, beyond the limited field of organic illness. The medical paradigm, as we have seen, can prove to be ineffective in the mental health and disability fields. The ETA-based intervention-research that we have discussed in this chapter brings attention to the difficulty of healthcare organizations in considering the client's emotional relationship with the healthcare system itself and, at the same time, shows that ignoring this aspect can produce dissatisfaction and conflicts with the clients. We underline that dissatisfaction and conflicts emerge when the medicalization of problems is practiced and taken for granted. By contrast, we believe that the use of ETA allowed the operators to acknowledge the clients' dissatisfaction but also their interest in reflecting on the reasons for it. In this sense, ETA was a tool for organizational development, because it enabled the

retrieval of emotional polysemy underpinning the participation in the shared organizational context by its different components, professionals, and clients, and thus of their subjective and mutual engagement.

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