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DEVENIR TRANS: UN ANÁLISIS CONSTRUCTIVISTA

NARCISISMO ACADÉMICO · ¿QUÉ ES LA PSICOLOGÍA? · EL MODELO COGNITIVO CONTEMPORÁNEO · DUODÉCIMA EVALUACIÓN DE TEST · FORMACIÓN Y ENTRENAMIENTO EN PSICOTERAPIA BASADO EN DATOS · SUICIDIO EN EL CONTEXTO UNIVERSITARIO · MICROMACHISMOS EN EL ÁMBITO LABORAL

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Article

Becoming Trans: A Constructivist Analysis

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ABSTRACT

This paper offers an analysis of the trans phenomenon from a constructivist psychological perspective that articulates the organic, operative, and social dimensions of a human subject. It emphasizes the developmental process through which a subject—through trial and error, conflicts, and decisions—elaborates and adopts a trans identity as a solution to a problem in living, under specific conditions of social and institutional influence or mediation. The paper critiques both the explanation based on the "discovery" of an intrinsic or innate identity and that of "contamination" or mere social influence, and it highlights the conceptual shortcomings of the queer antinormative discourse regarding sex, will, the function of norms, and normative progress. It examines the performative effects of this social influence in Spain under the Trans Law and its affirmative approach, which accelerates decisions with irreversible consequences while simultaneously restricting the very plural and rational social influence upon which a subject's life decisions and normative progress depend.

Devenir Trans: un Análisis Constructivista

Palabras clave
Constructivismo
Psicología del desarrollo
Transexualidad
Transgenerismo

RESUMEN

Este artículo ofrece un análisis del fenómeno trans desde una perspectiva psicológica constructivista que articula las dimensiones orgánica, operatoria y social de un sujeto humano. Se enfatiza el proceso de desarrollo por el que un sujeto, a través de tanteos, conflictos y decisiones, elabora y adopta una identidad trans como solución a un problema vital, bajo determinadas condiciones de influjo o mediación social e institucional. Se critica tanto la explicación en términos de "descubrimiento" de una identidad intrínseca o innata, como la de "contaminación" o mero influjo social, y se muestran las deficiencias conceptuales del discurso antinormativo *queer* en lo relativo al sexo, a la voluntad, a la función de la norma y al progreso normativo. Se examinan los efectos performativos de dicho influjo social en España, bajo la Ley Trans y su enfoque afirmativo, que acelera decisiones con consecuencias irreversibles a la vez que restringe precisamente el influjo social plural y racional, sobre el que las decisiones vitales de un sujeto y el progreso normativo se fundan.

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Introduction

We understand the trans phenomenon to be the set of realities that converge in the existence of people whose experience of themselves does not conform to the distinction between man and woman, either because they wish to change their condition from male to female, or vice versa, or because they wish to change to some other non-binary condition. The phenomenon encompasses realities at various levels. Some relate to the body, particularly its primary sexual characteristics and, above all, its secondary ones. Others relate to the psychological development typical of young people or adolescents and to the formation of the self, which includes socialization, self-perception, identity conflict, and, at times, drama. Finally, other realities relate to social and institutional practices, linked to customs and laws. Here come into play the ideological, political, and economic interests characteristic of the last few decades of explosive identity and narcissistic culture linked to neoliberalism in what we call the West.

The phenomenon itself is ambiguous both in terms of the arguments that define and justify it and in terms of the term "trans" itself—merely a prefix—which seems to imply transcending a certain notion of sex and a certain notion of gender, and even transgressing any norm or criterion that underpins those notions. Our objective in this work is to examine this confusion and offer a model for articulating the levels mentioned in the previous paragraph, avoiding reducing the phenomenon to (1) the demands of the body or genetics (biological reductionism), (2) the dictates of an "authentic self" or an unconditional will (psychological reductionism), or (3) social, economic, political, and ideological pressures (sociological reductionism). It seems to us that this model provides a better understanding of the significant role these latter factors have played in the exponential increase, over the last decade, of people who identify as "trans," caught up in a growing ideological swarm where that and other terms are more rhetorical than denotative (sometimes functioning as a shibboleth, a password of recognition).

Not surprisingly, the trans phenomenon has been accompanied by intense media and political activity, featuring bitter controversies with a proliferation of critical literature (e.g., Alarcón, 2022; Alsedo, 2024; Errasti & Pérez, 2022; López, 2023; Lora, 2021; Mercado, 2022; Miyares, 2022; Shrier, 2021) as well as defensive literature (e.g., Alegre et al., 2023; Butler, 2024; Duval, 2020; Gonzales & Rayne, 2019; Keo-Meier & Ehrensaft, 2018; Mittal, 2025; Stryker, 2017; Tompkins, 2023). In Spain, the Trans Law, passed in March 2023, allows for gender self-determination starting at age 12 with judicial permission, at age 14 with parental authorization, and at age 16 freely. The most debated aspect, aside from the age requirements, is the fact that expert reports are not considered necessary. Furthermore, the law prohibits conversion therapy (the attempt to change a person's sexual orientation or gender identity) and establishes intervention and educational measures related to the LGBTQI+ community. From a psychological perspective, the official stance emphasizes the depathologization of transsexuality and aligns with the Trans Law, though with the caveat of recommending clinical follow-up in some cases.[1] However, there are critical opinions calling for greater caution. The best known is that of José Errasti and Marino Pérez (2022), which we consider to be the best-argued. These authors analyze the spread of so-called queer or trans ideology in schools, businesses, and society at large, and present alternative theoretical and therapeutic approaches for addressing the phenomenon. They argue that the body and personal identity are inseparable, such that discomfort with one's own body is inextricably linked to emotional distress, which depends on psychosocial development and culturally available models of socialization. They combine analysis with criticism, in this case of the recklessness involved in accepting individual self-perception at face value and the resulting possibility of pharmacological and surgical interventions whose effects are often harmful and irreversible. Thus they critique the so-called affirmative approach.

In line with this general diagnosis, we would like to delve deeper into how the trans phenomenon can be understood from a psychological perspective, drawing on a theoretical tradition—constructivism—represented by such well-known classics as James Mark Baldwin, Lev Vygotsky, Jean Piaget, and Ignace Meyerson. Although it is a heterogeneous tradition that does not resolve everything on its own, we believe it offers some of the best tools for a thorough understanding of what a subject is. If we had to condense its core into a few words, we would say that it treats psychogenesis as a process that both mediates and is mediated by biological and socio-historical conditions, yet has its own logic (Sánchez-González, 2009; Sánchez-González, 2025; Sánchez-González & Loredo-Narciandi, 2009).

Norm and Construction

The theoretical underpinnings of the Trans Law and queer ideology in general (Bernini, 2018; Butler, 2007; Fuster-Ruiz de Apodaca et al., 2023; Preciado, 2020) tend to embrace a conception of the self as a self-determining interiority. It abstracts from processes of sociocultural influence, as if individual feeling and choice were absolutized. At the same time, everything tends to be considered a social construction in which the instituted—the norm—is ontologically and morally devalued relative to the instituting—the novel. Of course, this theoretical background is not monolithic and has evolved. Thus, Judith Butler (2024) has distanced herself from the conception of construction as something purely social or discursive and has moved toward forms of materialism that we consider vitalist and metaphysical, according to which, at the core, it is matter itself that grounds the diverse, ever-instituting, and even queer (mixed, undefined, strange, non-normative) character of all reality. In fact, these theorists need not necessarily subscribe to the idea that gender is an internal, individual essence, although we believe they have no choice but to assume it, given that their conception of the subject blends psychodynamic perspectives with a Foucauldian view of power (*cf.* Loredo, in press).

Butler's idea of performativity assumes that sex-gender identity (of sex and/or gender) is what the body and its expression establish within a given sociocultural network, but at no point does it fully clarify how personal identity is constructed by articulating philo-, onto-, and historiogenetic components; nor why identity is so important in reference to sexual or gender identity and not, for example, social or national identity; nor what the difference is

1 The General Council of the Spanish Psychological Association, which brings together the official associations of psychologists, is part of the international network IPsyNet (*International Psychology Network for Lesbian, Gay, Bisexual, Transgender, and Intersex Issues*), which is affiliated with the *American Psychological Association* and promotes affirmative support for so-called sexual and gender diversity.

between sex and gender; nor what kind of objectivity sex possesses (why we cannot convert XX chromosomes into XY or vice versa) and what kind of objectivity gender possesses (how is it imposed, if at all?; how is it chosen, if at all?). Resorting to vitalist, potentialist, or processualist metaphysics is, we believe, a hasty flight to avoid confronting the problem of what exactly the construction of the self and personal identity—including sex-gender identity—means. This flight consists of shifting the *nomos* to the *physis*: it is assumed that nature itself endorses or already contains, in potential, the indefinite plurality of possibilities that later come to be expressed not so much as individual choices per se ("I am a woman," "I am trans," etc.) but rather as self-recognitions, realizations of what one already was deep down, actualizations of potentialities. This leads to a conception of gender as an internal essence.

Sometimes a distinction is made between transsexualism and transgenderism, with the former referring to sex reassignment and the latter to gender reassignment, which obviously continues to reproduce the dichotomy between nature or *physis* (that which is given, binary, and rigid) and culture or *nomos* (that which is created by us, diverse, and flexible). Gerard Coll-Planas and Miquel Missé (2015) observe this dichotomy, understanding it as a tension between the conception of sex-gender identity as an essence or as an anti-essentialist tool, in opposition to the canon of the masculine and the feminine. Butler (2015, 2024) and other queer theorists, such as Paul B. Preciado (2022), seek to understand it in the second sense, which aligns with their anti-normative perspective, rooted in the liberation philosophies of May 1968.

Both Coll-Planas and Missé, as well as Butler and Michel Foucault, while acknowledging that the norm is constitutive of subjectivity, seem to tend to conceive of it as something monolithic or at least negative, emphasizing its repressive nature and downplaying its productive nature. They recognize that while the norm oppresses, it also constitutes; yet they seem to forget that, to the extent that it constitutes, it enables action. Drawing on Kant's well-worn metaphor—that of the dove that feels the resistance of the air and believes it would fly faster in a vacuum—we say that seeing only the negative side of the norm is to act like that dove. It is to forget that the interplay of oppression and liberation occurs in the course of actions that co-determine one another and depend on a historical context characterized, in the case at hand, by the universalization of medical and psychological care, the emergence of new urban subcultures, the widening separation between reproduction and sex, and the reduction in family size. Without norms there is no freedom, only a void.[2] And that void is filled with self-recognition. Anti-normative obsession, indeed, leads to an authentic subjective interiority—the source of a criterion for how to live—opposed to an inauthentic social exteriority that is oppressive.

But that interiority and exteriority are purely metaphysical. The primal interiority that remains after denying norms is in reality nothing, or nothing more than a blind desire to continue freeing oneself from everything indefinitely; a desire incapable of distinguishing what is considered more or less valuable within the norm, since it experiences it as a whole to be discarded. The metaphysics of interiority (letting the self emerge and be the one to decide through desire) and that of exteriority (fighting against every norm, destroying every tradition, always being suspicious) would not only require stepping outside the world to contemplate the interior and the exterior as whole totalities, but would also act *de facto* as a normative criterion: a criterion that blindly prescribes, without acknowledging or justifying it, *the norm of ending all norms*.

Thus, an idealistic conception of the notion of construction is adopted, according to which any reference to the validity, stability, or objectivity of what is constructed is blocked. The process of construction tends to be reduced to power, understood in turn in a metaphysical sense. Medical categories regarding transsexuality are reduced to a pathologizing medical discourse that is imposed on people. While the categories that define personal identity are rightly considered performative insofar as they do not merely describe but participate in the production of subjectivity—restricting the possibilities of the uninstituted while simultaneously enabling what ultimately becomes instituted—what ultimately comes into existence immediately falls under suspicion of being an imposition, a violation of what ought to be or should have been. Instead of understanding it as a reality with a certain degree of consistency, of value for living, it is understood as the product of an oppressive exercise of power. The constituted is viewed from the perspective of its limitations, of what could have been (constituted) and was not (because what is actually constituted has prevented it) but should be. It is as if what is constituted, what is constructed, by definition contained nothing good. Everything it contains is suspected of serving power, a power whose interests are supposed to never coincide with those of the subject, the latter conceived on the scale of an *id* that is pure desire, creative potentiality that should not be limited by any norm. Thus, power constitutes us as subjects, but this constitution is always shadowy, because it occurs by contrast with what is supposed to be better, in opposition to what is given. Furthermore, it is often thought that what is or should be to come is a recovery of something that has been repressed by Christianity, heteropatriarchy, capitalism, etc. (Barqui et al., 2018; Preciado, 2022; Stryker, 2017). It can also be conceived as that which has been ontogenetically repressed, if one believes that the "assignment" of sex at birth impedes the free development of what would emerge, in the absence of such an imposition, as a boy, a girl, or a non-binary child (Green & Friedman, 2015).

Inner Essence and Power

According to queer ideology, rather than a construction per se, there is a systematic *resistance* to the norm. And the processes by virtue of which resistance is better than acceptance are always opaque. They seem to rest on the experiences of liberation of those involved, which are not even contrasted with the experiences that the "old" categories once made possible and continue to make possible for the supposedly dominated or oppressed, who then appear as a kind of poor, deluded, or alienated people in the darkness of the cave ("We can no longer learn anything from the

2 Aside from philosophical traditions such as Marxism (social practices determine consciousness) or pragmatism (thought as participation in the norms of language and discussion), the idea of norms as constitutive of subjectivity is, within the constructivist psychological tradition, found in the works of the "founding fathers" themselves: Baldwin (the social construction of the self), Piaget (normative and even formalized structures as the horizon of psychogenesis), and Vygotsky (the *zone of proximal development* as a path toward the norm or the dual formation of psychological functions, which posits that the internalization of the given is a condition of possibility for thought, even if that given is transformed in the process of internalization). There is no self without a relationship to the other or without normative practices that shape it. In trans ideology, what resonates is rather a psychoanalytic framework where the authentic is the id, the superego censors, and the self, crushed by both, is a sort of survivor.

sane," warns Preciado, 2022, p. 153). Those who try to break the norm emerge as champions of a peculiar universalism, not grounded in any criterion of self-improvement or truth, but in the presumption that their need or experience is everyone's need or experience—whether because everyone has an interest in enjoying that experience of disidentification, or because opening up that possibility is considered valuable in itself as an act of rebellion and "emancipation."

The notion of construction commonly found in trans ideology—which is closely related to social constructionism and rooted in the idea of resistance—is thus meaningless when it comes to the validity of that construction. It seems to persist solely to avoid the essentialism of the self, which would manifest itself through a natural interiority, whether neurobiological or psychological. The problem is that it is doubtful whether it actually avoids this, because the reasons for the superiority of the experiences of the champions of the new norm (the "good" one) are formally indistinguishable from those of the previous norm (the "bad" one). The only criterion, in the end, is experience and its liberating contrast with the limits of the past. Experience determines what is valuable against the given norm, but it is impossible to know whose experience it is, since the subject is constituted by the norm. So either there is no subject at all, but only a socially given and internalized normativity—in which case it is not known who is resisting—or there is indeed something, a surplus, a remnant beyond the constitutive norm, in which case, however, if that surplus cannot be understood in accordance with an alternative system of norms that also grounds it, then it can only be an internal, intrapsychic residue, an essence that ultimately reduces to a blind will or desire to resist, to say no to what is given, to disidentify. Thus, "the counter-sexual society is dedicated to the systematic deconstruction of the naturalization of sexual practices and the gender system" (Preciado, 2002, p. 19).

In short, here is the essential paradox: either the construction returns to a substantial and indeterminate interiority (the voice of negation), or it is necessary to show where and how better alternatives emerge for that supposedly oppressed self. But if it is possible to show such a thing, it is because the self is *not* completely dominated, but rather constituted in a strict, positive sense, that is, endowed with operational resources and tools for living that are meaningful and valid to some degree, given in their actual (not merely potential) constitution, undoubtedly in tension with others that may be judged as less valid according to some criterion, but which are equally present here and now, coexisting in their constitutive reality. The flesh-and-blood subject is not a body invaded by an external power, but an agent that does what is possible to distinguish and contrast one set of norms with another, transforming them, where appropriate, not from a pure experience alien to all norms—as the mere voice of negation—but by acting in the here and now, always from within some normative framework, without which it would not exist as a subject. The subject possesses some degree of awareness or competence regarding reality, regarding the contradictions of reality, and regarding the plurality of normative and value-based references that coexist and come into conflict. For this reason, the subject is capable of contextually transforming reality: not through negation from a position of potential otherness, but by exploring the possibilities of alternative norms whose value has already been established and enacted—to some degree—by those who came before. The key to negation is also normative and social, and is as present as it is potential.

Thus, either we settle for the voice of negation, or we adopt a dialectical conception of construction—which is a construction based on what exists in the world and, therefore, must be pluralistic and hold validity to varying degrees, at least to some degree. This implies that action is always normatively constituted—and is therefore possible—while at the same time always being in a process of development and eventual transformation. It never reaches the (purely limiting or metaphysical) point in which the only norm is the negation of all norms. There is no room for the circular argument that what exists is bad because the alternative is good. Within what exists lies the seed of both the good and the bad. Therefore, we must judge, and we must explore and discuss our own criteria of goodness. This brings us back to the rationality of the real, the actual, and the present, and frees us from the psychodynamic nightmare that opposes desire to norm in a totalizing way, as if certain norms were not essential for continuing to live and to debate norms. It also frees us from the Foucauldian nightmare according to which all power is undesirable or suspect, as if there were no powers essential for continuing to live, powers worth upholding, such as the power to command and effectively coordinate resources during an emergency, the power to pursue and punish corruption, or the power to enforce equality before the law.

Sex and Gender

Biological science and medical technology cannot be reduced to oppressive discourses. They define essential traits of the human subject as a Linnaean and Darwinian animal within the plural core of a culture. And culture does not remove us from nature; in fact, biological evolution occurs in part thanks to animal cultures. Sex—or, to be more precise, sexual dimorphism—is a condition of the human animal's existence over time, of our species. It is linked to dispositions that participate in ontogenetic development and that statistically lead to the behavior typical of sexual morphology, in the sense of the use of traits of individuals with male gametes to fertilize individuals with female gametes, as well as subsequent gestation, childbirth, and behaviors—mediated, for example, by epigenetically identifiable hormonal processes—of attachment and care for offspring. Certainly, there is no "instinct," no biological or psychobiological inner mechanism that regulates the entire process or contains sexual or gender identity, but rather a complex course of development in which sexual patterns or habits and "sexual identity" are constituted (constructed), at least in contexts where the latter has come to exist as a category.

No rational discussion of the issue should doubt the existence of (binary) sex in that sense, linked to the reproductive functions and the corresponding sexual dimorphism. Even approaches such as that of Anne Fausto-Sterling (2006), which argue that sex constitutes a spectrum rather than a binary reality, require the acceptance of two poles between which the entire range of the spectrum exists. Moreover, even assuming that more than two biological sexes were naturally possible, as Fausto-Sterling herself initially proposed (1993), the statistical norm remains binary to this day, and without it the continuation of the species would be impossible even with universalized assisted reproductive technologies, which require the

existence of ova and sperm.[3] Embryonic or ontogenetic exceptions are, rather, confirmations of the rule: depending on the definition of intersexuality adopted, its prevalence is estimated to be between 0.05% and 1.7% in the general population (Ballering et al., 2023).

Scientifically speaking, there is also no doubt that sexual behavior in many species is not limited to reproductive copulation. In the case of humans, there are a multitude of institutionalized sexual patterns unrelated to reproductive intent. The historical and cultural diversity of the uses of the body and its sexual organs is evident, and this is what characterizes the notion of sexual gender (i.e., not grammatical). Beyond the conventional heterosexual dualism—which prescribes certain socio-institutional and psychological patterns for men and women and proscribes deviant behaviors, generally homosexual ones—what matters is that these behaviors exist and are also a product of human development, even if they are statistically less frequent. Desire can be shaped and channeled in diverse ways, and this is, in fact, always occurring, within certain parameters. There is diversity in the development of sexual behavior even in societies that repress it.

As we see it, the problem is not so much the desire to change one's appearance—and to gain social and institutional recognition—as it is the confusion between sex and gender and the proliferation of an ideology of liberation through "transitioning" from one sex to another; an ideology that (A) either proposes a change of sex (transsexuality), in which case there continue to be two sexes and two corresponding genders, or (B) asserts a virtually infinite range of possible sex-gender situations (transgenderism), either because (B1) it denies the foundational sexual dualism or because (B2), without denying it, it considers gender identity to be entirely independent of it.[4] Not being an essence, sex cannot currently be changed, and it is not easy to imagine a form of engineering capable of transforming the XX genetic makeup of all the trillions of cells in a human individual into XY or vice versa.

Choice and Institutionalization

Gender preferences are not chosen in a single, definitive act of will, but rather they are constituted throughout development. Will consists rather of an inevitable and continuous process of decision-making within a given context, guided by certain relatively stable principles, norms, or values, with the risk of error—both in the decision itself and in the principles—which may be revised and corrected by life experience or by social changes, such as scientific advancements. That such gender preferences are varied and possible does not imply that they are a pure manifestation of absolute individual freedom or will, independent of all social mediation and the very process of development. It is possible for a human male to live as if he were a human female, and this has occurred in various ways throughout the centuries. Stating in an official document that one's sex differs from the one "assigned" (by society, by a doctor) on the birth certificate has a performative meaning: I now self-identify as male or female (or as neither) and ask that the public authority endorse this. Note that here the involvement of the state is indeed required—in fact, it is actively sought—and not accidentally but substantively: personal self-perception alone has very limited value unless it is socially validated through the state. If it were enough to live or attempt to live in accordance with one's perceived or chosen identity, without any endorsement, support, or defense from the state or society, the essential practical problem of the entire trans movement would almost dissolve.

Even when one has lost one's primary sexual characteristics (which does not imply having acquired all those of the other sex), the affirmation of oneself as a subject of the opposite sex remains an acceptance of the reign of will. And affirmative public recognition, in and of itself, amounts to a celebration of self-determined interiority, to such an extent that it becomes politically incorrect to even raise doubts or problematize the phenomenon. The transsexual, as we have indicated, does not deny the sexes but only wants to change sex and believes their choice can initiate that change. In reality, the change consists of living as if one were of the other sex—usually in accordance with the most conventional heterosexual pattern—in every possible aspect, including bodily modification to the extent that it is feasible. Transgenderism (B2) denies sexual duality itself and assumes that the transsexual is, at heart, conservative—that is, they accept the existing norm (two sexes and two genders). The will, then, becomes an absolute monarch, because liberation goes beyond all given normativity (the conventional, the binary) and even beyond all possible normativity: there is a belief in total freedom to produce all the genders that fit within the diversity of experience—or none, which amounts to the same thing—an experience that ultimately consists, as we have already noted, in a constant generation of differences and a perpetual disidentification, with nothing instituted and everything in an incessant process of instituting.

The paradox is that anti-normative disidentification demands the immediate establishment of a new normativity, because it calls not only for freedom to live experiences—privately or among peers—but also, and above all, public and institutional recognition at the highest level, with normative changes ranging from laws to language and speech, including celebrations, flags on official buildings, tribute events, the promotion of academic studies and research, the creation of official bodies and observatories of all kinds, grants and aid, educational and architectural interventions (services), sports participation in events of the chosen gender, etc. A reality is promoted that is analogous to the old one (the binary one), but expanded in scope and depth; the existence of boys, girls, non-binary children, and a whole list of variants—which, when combining gender identities with sexual-affective orientations, number in the hundreds—is considered natural and has been rendered invisible until now. Otherness becomes a norm as rigid—or even more so—than the previous one; a norm constituting the new identities, premised on an act of rebellion against the old conservative and repressive status quo, ideologically underpinned by the denial—in the Foucauldian vein—of any epistemic consistency to sexual duality, linked to heteropatriarchal abuse. Transgenderism is grounded, negatively, in the rejection of sexual duality (either to deny the dependent gender dualism—B1—or to

3 Although antinatalism is defended from positions close to queer theory (Clarke & Haraway, 2018), it seems beyond dispute that a state that does not even reach the replacement rate is heading toward demographic, economic, and possibly political problems, and that all sovereign states have implemented policies aimed at adjusting birth rates to ensure the survival of the political community itself. Turning one's back on this implies accepting, with all the consequences, that the survival of the very nation-states in which one lives is irrelevant, which moreover implies a peculiar political program that is clearly in the minority on the planet.

4 Between transsexualism and transgenderism lies a conflict analogous to that between so-called classical feminism and transfeminism. Transsexual advocates have accused transgender advocates of hindering the social acceptance of trans people as men or women, while transgender advocates object to precisely the fact that acceptance requires the acceptance of the binary (Mas, 2015).

minimize that supposed dependence, such that sex is considered dual yet irrelevant to the infinite number of genders—B2), and positively on a conception of the norm, individual experience, and "free self-determination" that constitutes a flawed theory of psychological construction, as we hope to have shown.

The crux of the problem, then, does not lie in the possibility of diverse sexual lifestyles—which, after all, would be encompassed within a broad conception of gender—but rather in the imposition of a new institutionalized normativity, likely harsher than the old one (due to its explicitness and bureaucratization), based on an ad hoc rejection of the sexual dualism upon which the old norm was founded. This new institutionalization entails the construction of new subjects under new norms, deemed valid for their liberating nature but at the same time, according to their own logic, colonizing of the subject, and thus in need of some new subversion. In our view, what is happening is that, since the denial of sex lacks a foundation, the entire edifice is poorly grounded. The notion of construction in queer theory is itself poorly constructed, and can also be harmful. The expansion of a transition market fueled by the ideology that you have the right to decide without interference—without experts, without discussion, without data, without the pluralistic mediation of others, which, incidentally, is generically constitutive of all human development—has produced a significant increase in young trans people (Twenge et al., 2025) and, of course, in hormone clinics, which is often a preliminary step to surgery and is lifelong. The point is that this increase is not due to an unveiling, unless we believe that trans identity emerges from a natural intrapsychic authenticity. And this is where we must pause to examine development, from this constructivist perspective, capable of accounting for the genesis of trans identity, including the social modulations that allow us to understand this increase.

Psychology and Development

Looking at the more or less recent psychological literature on the subject, we find a bewildering variety of topics and approaches. We encounter studies on the ontogenetic development of gender identity approached from diverse perspectives: psychodynamic, clinical, psychobiological, affirmative, etc. (Aristegui et al., 2022; Bradford & Catalpa, 2019; Castañeda, 2015; Chen et al., 2018; Coyne et al., 2020; Diamond, 2020; Spivey & Edwards-Leeper, 2019; Withers, 2020). We find discussions on pathologization and depathologization and on the advisability or otherwise of early hormone therapy (Ashley, 2019; Barqui et al., 2018; Marchand, 2017; Périer, 2020). We find studies on detransitioning and discussions on whether early treatment or watchful waiting is better (Ashley, 2022; Favero & Machado, 2019; Giordano, 2019). We find studies on the role of family and social factors (Abreu et al., 2019; Hafford-Letchfield et al., 2019; Kane, 2006; Olson et al., 2016). And we find discussions on issues of ethics and human rights (Medjkane et al., 2021). Amid all this variety, the presence of the affirmative approach—which has become the official, or at least the de facto, one—is, of course, very noticeable (it is perfectly represented by Edwards-Leeper et al., 2016; see also Keo-Meier & Ehrensaft, 2018, and the curious twist by Singh, 2016, who advocates for liberating the therapist themselves). Also very noticeable is the idea that trans people simply exist, as specific subjects, naturally (an idea that, paradoxically, can lead to accusations of pathologization, since they are labeled as fitting into a diagnostic category), an idea that sometimes persists even when attempting to adopt an evolutionary, ontogenetic, or psychosocial perspective (Bockting & Coleman, 2016; Boskey, 2014; Dunham & Olson, 2018; Pinto & Moleiro, 2015; Riggs, 2019).

Recently, one of us (Sánchez-González, 2025) has systematized a number of concepts from the constructivist tradition regarding cultural transmission understood from a psychological perspective: those of *mediation* (the behavior of group members is mediated, though not determined, by available cultural content), *diagramming* (there exists a stabilized system of operations that defines the basic, socially shared aspects of the reality of that content), *scaffolding* (the influence of other individuals, whether intentional or not, is often decisive in transmitting that diagramming), *openness* (operations have their own logic of generating novelty, intertwined with biological and cultural logic but not completely reducible to either), and *the functional pulse of artifacts* (cultural content does not exist autonomously, without the involvement of subjects' recurring operations). Applying this general framework to the trans phenomenon in order to establish a minimal order, we arrive at the following.

First, there are cultural mediations shaped by the media, laws, school and educational systems, affirmative therapies, identity models, parenting practices, customs, and so on. Second, we have activities that unfold throughout the individual's development and are related to patterns of sexual or gender behavior in a context that, at certain moments, may lead them to make decisions that steer them toward one form of identity stabilization or another. Third, throughout this development—with critical periods in early childhood and adolescence—the aforementioned activities constantly occur in interaction with those of other individuals, some of whom—family, educators, experts, friends, and social networks—exert an incomparably greater influence. If they are presented with models of trans desirability, the individual is more likely to gravitate in that direction. Fourth, what the individual does depends on what they have done, in the sense that they are constructing a biography, a "personality" that cannot be reduced to their biological or sociocultural determinants. That personality, that "identity," that self, is literally under construction, organized around a functionally stable "axis" (emotional, sexual-affective, vocational, aesthetic, ideological, etc.) amidst and through multiple frames of meaning (using what works, integrating what they can, rejecting what they cannot). Under certain conflicts or instabilities, it will tend to polarize toward the trans horizon, to the extent that it thereby achieves stability, relief, etc. And, fifth, the exploration and use of that trans horizon in its institutional dimensions (its practices, theories, values, networks of relationships, etc.) will allow for the crystallization of identity as a trans person, which in turn closes the circle and confers reality and institutional density upon the phenomenon itself.

The trans phenomenon has thus become an object because it has been constructed as such, and in a peculiar way. It has been categorized and produced—especially in the United States and its sphere of influence—through the institutionalization of a network of mechanisms—clinical, pharmaceutical, ideological, legal, etc.—that enables acts of identification (Rosa & Blanco, 2007) with identity categories that accumulate ceaselessly and around which, moreover, the biographies of those who perform these acts seem to

take on meaning: bigender, demigender, two-spirit, fluid, neutrois, pangender, agender, polygender, aporgender, aliagender, maverique, etc. From a sociological perspective, these are often categories that give rise to authentic subcultures.

The mechanism of acts of personal identification aligns with a well-known performative effect in the social sciences and philosophy, which Ian Hacking (1995) termed the "looping effect," according to which the categories used to describe subjects constitutively—and not accidentally—affect their experience and behavior, thus functioning as self-fulfilling prophecies. Abigail Shrier's (2021) book *Irreversible Damage* can be read as a compilation of examples of the looping effect relating to the trans phenomenon, set within a historical and sociocultural context whose characteristic components include liberal democracy, the expansion of the internet, hypervigilant parenting styles, psychologistic individualism, etc., and whose agents—distinct from culprits—are, aside from the adolescents themselves, schools and universities, therapists, families, healthcare systems, influencers, and, in general, the promotion of affirmative and celebratory ideology regarding trans issues. The package is also typically presented as complete and morally self-contained, such that anyone who does not buy into it is immediately dismissed as transphobic.

The performative psychosocial influence is evident even in something as widely accepted as early medication, insofar as it steers children and adolescents in such a way that it becomes increasingly difficult for them to deviate from the path of transition. This is pointed out by Christopher Richards et al. (2019) and William Malone et al. (2021) when they warn of the potential long-term negative physical effects of puberty blockers, for example on bone density, neurodevelopment, or fertility.[5] According to the former, hormone therapy is like walking blindfolded. Alison Clayton (2022) literally speaks of dangerous medicine and compares mastectomy—masked behind euphemisms such as "top surgery" or "chest contouring"—to past practices like lobotomy (top surgery is nothing more than the removal of healthy tissue). Furthermore, Madeleine S.C. Wallien and Peggy T. Cohen-Kettenis (2008) demonstrated long ago that most children with gender dysphoria will no longer experience it after puberty, and with some probability, it will resolve into homosexual or bisexual orientations.

The looping effect is no mystery from a psychological standpoint. In terms of social and developmental psychology, one can expect nothing other than mutual influence and performative processes, because that is precisely what allows the subject to constitute themselves as such a subject, with a specific personality or "identity." Shrier and other non-affirmative authors seem to assume that there is a tiny percentage of "real trans" people who are not the product of "social contagion." However, the distinction between "real" and "contagioned" trans people is incompatible with the constructivist perspective we are applying. It reproduces the distinction between culture (contagion, social influence) and nature (what the "real" trans person seems to carry within themselves, as a pre-existing essence), and overlooks the fact that social interactions—the actions of others toward me—are an intrinsic part of the development of personality, the self, and all identity. They are not accidental, nor do they "contaminate" something prior and pure. They are part of the process of constructing a result that does not exist beforehand, a result that is woven together through the integration of the multiple social influences experienced by a human subject and which undoubtedly has its own organic and psychophysical particularities (a genetic endowment, a bodily morphology, certain sensory thresholds, etc.). Organic conditions are always present (and are modified within their corresponding degrees of plasticity: gene expression changes throughout life, as do bodily morphology, pain tolerance, etc.), but social interaction always occurs; it cannot fail to occur. If it did not occur, the self would possess no specifically human identity—neither as a trans person nor even as a self. If a subject is raised from childhood by wolves (another type of social interaction), they end up being a hunting mammal with a system of operations coordinated with those of the wolves, not a "human person" among wolves, because they would not have become a human person (nor a "two-legged wolf").

How, then, should we reinterpret the distinction between "real" and "contagioned" trans people? Simply in terms of different forms of institutional shaping of development. The unidirectional "pro-trans" social influence, which has grown exponentially, has led *many more individuals* to identify as trans (to "save" themselves from generic sufferings related to adolescent crises, conflicts regarding self- and body-perception and acceptance, tensions or uncertainties about sexual preference, etc.) *than would occur under social conditions of pluralistic influence* (with information and counseling on typical developmental issues and sexual preference at certain ages, on the pros and cons of hormone therapy, on the possibility of a waiting period, on the diverse experiences of other people, and, of course, regarding their inescapable freedom to ultimately decide) *and rationally grounded* (capable of articulating the developmental conditions we are attempting to explain here, critical of the chimeras of an autonomous and absolute will, and realistic about the objective limitations of "sex reassignment"). Under these social conditions of plural and rationally grounded influence, it is likely that a majority of people will end up following more or less familiar developmental courses—whether homosexual or heterosexual—that do not lead to the rejection of their bodies or to the initiation of hormone therapy or surgery. Sticking to development, without essentialism, we could then say that the rest of the subjects simply need to be trans, in the sense that *they find no better path* to alleviate their suffering. It is not that they are "the authentic ones" from the start. It is that they become trans after trial and error, deliberation, and decision-making. In their case, psychotherapeutic support cannot insist on effecting a "conversion," because it would psychologically destroy them or push them toward self-destruction. Transsexuality would then be the most functional developmental path for identity stabilization, with its physical costs; transgenderism, without that type of cost.[6]

5 In pre-surgical medication, two phases are typically discussed: the administration of puberty blockers—peptides that inhibit the production of sex hormones and whose effects are presumed to be reversible—and subsequently cross-sex hormone therapy, that is, the administration of testosterone to women and estrogen to men.

6 In a text titled after the Hippocratic oath that requires physicians "First, do no harm", David Bell goes so far as to suggest that the true conversion therapies are those that promote early transitions: "As I see it, the rapid decisions as regards the provision of medical and surgical intervention is itself a form of conversion therapy - like the past "treatments" for homosexuality, it seeks to refashion the body as the only permissible solution to painful conflicts about gender. It brings about transformations in the body, converting it in order to satisfy often insufficiently examined individual, family and social agendas" (Bell, 2020, p. 1035). This author points out the paradox of trans ideology when it interprets gender as something well-defined in terms of identity while, at the same time, considering the body to be fluid and malleable. Note that this is the same, but in reverse, as what was done with homosexuality: the bodies of homosexuals were considered fixed entities that determined their identity, and when that identity did not conform to that determination, it had to be molded to fit.

Social influence operates through macro- and micro-level mediations that are equally straightforward. The irreversible damage Shrier speaks of occurs among a population composed primarily of young and adolescent girls as well as young women. It is not that they are an intentional target, although as part of the phenomenon one cannot exclude commercial interests, but rather an effect of the cultural availability of a certain way of stabilizing personal identity which, as we said, is just as normative as the male-female binary (it cannot help but be normative). What trans ideology does, through its discourse and its power, is replace the norm of a world where there are boys and girls with the norm of a world where there are boys, girls, and non-binary children. This norm is supposed to be better, more authentic, and more liberating than the other, but it is unclear why. In reality, what it does is block social practices that helped stabilize identity, leading to a leap into the void that, in turn, must be cushioned by ad hoc mechanisms steering it in the opposite direction of "assigned sex"—since assigned sex is the conservative one—following a typical self-fulfilling prophecy mechanism.

The trans phenomenon is undoubtedly so difficult to address—though not necessarily to understand—because it involves a convergence of sociocultural, psychological, and biological factors, both phylogenetic and ontogenetic, and they converge in a way that aligns with a—typically contemporary—political activism based on personal or collective identities, where the paradoxical circumstance arises that, often, those who rebel coincide with those who govern (trans ideology is official policy in many governments, including Spain's at the time of writing). What is strange is that it is not taken for granted, within the psychological profession, that there is a professional obligation to inform adolescents of the complex reality of development, so as not to trap them in the narcissistic bubble of self-determination—which, on the other hand, is precisely what our Trans Law encourages by outlawing any resistance to the subject's will, as if that will were not already fueled in this case by an overwhelming ideology that seeks to function as *the sole mediator* of development. Instead of preventing, accompanying, and explaining what is known about biology and human development, expectations of liberation and happiness are created without any scientific basis whatsoever.

Conclusion

Of course, this is not about denying that trans people exist; rather it is about understanding how they come to exist. Much less is it about doubting that they are subjects of law like any other citizen. It is about committing to understanding and regulating the phenomenon without unduly amplifying it, as well as about expanding decision-making beyond the affected individual. Experts should not dismiss the phenomenon, but neither, in our view, should they take it for granted, encourage it, or regard it as a cause for celebration, uncritically accepting the affirmative approach. And this is the case if only because, even in the best-case scenario—when the transition leads to a functional, satisfying life—the process entails a cost that, had the initial distress been addressed differently, would surely have been avoidable or at least reducible. Psychologists, psychiatrists, and mental health professionals in general are not passive agents in the production of the trans phenomenon. The cultural configuration of this phenomenon—which is what shapes the identity-related distress that ultimately manifests in specific individuals with names and surnames—owes much to contemporary psychological knowledge.

What we have defended here is, first, the biological objectivity of sex, linked to reproduction and the condition of dimorphic physiological development and sexual behavior. Condition does not mean instinct or destiny. Conditions are woven or interwoven in various ways; for example, allowing for both homosexual and heterosexual practices in many species. Second, we have recalled that cultural practices normalize standards of sexual behavior. And, third, we have highlighted the psychosocial reality of development—in this case, the development of sexual or gender identity and behavior—where tensions arise within which sex-gender identity and orientation stabilize. Such stabilization depends neither solely on the body (the brain; *cf.* Loredo, 2023) nor solely on the "soul" (psychic interiority or the depths of the self), and it may bring about novelties that clash with hegemonic norms, but which are not better simply because they oppose these norms (they inevitably institute others) or because they emerge from desire or individual freedom (which do not even exist as absolutes).

Without wishing to be naive, we wonder why the voices of developmental psychologists and social psychologists are not more prominent in explaining that ontogenetic and sociocultural mediations are inherent to the self, or why more psychotherapists do not explain that the management of personal conflicts involves a subject situated in the real, socio-historical world, among other subjects who also experience conflicts and whose behavior will not always validate our own. Anyone who decides to transition must understand what it entails, what they are doing (a psychologist cannot operate with a conception of the will that is not empirical—as a system of operations that, with the risk of error and amid uncertainty, has no choice but to incorporate decisions at certain moments, responsible decisions, i.e., informed ones). Trans metaphysics, as we have discussed, is not the best way to understand and manage the situation, not even for people who are close to taking the step.

It is true that we, too, might be asked why affirmative support is worse than prudence—that is, listening, waiting, explaining, advising, accompanying, discussing, and shifting the focus away from subjective discomforts. After all, it will be said, mechanisms like the looping effect are non-specific; they mark no difference between what happened before and what happens now: binary identification processes (man/woman) are just as performative as those of transsexuals or transgender people; it is simply that the circumstances that had previously stabilized the two sexes or the two genders have changed. Moreover, it will be argued, the side effects of the norm are likewise nonspecific, since every norm causes them but the previous world was no oasis of happiness either. Besides, the bodily modifications required by transsexuality—whether chemical or mechanical—are not even new: in other eras and cultures, drugs have been and are used; tattoos, scarifications, neck elongations, foot binding, corseting, cranial deformations, tooth filing, piercings, castrations, etc. have been and are performed.

Our response is that not all these practices have the same meaning, nor can they be judged from God's perspective—that is, from outside of history. Techniques for self-modification undoubtedly make sense in certain contexts, but that does not

automatically justify them. First, because even within each context there can be conflicts and contradictions—clitoridectomy, for example, is not a practice fully accepted within Islamic culture, but rather a subject of debate; and second, because comparison and judgment are inevitable when our realm is of this world. Although it cannot avoid being situated, it is perfectly legitimate, if not inevitable, to condemn certain practices, and in fact we do so all the time, regardless of whether we understand—and it is desirable to understand—their cultural logic. We are undoubtedly taking sides, though aware that there is no ultimate metaphysical foundation to sustain it—but there is none for us or for anyone, because the only possible judgment is comparative and precarious, unless our kingdom is not of this world.

What the affirmative conception of the trans phenomenon does, through its claim to be the sole mediator and based on a mistaken conception of will, identity, and development, is to foster trans developments that are likely unnecessary (psychosocially ill-conceived, if you will), in astonishing numbers, which will likely lead to an astonishing amount of resulting problems and suffering. The alternative, along the lines we have presented, includes both a clearer and more critical psychological perspective (one that allows us to understand both the trans experience and the irrational conditioning to which it is subjected in our country—from which other countries are moving away[7]) and a political decision committed to both rationality and the reduction of suffering.

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Conflict of Interest

There is no conflict of interest.

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7 The Cass Review, a document of over three hundred pages commissioned by the UK National Health Service from pediatrician Hilary Cass in 2020 (Cass, 2024), has been the driving force behind this reversal—or at least a reevaluation—in countries such as Finland, Sweden, Norway, Australia, and France, in addition to the United Kingdom itself (for the cases of Finland, Sweden, and England, see also the information provided in the article by Levine and Abbruzzese, 2023). Cass bases her arguments on empirical evidence and points out that it is unclear whether medical interventions improve gender dysphoria in the long term. She also highlights psychosocial factors, which would at least partly explain the large number of adolescent girls who exhibit this dysphoria. In contrast to the affirmative approach and ideological pressure—which she herself denounces—she advocates for a comprehensive assessment of children and adolescents that, grounded in psychotherapy, does not rule out possibilities and exercises great caution regarding puberty blockers and hormone therapy.

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Article

Academic Narcissism: How Universities Also Chase Likes

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ABSTRACT

This article examines the emergence of academic narcissism as a specific manifestation of cultural narcissism within the contemporary university context. Drawing on the concept of normative narcissism, we explore how the logic of visibility, self-exposure, and the pursuit of recognition has been integrated into teaching and research practices, transforming professional identity and modes of knowledge production. The culture of metrics, impact indicators, and digital presence has turned the university into a stage of representation, where prestige depends less on knowledge and more on exposure. Using examples from the Spanish context, the article discusses the effects of academic evaluation criteria on the generation of competitive dynamics, institutional envy, and a decline in cooperation. Finally, guidelines are proposed to redirect visibility toward a culture of purposeful recognition, grounded in quality, collaboration, and intellectual integrity.

El Narcisismo Académico: Cómo la Universidad También Busca *Likes*

Palabras clave
Narcisismo académico
Cultura digital
Universidad
Visibilidad
Reconocimiento

RESUMEN

El presente artículo analiza la emergencia del narcisismo académico como manifestación específica del narcisismo cultural en el contexto universitario contemporáneo. Partiendo del concepto de narcisismo normativo, se examina cómo la lógica de la visibilidad, la autoexposición y la búsqueda de reconocimiento se han integrado en las prácticas docentes e investigadoras, transformando la identidad profesional y los modos de producción del conocimiento. La cultura de las métricas, los indicadores de impacto y la presencia digital ha convertido la universidad en un escenario de representación, donde el prestigio depende no tanto del saber si no sobre todo de la exposición. A partir de ejemplos del contexto español, se discuten los efectos de los criterios de evaluación académica en la generación de dinámicas competitivas, envidias institucionales y pérdida de cooperación. Finalmente, se proponen orientaciones para reorientar la visibilidad hacia una cultura del reconocimiento con propósito, basada en la calidad, la colaboración y la integridad intelectual.

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We live in an era in which the self has taken on unprecedented centrality. Contemporary societies, driven by digital culture and the imperative of visibility, have led to self-image and recognition becoming dominant values. In this context, the concept of narcissism has transcended its clinical origins and no longer refers solely to a personality disorder (Ronningstam, 2022) or an individual trait characterized by grandiosity, excessive self-focus, and a lack of empathy; rather, it has established itself as a sociocultural phenomenon that extends beyond the psychological realm. In recent years, scientific research on narcissism has increased significantly, broadening the scope of the concept and highlighting its relevance for understanding contemporary social dynamics. Since cultural narcissism was first described around 1980 (Lasch, 1979/2023; Lipovetsky, 1983/2006), it has continued to grow to the point where it is now a sign of the times. Cultural narcissism is characterized by a form of social organization in which values, practices, and identities revolve around the exaltation of the self, the self-image, and the pursuit of recognition. It is a spirit of the times that prioritizes visibility, self-expression, and personal success at the expense of community ties and collective projects.

Today, the global rise of so-called "geek culture" has provided many people with a conducive space to construct and display specific identities, contributing to the spread of cultural narcissism. Geek culture presents characteristics particularly appealing to individuals with narcissistic tendencies, such as the potential to be perceived as exceptional or cool and the opportunity to participate in fictional universes where reality is flexible and easily malleable (Campbell & Crist, 2022).

Parallel to this phenomenon, woke ideology—through its expressions of identity-based activism—fosters another scenario where public self-affirmation occupies a central place. Within this framework, identity becomes not only a personal trait but an element that must be socially recognized and validated, integrating itself as an essential part of individual well-being (Braunstein, 2024; Doyle, 2022). This dynamic, based on the need to make one's identity visible and obtain external confirmation of its legitimacy, places certain woke discourses within the same logic of cultural narcissism noted above.

Woke discourse promotes the emergence of a particular form of communal narcissism, a concept developed in personality psychology. Communal narcissism refers to individuals who maintain a grandiose self-image based on their supposed goodness, altruism, morality, and prosocial activism, in contrast to agentic narcissism, which is centered on status, success, or power (Gebauer & Sedikides, 2018). However, evidence indicates that communal narcissists are not objectively more or less prosocial than other narcissists. Their distinctive trait lies in the fact that they tend to perceive themselves as extraordinarily prosocial, exhibiting heightened self-aggrandizement of their communal virtues (Nehrlich et al., 2019).

Woke-style communal narcissism can be observed in phenomena known as posturing or virtue signaling—that is, the public display of politically correct stances intended to project supposed moral superiority and highlight how virtuous, progressive, or ethically irreproachable one is. Practices such as cancel culture, self-cancellation, self-censorship, or so-called "transphobophobia"—the fear of being accused of transphobia if one does not explicitly express adherence to transgender ideology (Errasti & Pérez-Álvarez, 2022)—are some examples of this type of communal narcissism-style moral performativity.

Academic communal narcissism can be understood as a form in which professors display an inflated self-image of social consciousness, ethical commitment, and woke sensibility. This posturing, or virtue signaling, is characterized by the pursuit of ethical, political, or symbolically progressive superiority taking precedence over knowledge, reasoned debate, and critical examination—true university virtues.

The problem with narcissism is no longer that it has become widespread and normalized, but rather that it is becoming normative, functional, and adaptive (Pérez-Álvarez, 2026). Normative narcissism is not limited to certain age groups, such as adolescence, nor to specific environments like social media (Casale & Banchi, 2020; Gnambs & Appel, 2018), corporations (Campbell et al., 2011), or politics (Hatemi & Fazekas, 2018; Post, 2015). The university is now an ecosystem of normative narcissism, affecting students, professors, and researchers alike. With regard to students, it suffices to point out four converging aspects of narcissism: the student as a customer who is always right, who must be flattered, and whose satisfaction becomes an indicator of institutional success; the university as a safe space, such that nothing contradicts their opinions, leading to cancellations and warnings about possible words and topics that could cause discomfort and even trauma; the policy of emotional well-being, whereby the institution assumes responsibility for protecting students from all forms of distress (Haidt & Lukianoff, 2018/2019); and, thus, institutionalized infantilization (Furedi, 2018; Hayward, 2024). As for this article, it will focus on academic narcissism as it pertains to professors and researchers, analyzing how the pursuit of recognition and visibility has transformed university identity and practices.

The "Academic Self." Academia as a Stage

We live in an era in which the self has become a personal marketing project. Social media not only allows us to communicate: it drives us to put ourselves on display, to measure ourselves, and to compare ourselves. Visibility functions as a symbolic currency that defines belonging and success. Every digital profile is a showcase, every post a way to demand attention. As Casale and Banchi (2020) point out, digital platforms reinforce traits of self-exposure and the pursuit of admiration, shaping environments where external validation becomes a psychological necessity. But this desire to be seen and recognized is not limited to the personal sphere: it also seeps into spaces that, traditionally, were meant to foster critical reflection. Among them, the university.

For decades, the university was conceived as a refuge for thought, a space protected from market logic and the imperatives of visibility. Academic legitimacy was built on intellectual merit, contribution to knowledge, and membership in a community of peers. However, in recent years, that image has begun to crack. The advance of digital culture, the pressure to be productive, and the colonization of university life by quantitative metrics have radically transformed the academic ecosystem. Today, researchers, faculty, and institutions are pushed to stand out in an environment saturated with information and competition.

Academia is no longer merely a space for the production of knowledge; it has also become a stage for self-presentation, where

professional identity depends on public exposure. Digital platforms (X, LinkedIn, ResearchGate, Google Scholar, Academia.edu, or even Instagram and Facebook) serve as showcases where each scholar projects a carefully curated version of themselves. The university has incorporated the mechanisms of self-promotion and branding, in many cases replacing the ideal of collaboration with the logic of competition for attention (Bartram, 2020). Academics experience increasing pressure to engage in self-promotion, particularly as universities become increasingly market-oriented (Duffy & Pooley, 2017). These forms of self-promotion and branding manifest in behaviors that have become normalized in university life: the careful management of profiles on academic and professional networks; the public and recurring announcement of any achievement (accepted articles, grants, conferences); the circulation of photographs and messages intended to reinforce the professional identity; or self-presentation inflated through lists of merits in presentations and public activities. Practices such as the strategic use of hashtags to maximize visibility or the creation of personal narratives about productivity or the impact of publications also demonstrate the extent to which the logic of personal marketing has become embedded in contemporary academic culture. Ultimately, what is recognized is not the soundness of knowledge, but an apparent validity, grounded more in visibility than in substance.

This theatricalization of academic life is deeply linked to what Khamis et al. (2017) describe as the culture of "micro-celebrity": the ability to manage one's own visibility as a symbolic and professional resource. To the extent that prestige is increasingly associated with digital presence, scientific communication becomes intertwined with strategies for personal positioning in the digital world. Not only must the professor, researcher, or doctoral student produce knowledge, but they must also "produce" themselves as recognizable figures in the media-academic circuit.

The university, therefore, becomes a hybrid space where two mutually reinforcing dimensions converge: a place of intellectual creation and a stage of representation. Whereas the university institution was once defined by the production of knowledge and the pursuit of truth, today it is permeated by the same logics of self-exposure and visibility that dominate social media and digital culture.

Conferences, seminars, and academic social media operate as mechanisms of visibility where success is measured as much by the reach of the message as by its content. The pursuit of recognition, institutionally legitimized through rankings, impact indices, and digital reputation, reinforces the idea that academic value is inseparable from its capacity to circulate publicly.

This transformation has generated a subtle yet profound shift: from knowledge as a common good to knowledge as a personal brand. To the extent that the university adopts the codes of marketing, research becomes a narrative that must be "sold", and the professor becomes an agent of their own promotion. As Bartram (2020) points out, this process not only redefines academic identity but also alters the way knowledge is produced and shared, prioritizing rapid exposure over sustained reflection.

Thus, 21st-century academia increasingly resembles a global stage where visibility is confused with relevance. The risk is that the institution, in its effort to be seen, loses its capacity for critical inquiry. If the logic of applause replaces that of argument, the university ceases to be a place of thought and becomes a spectacle of prestige.

From Knowledge to Recognition

Academic narcissism takes the form of institutionalized, excessive ego. It is a mindset that values the appearance of productivity over the research process itself. Publishing quickly, racking up citations, maintaining a presence on ResearchGate or Google Scholar, or gaining followers on X and LinkedIn have become markers of prestige. As described by Khamis et al. (2017), the logics of self-branding and micro-celebrity, born on social media, have seeped into traditionally vocational professions, transforming academic identity into an ongoing marketing project. The contemporary scholar no longer merely produces knowledge; they produce their own image. The old ideal of disinterested scholarship is being displaced by a model where exposure equals success, where visibility matters as much as content. What matters is not just discovering and contributing new knowledge, but appearing in rankings, accumulating metrics, and collecting likes and accolades.

The obsession with visibility and metrics can lead to extreme, ethically questionable, and even openly fraudulent practices. Among these are the fabrication of *ad hoc* studies, or the inflation of one's CV through the publication of articles in "zombie" or "predatory" journals (Biosca, 2025), so named because their primary objective is to profit by charging authors high fees without guaranteeing a rigorous peer-review process. The proliferation of these journals has contributed to undermining trust in science and distorting researchers' productivity indicators.

In this context, the pursuit of metrics becomes an end in itself, displacing traditional academic values such as critical reflection, methodological rigor, and research integrity. Within this logic, everyone seems to come out ahead: authors accumulate publications, journals generate revenue, and institutions and universities improve their rankings.

In this situation, the metaphor of the "fear of exile" proposed by Hafermalz (2021) is particularly relevant, helping to explain why digital presence is experienced more as an obligation than as a choice. Digital platforms function as spaces where scholars seek to secure their sense of belonging, avoiding being sidelined from the networks of recognition that govern evaluation systems. These infrastructures not only amplify achievements but also act as defensive mechanisms: technologies of affiliation that allow one to "not disappear" in the eyes of colleagues, disciplinary communities, and, above all, those who manage grants, accreditations, and job opportunities. Continuous visibility becomes indispensable, while absence or inactivity risks being interpreted as a withdrawal or a figurative exile within the academic field itself.

In this new ecosystem, academic activity (research, teaching, and publishing) is tainted by the need to put on a show. Every faculty member, researcher, or student is compelled to construct a public identity and project an image of competence, originality, or prestige. Digital platforms, which function as global showcases, turn the academic into a "performer" who must maintain their relevance in an environment saturated with constant discourse, metrics, and comparisons. Thus, the university becomes a theater of merit, where visibility partially replaces depth and where recognition is measured as much by citations and followers as by contributions to knowledge.

As Wong (2024) points out, the figure of the "PhD influencer" embodies this new model: researchers who document their academic

lives as content and whose popularity is measured by their ability to generate attention. Professional achievements are communicated in real time, and attempts are made to disseminate them publicly without meaning, without reflection, and without any purpose beyond visibility. Every article accepted or award won is announced with photographs and public acknowledgments on social media, in a sort of ritual of digital self-affirmation. What was once an intimate achievement in a professional career has now become a public act of self-affirmation. And even at conferences and seminars, this logic is replicated and self-exhibition becomes normalized: it is not uncommon for a presentation or a talk in a course to begin with a slide full of credentials, as if, before sharing ideas, it were necessary to display one's merits and achievements, as if authority derived more from fame than from thought. Academia thus adopts the codes of the influencer: the value of what is said depends on the recognition accumulated by the speaker.

In the digital age, the researcher's prestige and legitimacy have become intertwined with media capital. The logic of algorithms rewards frequency and exposure, not necessarily quality or originality. Morris et al. (2021) warns that the need to "be first" in science and the pressure toward promotional primacy fuel self-promotional behaviors that distort collaboration and research ethics. Being cited in an article or mentioned on social media acquires a similar symbolic value: both grant visibility, though not always knowledge. This culture of prestige transforms knowledge into a communicable product, more attentive to its form than its substance.

In this context, the culture of the CV, impact indicators, and digital reputation metrics create an environment where being visible is equivalent to existing. And in the process, the essential values of academic life are eroded: cooperation, intellectual humility, and critical thinking.

Academic Envy: The Mirror of the Other

If narcissism drives one to show oneself, envy drives one to compare oneself. They are two sides of the same coin: the search for recognition in a system that rewards exposure. In contemporary academic culture, others' achievements can awaken feelings of inferiority and competition that often translate into excessive self-promotion as a compensatory mechanism. Instead of inspiring collaboration or admiration, the success of others becomes a reminder of one's own perceived inadequacy, fueling the need to make oneself visible so as not to disappear. Social media and digital metrics intensify this dynamic, as they transform academic achievements into public spectacles of validation. Thus, envy tends to manifest in contexts where comparison is constant and symbolic resources (such as prestige, attention, or reputation) are perceived as scarce, and it is particularly triggered when one's own status is perceived as threatened (Crusius & Lange, 2016). Therefore, excessive self-promotion does not always stem from ambition, but rather from the fear of disappearing from the public eye. Envy reveals the fragility of the self in an environment where one's worth depends on being seen by others.

Thus, excessive self-promotion stems not only from individual ambition but also from the psychological pressure of constant comparison. Against this background, restoring the genuine knowledge-creation function of academic work is essential to rebuild more cooperative university communities, where mutual appreciation replaces competition for being seen by others.

The Spanish Case: Leadership, Visibility, and the Paradox of Merit

In the Spanish context, this comparative logic is reinforced by the accreditation criteria of the National Agency for Quality Assessment and Accreditation (ANECA), particularly regarding the positions of tenured professor and full professor[1]. In recent years, the agency has placed increasing emphasis on so-called academic leadership, a category that includes merits such as leading teams of teaching staff, coordinating research groups, or holding academic positions. Specifically, for accreditation as a full professor, ANECA stipulates that "applicants will be required to provide significant evidence of a track record of leadership" (ANECA, 2024). Currently, many professors have had their applications for full professorship accreditation rejected due to a lack or scarcity of the aforementioned academic leadership.

However, many of these merits do not depend directly on individual effort or academic performance, but rather on contextual or relational factors, such as the opportunity to access certain positions or power networks within the university. Since these types of responsibilities are, by definition, limited and not always accessible, their overrepresentation in the evaluation criteria is generating unproductive internal competition, tensions, and envy among faculty, as well as power dynamics that have little to do with academic excellence. For example, the mere fact of serving as a course coordinator generates disputes and personal conflicts, turning what should be a technical and collaborative academic role into a symbol of status and control within the university hierarchy.

Furthermore, this evaluative approach puts highly qualified researchers and faculty at a disadvantage simply because they have not held certain administrative positions or been part of institutional hierarchical structures. Just imagine if Manjul Bhargava, winner of the Fields Medal—the highest honor in the field of mathematics (the "Nobel Prize" of mathematics)—were to apply for tenure as a full professor in Spain. He would be unlikely to be granted it, since his world-class mathematical contributions would not compensate for his lack of merits in management, teaching innovation, or institutional leadership. He would not have coordinated courses, headed departments, or participated in local university committees. Manjul Bhargava is a professor at Princeton University (USA), the university ranked first in the Shanghai Ranking in the field of mathematics, but it would be highly improbable for him to hold such a position at the University of Oviedo, which ranks between 401 and 500 in that same ranking and field. In the Spanish university system, even genius requires a position.

In addition to leadership criteria for promotion to tenured professor and full professor, ANECA takes into account the quality of teaching, assessed largely based on student satisfaction surveys. This evaluation model is particularly striking in the Spanish context, as it is unique within the civil service as a whole. In no other area of the civil service (not in healthcare, the judiciary, labor inspection, or tax administration) does the promotion or evaluation of civil servants depend on the opinion or satisfaction of users. Only in universities is the power to influence a teacher's professional career transferred to students, who are implicitly regarded as customers.

This approach, designed to promote pedagogical improvement, ends up generating harmful and counterproductive effects on

1 "Tenured professor" is "*profesor titular*" and "full professor" is "*catedrático*" in Spanish.

faculty since, in practice, it incentivizes professors to orient their teaching toward pleasing students rather than toward learning. The need to obtain positive evaluations can lead to a complacent pedagogy, as the professor is pushed to moderate their authority, lower academic standards, excessively simplify content, or adopt "playful" and infantilizing dynamics that seek to win the student's favor rather than increase their knowledge or develop their critical thinking. As Furedi (2018) warns, this pedagogy of complacency also infantilizes the teacher themselves, who learns to shield themselves from academic conflict and to manage affections rather than knowledge. The classroom thus becomes an arena of approval where professional identity is regulated by the pursuit of recognition. Ultimately, teacher evaluation based on popularity reinforces academic narcissism: the teacher acts as a performer who needs to be liked in order to be validated.

In light of the above, ANECA should revise its criteria for academic evaluation and promotion, placing greater emphasis on merits directly linked to intellectual excellence and contributions to knowledge. Leading research groups, teaching administration, or holding institutional positions should not take precedence over the assessment of original research, high-impact scientific output, or the development of new lines of study. Furthermore, teaching evaluation based on student satisfaction (an exceptional criterion within the civil service) generates counterproductive effects, as it incentivizes a complacent pedagogy aimed at pleasing students rather than promoting learning, whilst reinforcing academic narcissism and the figure of the professor as a performer.

Rethinking the Academic Self

Given this scenario, it is not a matter of rejecting visibility or longing for an ivory tower, but rather of rethinking the meaning of recognition. Being seen should not be an end in itself, but rather the natural consequence of rigorous and collaborative work. Reclaiming reflective slowness, unhurried writing, and genuine collaboration are all forms of resistance against the demand for constant brilliance. As Bartram (2020) emphasizes, only an academic culture that prioritizes authenticity over self-promotion can sustain its social legitimacy in the era of permanent exposure.

Academic narcissism forces us to look into an uncomfortable mirror: that of a university that reproduces the same impulses of self-exposure that dominate the digital sphere. The institution that historically was meant to foster critical reflection and the collective pursuit of knowledge now confronts its own image amplified by social media. In it, we recognize the tensions between the legitimate desire for visibility and the need for constant validation that characterizes the culture of performance. This broken mirror reflects an academia torn between its intellectual vocation and its dependence on public attention. The logic of constant exposure transforms the act of teaching, researching, and communicating. Academic authority, which once emanated from the substance of thought, is now confused with the ability to manage an audience. In this sense, the university becomes a microcosm of the digital society, a space where external recognition—likes, citations, mentions, metrics—replaces critical judgment and deep deliberation.

But the mirror also reveals deeper cracks. The pursuit of notoriety can distort the very aims of knowledge itself: apparent originality is prioritized over sound argumentation, immediate visibility over long-term impact. More time is spent promoting oneself on social media or elsewhere than on researching or thinking. At the same time, the pressure to publish and stand out fuels a culture of directionless productive anxiety, which, as Morris, MacGillivray and Pither (2021) warn, can erode the ethical and collaborative principles of research. In this context, intellectual humility becomes almost an act of resistance.

However, acknowledging these fractures does not mean condemning public exposure or idealizing a media-free past. As Bartram (2020) reminds us, social media offers genuine opportunities for dissemination, the democratization of knowledge, and transnational dialogue. The problem is not visibility itself, but its fetishization—when glamour supplants thought and media impact replaces rigor and hard work.

Perhaps the contemporary challenge lies in learning to inhabit that mirror without losing our critical perspective. It involves reclaiming a sense of academic community, strengthening shared reflection, and reclaiming the value of slowness in an age of immediacy. To be visible, yes, but from a place of substance, not vanity. To think, teach, and research not as forms of self-exposure, but as exercises in collective responsibility in the face of a society saturated with images and lacking in meaning.

In this context, it is essential to rethink the present and future of the contemporary university. Only by acknowledging its cracks can we rebuild it, remembering that the value of knowledge is not measured by its visibility, but by its ability to illuminate even when no one is looking.

Toward an Academic Culture of Purposeful Recognition: Guidelines for Meaningful Visibility

Transforming the current model of university visibility requires revising the mechanisms that sustain academic narcissism. It is not a matter of denying public exposure, but of reorienting it toward collective goals of improving knowledge. Visibility must be understood as a means for scientific communication, knowledge transfer, and community building, not as an end in itself.

At the institutional level, it is necessary to rethink evaluation and recognition systems. Quantitative metrics (number of publications, citations, or digital impact) should not constitute the sole criterion for assessment. It is essential to integrate qualitative indicators that consider contributions to knowledge, teaching, mentoring, and social transfer. As Hicks et al. (2015) argue, responsible evaluation must balance quality and quantity, promoting integrity and the diversity of approaches in scientific production. A university policy guided by these principles can mitigate the logic of performance and foster a culture of merit based on the meaningful impact of knowledge.

As the Spanish case demonstrates, ANECA's accreditation criteria for associate professors and full professors have, in recent years, prioritized merits related to academic leadership, management, and holding institutional positions. While these functions may contribute to the functioning of universities, their treatment as key indicators of excellence has overshadowed the evaluation of research and knowledge creation. In practice, this focus has had a counterproductive effect: the time spent on administrative and institutional representation tasks tends to limit the time and continuity necessary for developing a solid, high-

quality research career. This situation is particularly concerning when it affects talented young professors, who are forced to devote a considerable portion of their time to administrative and bureaucratic tasks in order to meet accreditation requirements. Instead of being able to focus on research or building international scientific networks, these scholars find themselves prematurely immersed in management dynamics that contribute little to their intellectual development. In this way, the system not only squanders their creative potential but also risks discouraging future scholars and perpetuating a university culture in which promotion depends more on institutional visibility than on the intrinsic value of the knowledge generated.

In this regard, it is particularly concerning that professors serving on competition panels adopt this approach uncritically and convey to young academics the idea that they must be competent in everything, including management functions, which, rather than contributing, often hinder their scientific development.

Therefore, it is essential to review the criteria for academic evaluation and promotion so that recognition is based on scientific relevance, contribution to knowledge, and the coherence of the research trajectory. University administration should promote academic merit and foster a system that rewards intellectual excellence without disincentivizing research work. Ultimately, university policy should be guided by principles of balanced evaluation and foster a culture of merit based on the significant impact of knowledge, while also reducing tensions, envy, and senseless internal competition among faculty members.

Furthermore, there is an urgent need to promote ethical and communicative training in the digital culture. Contemporary academic literacy involves not only knowing how to publish, but also learning to communicate without falling into narcissistic self-promotion. Institutions can foster good practices in scientific dissemination based on transparency, collaboration, and social responsibility. The challenge is not to increase visibility, but to do so better: to build a public presence that maintains intellectual rigor and honesty in attention-driven environments (Duffy & Pooley, 2017).

On a personal and ethical level, it is necessary to foster a pedagogy of "digital humility": using social media to share knowledge, not to show off, construct personas, or go viral; to engage in dialogue, not to compete. Scientific communication should be oriented toward openness and collaboration, prioritizing clarity, honesty, and responsibility over self-promotion. Responsible scientific communication requires critically examining its relevance, novelty, and significance, as well as the true motivation behind its dissemination. This exercise—asking whether the dissemination serves a legitimate academic purpose or merely a need for self-promotion—acts as a self-regulatory mechanism that prevents unnecessary visibility and fosters a more sober and reflective intellectual practice. Each academic can ask themselves, before publishing or disseminating: Does this add value to knowledge, or does it merely feed appearances and vanity?

Likewise, avoiding the superfluous inflation of public self-presentations—by listing awards, fellowships, or current and former academic positions—would constitute an exercise in professional integrity and allow us to restore the centrality of what should be the core of all academic communication: the ideas themselves.

Finally, the challenge lies in redefining the ideal of academic prestige. In the face of the logic of performance, immediacy, and visibility devoid of content, it is necessary to recover the value of reflection, cooperation, and intellectual coherence. The university must remain a space for critical thinking, not mere visibility. Only an academic culture that recognizes knowledge for its transformative capacity—and not for its media exposure—will be able to sustain its legitimacy in the age of permanent exposure.

Conflict of Interest

The authors declare that there is no conflict of interest.

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Article

What is Psychology?

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ABSTRACT

This paper addresses the question "What is psychology?" and seeks to resolve some of its epistemological entanglements: its plurality, the definition of its object of study, and its presumed pre-scientific nature caused by an eternal struggle between schools of thought. It is concluded that psychology is not one discipline but many, and that to qualify as a science, it must be one of what are known as the "genetic functions." The paper also presents attempts to establish a foundation for this general psychology, ultimately proposing a controversial thesis: that such a project is impossible as it would necessarily remain philosophical. All these entanglements are attributed to the problematic nature of the ideas of function and finality.

¿Qué es la Psicología?

Palabras clave
Psicología
Ética
Escuelas de psicología
Finalidad
Función

RESUMEN

Este trabajo pretende responder a la pregunta «¿Qué es la psicología?», intentando resolver algunos de sus entuertos gnoseológicos: su pluralidad, la definición de su objeto de estudio y su presunto carácter precientífico, resultado de una eterna lucha de escuelas. Se concluye que la Psicología no es una disciplina, sino muchas; y que, si quiere ser una ciencia, tiene que serlo de aquello que se ha dado en llamar «funciones genéticas». Se presentan, además, algunos intentos de fundamentar una psicología general, planteando, finalmente, una tesis arriesgada: que semejante proyecto es imposible, pues tal disciplina solo podría ser filosófica. Todos estos enredos se atribuyen al carácter problemático que las ideas de función y finalidad tienen en filosofía de la ciencia.

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What is Psychology?

To the Jew who forged such arduous crystal, the first to confuse ethics with psychology; but also to the rest of my teachers, from whom I have learned so much.

Psychology has always been a needy discipline, insecure about its own scientific status; burdened with an inferiority complex, perhaps understandably, but ultimately unfounded. Under scientistic premises, believing that the only valid knowledge is scientific, it has attempted to present itself as a science in the image and likeness of the natural sciences. This obsession is as harmful as it is unnecessary; for the science of the subject and its behavior, there is little use for those truths that arise precisely from its annulment. Nothing purely objective is of interest to those whose goal is to study what subjects do.

The status of psychology in the republic of sciences is, however, a common topic of debate among psychologists, perhaps because their livelihoods depend on it. There is much to be gained from the name "science." A scientific psychology is respectable, solid, and, above all, true; it is worth investing in, and participating in it imbues one with an aura of sobriety, rigor, and prestige. Practicing a scientific psychology, when we refer to the clinical realm, means knowing what one is doing, showing genuine concern for the client, and maintaining a healthy distance from the various pseudosciences. It matters little if traditional demarcation criteria prove incapable of distinguishing one thing from the other in psychology (Pérez-Álvarez, 2021a).

Most of the time, people say that psychology is a science without making it clear what they mean by that. The problem is that you don't become a scientist by saying it more often, or louder. To determine what is science and what is not, you need a theory of science; a theory that is not psychological, but philosophical. In other words, psychologists, as psychologists, can say nothing about the scientific nature, or lack thereof, of their discipline, and if they do, it is not in their capacity as psychologists, but as part-time philosophers. When a psychologist, even from academia, shouts with conviction, "Psychology will be scientific or it will be nothing!", we can be almost certain that they do not know what they are saying. They do not know what science is, but worse still, they do not know what psychology is either.

This question about the scientific status of psychology is what led me to philosophy. It was while studying for my degree in psychology that I realized that this question could not be answered within the discipline itself—that I had to look beyond its boundaries. That is how I came across philosophy and its tools; years later, armed with them, I feel ready to venture an answer.

But in order to offer it, we must first start from some philosophy of science, since what we consider science or not will always depend on the philosophical coordinates we are using. We will take the side of the *Theory of Categorical Closure*, presented by Bueno (1992/1993, 1995b) in the five volumes of the same name and in the pamphlet *What is Science?*, but also in other articles and publications. Once that is expounded, we will attempt to apply this philosophy to the field of psychology, as it is studied today in our universities. We will see whether everything studied there is science or not and, if not, what kind of knowledge it is. To do this, we will also have to devote a section to examining the old problem of the unity of psychology and its struggle between the schools. Finally, we will attempt to offer an answer as to why psychology has such gnoseological problems. Anticipating part of our thesis, we will say that psychology has had so many problems because, exactly as is the case in biology, the ideas of function and purpose—so reviled by certain philosophies of science—are essential for this discipline.

What is Science?

This is the fundamental question of the philosophy of science, and it is no trivial matter, since saying what science is amounts to knowing how to identify what it is not. The Greeks used the word to refer to knowledge in general, distinguishing *episteme* (science), from opinion *(doxa)*, and technique *(techne)*. This was the case until the birth of modern science. Since then, "science" has become stricter, not only in its methods but also in its meaning. In this sense, Bueno (1995b) distinguishes four modulations of the idea of science. The first conceives it in the Greek manner: as knowledge in general, allowing talk of the shoemaker's science or the artisan's science. The second is more restricted and refers to science from the point of view of logic, understanding it as an ordered system of propositions derived from a set of premises. The third now encompasses the set of positive sciences, as we understand them from Modernity onward. Finally, the fourth and last sense emerged with the development of the so-called "human sciences," seeking to bring together a broad set of disciplines that, despite their differences from the strict, positive, or natural sciences, still aim to cloak themselves under the mantle of scientificity.

The Theory of Categorical Closure (TCC)

The theory of categorical closure (TCC) was developed between the 1970s and 1990s, in opposition to neopositivism, Popper's falsificationism, and the sociologistic drifts of Kuhn and Feyerabend. Through it, starting from Plato's principle of *symploké*, Bueno sought to affirm an irreducible pluralism: there would be no science, but rather sciences; each with its own terms, operations, phenomena, relations, referents, essences, norms, dialogisms, and autologisms; that is, each with its own irreducible field of work.

What characterizes the sciences, as opposed to other forms of knowledge, is the type of truths they give rise to: what Bueno called *synthetic identities*. This is a truth arrived at by confluence; that is, a truth defined by the ability to reach it through different paths. If two processes of demonstration lead to the same result, we can conclude that said result is independent of the course of demonstration followed. If I am able to provide a geometric and an algebraic demonstration of the Pythagorean Theorem, it can be considered an objective truth, in the sense that the subject—in this case, I—would be, along with my operations, annulled during the demonstration process. This is what the sciences do: arrive at results, at truths, independent of the subjects who produce them. The problem, of course, is that it is not always that simple. TCC's solution was to establish a gradient between what counts as a science and what does not. Thus, the different sciences can be classified according to the degree to which they eliminate both the gnoseological subjects (the scientists) and the subjects under study, insofar as these are turned into objects. This spectrum ranges from sciences that are completely ananthropic or alpha-

operational, such as physics or biochemistry, to other disciplines that are unable to neutralize one (or even none) of their subjects—in the case of techniques—and are therefore called anthropic or beta-operational.

TCC also represents a shift from the traditional conception of the relationship between science and other disciplines. From Aristotle onward, but especially since Modernity, the image of the tree of science has been considered valid: as if philosophy were a prior, propaedeutic knowledge that preceded it. For Bueno (1995a), on the other hand, philosophy is a reflexive or second-degree knowledge; the end and not the beginning of knowledge. To do philosophy, one must first know something about the other forms of knowledge that feed into it: first-degree knowledge, such as the sciences, the arts, or techniques.

The relationship between technique, science, and technology is also reversed in philosophical materialism. Bueno holds that techniques, not philosophy, are the mothers of the sciences. The sciences systematize a series of prior forms of knowledge, giving rise to theorems—if they are capable of achieving them—that form their body. Thus, for example, chemistry systematizes the type of operations that, technically, by combining and separating different substances, have been practiced since ancient times; the operations developed by healers, cooks, or shamans of some primitive tribes. The same is true of mathematics and any other science. The content of Pythagoras' theorem, for example, was applied by Mesopotamian peasants without needing to know the steps of its demonstration.

Techniques are therefore those disciplines that make up the *categories of doing* in its dual aspect: that of *praxis* (the *agere*), and *poiesis*, (the *facere*). Technologies, on the other hand, are not the "mothers" of anything, but rather, if anything, they are "daughters"—daughters of the sciences, since they involve the transformation of the world, just like techniques, but the transformation they bring about is mediated by scientific knowledge. Launching a ballistic missile, a technology, requires a set of well-established physical, chemical, and mathematical knowledge, without which the missile would not take off or, even worse, would fulfill its function in the wrong place and at the wrong time.

As for the pseudosciences, we can define them as those forms of knowledge that, while not scientific, claim to be so. To disguise oneself as science is to present oneself as true knowledge—something very useful when this is not the case, yet there is still an attempt to convince people that what is being said is true. In psychology, many therapies and pseudotherapies attempt to do this, sometimes successfully. In any case, the truth is that TCC is not overly concerned with questions of demarcation. After all, psychoanalysis and astrology, like so many other disciplines usually rejected as pseudoscientific, are still forms of knowledge. One cannot psychoanalyze someone without knowing about psychoanalysis, its techniques and procedures; likewise, to read someone's cards or to read the future or someone's personality in the stars, one must also know the methods of astrology. It is another matter whether the conclusions are false and inoperative. Psychoanalysis, assuming its therapies do not work, and especially astrology—to continue with the example—constitute technical knowledge that, unlike that of the shoemaker, is not pragmatic—at least not for its users, although perhaps for its practitioners, which is certainly a good reason to reject it.

The Place of Psychology in the Body of Knowledge

The Controversial Unity of Psychology

Psychology, as it appears in the curricula of psychology departments, is a chimera. Its unity is deictic in nature: that which is pointed to with the finger. In this sense, the psychology that is institutionalized in its various curricula does not aid in the gnoseological analysis of the discipline; rather, it hinders it. In the same degree program, it is possible to find courses in neuroanatomy and neurophysiology, ethology and comparative psychology, applied statistics (psychometrics), and evolutionary psychology, not to mention those that operate on a strictly technical level, from behavior control to psychotherapy in the broad sense, educational psychology, and community intervention. The fact that the label "psychology" covers this whole jumble of disciplines makes it absolutely impossible to define rigorously what psychology itself might be: only an intentionally vague definition could accommodate such an extensionally broad field.

Academic psychology thus appears as a kind of Frankenstein's monster: a patchwork job in which some parts fit together better than others. Therefore, before resolving the mess of the battle between schools, we would do better to take down the sign that says "Faculty of Psychology" from its frontispiece and replace it with the more pluralistic "Faculty of Ethological and Psychological Sciences (or, better yet, Disciplines);" a longer name, and perhaps less attractive to new generations of psychologists, but much more accurate to what lies behind its doors.[1]

Anyone who has crossed those doors can see this. Behaviorists work with animals in laboratory settings, are not concerned with the functional or structural anatomy of their nervous systems, always prioritize the inductive method, claim to study behavior as their object, and believe that scientific knowledge of behavior is equivalent to being able to control it. There is no room for statistical analysis, at least if by statistics we mean inferential rather than descriptive. A frequency or latency graph suffices; no trace of regressions to the mean, degrees of freedom, or null hypotheses. Neuroscientists, on the other hand, take the anatomy of the nervous system as their object of study; their work is full of complex statistical analyses and colored images of this or that region of the brain; their method is not inductive, but hypothetical-deductive. As for their results, they never refer to an individual subject, but are diluted in the samples they work with—the larger the samples, the more insignificant the conclusions.[2] Psychometricians do the same, but their interest is no longer even in the behavior or the brain of the animal they study, but in its responses—or rather, in the responses that any subject—that is, no one in particular—might give to the set of items that make up their tests. What one group does has little or nothing to do with the others. In TCC terminology, these three disciplines do not share terms, operations, phenomena, relationships, references, essences, norms, dialogisms, or autologisms—all elements that define the field of the different sciences. In fact, it cannot even be said that all three are sciences,

1 As one of the reviewers of this article has rightly pointed out, this solution is as cumbersome as it is pedantic and would, on its own, warrant deleting the paragraph in which it appears; however, this does not make it any less true to reality. Let the pedantry and cumbersomeness challenge and annoy the reader, for that is its sole purpose.

2 It is well known that the larger the sample size, the smaller the differences between groups must be in order to be statistically significant.

or at least not to the same degree: the behavior control carried out by the behaviorist does not segregate the gnoseological subject or, above all, the subject that constitutes their object of study; certainly not to the same extent as neuroscience and psychometrics do. One is closer to mere technique; the other two, to biology and sociology.

Therefore, it can be said that the behaviorist, the neuroscientist, and the psychometrician do not share an object, do not share a method, do not share interests, nor do they seek the same thing, and because they do not share, they do not even share a family resemblance, since neither the behaviorist thinks the neuroscientist is a psychologist, nor does the neuroscientist often think the behaviorist is a scientist. One believes that the other loses sight of behavior in order to do biology; the other believes that the first is a kind of fanatic, incapable of accepting something as obvious as that our behavior is determined by our genes, our brain, or our basic anatomy. A priori, there is no common ground between them that could serve as a basis for any form of understanding. Their disciplines are completely foreign to each other, and yet this is not a popular view in contemporary psychology.

In fact, most psychologists prefer to think that a theoretical unification effort is possible; that it is possible, in short, to resolve these differences in order to establish a unified science, even if it must necessarily be pluralistic. Loredo (2009), but also Sánchez, following Fernández (2009), have insisted on this possibility, pointing out how a certain reading of Kant, through classical constructivism, could allow us to recover the idea of the subject as the core of a true psychological theory. In their view, what this constructivism achieved, through the work of Darwin and, above all, Baldwin, was to naturalize the Kantian subject. This would have been the main contribution of experimental psychology from Wundt onward. If Kant had denied the possibility of developing a science of the subject and its activity, this constructivism would aim precisely to establish it, while avoiding falling into both objectivist and reductionist tendencies and radical subjectivist and constructivist deviations (Sánchez, 2009a).

Here, too, Yela (1996), a distinguished figure in our psychology, attempted to unify the discipline by appealing to a proposed three-part structure of behavior: consciousness, stimulus, and situation; or, following Pérez-Álvarez (2021b): subject, behavior, and situation. Both authors were, or are, fully aware of the plural nature that their discipline has had since its "founding" in 1879. Pérez-Álvarez's (2019) solution, however, has involved trying to reclaim a more human than technological psychology; attempting to combine the objectivity of experimental psychology with the subjectivity of a tradition that is equally psychological but closer to phenomenology. This phenomenological root is not trivial, since as early as 1874, five years before Wundt founded his famous laboratory, Brentano (2020) published the result of his many efforts—the attempt to base psychology on a set of very special phenomena: intentional phenomena. Before pursuing this path, however, we still have to close the previous one. Until now, we have encountered a plural psychology, a discipline that is not one but a melting pot. Perhaps it cannot be otherwise. Yela (1996) spoke of its unification as a utopian undertaking, possible perhaps, but unachievable. We therefore have an essentially divided, plural discipline with different approaches and schools. What is studied in psychology departments is not one science, but many, as well as another series of other disciplines that are not sciences either, because they are either technical, predating the sciences, or technological, subsequent to them. What remains to be seen is whether the utopian project of developing a *general psychology*, as suggested by Yela (1996) and Pérez-Álvarez (2018a, 2018b), but also by Loredo (2009), is possible; whether, ultimately, a unified psychological science is possible.

Is Psychology a Science, and can it be one?

Traditionally, psychology has been defined as the science of the mind and behavior (Zagaria et al., 2020). This definition is a compromise between the cognitivist and behaviorist trends in psychology which, because it is eclectic, does not satisfy anyone. Defining it in this way involves asking what the mind is and what behavior is. The mind, to begin with, is something of dubious ontological density. For more than a century, philosophy of mind, as an academic discipline, has been wondering about its nature, and it would be untrue to claim that any conclusion has been reached. Historically, the discussion has moved between dualism and monism; however, neither of them has the final word. Philosophical materialism, for example, has defended a non-reductionist ontological pluralism, a view that informs the constructivist psychology of Loredo and Sánchez, but also the phenomenological behaviorism of Marino Pérez—both pluralist and anti-dualist. All of them therefore share a rejection of any subject/object, internal/external, mind/body dualism, accepting the old dialectical principle of co-determination: there is no subject without an object, just as there is no object without a subject; there is no mind without a body, just as there is no body without a mind; there is no convexity without concavity, and so on. The subject is always operative.

From this point of view, it would be appropriate to recover the mind, or the soul, not as a substantial principle, but as a synonym for *life*; as that which characterizes living beings, which are "animated" for a reason; namely, a set of functions that allow them to persist in being. A stone does not need mental or psychological faculties because it is not alive. What differentiates it from a living being is that, if you leave it to its fate in a vacuum chamber, when you return to pick it up, the stone will remain unscathed, without any damage. Leave a living being in a vacuum chamber and after a few minutes you will have an inert being. That is the nature of life: self-consumption. To remain in being, animate beings, Darwinian organisms, have to do things; among them, devour other beings. To live is, therefore, to strive, and for that, one must be able to do what is necessary to stay alive. Psychological faculties or functions are the means that allow living beings to do just that, and they consist of relating to the world (sensitivity), moving and acting (movement and will), receiving feedback (affect and emotion), remembering all of this (memory), learning from successes and mistakes (learning), and making inferences (reasoning or thinking). If this is what is meant by mind in the traditional definition of psychology, we can accept it. Unfortunately, mind is often understood only as cognition, in the sense of modern cognitive psychology: as inputs and outputs of information to be processed; as if the computer, a product of our intelligence, could be a good model for understanding the very intelligence that created it; or, worse still, as an immaterial substance, in the manner of the old Orphic idea of the soul or Descartes's *res cogitans*.

Similarly, if the mind is a thorny issue, behavior is no less so. Traditionally, Pérez-Álvarez (2018b) tells us, behavior has been understood as that which the mind uses to relate to the world; its instrument. In his opinion, however, behavior is something more: a relationship between the subject and the world, but one that is constitutively interrelated. "I am myself and my circumstances, and if I do not save them, I do not save myself" (Ortega y Gasset, 2021, p. 77). In this sense, behavior—what organisms do—would be "the bodily, affective, cognitive, and operative articulation of the subject with the world, where behavior implies intentionality, know-how, and understanding" (Pérez-Álvarez, 2018a, p. 168). This idea is none other than the recovery of that structure of behavior that Yela (1996) defined as "the unity of interdependence of the stimulus, the subject, and the action" (p. 131). That is why Pérez-Álvarez (2018b) seeks to make psychology a science of the subject and behavior.

The problem with talking about psychology in this way is that, leaving aside the question of the subject, behavior becomes what the subject does-in-the-world. But of course, subjects do many things. Doesn't economics study what subjects do? And doesn't sociology also study what subjects do? Doesn't history study what they have done? And anthropology? What do all these sciences study if not conduct or behavior? Should we reduce them to psychology and assert, as Dilthey and so many others did in the 19th century, that psychology is to the human sciences what physics is to the natural sciences—the science that underlies them? One could argue, then, that psychology studies what the individual subject does; but every subject is a socialized subject. There are no individual subjects, because to be a subject is to be subject to—among other things—social, cultural, and historical processes and norms.

In this way, all the humanities and social sciences study behavior: whether economic, cultural, social, political, or "individual." The behaviorist could then defend himself by arguing that what psychology does is study the fundamental principles of behavior; how it is acquired and modified, as if it were a general science of learning. The problem with these principles, which are so general, is that they are formal principles: they tell us how we learn in general, but not how we learn this or that. They can tell us that students learn better and faster if certain reinforcers are offered in a certain way, but not how to explain the *Critique of Pure Reason* to them so that they understand it.[3] Ultimately, what the psychology of learning teaches us is nothing more than common sense: that associations are made between stimuli and responses in classical conditioning, and that contingencies are learned in operant conditioning, that is, how certain behavior in a certain situation leads to a certain reinforcer. However, reducing love to an exchange of reinforcers, as Skinner did, in a humorous way, is to blindfold ourselves so as not to see how these exchanges, in fact, change, have changed, and will continue to change under the influence of historical, economic, sociological, and anthropological pressures. And that is what matters; because anything can be a reinforcer, but what matters is knowing what counts as one at any given moment and, above all, why. Falling in love today is not the same as it was a hundred years ago, even though in both cases there are exchanges of reinforcers. By the same token, to say that depression is an increase in behavioral response cost is to misunderstand what it means to be depressed; it is to ignore the existential and personal dimension of the problem, merely renaming one of its presumed pathognomonic symptoms: anhedonia.

In fact, the concept of reinforcer is rather opaque. Behaviorism does not comment on what can function as a reinforcer and what cannot; that, they would say, is something we can only know a posteriori: by seeing whether its appearance promotes or hinders the repetition of that same behavior in a similar situation in the future. Why a whipping is a punishment for the prisoner and a pleasure—certainly not a guilty one—for the Marquis de Sade, is something inscrutable a priori for the behaviorist, who will throw the mystery into the bottomless pit of their respective learning histories. These histories, however, like the cultural history of love or sadism, cannot be understood without taking into account the historical, cultural, social, and other pressures and developments that shape and determine what is experienced today as pain or pleasure. To attribute it to the history of learning is to send it to the black box, along with the phylogenetic components, which are acknowledged, but left unexplained. This may be useful for the control of behavior, but it is misleading if the aim is to understand and explain it. Control is a form of practical knowledge, but it is less demanding than understanding and knowing things *sub specie aeternitatis*, as Spinoza would say. To make a rat jump, all you need is two clips and a car battery; to make a cow jump, you just have to increase the voltage. Neither of these things implies knowing what a rat or a cow is, nor how they behave; at most, they are sentient beings that do not like to be electrocuted. Yet the behaviorist does not claim to know even this, since to speak of liking or disliking, as if to suggest that the rat is seeking to avoid the shock, would amount to recognizing that its behavior is an intentional act—unacceptable to those whose aim is to banish intentionality from science.

Does this mean that there is no place for psychology as we know it in the republic of science? Kant would have said as much—that reason, in its theoretical use, can know nothing about the subject, about the self. Pérez-Álvarez (2018a, 2018b, 2019), however, has sought to reposition this science of the subject and its behavior within the human sciences. In the same vein, viewing it at least as a possible science, are Sánchez and Loredo (2007), who also advocate, like Yela and Marino Pérez, the need to re-found psychology on a new idea of the subject. Their associated term, however, would no longer be behavior, but action, understood in terms of function and genesis; or, better, *genetic function*. In this sense, Sánchez (2009a) understands genetic function as "the realization of utility" (p. 138); that is, what organisms do to achieve a certain outcome: evolutionary, in its simplest forms; socially, historically, and symbolically mediated, in its most complex forms. Drawing on Baldwin's *circular reaction*, this idea of function, of genesis, is presented as a kind of dialectic of action; as a spiral in which, based on progressive modifications and feedback, the new can be born from the old (*genesis*). There is selection, but it is not mechanical; there is innovation and there is purposiveness or intentionality, but not that of an autonomous subject—rather that of a subject who, in order to be such, requires an object; just as the object also needs a subject. Psychological functions, which are always those of a subject and are embedded in a specific ontological and phylogenetic history, would thus consist of a succession of

3 Although some of these principles of learning may, perhaps, make it more enjoyable.

attempts—trials and errors—that progressively give rise to increasingly complex forms of action and organization.

Certainly, a science can be developed whose object is how these genetic functions develop. This was the basis of Soviet cultural psychology. It is also possible to study, as comparative psychologists do, what functions different animal species perform, and how far their similarities and differences extend. This psychology, moreover, could very well draw from developments in evolutionary psychology and, why not, from the research that information-processing psychologists carry out on different psychological processes, from perception to reasoning and language, by way of memory and learning. The degree of segregation of the subject that this psychology is capable of achieving may be debatable, varying in degree depending, among other things, on the methodology used. Thus, for example, the statistical study of the famous "reading pathways" will not evacuate the subject in the same way as the ethological observation of a certain species of fish's capacity to discriminate quantities. In any case, to the extent that this science claims to be a science of the subject and what it does, it can never be—under the coordinates we have been using—a science in the same sense as physics or chemistry. This, however, is no cause for concern; it might even be cause for joy. Not being able to completely evacuate the subject may make it a less objective discipline, but also less alien; more human. *Homo sum, nihil humani a me alienum puto*.

The problem lies in the fact that psychology often attempts to go beyond the functions studied by Soviet psychology, sliding down a slippery slope with dangerous consequences. This happens, for example, when the psychologist, studying the more complex functions, takes biology, history, culture, or economics not as independent variables, not as the context that allows one to compare some faculties with others or a prior developmental stage of one of them with a later one, but as something to be explained from psychology itself. One can, of course, study how the concept of beauty is formed in a specific subject, or how the concept of permanence is formed in an infant, but neither the idea of beauty nor that of substance can be reduced to these psychological concepts. One might account for the aesthetic experience from a psychological point of view or from the emotions we experience associated with what we call *happiness*, but psychology can never say what art is, nor what happiness is, for these are matters that concern aesthetics and ethics respectively. The same is true of love, science, and psychology itself—unless we make it a kind of ultimate knowledge, capable of accounting for all others. This, however, is not its role; that domain belongs to philosophy.

Here is the thesis I seek to defend: what psychology is will depend on the role we assign it as a discipline. Is it possible to speak of a scientific discipline—at least to some degree—that studies the functions or faculties of organisms? Yes. This conceded, do psychologists' aspirations usually stop there? Rarely, because what psychology is usually understood to pursue is something more; that is, to show or understand why subjects do what they do. Describing how they perceive, attend, emote, learn, remember, speak, and think might be the task of a *genetic psychology*; but this is not usually enough for the aspirations of psychologists, who are never satisfied with these very important descriptions—because, they are, after all, still descriptions, however genetic they may be. Psychologists tend to seek, above all, to understand the motives, the causes of our actions; their meaning. This requires, however, taking history, anthropology, sociology, biology, the arts, the sciences, and countless other disciplines, not as independent variables, not as the context against which to examine the development of our faculties, but as genuine determinants of what the subject is and what the subject does; as the very subject matter of our research. No single science can take on all these pressures alone; to do so would require a different, more reflective, second-order type of knowledge. If we wish to understand psychology as a discipline capable of telling us why subjects do what they do, in the way they do it (without settling merely for its genetic description), delving into its deeper meaning, its *why*, we must admit that this discipline is not scientific, but philosophical: a true *praxeology* or theory of action. This must take into account the developments of "genetic psychology," but also those of all the other disciplines that have much to say—despite not being psychological—about the behavior of organisms. This, however, need not be something negative or a shortcoming. Philosophy is not synonymous with a lack of science or an absence of rigor. It is in fact rigorous and, in a certain sense, more scientific than any science—if only because it must take into account not what one science says, but what all sciences say.

A Response to the Battle Between Schools

We still have to address the well-known and perennial battle between the schools of thought, for it tends to be the main difficulty that all psychologists point to when it comes to considering psychology as a unified science. This problem stems from a Kuhnian conception of science; from diagnoses similar to the one offered by Watson (1971). For him, psychology was not a science—at least not yet—because it was in a pre-paradigmatic state. In his view, each school of psychology constituted a completely different theory or approach. The lack of common ground, of a paradigm capable of giving rise to a period of normal science, would make psychology a discipline that was, if not anti-scientific, then pre-scientific. In this situation, most psychologists would have sought to offer a true paradigm, usually consisting of prioritizing one of the schools over the others. Other psychologists, such as Loredo (2009), and at times Pérez-Álvarez (2018a), have chosen to highlight this theoretical, practical, and methodological plurality, making it a characteristic of the discipline. Watson's diagnosis (1971), in my opinion, shed a little more light on the matter, albeit negatively. Let us recall it.

For Watson (1971), each school of psychology constituted a position with respect to a whole series of opposing prescriptions: determinism/indeterminism, mechanism/vitalism, monism/dualism, objectivism/subjectivism, etc. Thus, for example, behaviorism would be, in his view, deterministic, mechanistic, monistic, and objectivist, while humanism, on the contrary, would be indeterministic, vitalist, dualistic, and subjectivist. Any school of psychology could be linked to a particular combination of positions in this list of pairs of opposites. From this point of view, the unity of psychology would be a controversial unity; a diagnosis shared, albeit from different coordinates, by Yela (1996) and Loredo (2009), but not by us—or, at least, not in the same sense. The fact is that there is something in these prescriptions that catches the philosopher's attention: all these pairs of opposites express ideas, not concepts. What Watson is telling us, perhaps without realizing it, is that the different schools of psychology are not psychological

schools, but philosophical ones. Remember how Skinner himself (1994) defined behaviorism, not as the science of behavior, but as the philosophy underlying it.

Here is one more indication in favor of the argument made above. No self-respecting psychologist can content themselves with the findings of their discipline, be it scientific, technical, or a crucible.[4] Psychology has a natural tendency toward philosophy. Every psychologist wants to answer the question of why we do what we do, what is the meaning and purpose of our actions. The problem is that answering that question requires assuming a series of ontological, ethical, and anthropological commitments that knock on the doors of so many other disciplines with similar concerns; commitments that, moreover—like it or not—hold philosophical citizenship.

Thus, each school of psychology is, in reality, a philosophical anthropology. That is why psychology exhibits that peculiar unity of philosophy: dialectics. Now, how could something so clear have gone unnoticed for so long? Of course, the main reason is the widespread contempt that psychology, since its alleged founding in 1879, has shown towards philosophy. Psychology's aspirations to scientificity were built on the rejection of and independence from its supposed philosophical past—as if philosophy came first and science second, as if one could escape philosophy.[5] One need only open any history of psychology textbook, such as that of Leahey (1998), to find this self-interpretation of its own history. Nor can one blame it; sciences, like countries, need founding myths, and these are often linked to stories of freedom and independence.

If this thesis is true and the different schools of psychology are in fact philosophical schools, the psychologist seeking to resolve their eternal battle would be facing a Sisyphean task. Their effort would be futile, because in philosophy, although some theories can be recognized as false, discussions are rarely resolved in terms of truth and falsehood. Several theories may be consistent with the same phenomenon, and the discussion must be settled in terms of their respective explanatory powers; they are not so much true or false as more or less powerful. In any case—and this is the moral of the story—psychology would have spared itself many problems had it not sought so soon to rid itself of its philosophical heritage. Like a child who tries to switch from a tricycle to a bicycle too soon, it risked—and indeed ended up—becoming disfigured.

The Idea of Function in Psychology

The unique nature of psychology as a discipline derives from the nature of what it studies. The behavior of organisms is always intentional. Brentano (2020) already realized that psychological phenomena—what we have called *functions*—are always intentional. This idea would later be taken up by Husserl to develop his philosophical project, continued by Ortega and, following in his footsteps, by Pinillos, Yela, and Marino Pérez, already psychologists *stricto sensu*. "Intentio" means "to tend toward," and in this sense, intention has to do with purpose. What organisms do always implies purposefulness: they eat to satisfy their appetite, they cry to express disappointment, they wink to show complicity, and they caress or kiss to show affection. The idea of function is nothing more than a reflection of this intentionality; it is purpose adapted to the conceptual framework of biology. In biology, function is what an organism does with a view to a specific end—which, normally, according to the theory of evolution, tends to be viewed from the point of view of the organism's adaptability to the environment and its reproductive efficiency. The problem is that teleological explanations of this kind, fundamental in biology but also in psychology, have historically been rejected by modern science, which has tended to identify the idea of purpose with the ends and designs of a presumed divine intelligence.

Function and Purpose in the Philosophy of Science

Finality is a fundamental idea in Aristotelian philosophy. As one of the four causes, the final cause introduces a teleological order into the universe. For Aristotle, everything has its natural place, that toward which it intrinsically tends. This is also the foundation of his ethics, as he identifies the natural end of each thing, that toward which it naturally tends, with its good. On the other hand, in his philosophical system, the unmoved mover served as a universal final cause, an idea that Scholasticism would later use to articulate that of a first cause, not only final but also efficient: God.

From this point of view, the teleological order of the universe would have to be sought in the intelligence of that Supreme Being and organizer of the cosmos. Modern science, however, after the scientific revolution, began to gradually reject the idea of an order dependent on divine intelligence and will; the universe had to be explained according to natural and mechanical causes. The final cause had fallen into disgrace, dethroned by efficient causality. Spinoza (2011) is a good example of this rejection of finality: for him, nothing in the universe has ends; there is no purposiveness, only necessity. Our illusion of purpose and intentionality is just that: a deception.

In this sense, modern science and its philosophy were built by denying all finality. The explanations of the natural sciences had to be non-teleological, for otherwise they ran the risk of slipping into unscientific territory. The model for these explanations, of course, would be provided by physics, as a paradigmatic example of what a natural science is.

The problem with biology is that it does not work like physics and, as Ayala (1968) points out, functional explanations are not only valid in biology; they are necessary. When the biologist asks about a particular morphological trait, they are asking, among other things, how that species came to develop it. That "how" can refer to a series of efficient causes: certain mutations and genetic selections; but, inevitably, it will also imply a “for what”, a function. On the other hand, the theory of evolution has traditionally been interpreted blindly and mechanically, as if natural selection were an objective instance, independent of the actions of organisms. Some aspects are, such as random mutations; but, as Baldwin saw when he postulated the idea of *organic selection*, the theory of evolution must also take into account what organisms do, their behavior. Consider the example of industrial melanism in *Biston betularia*.

4 To be fair, the same should be said of any other scientist, as this is not an error exclusive to psychologists. Scientists, like priests, believe that the city is best seen from the top of their own bell tower, hence their reductionist tendencies. Neither can resist taking their *first* philosophical *steps*, whether by delving into the dark recesses of cosmology or fantasizing about the ideal nature of mathematical objects—to give just two examples of what are considered the most "pure" sciences.

5 Contemporary psychologists, such as Pérez-Álvarez (2021a), are fully aware of the myopia of this blind rejection, advocating for the study and in-depth knowledge of philosophy, as well as other disciplines, as a necessary requirement for good psychology; because, as he likes to remind us, the psychologist who only knows psychology does not even know psychology.

This has always been presented as a paradigmatic case of the random and blind mutationism characteristic of natural selection. However, the adaptive function of this melanism cannot be explained without the predatory behavior of the birds that hunted them. It was these birds that selected the moths through their behavior, not some kind of blind and objective mechanism (Sánchez, 2025). As if this were not enough, even the mechanistic reading of natural selection is forced to assume a functional or teleological perspective, since no process of natural selection can be understood without reference to a specific end: the adaptive achievement of survival and reproduction. Its "why" necessarily implies a "for what".

The Idea of Function in Ethics, Biology, and Psychology

Ethics, biology, and psychology are three disciplines that have historically been greatly misunderstood. At first glance, it might seem that they have nothing in common, yet they share important connections that often go unnoticed. Ethics has typically been understood as the philosophical discipline responsible for judging human actions in terms of their goodness or evil, their value or worthlessness, and their rightness or wrongness (Gómez, 2018). In general, its historical panorama is usually presented as divided into two major currents: the Aristotelian and the Kantian.

For Kantian deontologism, ethics has to do with duty; with the universal laws that reason gives itself by virtue of its own nature: free and rational. Kantian deontologism and its categorical imperative, as formal as it is counterfactual, is, however, more of a desideratum than a true philosophical theory. Ethics has to do precisely with those other imperatives that its philosophy discarded: the hypothetical ones. Hence, in the last half-century, progress has been made precisely by going backwards, rediscovering in Aristotle's work a moral philosophy that may be metaphysical but is at least not delusional.

The truth of Aristotelian ethics lies in its definition of what is fundamentally important to this discipline: the good. For Aristotle (2019), the good is that toward which all things tend. It has to do, then, with the idea of *finality*; with the *function* that most properly belongs to each thing. The virtue of a knife is to cut; that of a coat is to keep warm. The good or virtue therefore has to do with the satisfaction of an end; with those means that contribute to its realization; evil, on the other hand, with those that work in the opposite direction. Ethics, however, as Aristotle said, is not studied in order to know what is good; it is studied to be good; to build that *dwelling* in which we live; that *ethos* that constitutes us and that we are above all else. This is where the word "ethics" comes from, from the Greek "êthos," but also from that other "éthos" meaning "habit" or "custom" (Gómez, 2018). Indeed, building that *dwelling*, that house, is a *habitual* effort. One becomes virtuous by practicing virtue and doing so on a daily basis. As we know, one swallow does not make a summer.

For this reason, in other works, and inspired by Ricoeur (2019), I have attempted to defend a vision of ethics as that practical discipline that studies two things: the meaning of life, that is, happiness understood as a life full of meaning; and the forging of character, that is, the construction and acquisition of those virtues and ways of being that can guide us in that search for a happy and fulfilled life (Álvarez, 2025a, 2025b).

As for biology, it has been no less misunderstood than ethics, starting with its very name. The Greeks had two words for life: *bios* and *zoé*, meaning biographical life and biological life, respectively. What we currently call "biology" is actually zoology: the study of animal life, not human life. Aristotle's *biós*, on the other hand, had to do with the different meanings that could be given to life: a life devoted to pleasures, one devoted to politics, and one devoted to knowledge. There is, however, a branch of zoology—*ethology*—that studies what organisms do, not just what they are made of. The root of the word is transparent, *ethology*, and points precisely to *habit* and *custom*, the foundation of behavior, action, or conduct for much of the psychological tradition. Habit and custom is the process by which an organism, through the practice or repetition of a certain action, forges a certain character or way of being. In humans, this character has a personal meaning; it is a way of being a person. In other species, it is a specific way of being: a way of being a worm, a way of being a sheep, or a way of being a meerkat.

Of course, psychology, insofar as it asks why organisms do what they do, what the meaning of their actions is, and how they carry them out, must necessarily take biology into account. After all, these organisms are Darwinian organisms that have evolved to be what they are. In this sense, there is more of a relationship between psychology and biology than might initially appear. There is no discontinuity between biological and psychological phenomena. The latter, psychological functions, are based on biological ones; they involve their intentional, purposeful, intelligent reorganization. This intelligence, however, is no longer that of a supreme being, but rather the intelligence of a living organism, one that has to do things in order to remain alive. Pavlov's dogs would not have associated the sound of the bell with the appearance of food if the latter had not elicited the unconditioned response of salivation. Biological functions, like psychological ones, serve organic life. This is lost sight of when one focuses only on cells, when one abandons biology in favor of biochemistry, incurring a kind of downward reductionism. Ethology, however, an eminent but forgotten discipline, does not do this. That is the biology that matters to us.

We can now appreciate the intimate link between ethics, biology, and psychology; all three are teleological disciplines, which have to do with the idea of function or finality. All three analyze what organisms must do to achieve a certain end; all three have organic life as their object. Does this mean that the three are one and the same thing? Obviously not. Why? To begin with, because ethics, although not exclusively, concerns happiness and the meaning of life, and it would be very difficult to argue that chimpanzees have such ideas and concerns. These are culturally and symbolically mediated ideas; they are functions that are not within the reach of just any creature, even though we are just one among many. It can be said, however, that animals have a specific character, a way of being of this or that species; although, again, as we have already noted, this character does not have the same connotations as the personal characters of human beings. Above all, we cannot say that they are the same because the relationship between ethics, psychology, and ethology, as we have conceived them, is one of identification between the first two and inclusion of the third in them. From this point of view, ethics would serve as a general theory of action, of life, understood as what organisms do and what happens to them; of their ends and functions; of what they do,

among other things, to stay alive and in the best possible way. Ethology, as it has been studied until now, could offer material for this reflection, as could psychology—understood in the traditional sense—but this ethological material has a limited scope and cannot be identified with ethics as a whole. After all, our species is, as far as we know, unique in the use of its symbolic capacities or functions. Culture dialectically reorganizes strictly natural materials, giving rise to degrees of complexity that were not there before.

As for psychology, with the necessary conceptual modifications, it is a discipline that, in my opinion, and as I have already mentioned, could be identified with ethics. "Psychology" says "psyché" and it says "*logos*"; that is, it says animated life and it says reason: the knowledge of the former through its necessary causes; that which Spinoza (2011) did not hesitate to call "Ethics," even though he did not believe in finality. Life, much to its regret, however, is essentially purposive; it is loaded with teleological and functional connotations; it is nothing more than what the organism does and what happens to it.

Of course, no self-respecting psychologist, ethologist, or philosopher would be willing to change this nomenclature; nor is there any need to do so.6 One cannot fight against a thousand-year-old error. It is enough to take responsibility for its implications. We can continue to call ethics "ethics," psychology "psychology," ethology "ethology," and biology "biology," as long as we accept the consequences of my argument: that explaining why a subject does what they do is a matter of reflective, philosophical knowledge, not just scientific knowledge; that such knowledge will have to draw on other prior knowledge, some of it perhaps scientific, but also technical or even technological knowledge; and that offering such an explanation will always require adopting a teleological or functional perspective, since everything that organisms *do*—everything that does not simply *happen* to them—is intentional. Understanding why subjects do what they do is a matter for a theory of action, *ethics*, *psychology*, or *praxeology*; and it necessarily involves taking responsibility for their motives.

What could be the method of this discipline? I am not entirely sure, but—however sentimental it may sound—perhaps *empathy*, in the etymological sense: the adoption or mimesis of another's point of view; coming to understand the other, as Kant would say—what they do, their practices—even better than they understand themselves. This would be the method, hermeneutic if you will, of this discipline. However, this empathy should not be understood in a purely subjective sense; that perspective should also include the complex institutional world that surrounds and determines it. Good and evil, the achievement or non-achievement of a particular goal, are not gratuitous, but rather a matter of perspective; they are neither purely objective nor purely subjective, but rather something subjectual or objectual—given the dialectical nature of this pair of conjugated concepts. Ultimately, understanding the ends and motives of someone or something is nothing more than putting oneself in their place; contemplating the world from their unique perspective.

6 However, it would not be foolish to consider it. Many topics specific to traditional psychology are better understood when considered as conflicts of values or ends, starting with much of psychopathology and psychotherapy. Mental disorders have a lot to do with moral disorders, if not directly with demoralization. This does not mean that those who suffer from them are evil people. I do not consider myself evil. To call them *moral* is to say that they have to do with *mores*, with customs, with our habits and our character; but above all, with how those habits and characters—those ways of being a person—conflict, for example, with the demands of life in society.

Conclusions

Throughout this paper, we have addressed the scientific nature—or lack thereof—of psychology. To do so, we have had to adopt a particular theory of science: the theory of categorical closure (TCC). In this sense, the sciences, unlike other forms of knowledge, such as philosophy, would be characterized by the type of truths they produce: as synthetic identities. It is the elimination or neutralization of the operations of gnoseological subjects and research subjects—when they are present—that gives objectivity to the sciences. This elimination, however, is not always absolute, allowing them to be classified according to the degree of "objectivity" they are able to achieve: absolute when they are ananthropic; non-existent in the case of techniques.

Based on these coordinates, we have examined what place psychology might occupy within the body of knowledge. Along the way, we have encountered a series of gnoseological entanglements that we have had to untangle in order to offer an answer.

We have seen, first of all, that *psychology does not exist*; that we cannot say that curricular psychology is a unified discipline. Psychology faculties study a crucible of disciplines; some scientific (such as physiology), others technological (such as psychometrics), and still others strictly technical (such as behavior control). Does this mean that we cannot talk about psychology—that it does not exist as a discipline? No, it only means that we must go beyond its curricular confusion to get back to the essentials. In this sense, beyond its institutional or deictic unity, many psychologists have striven to resolve the issue.

We have thus presented the theories of Yela (1996), Pérez-Álvarez (2018a, 2018b, 2021b), Loredo (2009), and Sánchez (2009a, 2009b) as paradigmatic examples of this attempt to reestablish psychology as a scientific discipline. All of them share a fundamental interest in the subject and its behavior, although each—depending on their own scientific and philosophical influences—speaks their own language and introduces their own nuances. Despite this, what these authors understand by conduct, behavior, action, or genetic function is quite similar. Taken together, their proposals are an alternative to the conceptual problems posed by the traditional definition of psychology as the science of the mind and behavior. The subject they envision is that of a naturalized, operative, Darwinian, and embodied subject that acts with its brain, but also with its body, its language, and its hands, always with a view to some end. What it does also transforms its environment and itself—not mechanically, but intelligently. In the ebb and flow of its actions, these acquire, in line with their consequences, increasing degrees of elaboration and complexity.

There is, however, a problem. While these proposals would provide a basis for the scientific study of these *genetic functions*, in the style of Soviet psychology, *psychology* is usually understood to mean something more far-reaching: the attempt to understand why organisms do what they do, the elucidation of the deeper meaning of their actions and not just how they develop and acquire them.

Such a discipline, which we could call "general psychology" and not just "genetics," cannot, however, be a scientific discipline. Not only because the subject is unavoidable in it but also because offering such an explanation necessarily involves drawing on many different disciplines: starting with that genetic psychology and the Frankenstein's monster that shapes the curricula of psychology

faculties; but also history, anthropology, sociology, biology, and many other disciplines, not only scientific but also technical and technological. General psychology, as a theory of action, would have to be a philosophical or reflexive discipline, capable of gathering, coordinating, and elaborating all the knowledge we have been discussing. That general psychology would have to be, in short, a *praxeology*.

Once this—undoubtedly controversial—thesis has been established, we have reinterpreted the struggle between schools, a reason that is usually cited when discussing the theoretical fragmentation of psychology, as a struggle between philosophical schools. It is not that psychology is pre-scientific because, as Watson (1971) noted, a unified paradigm has not yet been forged in it; no. Rather, what happens is that psychological schools imply a philosophical, dialectical, and irreconcilable position-taking on fundamental ontological and anthropological questions. That is why the struggle between schools is and will be eternal, because the struggle between philosophers of all stripes is eternal.

Finally, once this issue has been resolved, we have ventured to explain the characteristically *sui generis* nature of psychology as a discipline, attributing it to the role played in it—as in biology—by the ideas of function and purpose.

Now, since ethics is concerned with the study of ends, we have concluded, based on their respective etymologies, that both biology—reinterpreted and with emphasis on one of its branches, ethology—and general psychology are, in fact, ethical disciplines. All three analyze what organisms must do to achieve a certain end; all three refer to organic life and what must be done to live appropriately. In all three, the ideas of *habit*, *custom*, and *character* also play a fundamental role; and, finally, in all three, the ideas of meaning and finality are essential: read, of course, in specific and evolutionary terms in the case of ethology and in personal and biographical terms in ethics and psychology.

Thus, it is suggested that the term "ethology" be reserved for the study of those ends and functions specific to non-human animals, not mediated symbolically, culturally, or institutionally—thus encompassing what was once ethology, but also many areas of contemporary psychology, especially animal and comparative psychology. The genetic study of those other complex functions that characterize human beings, now culturally, symbolically, and institutionally mediated, could well be called "genetic psychology"—recognizing, of course, its links to those other ethological functions that serve as its foundation. Finally, I have identified *general psychology*—understood as the theory of action or *praxeology*, as a theory about why organisms do what they do and what the meaning of their actions is—with *ethics*. However, the practical use of these terminological deviations is less important than their theoretical understanding; the aim is not for anyone to learn to speak anew, but simply to take on board the argument and its implications, both theoretical and practical. In psychology, as in philosophy, disputes are often nominal and useless; at other times, however, discussing names is extremely useful. In any case, the power of words should never be underestimated; this is a serious mistake, especially when they are loaded with meaning.

Conflict of Interest

There is no conflict of interest.

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Article

The Contemporary Cognitive Model, an Integrative and Dimensional Approach

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ABSTRACT

The cognitive model has evolved from its origins into an open, integrative paradigm that is sensitive to the complexity of human suffering. This paper aims to systematize part of this evolution and to propose a multidimensional formulation of psychopathology that is useful for clinical practice. Classical and contemporary contributions to the cognitive model are synthesized, incorporating elements from the constructivist, narrative, experiential, and relational traditions. A clinical case is presented to illustrate the applicability of the model. The case of Hugo shows how an integrative and dimensional conceptualization provides a useful framework for understanding and addressing human suffering. Finally, we discuss how the flexibility and openness of the cognitive model foster dialogue across approaches, while also presenting challenges for systematization and empirical validation.

El Modelo Cognitivo Contemporáneo, una Aproximación Integradora y Dimensional

Palabras clave
Modelo cognitivo
Psicoterapia
Formulación dimensional
Integración
Self

RESUMEN

El modelo cognitivo ha evolucionado desde su origen hacia un paradigma abierto, integrador y sensible con la complejidad del sufrimiento humano. Este trabajo tiene como objetivo sistematizar parte de dicha evolución y proponer una formulación multidimensional de la psicopatología útil para la práctica clínica. Se sintetizan aportaciones clásicas y contemporáneas del modelo cognitivo que incluyen elementos de las tradiciones constructivistas, narrativas, experienciales y relacionales. Asimismo, se presenta un caso clínico para ilustrar la aplicabilidad del modelo. El caso de Hugo muestra cómo una conceptualización integradora y dimensional ofrece un marco útil para comprender y tratar el sufrimiento humano. Por último, se discute cómo la flexibilidad y la apertura del modelo cognitivo favorece el diálogo entre modelos, aunque también presenta desafíos de sistematización y validación empírica.

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Introduction

Since its origins as an alternative to behaviorism in the 1950s and 1960s, the cognitive model has established itself as one of the major paradigms in the contemporary history of psychology. The *cognitive revolution* marked a decisive shift in the scientific study of human behavior by placing mental processes—such as perception, memory, language, and reasoning—at the very center of topics worthy of interest and empirical research (Gardner, 1985; Miller, 2003). In addition to representing a powerful transformation in the intellectual landscape of the time and in academic circles, it quickly exerted its influence in the clinical sphere, which had been characterized by the dominance of psychoanalysis. This dominance was beginning to decline with the emergence of other ways of understanding human suffering together with advances in psychopharmacology (Alford & Beck, 1998; Mahoney, 1991; Paris, 2017).

Among the pioneers of the cognitive model are authors such as George Kelly, Albert Ellis, and Aaron Beck, who, in the early part of the second half of the 20th century, laid the foundations of the paradigm in the fields of psychopathology and psychotherapy (Alford & Beck, 1998; Beck, 2011). From this perspective, mental disorders are thought to originate in the cognitive processes that people employ in processing and analyzing life experiences. Subsequently, the essence of the model's evolution was characterized by the breadth, richness, and diversity of its theoretical and technical proposals (Fernández-Álvarez & Fernández-Álvarez, 2017; Norcross et al., 2019). Currently, it is understood that human suffering arises from the way people perceive, interpret, and assign meaning to their personal experiences by constructing more or less functional life narratives that allow them to maintain autobiographical coherence, a sense of self, or the integrity of the self (Dimaggio et al., 2015; Fernández-Álvarez & Fernández-Álvarez, 2017; Gonçalves & Machado, 1999; Greenberg & Safran, 1987; Guidano, 1987, 1991; Inchausti, 2025; Liotti, 2004, 2017; Mahoney, 1991; Prado-Abril et al., 2013; Safran & Segal, 1990).

The epistemological evolution of the cognitive model has been a progressive process punctuated by theoretical tensions. Various reformulations have enriched, deepened, and added complexity to the original notions regarding human cognitive functioning. This process has crystallized into a broad, relatively coherent explanatory theoretical framework with a high degree of systematicity, the result of the capacity for synthesis and the drive toward integration characteristic of recent decades (see Table 1).

Some authors argue that the cognitive model and its cognitive-behavioral variant represent the most appropriate theoretical framework for attempting to achieve that seemingly elusive goal of integrating the theory and practice of psychotherapy (Alford & Beck, 1998; Castonguay et al., 2019; Fernández-Álvarez & Fernández-Álvarez, 2017; Norcross et al., 2019). However, a comprehensive theoretical integration must still address a range of aspects with less heterogeneity than currently defines the state of the field. Any paradigm worthy of the name must be capable of articulating and sequencing a unified theoretical framework that allows for the integration of normal and abnormal experience with the cognitive, affective, motivational, interpersonal, developmental, and behavioral processes involved in the context in which identity is constructed. For an overview, see Figure 1.

Table 1
Historical Phases in the Evolution of the Cognitive Model Toward Complexity and the Progressive Shift Toward Integration

Years	Phase	Key Elements
50-70	Founding rupture.	The emergence of cognitive therapy as an alternative to behaviorism and psychoanalysis. Emphasis on automatic thoughts, perceptual distortions, and cognitive structures.
80s-90s	Epistemological tension.	Debate between rationalist and constructivist epistemology. Emergence of models centered on the self as the organizing axis of personal meanings.
1990s-2000s	Integrative approach.	Emergence of the first decidedly integrative cognitive models (e.g., schema therapy). Need to address more complex clinical issues by synthesizing contributions from different approaches.
2000 →	Maturity, theoretical and technical plurality.	Explicit recognition of integration as a current process. Diversification of models under the conceptual umbrella of the cognitive model.

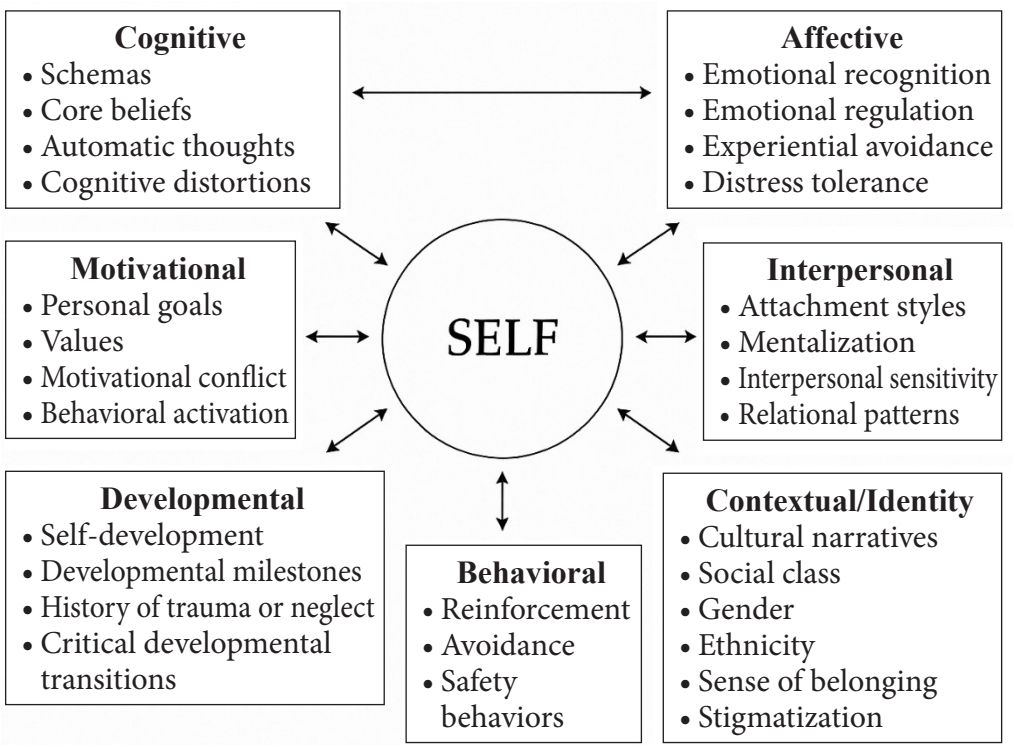
Note. Adapted from Fernández-Álvarez & Fernández-Álvarez (2017).

The aforementioned elements of psychopathological analysis should guide the assessment, formulation, and psychological treatment of mental disorders in such a way that they are amenable to explicit operationalization and systematic empirical evaluation. Valuable efforts have been made in this direction, but the project is far from being the norm in the current landscape of cognitive psychotherapies. However, this is not a flaw exclusive to the cognitive ecosystem; rather, it defines the field of contemporary psychotherapies as a whole, which is characterized by the specificity of a myriad of models offering partial answers to different types of clinical problems (Paris, 2013; Norcross & Goldfried, 2019; Wampold, 2019; Wampold & Imel, 2015; Zilcha-Mano, 2025).

Although the cognitive model acknowledges that integration is a very real phenomenon, its inherent diversity still prevents us from speaking of a single framework or sufficient consensus that would allow us to conceptualize, formulate, and integrate people's suffering and distressing experiences (i.e., psychopathology) with the best means of healing, restoring, articulating, or overcoming them (i.e., the treatment modality). At best, we must speak of a family of theoretical-technical approaches that all share the same worldview, while placing greater emphasis on some of the dimensions presented in Figure 1 over others. Likewise, the integrative aspiration must bridge another gap in order to have substantial scope. This gap consists of the disconnect between the information and knowledge derived from basic research and that stemming from the realm of direct, intuitive experience more characteristic of clinical settings (Fernández-Álvarez et al., 2020). Perhaps the development of practice-oriented research networks may serve this objective in the future (Areas et al., 2022; Barkham, 2014).

This work strives for the utmost intellectual honesty. However, it is not free from bias and necessarily occupies a specific position within the evolution of the cognitive model and the current state of the schools of thought that shape it. In this case, we have chosen to follow the trajectory that has led the cognitive model toward complexity and the broad integration of elements from different sources of knowledge. An alternative could have been to take the

Figure 1
Proposed Integrative Cognitive Model for Understanding Psychopathology as an Emergent Phenomenon



more orthodox and institutional path that led to the current hegemony of the biomedical model and cognitive-behavioral therapy (CBT; Beck, 2011; David et al., 2018). The reasons stem primarily from the authors' interest in complex models. These approaches typically offer a wider range of solutions in the clinical setting, although, in return, they require tolerating higher levels of uncertainty associated with the heuristic nature of the formulation itself and its psychotherapeutic application (Prado-Abril et al., 2017, 2019; Sperry & Sperry, 2020).

From this perspective, the cognitive model has, since its inception, delved deeper into progressive levels of introspection in tandem with constructivist epistemology. For example, Mahoney (1991) shifted the focus from cognitive content to experiential and self-regulated processes that form dynamic patterns of interaction centered on personal meaning. For his part, Guidano (1987, 1991) defined the self as a narrative organization, in constant change and construction, where dysfunction stems from the inability to achieve integration into a coherent narrative. Liotti (2004, 2017) enriches this aspect by articulating in greater detail the relationship between attachment history and dissociative mechanisms to understand the processes of self-disintegration. Safran and Segal (1990) and Greenberg and Safran (1987) play an essential role in incorporating emotional and interpersonal aspects into the framework of the configuration of cognitions, personal belief systems, and processes of human change. Thus, citing only a few of the most prominent authors, the model's evolution toward narrative, experiential, and relational complexity found a systematized expression for clinical work in Young et al.'s (2003) schema therapy. This form of structured treatment can be conceptualized as an operational integration of many of the aforementioned elements. On the one hand, it maintains the structure and empirical approach of early traditional CBT. At the same time, it incorporates elements of constructivism and attachment theory, emphasizing the importance of emotional and interpersonal aspects when formulating maladaptive early schemas as narrative-affective nuclei that organize the experience of the self. Consequently, identity would be the primary vector upon which to organize assessment, formulation, and psychological treatment. Not so much to disconfirm the underlying schemas (Alford & Beck, 1998; Beck, 2011), but rather to understand the nature of people's dysfunctional experiences with the aim of making them more flexible, enriching them, and adding nuance, thereby promoting a more complex and multifaceted view of the self (Dimaggio et al., 2015; Prado-Abril et al., 2013; Safran & Segal, 1990; Young et al., 2003).

Finally, it should be noted that the process of expansion and internal enrichment that the cognitive paradigm has undergone in the clinical setting has taken place in dialogue with the transformations within cognitive science itself. As Osbeck (2009) points out, the traditional computational paradigm of the mind, as an abstract symbolic processing system, has gradually given way to more integrative perspectives such as embodied cognition, situated cognition, and the extended mind. These new approaches challenge the strict separation established by the classical model between mind, body, and environment, situating the process of human knowledge as a phenomenon deeply shaped by affective, relational, and contextual aspects. Therefore, cognition cannot be understood as a mere manipulation of internal representations, just as human suffering cannot be reduced to logical errors, misinterpretations, or isolated distortions, nor psychotherapy to a sort of technology for correcting dysfunctional thoughts. Rather,

these are emergent phenomena that involve the organism as a whole and require theoretical frameworks and clinical interventions capable of addressing complexity without fragmenting it under the illusion of sequential thinking. Consequently, the cognitive model presents itself as an open, integrative, and pluralistic paradigm that aspires to understand and explain human nature, as well as that condition inherent to living which is suffering, and how to cope with it in order to build lives worth living.

Some Basic Aspects of Psychopathology

As noted, the cognitive model has gone through different stages that have influenced the understanding and formulation of mental disorders. Initially, mental disorders were understood to be the product of cognitive distortions and negative automatic thoughts stemming from dysfunctional schemas developed in early life (Alford & Beck, 1998; Beck, 2011; David et al., 2018). Subsequently, it has been observed that a perspective based on the person as an active agent who gives meaning to their life experiences by articulating contextual narratives is an approach that broadens and enriches this position (Gonçalves & Machado, 1999; Guidano, 1987, 1991; Mahoney, 1991; Young et al., 2003).

From the constructivist metatheory that informs the cognitive model, mental disorders cannot be conceived of as fixed, natural entities—much less as diseases, as is often implied by the biomedical model (Deacon, 2013). Symptoms and syndromes are understood as a complex, emergent phenomenon, rooted in the person's life history and with a decisive contextual component. They are experienced by a person who is an active agent in the construction of realities endowed with personal meaning. This subjective experience arises from a complex interaction with the relational and socio-cultural influences that frame the development of the self as a psychological entity subject to a discursive logic (Guidano, 1987, 1991; Mahoney, 1991; Safran & Segal, 1990). This approach aligns well with the tenets of the biopsychosocial model and invites us to consider that mental disorders are related to the history of personal meanings and the cultural norms of the era that define the channels through which suffering is expressed. Our era represents a paradigmatic example, where the thresholds required to receive a psychopathological diagnosis have been lowered; there is a notable subjective perception among people that they are ill, likely as a consequence of social phenomena such as disease mongering, resulting in prevalence rates of mental health problems that appear to represent an unprecedented international alarm (Moynihan et al., 2008; Whitaker, 2015). Such phenomena call into question official psychopathology as a natural science capable of objectively defining the onset of experiences or behaviors that might be considered abnormal. In fact, they define psychopathology as a profoundly malleable discipline, imprecise and open to interpretation, characterized by a high degree of subjectivity and determined by the normative frameworks and not always explicit needs imposed by the social reality of the time (Berrios, 1996).

In what follows, we present a multidimensional proposal regarding how people may express their suffering, with a clear focus on understanding and explaining it. The aim is for this to serve as a useful guide for conceptualizing and formulating problems, thereby enabling the development of psychotherapeutic treatment systems tailored to the specific needs each individual may require to thrive in life. Table 2 expands on the content of the proposal outlined in Figure 1 and shows the blocks that may be involved in the emergence of psychopathology as a subjective phenomenon. It highlights the dimensions involved, their main components, and some clinical examples intended to illustrate the symptomatic expression that can be observed in clinical practice.

Psychological suffering and its psychopathological manifestation are understood as an emergent subjective experience that will vary in its form of presentation, intensity, persistence, and extent depending on the dimensions and components involved and the

Table 2
Dimensions and Main Components of an Integrative Cognitive Psychopathology

Dimension	Components	Definition	Clinical example
Cognitive	Schemas, core beliefs, automatic thoughts, cognitive distortions.	Mental structures that organize experience and guide the interpretation of reality.	A person with core beliefs of worthlessness interprets their mistakes as proof of their structural personal incompetence.
Affective	Emotional recognition, emotional regulation, experiential avoidance, distress tolerance.	Emotional processes that influence the perception, evaluation, and response to internal and external events.	A person with generalized anxiety avoids confronting their emotions, increasing their emotional distress in the long term.
Motivational	Personal goals, values, motivational conflict, behavioral activation.	Systems that direct behavior toward meaningful goals, influencing decision-making and therapeutic change.	A person with sexual obsessions comes into conflict with their personal goal of starting a family, generating ambivalence, guilt, and behavioral blockage.
Interpersonal	Attachment styles, mentalization, interpersonal sensitivity, relational patterns.	Patterns internalized in childhood that influence how one relates to others.	A patient with disorganized attachment may alternate between a strong need for emotional contact and behaviors of rejection or distrust toward their therapist.
Developmental	Self-development, developmental milestones, history of trauma, critical developmental transitions.	Personal trajectory throughout the life cycle, including significant early experiences.	An adult who experienced childhood neglect may have persistent difficulties in building a stable, integrated identity.
Behavioral	Reinforcement, avoidance, safety behaviors, coping skills.	Behavioral patterns maintained by their consequences.	A person with a phobia systematically avoids feared situations, reinforcing their fear in the long term.
Contextual	Cultural narratives, social class, gender, ethnicity, sense of belonging, stigmatization.	Sociocultural factors that influence identity formation and the expression of psychological distress.	A migrant woman interprets her emotional distress as weakness, influenced by an environment that minimizes and does not validate her subjective experience.

interrelationship among them. In other words, psychopathology is conceived as a multidimensional, multifactorial, and multicausal phenomenon that follows a logic that is not always easy to fully conceptualize in clinical practice. Being aware of this distinctive quality of the nature of human suffering, taking into account all the dimensions involved in a person within a given sociocultural context, is key to establishing a psychotherapy plan that is more individualized and sensitive to people's idiosyncratic life trajectories. Ultimately, these trajectories lie at the very heart of the formation of their identities and the stories they tell (Guidano, 1987, 1991). As we will see below, a model of these characteristics facilitates comprehensive and complex formulations that are highly useful for idiographic clinical work.

Implications for Clinical Practice

To ground the conceptual framework we have developed and, from there, guide the construction of the psychotherapeutic process, we will begin with a clinical case based on the authors' professional experience with individuals suffering from severe mental disorders. Hugo is a 32-year-old man who has been officially diagnosed with borderline personality disorder and is currently undergoing outpatient psychological treatment at his local mental health center. During the initial assessment interview, he reports that his work performance remains stable and that his consultation stems from an emotional crisis resulting from a breakup with his partner, which he describes as conflict-ridden. Since the breakup, he reports episodes of social isolation, intense distress, and constant unproductive rumination. His narrative is characterized by self-demand, an intense need for emotional control, fear and suspicion in the face of criticism, as well as a focus on grievance and the externalization of responsibility. On an interpersonal level, it is evident that he alternates between an intense search for support, empathetic containment, and emotional validation, and behaviors of avoidance and rejection, generating a countertransference in the clinician of discomfort and heightened alertness as he feels evaluated and emotionally pressured. Likewise, among other autobiographical episodes of interest, he reports that during his childhood and adolescence, his relationship with his parents was contentious, describing them as neglectful and authoritarian.

Cognitive Dimension

From the outset of the psychotherapeutic process, the possibility is assessed that Hugo may exhibit maladaptive schemas related to abandonment, instability, emotional deprivation, grandiosity, and punishment. According to Young et al. (2003), schemas cover broad areas of thematic content that are significant to individuals. Their themes represent persistent elements regarding one's view of oneself and one's relationships with others. It is suggested that they originate in childhood but develop, modulate, and consolidate throughout subsequent life development. With habit, they become comfortable and automatic ways of maintaining coherence in personal meanings. For this reason, they are often found at the core of people's most particular subjective perceptions. By way of summary, Table 3 presents the five domains of experience that encompass the eighteen proposed schemas (Bernstein & Clercx, 2018; Young, 2006; Young et al., 2003).

Adapted to the Spanish language and cultural context by Calvete et al. (2013), Young's Schema Questionnaire (2006) is a useful tool for systematizing psychological assessment in this area. However, schemas can also be identified by paying close attention to the content of speech during therapeutic conversations, especially when these take on an emotionally charged tone (Greenberg, 2016; Greenberg & Safran, 1987; Safran & Segal, 1990; Young et al., 2003). For example, schemas of abandonment and instability are evident in expressions such as *"I'm a person of brief but intense love stories, followed by long periods of grief, with relapses, until everything ends tragically or they disappear without a word"*; the schema of emotional deprivation in *"I give myself completely, but I feel I never get everything I deserve"*; the grandiosity schema in *"maybe it's because I'm a conformist and I always choose men who aren't my equal and they get scared"*; and, finally, the punishment schema in *"he deserves everything bad that happens to him for not meeting my standards; he wasn't worthy of my commitment*." These brief excerpts from the sessions of the psychotherapeutic process outline how these schemas operate in everyday life, filtering Hugo's subjective, emotional, and relational experience. For its part, repeated and unproductive rumination serves as a coping strategy that, while reinforcing his sense of control and the coherence of the self in the short term, in the long term it perpetuates his way of seeing the world, preventing the inclusion of alternative perspectives that would enable increased self-awareness, the enrichment of his subjective experience, a change in his life narrative, and the development of more flexible behavioral and interpersonal patterns.

Affective Dimension

During the first sessions, Hugo displays very high emotional reactivity, episodes of disconnection, and emotional numbing: "*Sometimes, I don't even know what I'm feeling; it's as if I'm shutting down inside*." He speaks openly about dissociation: "*I'm dissociated; I want to believe we'll fix this, and I want him to suffer for what he's done to me*." This discourse, coupled with the high emotional intensity that accompanies it in psychotherapy sessions, forms part of a narrative that is unable to integrate contradictory positions, where episodes of disconnection—by blocking the continuity of the necessary affective processing of subjective experience—maintain the cycle of distress and psychological suffering (Guidano, 1987, 1991; Liotti, 2004, 2017).

Motivational Dimension

As the psychotherapeutic process progressed and a certain degree of symptomatic stabilization was achieved, Hugo began to express his desire to one day start a family in the traditional sense. This life goal, when explored in detail, seemed to clearly reflect a deep desire to achieve personal stability and identity coherence. However, his fear of abandonment and his need for constant validation revealed a relational history in which his habitual patterns—excessive dependence and controlling behaviors toward others—had blocked the possibility of creating a climate of authentic intimacy and the development of relational mechanisms that would facilitate the achievement of this life goal. The

Table 3
Domains and Schemas Proposed by Young et al. (2003)

Domains	Schemas	Description
Disconnection and rejection: Difficulty forming and maintaining satisfying and stable interpersonal relationships.	1. Abandonment and instability.	Perception of others in interpersonal relationships as unpredictable, anticipating the end of the relationship.
	2. Mistrust and abuse.	A tendency to anticipate mistreatment, humiliation, deception, or manipulation by others.
	3. Emotional deprivation.	Expectation that one's emotional needs (care, empathy, or protection) will not be met by the other person.
	4. Defectiveness and shame.	A sense of being imperfect, inferior, or unworthy of affection.
	5. Social isolation and alienation.	Perception of oneself as different, with difficulty developing a sense of belonging.
Impaired autonomy and functioning: Expectations of limited ability to distinguish oneself, survive independently, or function satisfactorily.	6. Dependence and incompetence.	Viewing oneself as incapable of handling daily responsibilities without help from others.
	7. Vulnerability to harm or illness.	Exaggerated fear of medical, emotional, or external catastrophes.
	8. Enmeshment, undeveloped self.	Excessive involvement and emotional closeness with significant others. Lack of a sense of self.
	9. Failure.	Belief that one has failed or expectation of future failure.
Deficient boundaries: Deficit in self-control, responsibility, or long-term orientation.	10. Grandiosity and entitlement.	Perception of oneself as entitled to special privileges over others, not bound by the norms of reciprocity.
	11. Insufficient self-control and discipline.	Tendency toward impulsivity, intolerance of frustration, avoidance of discomfort and responsibilities, affecting goal achievement.
Driven by the needs of others: Excessive focus on the desires and needs of others, to the detriment of oneself.	12. Subjugation.	Suppression of one's own desires, preferences, or emotions when perceiving coercion or external control.
	13. Self-sacrifice.	Sacrificing one's own gratification with the intention of satisfying the needs of others or preventing potential harm.
	14. Approval-seeking/recognition-seeking.	Excessive emphasis on seeking approval, recognition, or attention from others.
Hypervigilance and inhibition: A tendency to suppress one's own emotions or impulses, leading to a lack of spontaneity and satisfaction.	15. Negativity and pessimism.	A tendency to focus attention generally on the negative aspects of an experience, downplaying the positive ones.
	16. Emotional inhibition.	Excessive suppression of emotional expression to avoid embarrassment, disapproval, or loss of control.
	17. Unrelenting standards and hypercriticalness.	A tendency toward rigid, perfectionist effort to meet certain behavioral standards, generally to avoid criticism.
	18. Punitiveness.	Belief that mistakes must be severely punished.

contradiction between his discourse and his behavior is evident throughout his autobiographical account. The consequences are the emergence of symptoms such as existential disorientation, reactive depression following romantic breakups, or frustration at the perceived happiness of others whom he does not consider more deserving of good fortune in life than he is.

Interpersonal Dimension

Hugo describes superficial and unstable friendships based on cycles of idealization and disappointment, as well as ambivalent relationships with his younger sister and parents, whom he describes as very close to one another, with him occupying a sort of peripheral position within that family unit. In therapy, he is occasionally cooperative and even submissive, but when faced with core questions about his behavior—even subtle ones—he becomes distrustful, defiant, and dismissive of the psychotherapeutic process. These fluctuations are common in this patient profile and are often linked to complex upbringings and attachment styles on the disorganized spectrum (Crittenden, 2016). The fact that the sessions generate fatigue in the clinician and, at times, a sense of heightened alertness also supports this point. People who demand high emotional intensity from others, while simultaneously exhibiting moments of coldness or rejection, often reflect relational patterns internalized in childhood.

Developmental Dimension

The autobiographical milestones that emerge in therapeutic conversations throughout the course of treatment trace a developmental trajectory marked by parental neglect and experiences of emotional detachment: "*It was common, when I was still very young, for me to be left at home alone without knowing where my parents were*." Moreover, the reactions of his attachment figures were authoritarian: "*My father always scolded me when I cried, and my mother looked the other way*." During his adolescence, he frequented social groups he describes as transgressors of social boundaries, through which he began using alcohol, drugs, and engaging in sexual activity. His account of the past always maintains a certain distance from the current self-image he wishes to convey, in which he presents himself as a socially integrated person with a high-performing career who has successfully moved forward despite having come from a difficult background, as a "*survivor of the neighborhood and its dynamics*." However, his discourse also notes, with a hint of nostalgia, that "*cohesion and loyalty*" were core elements of "*the old days*." The discomfort and shame generated by his past self (which he seems to want to renounce, yet at the same time recalls with affection) and his current self (which remains unstable), underpin some of the different instances of identity that have not yet found a balanced coexistence on the level of subjective experience.

Behavioral Dimension

At the start of treatment, before the most obvious and distressing symptoms had been initially stabilized, Hugo resorted to dysfunctional coping mechanisms for emotional regulation and managing distress that achieved his short-term goals, yet simultaneously served to perpetuate and exacerbate his anxiety and depressive symptoms. Among these, the most notable were self-harming ideation that did not progress to action as it had in his adolescence, social and familial isolation, and the abuse of benzodiazepines when he needed to disconnect from his disturbing thoughts and painful emotions. At the same time, these behaviors reinforced his narrative of victimization and the externalization of responsibility. The persistence of dysphoria, anger, and sadness due to loss seemed to play a role in legitimizing his experience as a victim of an unjust life. However, at the same time, he presented a positive valence that allowed him to project an image of apparent balance and normality as a strong man capable of weathering adversity, defending himself firmly, maintaining work performance, and keeping a well-groomed physical appearance.

Contextual Dimension

Hugo grew up in a humble neighborhood with a strong sense of community and a deep feeling of belonging. However, the atmosphere of neglect and lack of emotional support he experienced at home may have interfered with his ability to safely internalize these community values. On the other hand, the neighborhood's codes offered the security of loyalty, but they also shaped relationships through confrontation, black-and-white thinking, hypervigilance, and suspicion. Consequently, he may have internalized the idea that belonging means giving up parts of oneself and that pain can be compensated for with toughness. Over time, as he became a grown man with a prestigious career that would underscore his own worth and capabilities, he still did not feel entirely at home in his world. This dissonance creates a sort of dual register: privately proud, resentful, insecure, unstable, and ashamed of his past; publicly competent, balanced, ambitious, methodical, and polished. The rift between these two worlds highlights one of the most complex issues the psychotherapeutic process will need to address. That is, this structural lack of a sense of belonging acts as a cross-cutting element that colors his entire subjective experience, perpetuating chronic suffering through the diffusion of identity.

A Brief Formulation for Clinical Practice

Hugo's case, beyond diagnostic entities or other conceptualization alternatives derived from other psychopathological and psychotherapeutic models, can be considered an exemplary case of what the cognitive model refers to as identity diffusion. That is, an inability or difficulty in establishing a clear, coherent, and balanced identity. This is often a central issue in individuals who receive psychopathological diagnoses, particularly in the realm of personality. Hugo's identity diffusion arises as a result of a developmental trajectory marked by attachment within the disorganized spectrum, crystallized dysfunctional schemas, and a life narrative split between pride in having achieved social advancement and the unacknowledged and unintegrated shame of his background. This unspoken internal experience lies at the root of his pattern of emotional, interpersonal, and behavioral dysregulation, which, in turn, perpetuates his internal conflict, hindering the construction of a coherent and multifaceted identity where the different parts of the self can coexist. Very often, a reduction in fragmentation and identity diffusion, following an effective psychotherapeutic process, is associated with improvements in symptoms, functioning, and subjective quality of life.

The Development of the Psychotherapy

The implications of this assessment and dimensional formulation of the case for the psychotherapeutic process are presented succinctly in Figure 2 in sequential order.

Figure 2
Areas of the Psychotherapeutic Process

The sequence should be interpreted in a cyclical way and situated within a psychotherapeutic process that typically unfolds through repeated revisiting and progressive deepening of the individual's subjective experience. In other words, the linearity serves merely for didactic and expository purposes. The aim is to briefly summarize six areas that effective psychotherapy would need to successfully address in Hugo's case. A description of the phases, techniques, and duration of treatment exceeds the scope of this paper, but various psychotherapeutic approaches consistent with what has been presented here can be found in Dimaggio et al. (2015), Guidano (1987, 1991), Mahoney (1991), Inchausti (2025), Prado-Abril et al. (2013), Safran and Segal (1990), and Young et al. (2003), among other proposals available in the field of psychotherapy.

Finally, it is worth paying attention to the first-person accounts of patients in our psychotherapeutic processes:

> *"For a long time, I thought what was happening to me was that I was simply broken. Without a compass. No one told me that outright, of course, but that was what was implied behind the looks, the reports, and the diagnosis of borderline personality disorder. When I read those words for the first*

time, it was as if a stamp had been pressed onto my forehead. 'This is who you are,' as if everything else… My story, my efforts, my contradictions, my suffering, were reduced to three letters: BPD. I felt shame. Fear. Anger, too. Because part of me wanted to believe that someone could help me, but another part assumed I was already marked, that all paths would narrow from there on out. That my efforts to get ahead would be futile. Sometimes I think the diagnosis hurt me more than the symptoms. That the problem wasn't so much how I felt, but how the professionals began to treat me—with distance, always recommending pills. I remember that during the first few sessions with you, I was a little defensive. As if I had to prove that I wasn't that diagnosis, but at the same time knowing that I needed your help. It was hard for me to trust. It was hard for me to speak without fear of being misunderstood or judged as unstable, seductive, and manipulative. But little by little, something began to change. It was like a different way of being heard. It seemed to matter how I experienced what was happening to me. We started talking about my way of seeing the world, my ways of relating to others, and how certain experiences in my life had influenced certain ways I behaved, understood myself, and protected myself. I think that's when something different began to happen in the way I understood what was happening to me. I remember when we first talked about the different aspects of my case and how they were connected to explain my suffering. I felt seen. It was a story that made sense. There are still days when I doubt myself. Sometimes the impulses and fears come back, but now I know how to recognize those parts of me. I no longer cover them up with pills, alcohol, or sex. I observe them. Not always, of course, but more often than before. I feel like I'm starting to build a story of my own that I can control, instead of constantly reacting to what's happening around me. I know this is a process, but I trust the process. I suppose that's what change is all about. At my own pace. No rushing. I don't know if that's healing. But I do know it's another way of living."

An Epistemological Bridge Between Models?

One of the defining features of most of the current models in the field of understanding human suffering and its psychological treatment is the presence of integrative approaches within their frameworks (Norcross & Goldfried, 2019). This often makes comparing models an impossible task to delineate with precision, beyond resorting to generalizations or simplifications. Table 4 itself should be viewed with this issue in mind and as a map of trends that does not literally define the clinical territory in which the described models are subsequently deployed. Likewise, as noted for the cognitive model, as a particular model delves deeper into its own complexity regarding human understanding, it eventually converges with other perspectives. At times, the differences are simply a matter of jargon or allegiance (Norcross & Goldfried, 2019; Paris, 2013). It is worth recalling that a finding consistently observed in psychotherapy research in naturalistic settings is that clinicians who achieve better therapeutic outcomes resemble one another more closely—in terms of observable behavioral aspects—than their own theoretical models of reference would have predicted (Castonguay & Hill, 2017; Prado-Abril et al., 2017, 2019; Wampold & Imel, 2015).

No matter how strictly one seeks to define these concepts, it is easy to see that mentalization, reflexivity, metacognition, and theory of mind all fall within the realm of describing psychological aspects that are closely intertwined. The same is true when one chooses to speak of schemas that shape subjective affective-narrative realities, rather than of operational patterns of intrapsychic conflict. Therefore, without intending to oversimplify the theoretical and technical richness of other models, this section will attempt to identify some similarities and differences from a perspective we might label as standard. Not surprisingly, Young himself faced significant challenges and resistance within the cognitive-behavioral community when he began developing schema therapy after having been a star pupil of Beck's. The incorporation of elements from attachment theory, emotion theory, and the psychodynamic field was viewed as an eclectic deviation lacking empirical grounding rather than as a legitimate evolution of the model as it is currently understood (Bernstein & Clercx, 2018;). It could also be argued that its formal and official presentation in institutional and international settings, particularly in the form of its inclusion in clinical practice guidelines as the gold standard for psychological treatment, makes CBT the most visible hallmark of the cognitive model. Similarly, a parallel could be drawn with the contemporary relational psychodynamic approach regarding the more paradigmatic psychoanalysis (Shedler, 2010). In sum, building bridges between models to articulate their commonalities stems from the strong component of internal heterodoxy shared by most models.

The integrative cognitive model presented here shares many tenets with the standard cognitive-behavioral model, in that it evolved from the same starting point, even though it subsequently followed different epistemological and theoretical paths. For example, it assumes that cognitive and behavioral aspects are essential to understanding individuals and that increasing the flexibility of patterns is one of the primary goals of treatment. However, its emphasis on understanding people's subjective experience, recognition of tacit internal structures seeking personal meaning, and links to attachment history bring it closer to the psychodynamic model, especially in its more relational and contemporary form (Shedler, 2010). The incorporation of experiential elements and the weight of emotion as a driver of change in psychotherapy clearly aligns with the humanistic view that psychological change requires not only understanding but also experiences of personal transformation. For its part, the central importance given to relational factors in life trajectories and to the influence of socio-cultural narratives on the shaping of identity opens the possibility of a fruitful dialogue with systemic models. At this point, since the cognitive model is an open and pluralistic approach, it can serve as an epistemological, theoretical, and technical bridge to structure models—primarily for those whose interest centers on theoretical-technical integration with a strong focus on understanding people's subjective experience.

Finally, for the sake of clarity, Table 4 presents some of the elements that must be considered when establishing a constructive dialogue between the cognitive model, CBT, the psychodynamic model, and the systemic-relational model. In line with the synthesis by Wachtel and Gagnon (2019), mutual recognition and interest among models, the exchange of ideas, and even theoretical-

Table 4
Elements for Dialogue Between Models

	Integrative Cognitive Model	Cognitive-Behavioral Approach	Contemporary Psychodynamic Model	Relational Systems Model
Unit of analysis	Organization of subjective experience.	Automatic thoughts, observable behaviors.	Unconscious conflicts, object relations.	Family-relational system structure.
Source of suffering	Self-diffusion.	Cognitive distortions.	Internalized early experiences.	Family dysfunction.
Assessment method	Idiographic and contextual clinical formulation.	Structured assessment, standardized protocols.	Free association, transference analysis.	Relationship mapping, genogram.
Role of the therapist	Explorer, active.	Instructor, active.	Explorer, passive.	Participant observer.
Theory of change	Self-integration, re-signification of experience.	Correction of distortions, acquisition of skills.	Processing of conflicts and reframing of past relationships.	Change in communication patterns and modification of hierarchies.
Therapeutic relationship	Space for reflection and collaborative work on personal narrative.	A collaborative relationship based on treatment goals.	Transference and countertransference as drivers of change.	The relationship as part of the observed system.
Epistemology	Constructivist.	Positivist.	Hermeneutic.	Complexity theory.

Note. Adapted from Wampold (2019).

technical hybridization—all approached with an open and sensitive attitude toward broad theoretical integration—likely constitute one of the most stimulating and fruitful paths a mental health professional can follow throughout their entire career.

Summary

This text has sought to provide a balanced overview of the evolution of the cognitive model from its origins, linked to the *cognitive revolution*, to the present day. This process has been carried out with an emphasis on the inherent complexity that defines the model's internal structure. An effort has been made to avoid oversimplifications and generalizations that might have hindered the demonstration of its potential from an applied perspective. Likewise, an attempt has been made to integrate different epistemological currents to convey a pluralistic perspective on psychopathology that emphasizes its clinical, experiential, narrative, relational, and contextually situated aspects. This approach is not simply a matter of taking up a particular position within the currents that make up the cognitive paradigm; rather, as exemplified in Hugo's case, it has practical implications for how we conceptualize suffering, formulate the steps to be taken, and conduct psychotherapy from a scientifically informed and ethically guided perspective.

The cognitive model, particularly in its contemporary form, approaches human suffering through the individual's introspective capacity to delve into the subjective nature of their experience with confidence in their ability to articulate their autobiographical story in a coherent, multifaceted manner, capable of give meaning to their life story. From this perspective, the practice of psychotherapy cannot be reduced to the sequential application of intervention techniques or protocols derived from a categorical diagnosis as the axis around which treatment organization pivots. Nor is psychopathology conceptualized as a taxonomy of supposedly discrete, exhaustive, and mutually exclusive categories, but rather it is understood as the reflection of a complex expressive web that emerges from people's biographies, bonds, traumas, interpersonal relationships, and life trajectories at a given socio-cultural moment.

This article proposes a multidimensional model for the cognitive conceptualization of psychopathology that stands out for its idiographic sensitivity, its openness, and its flexibility to integrate the elements that scientific research identifies as necessary. The aim has been to ensure that it can capture complexity in detail while maintaining adequate operational capacity. The seven proposed dimensions help organize the individual's subjective experience, which may ultimately manifest as various psychopathological symptoms. For example, in Hugo's case, this manifests as a personality disorder. However, what is important is that the model can serve to connect the story the person brings to therapy with their belief system, symptoms, life course, and so on. The main objective is to facilitate the identity development toward progressively greater levels of stability, organization, and complexity, naturally integrating the different self-states involved. In the section on the development of psychotherapy, a first-person account illustrates how, through the psychotherapeutic process, a person's voice can be restored by encouraging the development of more elaborate, reflective, and useful personal narratives to navigate suffering.

Dialogue with other models has made it possible to identify certain common pathways, as well as some differences in how clinical practice is approached. Committing to a reflective integration that respects these differences may be the most appropriate path toward improving our understanding of the state of the field and the effectiveness of treatments received by people with mental disorders. In any case, it is important to be aware that no single model on its own exhausts all possibilities for understanding people's subjective experience. It is probably not even appropriate to attempt to do so. Anyway, the cognitive model presented here is offered as an open paradigm—a platform from which to weave networks of theoretical and technical collaboration that can serve to articulate different sources of knowledge.

However, despite its advances in depth, complexity, and clinical sensitivity, the contemporary cognitive model is not without its challenges. Its integrative aspiration risks becoming diluted into a theoretical amalgam that is difficult to systematize unless clear demarcation criteria are established to define its main components. Furthermore, its openness to multiple dimensions may strain its ability to be operational in clinical practice if it is not accompanied by sufficiently developed technical procedures to support such complexity. Additionally, in its evolution, the model appears to rely on conceptual elements drawn from other perspectives. This may raise questions about its internal consistency as an independent paradigm. Finally, its limited institutional adoption, compared to the cognitive-behavioral approach, poses an obstacle to its educational dissemination and systematic empirical validation. These limitations, which in turn are pending challenges, reinforce

the need to continue exploring the model's capacity to offer more sophisticated formulations and solutions regarding the nature of suffering and its relationship to processes of human change.

Thus, what remains is an invitation to view the cognitive model not as a finished theory, but as an open-source theoretical-technical system that is evolving and seeking the best possible solutions for clinical practice. In the 1990s, it was thought that the beginning of this century would bring about the definitive integration of theory and practice in the field of psychotherapy (Mahoney, 1991; Norcross & Goldfried, 2019; Wampold, 2019; Wampold & Imel, 2015). However, thirty years later, perhaps the most important development was planting the seed that would allow subsequent generations to continue the endeavor with sensitivity and openness. Perhaps, from the very beginning, it was simply a matter of stimulating curiosity and the desire to understand, in all its depth, the mystery that the human mind still is.

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The authors declare that they have no conflicts of interest.

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Article

Twelfth Review of Tests Published in Spain

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ABSTRACT

Since 2010, the Test Commission of the General Council of the Spanish Psychological Association has conducted an annual evaluation of the tests published in Spain, with the aim of providing rigorous and accessible information regarding their quality. The purpose of this study is to present the results of the twelfth review of tests published in Spain. In this edition, six tests from four different publishers and one non-commercial test were assessed. These instruments were designed to measure variables such as motivation, general intelligence, cognitive impairment, emotional well-being, adolescent personality, phonological awareness, and children's emotional intelligence. As in previous editions, a systematic peer review process was followed, employing the *Test Evaluation Questionnaire - Revised* (CET-R v1.1). The evaluations were integrated into a provisional report and, after considering the claims of the publishers, a final report was prepared. The results are consistent with those of previous rounds, showing that, overall, the quality of the evaluated tests is adequate, with particular strengths in the quality of materials and documentation, the evidence of content validity and internal consistency, and the quality of the norms. Looking ahead, it would be desirable to improve consistency among reviewers and to promote ongoing training in psychometrics.

Duodécima Evaluación de Test Editados en España

Palabras clave
Evaluación de test
Propiedades psicométricas
CET-R

RESUMEN

Desde 2010, la Comisión de test del Consejo General de la Psicología realiza anualmente una evaluación de los test publicados en España, con el propósito de ofrecer información rigurosa y accesible acerca de su calidad. El objetivo de este trabajo es presentar los resultados de la Duodécima Evaluación de Test Editados en España. En esta edición se evaluaron seis test de cuatro editoriales y un test no comercial, diseñados para medir variables como motivación, inteligencia general, deterioro cognitivo, bienestar emocional, personalidad en adolescentes, conciencia fonológica e inteligencia emocional en niños. Como en ediciones anteriores, se siguió un proceso sistemático de revisión por pares, utilizando el *Cuestionario para la Evaluación de Test Revisado (CET-R v1.1)*, se integraron las evaluaciones en un informe provisional y, teniendo en cuenta las alegaciones de las editoriales, se redactó el informe final. Los resultados siguen la misma línea de evaluaciones anteriores, mostrando que, en términos generales, la calidad de los test es adecuada, destacando la calidad de los materiales y documentación, las evidencias de validez de contenido y la consistencia interna, así como la calidad de los baremos. De cara al futuro sería deseable mejorar la consistencia entre revisores, y fomentar la formación continua en psicometría.

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In various fields of psychology, assessment through testing is a common practice, with scores derived from these instruments being used for essential purposes such as diagnosis, decision-making, counseling, intervention, and personnel selection, among others.

The psychometric quality of tests is a crucial aspect in ensuring that decisions based on test results are valid, reliable, and ethical. A test lacking sufficient evidence of validity, reliability, and normative adequacy or cultural relevance can lead to misinterpretations and, consequently, to decisions that have negative effects on the individuals being assessed. Moreover, it is important to note that no psychological measurement instrument is "universally valid" for any use, at any time, and with any population, as validity depends on the context, purpose, and characteristics of the sample (Cohen & Swerdlik, 2018).

Although the primary responsibility for analyzing the psychometric quality of a test lies with the test developer, in the seventh edition of the Standards for Educational and Psychological Testing (AERA, APA & NCME, 2014)—a reference framework for criteria regarding test development and evaluation—the responsibility of the professional is clearly emphasized when it comes to selecting a test that adequately measures the variable of interest and possesses proven metric quality. Standard 9.0 states that the test user must know the validity evidence supporting the interpretation of scores and accept the consequences of their use. Furthermore, Standard 9.1 specifies that only individuals with the necessary training, credentials, and experience should interpret and administer tests, thereby ensuring their appropriate and ethical use. Thus, the standards make it explicit that the responsibility for the appropriate and ethical use of a test does not rest solely with the test developers or publishers, but also with the psychologists who select and administer them.

In this context, having access to rigorous and up-to-date information on the quality of tests is essential for psychology professionals to make informed decisions about their use, as they will need to critically analyze the tests' psychometric quality before selecting and administering them. To address this need, a systematic test evaluation model has been developed in Spain: the Test Evaluation Questionnaire (*Cuestionario para la Evaluación de Test*, CET; Prieto & Muñiz, 2000) and its revised version (CET-R; Hernández et al., 2016), which are based on the test review model of the European Federation of Psychologists' Associations (EFPA; Evers et al., 2013).

In addition to technical evaluations, it is essential to understand the opinions of psychology professionals themselves regarding the use of tests. To this end, three national surveys have been conducted among licensed psychologists. The results of the third survey (Muñiz et al., 2020), in which 1,248 professionals participated, show that tests are routinely used in psychological practice and that psychologists do not question their utility when administered appropriately. However, the results also reveal a clear demand for greater control and regulation of the use of tests, as well as the need for more robust training in psychometrics and assessment.

It is within this context that independent and up-to-date evaluations of the technical quality of tests take on particular importance. In Spain, this initiative has been driven by the Test Commission of the General Council of the Spanish Psychological Association (COP). Since 2010, this Commission has been carrying out a systematic evaluation project of tests published in Spain, with eleven previous reviews already completed.

The main objective of this study is to present the results obtained in the twelfth national review of tests published in Spain. The ultimate goal is to assist professionals in making decisions regarding the use of tests, as this initiative aims to provide professionals with detailed information on the quality of the instruments to guide their selection and appropriate use (Prieto & Muñiz, 2000; Muñiz et al., 2011).

To date, more than a hundred tests have been evaluated, and their reports are available for consultation and free download on the website of the General Council of the Spanish Psychological Association (https://www.cop.es/test/). This same portal includes links to the articles documenting the evaluation process for each edition, published in *Papeles del Psicólogo / Psychologist Papers* since the first edition in 2010, allowing users to track the historical evolution of this project across the different coordination teams (Muñiz et al., 2011; Ponsoda & Hontangas, 2013; Hernández et al., 2015; Elosua & Geisinger, 2016; Fonseca-Pedrero & Muñiz, 2017; Hidalgo & Hernández, 2019; Gómez, 2019; Viladrich et al., 2021; Lozano, 2023; Abad, 2024; Guilera & Barrios, 2025).

Method

Tests Evaluated

In this twelfth edition, seven tests from four leading publishers—TEA, Pearson, Habilmind, and Giunti Psychometrics—were evaluated, along with a non-commercial instrument, the Pfeiffer Screening Questionnaire for Cognitive Decline (SPMSQ). These tests address a wide range of psychological variables, including motivation, general intelligence, personality traits in adolescents, emotional well-being, cognitive impairment, phonological awareness, and emotional-intelligence (see Table 1). Furthermore, they have applications in various professional fields, such as educational, clinical, forensic, occupational, and organizational psychology, as well as in research.

The *Análisis del Perfil Motivacional* questionnaire [Motivational Profile Analysis; APM in Spanish] (Valderrama et al., 2015) is a self-report instrument consisting of 80 Likert-scale items, organized into ten scales that make up what is known as the *wheel of motives* (Valderrama, 2010; 2018). These scales are grouped into five complementary pairs: affiliation-autonomy, cooperation-power, hedonism-achievement, security-exploration, and conservation-contribution. It is designed to assess the motives that influence performance and work behavior, with applications in the contexts of career counseling, personal growth, personnel selection, and talent and diversity management.

The Spanish adaptation of the Millon Adolescent Clinical Inventory-II (MACI-II) (Hernández et al., 2023) is a self-report instrument designed to assess personality traits and clinical syndromes in adolescents aged 13 to 18. The test integrates three types of information: personality traits (stable patterns), subjective concerns (psychological distress), and clinical syndromes (acute or transient in nature). It consists of 160 true/false items and takes approximately 25 minutes to complete. Its uses include planning

Table 1
List of Measurement Instruments Analyzed in the Twelfth Test Review

Acronym	Name	Publisher	Variable of interest	Area of application	Support
APM	*Análisis de Perfiles Motivacionales* [Motivational Profile Analysis]	TEA	Motivation	Educational Psychology, Work and Organizational Psychology	Paper-and-pencil and computerized
Matrices-TAI	*Test Adaptativo de Inteligencia General* [Adaptive General Intelligence Test] (online)	TEA	General Intelligence	Clinical Psychology, Forensic Psychology, Work and Organizational Psychology	Computerized
MACI-II	*Inventario Clínico para adolescentes Millon-II* [Millon-II Clinical Inventory for Adolescents]	Pearson	Personality traits and clinical syndromes in adolescents	Clinical psychology, Educational Psychology, Forensic Psychology, Research	Paper-and-pencil and computerized
SBE	*Screening de bienestar emocional para niños y adolescentes* [Emotional well-being screening for children and adolescents]	Habilmind	Emotional well-being	Educational Psychology	Computerized
SPMSQ	*Cuestionario de Pfeiffer de evaluación de deterioro cognitivo* [Pfeiffer Cognitive Decline Assessment Questionnaire]	Non-commercial	Cognitive impairment	Neuropsychology, clinical scales	Oral administration
TECO	*Prueba para la evaluación del conocimiento fonológico* [Test for the assessment of phonological awareness]	Giunti Psychometrics	Phonological awareness	Educational Psychology	Paper-and-pencil / Oral administration
THINEME	*Test de Inteligencia Emocional* [Emotional Intelligence Test]	Giunti Psychometrics	Emotional Intelligence	Educational Psychology Clinical Psychology	Paper-and-pencil and computerized

psychotherapeutic treatment, neuropsychological and psychoeducational assessment, as well as research applications.

Test Adaptativo de Inteligencia General (Matrices-TAI) [Adaptive Test of General Intelligence] (Abad et al., 2020) is a computerized and adaptive version of the TEA Matrices test (Sánchez-Sánchez, Santamaría & Abad, 2015), designed to assess general intelligence through nonverbal abstract reasoning. It can be administered across a wide age range (6 to 74 years) and in clinical, forensic, organizational, and educational settings. Its format, based on incomplete graphic matrix items (3x3), minimizes the influence of language and is available in Spanish, Catalan, and English, incorporating visual and auditory aids.

Screening de Bienestar Emocional [Emotional Well-being Screening] (SBE) (Blanco et al., 2023) is a computerized questionnaire consisting of 65 Likert-type items, designed to assess emotional well-being in children and adolescents (ages 3-18). It assesses thirteen subdimensions grouped into three blocks: causal emotions (management of fear, sadness, anger, and anxiety/stress), emotional protective factors (optimism, self-esteem, motivation, and emotional expression), and behavioral manifestations (sleep disturbances, excessive screen use, aggression/disruptiveness, and social isolation). It offers versions adapted by developmental level: for ages 3 to 8, completed by parents or caregivers, and for ages 9 to 18 in a self-report format.

Cuestionario de Pfeiffer para detectar la existencia de deterioro cognitivo [Pfeiffer Questionnaire for Detecting Cognitive Impairment] (SPMSQ-VE) (Martínez de la Iglesia et al., 2001) is the Spanish adaptation of the Short Portable Mental Status Questionnaire (SPMSQ) (Pfeiffer, 1975). It is a brief screening instrument for cognitive impairment in individuals over 65 years of age. The questionnaire consists of 10 open-ended items that assess orientation, memory, knowledge of daily events, and serial calculation ability. Scoring is based on the number of errors made, with a range of 0 to 10. It is simple and quick to administer by primary care health care professionals, and has been recommended by the Spanish national health system as the gold standard test for detecting dementia.

Test de Evaluación de la Conciencia Fonológica (TECO) [Phonological Awareness Assessment Test] (Ramos et al., 2023) is a revised version of the PECO (Ramos & Cuadrado, 2006) designed to assess phonological awareness during the early stages of learning to read in Spanish. It assesses syllabic and phonemic levels through six activities (22 items) involving tasks of identifying, adding, and omitting phonological units. The first two activities can be administered in a group setting, and the remaining four are administered individually. Its target population consists of students in the final year of preschool, the first cycle of elementary school, and in higher grades when reading and writing difficulties are present. Its primary use is educational, although it also has applications in psycholinguistic and psychoeducational research.

Test de Inteligencia Emocional (THINEME) [Emotional Intelligence Test] (Merchán et al., 2023) is a performance test designed to assess emotional intelligence in children (ages 8-12), following the model by Mayer and Salovey (1997). The test consists of 30 items and provides an overall score and specific scores in four domains: perception, facilitation, comprehension, and emotional regulation. Its potential applications range from educational counseling to clinical and psychoeducational settings, as well as the identification of emotional profiles in children.

Participating Reviewers

For this edition, 18 potential reviewers were contacted, of whom four declined to participate in the process for various reasons; thus,

14 reviewers ultimately participated, two for each test evaluated (see Table 2). The selection of reviewers was carried out with the understanding that each test should be evaluated by two experts: one in psychometrics and another in the specific area addressed by the instrument. Whenever possible, efforts were made to ensure that the psychometrics expert also had publications related to the variable measured by the test, and that the specialist in the area evaluated by the test had published works assessing the psychometric properties of a test.

All reviewers were affiliated with universities. Most were affiliated with the field of Behavioral Science Methodology; however, due to the scope of application of the tests, evaluators from the fields of Personality, Psychological Assessment and Treatment, Basic Psychology, and Developmental and Educational Psychology also participated.

Table 2
List of Reviewers for the Twelfth Test Review

Reviewer	Department
Jesús Mª Alvarado Izquierdo	Psychobiology and Methodology in Behavioral Sciences at the Complutense University of Madrid (UCM)
Isabel Benítez Baena	Methodology of Behavioral Sciences at the University of Granada (UGR)
Sergio Escorial Martín	Psychobiology and Methodology in Behavioral Sciences at the Complutense University of Madrid (UCM)
Silvia Fernández Rivas	Basic Psychology, Psychobiology, and Methodology of Behavioral Sciences at the University of Salamanca (USAL)
Juana Gómez Benito	Social Psychology and Quantitative Psychology at the University of Barcelona (UB)
Isabel Gómez Veiga	Developmental and Educational Psychology at the National Distance Education University (UNED)
Marcela Paz González Brignardello	Personality Psychology, Assessment, and Psychological Treatment at the National University of Distance Education (UNED)
Georgina Guilera Ferré	Social Psychology and Quantitative Psychology at the University of Barcelona (UB)
Elena Navarro González	Personality Psychology, Psychological Assessment and Treatment at the University of Granada (UGR)
Francisco José Rivera de los Santos	Experimental Psychology, University of Seville (US)
Encarnación Sarriá Sánchez	Methodology of Behavioral Sciences, National University of Distance Education (UNED)
Miguel Ángel Sorrel Luján	Social Psychology and Methodology, Autonomous University of Madrid (UAM)
Purificación Sierra García	Developmental and Educational Psychology at the National University of Distance Education (UNED)
Rodrigo Schames Kreitchmann	Methodology of Behavioral Sciences, National University of Distance Education (UNED)

Description of the Instrument Used for the Evaluation

The Revised Test Evaluation Questionnaire (CET-R; Hernández et al., 2016) was used to evaluate the tests; this questionnaire is based on the test evaluation model developed by the European Federation of Psychologists' Associations (EFPA; Evers et al., 2013).

The questionnaire consists of three main sections:

1. General description of the test: composed of 28 items aimed at obtaining basic and objective information about the instrument, including publisher details, authors, publication dates, area of application, item format, target populations, administration and scoring methods, scales used, available documentation, and material costs.
2. Assessment of test characteristics: examines in detail the theoretical basis and psychometric properties of the test. This section is organized into four subsections, each ending with an open-ended question to summarize the evidence found, justify the scores, and highlight the test's strengths and weaknesses.

    - *General characteristics*: analyzes aspects such as the quality of materials, documentation, theoretical basis, adaptation, item design and development, as well as the clarity of instructions and the literature used.
    - *Validity*: evaluates the available evidence based on content, the relationship between test scores and other variables (including studies with external criteria, analyses of differences between groups, and convergent and discriminant validity), and evidence based on the test's internal structure (e.g., factor analysis and differential item functioning).
    - *Reliability*: includes various approaches to assess the accuracy of scores, such as parallel-form equivalence, internal consistency, test-retest reliability, estimates based on item response theory, and inter-rater reliability.
    - *Norms and interpretation of scores*: evaluates the quality and recency of norms for normative interpretations and the appropriateness of the procedures used to establish cutoff points in criterion-referenced tests.

3. Overall assessment of the test: this section requests a qualitative evaluation, reporting on the main strengths, limitations, recommendations for use, and areas for improvement. Additionally, a summary table is completed with the averages obtained in the different sections, allowing for an overall quantitative assessment of the instrument.

The CET-R V1.1 is available on the website of the Spanish Psychological Association (https://www.cop.es/test/).

Evaluation Process

The evaluation process followed in this edition was similar to that of previous editions. The Test Commission, in collaboration with the participating publishers (Giunti Psychometrics, Habilmind, Pearson, and TEA), selected the tests to be evaluated. In this twelfth edition, six commercially available questionnaires were evaluated, and the Test Commission also included the evaluation of a non-commercial test, the Pfeiffer Screening Questionnaire for Cognitive Decline (SPMSQ).

Once the tests to be evaluated were selected, the Test Commission appointed the person responsible for coordinating this edition of the review. Between July and September 2023, the COP sent the tests received from the publishers to the coordinator. As the tests arrived, they were read to begin the selection of reviewers. For each test, the collaboration of two experts was sought: one in psychometrics and the other in the specific construct or area assessed by the test.

In October, the coordinator contacted the potential reviewers via an initial email informing them of the assigned test and the review instrument they were to use (CET-R v1.1). Those who accepted the collaboration subsequently received detailed instructions for the task (basically reviewing the test documentation and completing the CET-R) and the deadline, set for January 2024. The COP sent each reviewer all materials related to the evaluation of the assigned test (manual, answer sheets, charts, and booklets, among others) by mail.

In the case of the non-commercial test, the coordinator compiled and emailed the reviewers relevant articles on the development, adaptation, and/or psychometric properties of the Pfeiffer Cognitive Decline Assessment Questionnaire so that they could conduct the review. The study by Martínez et al. (2001) was considered the primary article for the review, as it is the Spanish adaptation used in our country and is a very comprehensive study of its psychometric properties. In addition, the original article by Pfeiffer (1975) was sent, along with four articles aimed at providing information on the psychometric quality of the test with a Spanish sample, accompanied by a brief explanation of why they might be relevant for the review. As supplementary material, a list of 37 articles on applications of the questionnaire in a Spanish sample was sent, in which those providing data related to the test's metric quality were highlighted. The full texts of the articles on this list were not sent because, a priori, they did not provide additional information; however, the coordinator remained available to send and discuss any of them.

During the review period, the coordinator was available to address any questions that arose during the test review process.

To prepare the interim report for each test, the evaluations conducted by the two reviewers were integrated. In the qualitative sections of the CET-R, the information was synthesized by considering the contributions of the two experts and the evaluation conducted by the coordinator. In the quantitative sections, when there were minor discrepancies in the numerical scores, the arithmetic mean was used. In cases where the differences were greater, the coordinator established the final score by evaluating the reviewers' arguments and the information available in the manual. If an obvious error was detected in one of the evaluations, the final score was obtained by taking the average between the other reviewer's rating and that of the coordinator herself.

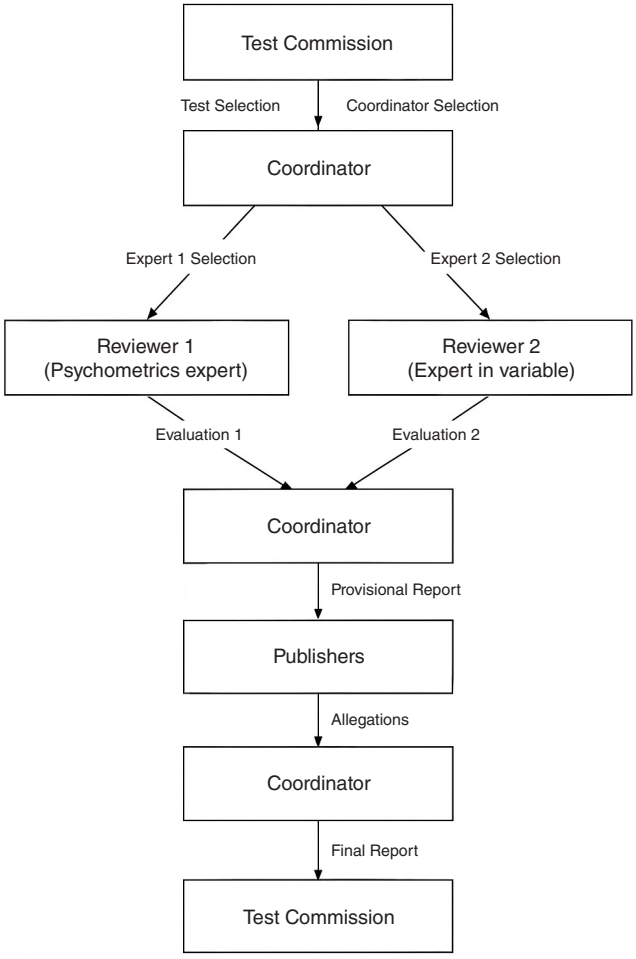
The provisional reports were sent to the COP between March and April, from where they were forwarded to the various publishers and the authors of the adaptation (in the case of the non-commercial test).

The publishers had one month to submit any comments they deemed appropriate regarding the provisional reports. In some cases, they provided additional information that was taken into account for the final report. The coordinator reviewed the comments to prepare the final report for each of the tests. Finally, a member of the COP Test Commission reviewed the final reports before they were sent for publication.

Figure 1 outlines the evaluation process.

Figure 1

Process of the Twelfth Review of Tests Published in Spain



Results

Table 3 shows the average scores obtained by the different tests in each of the dimensions analyzed. The score range varied between 1 (Inadequate) and 5 (Excellent), with two distinct options also provided for cases where no information was provided: N/A (no information was provided, but it was not considered essential given the purpose of the test) and 0 (no information was provided, yet it was considered essential given the purpose of the test).

Overall, most ratings were above 3.5, placing them in the range between adequate and good, with scores of 4 or higher being common. When comparing the results of this twelfth edition with the historical data from previous evaluations, a consistent overall trend was observed, with slight variations in some specific areas (see Table 3).

The first section covered general aspects related to the administration of the tests. In the materials and documentation section, the ratings were high, with an average of 4.0 and several tests scoring between good and excellent (Matrices-TAI = 5.0; TECO = 4.5). In theoretical basis, the results were somewhat more mixed, with scores ranging from 2.5 to 5.0, resulting in an average

Table 3
Scores Obtained on the Tests Analyzed in the Twelfth Review

Assessed characteristic	APM	Matrices-TAI	MACI-II	SBE	SPMSQ	TECO	THINEME	Average	History
Materials and documentation	4.2	5	4.5	4	3	4.5	3	4.0	4.3
Theoretical basis	4	5	4	2.5	2.5	4	4	3.7	4.1
Adaptation	---	---	4.5	---	4	---	---	4.3	4.2
Item analysis	3	5	---	3.5	3	4	3	3.6	3.8
Validity: Content	4	5	3.5	3.5	---	2.5	4	3.8	3.7
Validity: Relationship with other variables	3.1	4.5	3.5	0	3.8	3.5	2.8	3.0	3.6
Validity: Internal structure	3.8	4.8	---	4	---	2	4	3.7	3.7
Validity: DIF analysis	3.5	4.5	---	3	---	---	---	3.7	4.1
Reliability: Equivalence	---	---	---	---	---	---	---	---	---
Reliability: Internal consistency	4	5	3.5	4.5	3	4	2.8	3.8	4.2
Reliability: Stability	---	4	3	3.5	---	---	---	3.5	3.4
Reliability: IRT	---	5	---	---	---	---	---	5.0	---
Inter-rater reliability	---	---	---	---	5	---	2.5	3.8	---
Norms and interpretation of scores	4	5	4	4	3.7	3.7	3	3.9	4

Note. The scores in the table are on a scale of 0 to 5. The symbol --- indicates that no information is provided or that the item is not applicable; History is the average score from previous editions.

of 3.7, slightly lower than the historical average. Regarding adaptation, the tests that provide information achieved ratings ranging from good to excellent (MACI-II = 4.5; SPMSQ = 4.0).

Regarding validity evidence, scores for content validity were mostly adequate or good (mean = 3.8), although some heterogeneity was observed among the tests. In the evidence regarding the relationship with other variables, scores ranged from adequate to good except for two tests (one with a high rating and another with a very low one). Regarding internal structure, the mean was 3.7, in line with previous editions, although with uneven values (e.g., TECO = 2.0 vs. Matrices-TAI = 4.8). As for the DIF analysis, the ratings were positive (mean = 3.7), although this information was not always collected.

In the reliability section, the results show that internal consistency was the most widely used and highest-rated indicator, with an average of 3.8, although some tests received only adequate scores. Data on stability were more limited and showed intermediate values (mean = 3.5). In cases where analyses using the IRT (Matrices-TAI) were applied, the rating was excellent (5.0). Some ratings were also collected for inter-rater reliability, with highly variable results.

Finally, in the section on norms and interpretation of scores, the averages reached a good level (3.9), with no test evaluated below a score of 3 (adequate).

Overall, the results reflect a relatively stable pattern compared to previous evaluations, as can be seen in Table 4 and also in Figure 2, which presents the evolution of the main evaluated categories (general aspects, validity, reliability, and norms). It should be noted that this type of data must be interpreted with caution, as the number of tests to be evaluated in each edition is not very high; therefore, the average scores of evaluations in which there was a test with exceptionally high or low scores may distort the average of that evaluation. Furthermore, it should be noted that the original CET (rather than the revised version) was used in the first four evaluations, in which some headings differed—for example, there was no reliability section under item response theory.

As can be seen in Table 4, in half of the reviews there is no test that provides evidence of reliability using parallel forms, inter-rater reliability, or by providing the information function under item response theory (IRT).

Figure 2 shows that the average scores obtained in the four main sections of the CET-R, across the 12 assessments conducted to date, range from 3 (acceptable) to 4.5 (good-excellent), which generally reflects the high quality of the tests evaluated.

Discussion

The evaluation of the quality of psychological tests is an essential prerequisite for ensuring that the decisions derived from their application are valid, reliable, and ethical. The fundamental metric criteria of quality (validity and reliability) are not universal or permanent attributes of an instrument, but rather depend on the characteristics of the population, the context of use, and the purposes for which they are applied (AERA, APA & NCME, 2014). Under this premise, periodic evaluations of tests published in Spain constitute a fundamental resource, as they allow for the identification of technical strengths and limitations of the available instruments, in addition to preventing misinterpretations and protecting users from them, which reinforces trust in the tests among psychology professionals (Muñiz et al., 2020).

To date, more than a hundred tests have been evaluated, a figure that reflects the consolidation of this project since its first editions (Muñiz et al., 2011; Ponsoda & Hontangas, 2013; Hernández, Tomás, Ferreres, & Lloret, 2015), highlighting both the commitment of the Test Commission of the General Council of the Spanish Psychological Association and the interest of the scientific community in having an independent and rigorous review system.

Table 4
Average Scores Obtained by the Tests Analyzed in Each of the Reviews

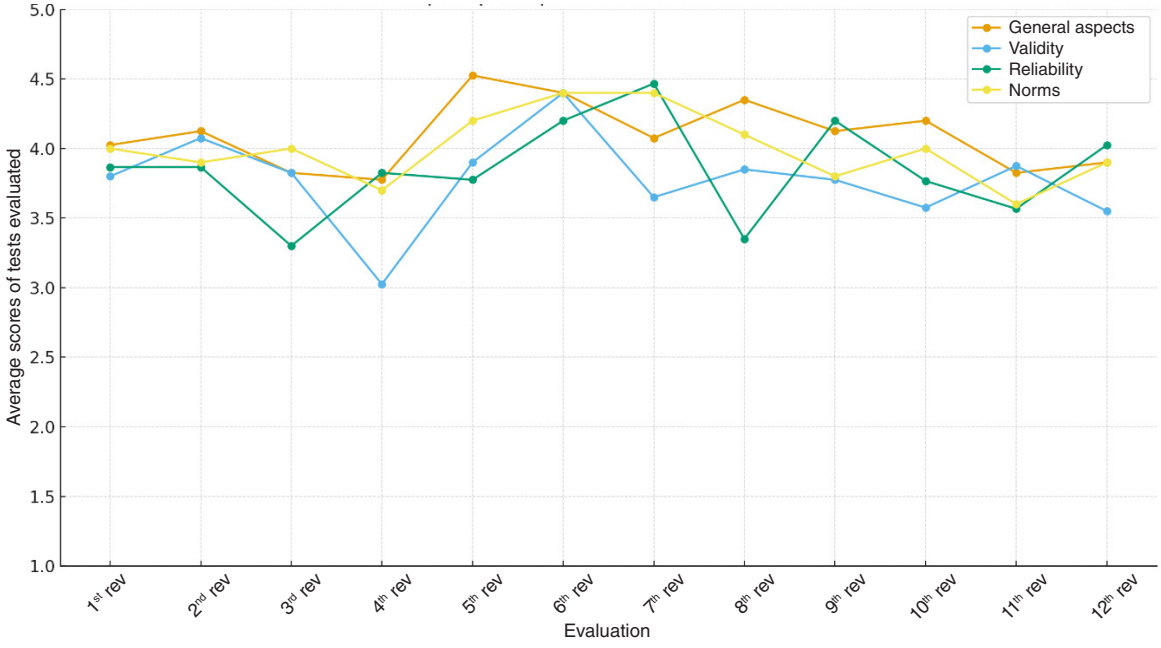
Evaluated characteristic	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Materials and documentation	4.3	4.3	4.1	4.0	4.5	4.6	4.1	4.3	4.5	4.5	4.5	4.0
Theoretical basis	4.1	4.0	3.6	3.6	4.7	4.6	3.9	4.7	3.9	4.2	3.7	3.7
Adaptation	4.1	4.3	3.9	3.8	4.7	4.2	4.5	4.8	4.4	4.3	3.3	4.3
Item analysis	3.6	3.9	3.7	3.7	4.2	4.2	3.8	3.6	3.7	3.8	3.8	3.6
Validity: Content	4.1	3.5	3.6	3.3	4.2	4.3	3.3	4.0	4.0	3.8	3.3	3.8
Validity: Relationship with other variables	3.6	3.6	3.6	3.2	3.6	3.8	3.7	3.3	3.6	3.7	3.8	3.0
Validity: Internal structure	3.7	4.2	3.8	3.6	3.8	4.5	3.6	3.1	4.2	3.1	3.4	3.7
Validity: DIF analysis	---	5.0	4.3	2.0	4.0	5.0	4.0	5.0	3.3	3.7	5.0	3.7
Reliability: Equivalence	4.0	4.0	---	3.0	3.0	---	4.5	3.0	---	---	---	---
Reliability: Internal consistency	3.8	4.2	3.6	4.2	4.4	4.4	4.8	4.3	4.6	4.0	4.0	3.8
Reliability: Stability	3.8	3.4	3.0	3.1	3.7	3.6	4.1	3.1	4.0	3.3	3.2	3.5
Reliability: IRT	---	---	---	---	---	4.8	---	---	4.2	4.0	3.5	5.0
Inter-rater reliability	---	---	---	---	5.0	4.0	---	---	3.0	4.0		3.8
Norms and interpretation of scores	4.0	3.9	4.0	3.7	4.2	4.4	4.4	4.1	3.8	4.0	3.6	3.9

From an applied perspective, the fact that the reports are openly available on the COP website (https://www.cop.es/test/) constitutes a valuable resource, as it allows any professional to access verified information on the psychometric quality of the instruments before deciding to use them. However, the consolidation of the project does not in itself guarantee that psychologists will take full advantage of this resource.

In this regard, the survey of psychology professionals (Muñiz et al., 2020) revealed that, although the tests are widely used and their utility is recognized, there is a clear demand for greater regulation of their use and more robust training in psychometrics. At the same time, limited knowledge of the Test Commission's work was evident, underscoring the need to intensify efforts to disseminate and transfer this resource to the professional field.

From a methodological standpoint, the use of the Test Evaluation Questionnaire (CET; Prieto & Muñiz, 2000) and its revised version (CET-R; Muñiz, Hernández & Ponsoda, 2015) in all evaluations conducted to date makes it possible to compare different editions and identify trends in the quality of tests published in Spain. However, reviewers have pointed out certain practical difficulties in applying the instrument. One of the most notable concerns the assessment of sample sizes in complex contexts, especially when the use of multiple samples raises doubts about which analyses were based on each one. Another common difficulty involves distinguishing between cases where "information is not provided, but it is not essential given the purpose of the test" and those where "information is not provided, yet it is considered essential"—a key distinction because in the first case the rating is N/A, while in the

Figure 2
Scores Obtained in Each of the Reviews Across the Four General Sections



second it must be scored as 0. At this point, reviewers with expertise in the test's content tend to experience greater uncertainty, given the psychometric knowledge required to make this decision. Likewise, discrepancies are observed among reviewers, which in some cases may be due to differences in the interpretation of the rating criteria. Given this situation, the development of a practical guide with concrete examples could facilitate the reviewers' work and increase the consistency of the evaluations.

Twelve evaluation processes have already been conducted, confirming the robustness of the test evaluation project in Spain and its value as a tool to support professional practice. The information gathered not only facilitates the informed selection of instruments but also provides publishers and authors with clear guidance on areas for improvement. Looking ahead, it would be advisable to develop practical guides to facilitate the consistent application of the CET-R in those methodological aspects that pose the greatest difficulty for reviewers, thereby contributing to improved inter-reviewer consistency. Likewise, the development of a digital version of the CET-R that allows for online administration would enable the automation of final score calculations based on partial ratings, reducing the workload and potential errors associated with the manual completion process. Finally, strengthening the dissemination of results and promoting continuing education in psychometrics and test evaluation will enable psychology professionals to fully utilize this resource and effectively integrate it into their practice, contributing to a more rigorous, responsible, and ethically sound professional practice.

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Conflict of Interest

There is no conflict of interest.

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Article

Data-Informed Psychotherapy Training and Development Program: Personalizing Psychotherapy Through Systematic Outcome Monitoring, Therapeutic Preferences, and Clinical Supervision

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ABSTRACT

The present paper describes the Psychotherapy Training and Development Program implemented at the School of Psychology of the University of Mar del Plata, which focuses on the strengthening of transtheoretical therapeutic competencies. The program is designed to overcome the limitations of traditional approaches grounded in a single theoretical orientation. It integrates a theoretical framework grounded in professional development models such as those proposed by Hill, and Rønnestad and Skovholt, which emphasize progressive learning, supervised experience, and the consolidation of a reflective and flexible professional identity. The fundamental role of clinical supervision is addressed as a key space for theory-practice integration, the promotion of therapist self-efficacy, and the refinement of therapeutic competencies. Finally, the importance of routine outcome monitoring and the active consideration of client preferences is highlighted as a means to client personalize and optimize therapeutic interventions. This comprehensive approach promotes the development of competent and reflective therapists, prepared to respond to clinical demands with scientific rigor and ethical sensitivity.

Programa de Formación y Entrenamiento en Psicoterapia Basado en Datos: Personalizando la Psicoterapia a Partir del Monitoreo Sistemático de Resultados, Preferencias Terapéuticas y Supervisión Clínica

Palabras clave
Entrenamiento en psicoterapia
Monitoreo sistemático de resultados
Preferencias terapéuticas
Supervisión clínica
Personalización de la psicoterapia

RESUMEN

El presente trabajo describe el Programa de Formación y Entrenamiento en Psicoterapia implementado en la Facultad de Psicología de la Universidad Nacional de Mar del Plata, orientado al fortalecimiento de competencias terapéuticas transteóricas. El programa está diseñado para superar las limitaciones de los enfoques tradicionales basados en una única orientación teórica. Integra un marco conceptual sustentado en modelos de desarrollo profesional, como los propuestos por Hill y por Rønnestad y Skovholt, que enfatizan el aprendizaje progresivo, la experiencia supervisada y la consolidación de una identidad profesional reflexiva y flexible. Se aborda el rol fundamental de la supervisión clínica como un espacio clave para la integración teoría-práctica, la promoción de la autoeficacia del terapeuta y el perfeccionamiento de las competencias terapéuticas. Finalmente, se destaca la importancia del monitoreo sistemático de resultados y de la consideración activa de las preferencias de los pacientes como vía para personalizar y optimizar las intervenciones terapéuticas. Este abordaje integral promueve la formación de terapeutas competentes y reflexivos, preparados para responder a las demandas clínicas con rigor científico y sensibilidad ética.

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Introduction

Psychotherapy training programs are arguably among the most influential interventions in the field, as they shape the kind of therapists their graduates become (Callahan & Watkins, 2018; Orlinsky et al., 2024). It is uncommon for psychotherapy training programs to adopt transtheoretical and transdiagnostic approaches; rather, the field remains largely anchored in theoretical models that implicitly isolate and contrast different orientations (Babl et al., 2024; Rief et al., 2024).

Evidence-based training programs incorporate specific procedures designed to foster the development of therapeutic competencies. Among the most widely used methods to enhance therapist effectiveness are clinical supervision, continuing education, and outcome feedback systems (Rousmaniere et al., 2017). In current psychotherapy training programs, the transfer of theoretical knowledge to work with real clients is primarily based on role-playing exercises and supervised clinical practice (Babl et al., 2024).

Another procedure employed in therapist training is deliberate practice, which aims to refine specific clinical skills. This method involves observing the therapist's performance, receiving expert feedback, setting incremental learning goals that extend beyond current competence levels, engaging in repeated rehearsal of targeted skills, and undergoing continuous assessment (Rousmaniere, 2016, 2019). Deliberate practice enables clinicians to gain confidence and expertise in the interventions they apply with their clients.

As previously mentioned, supervision is one of the most commonly used procedures and is essential for developing therapeutic competencies. Bernard and Goodyear (2019) argue that, as individuals practice interventions, these tend to become more deeply ingrained. This applies to both effective and ineffective interventions. Therefore, unless the practitioner receives guidance and feedback, the behavioral repertoire they consolidate may include ineffective or even harmful responses. The vast majority of training programs promote experiential, relationship-focused learning, including direct supervision of students' clinical cases and case discussions with experts and peers (Orlinsky et al., 2024).

Norcross and Lambert's (2018) recommendations for competency-based training include, among others, strengthening therapists' skills for managing the therapeutic relationship and tailoring treatment to individual clients, with attention to their cultural background, values, and beliefs. In this regard, we support the assertion that no single form of psychotherapy is effective for all clients, regardless of how effective it may be for some (Norcross & Wampold, 2018), and that no therapeutic approach fits all cases, or even the same client at all times (Constantino et al., 2023).

Throughout the ten years of the Psychotherapy Training and Development Program, the working modality was adapted to meet the needs of both graduates and clients. Some of the competencies developed during the training process-such as case formulation, responsiveness, multicultural competence, and humility-as well as the tools employed-such as deliberate practice and supervision-and the contributions inspired by Fernández Álvarez's work (Fernández-Álvarez & García, 1998; Fernández-Álvarez et al., 2008; Fernández-Álvarez, 2008; Fernández-Álvarez, 2016), were presented in a previous paper (Santangelo, 2020). The present article constitutes a continuation and expansion of that work. Over these ten years, new resources have been incorporated, continuous training spaces have been created, and weekly clinical supervision sessions have been established. Deliberate practice procedures were also implemented, a system for assessing therapeutic preferences was developed, and various training strategies for systematic outcome monitoring were adopted.

What follows is a summary of some of the actions carried out throughout these years. Some activities have been present in every cohort, while others have been progressively integrated in response to emerging demands from daily clinical practice. The program is designed to support graduates in constructing their professional identity as therapists, fostering a sustained commitment to therapeutic relationships with adult clients, equipped with the interpersonal and reflective skills necessary to conduct them effectively.

Intake and Treatment

A brief overview of the therapeutic practice carried out by the therapists is provided below. All intake, conducted within the Program include open interviews and one structured interview in which the following questionnaires are administered: the Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM; Trujillo et al., 2016), the Argentine adaptation (Santangelo & Conde, 2023) of the Psychotherapy Preferences and Experiences Questionnaire (PEX.P1; Clinton & Sandell, 2011), and the Personality Inventory for DSM-5 (PID-5; Krueger et al., 2012).

Once the intake process is complete, if it is determined that the necessary resources are available to provide care and a referral is not required-and there is agreement regarding the treatment goals and the means to achieve them-the therapeutic process begins, consisting of no more than twelve sessions. Client progress is monitored using the CORE-OM during the third, eighth, and final treatment sessions.

All therapists also participate in two weekly spaces: a 90-minute group supervision session and a clinical case conference. In this space, in addition to presenting cases and working on specific theoretical-technical content, group dynamics and the individual characteristics of each graduate are addressed, including their needs, desires, values, and expectations. The aim is to foster a more flexible and personalized training process. In addition, they are required to complete two postgraduate courses: one on initial interviews in psychotherapy and another on interventions for people with common mental disorders.

Theoretical Models Underpinning the Program

Since its inception, the Training and Psychotherapy Practice Program (Santangelo, 2020) has been characterized by its nonadherence to any specific theoretical model. That is, it is not based on a single therapeutic approach but rather on empirical evidence. The program is designed to foster transtheoretical therapeutic competencies that enhance therapist performance.

Nevertheless, the program is grounded in transtheoretical and transdiagnostic models that guide the training process, such as the Therapist Development Model by Rønnestad and Skovholt (2013),

Hill's Helping Skills Model (2020, 2024), principles for the development and training of therapeutic competencies, and the Transtheoretical Model of Change by Prochaska and Prochaska (2016).

The first model provides a framework for identifying the characteristics of graduates at the time they enter the program, as well as a foundation for promoting the development of therapeutic competencies. Hill's model (2020, 2024) offers a precise distinction between basic and advanced helping skills, which allows the training to focus on their progressive development. Meanwhile, the work of Castonguay et al. (2023) presents a classification and description of the core competencies required to be an effective therapist. The Transtheoretical Model of Change, in turn, offers generic principles for deciding how to intervene, regardless of the client's specific presenting problem.

Therapist Development Model

The Program is structured around Rønnestad and Skovholt's (2013) Therapist Development Model, which identifies five developmental phases: novice student, advanced student, novice professional, experienced professional, and senior professional (Rønnestad et al., 2019). The first two phases correspond to the stage traversed by the Program's graduates, taking into account the structural differences between academic training in the United States and Argentina.

The novice-student phase spans from the start of postgraduate studies in helping disciplines to the second year of training and typically includes the initial practicum or its equivalents. The advanced student is in the final stage of postgraduate training and practices as a therapist in practica, internships, or placements while receiving formal, regular supervision (Rønnestad et al., 2019). Most graduates who enter the Program are in these two phases, and many begin their clinical experience during the Program itself, over one or two years depending on the cohort.

During the novice student phase, the graduate must integrate and make sense of the information acquired and demonstrate clinical competencies. In other words, they must face the discomfort and emotional reactions inherent in initial client encounters, remain receptive to new information, and begin to select intervention principles and techniques. The focus at this stage is on striving to become a competent therapist (Rønnestad & Skovholt, 2013; Rønnestad et al., 2019).

Graduates commonly experience anxiety and threat in the face of the demand to master theory and articulate it with practice. Supervision plays a central role in this phase. The combination of dependence and vulnerability, together with the need for guidance and validation, makes supervision a critical learning space. Although graduates value clear and honest feedback, they may also feel exposed to negative evaluations (Rønnestad & Skovholt, 2013). Lack of confidence and still-developing clinical skills can generate significant distress. The anxiety of working with clients for the first time may lead to excessive dependence on the supervisor, a constant need for approval, and a self-focused rather than client-focused orientation (Bernard & Goodyear, 2019).

Supervision is highly valued across all phases of professional development-especially in the initial stage. Many therapists-in-training experience frustration and disillusionment at this point due to scant positive feedback from clients, supervisors, or peers. The combination of intense insecurity and the absence of positive reinforcement for a complex task can lead to a loss of motivation (Rønnestad & Skovholt, 2013). Supervisors are therefore encouraged to provide clear, specific positive feedback on therapists' performance and to foster reciprocal feedback exchange among peers.

According to Rønnestad and Skovholt (2013), when the graduate meets the conceptual knowledge and procedural competence criteria established by the Program, they are considered ready to advance. This involves reasonably managing emotional reactions to clinical challenges while maintaining an open attitude, with a sufficiently well-defined technical repertoire. Upon fulfilling these requirements, the graduate can progress to the advanced student phase.

In this second phase, in addition to meeting the previous criteria, the trainee is expected to abandon idealized and perfectionistic representations of psychotherapy and the professional role. They are also expected to tolerate the inherent complexity of the therapeutic process. As in the previous phase, supervision remains a significant source of influence, and unsatisfactory supervision experiences can be particularly detrimental at this stage.

At the outset, trainees often hold very high aspirations, believing they can help all-or most-of their clients. Internalized standards of professional performance foster a tendency toward over-responsibility. Consequently, spontaneity is scarce, and clinical work is characterized by a serious, rigorous, appropriateness-centered style. Compared with therapists with decades of experience, those beginning their first practices tend to be less relaxed, less risk-taking, and less spontaneous (Rønnestad & Skovholt, 2013).

During this stage, a progressive shift occurs in trainees' perception of therapeutic responsibility and expectations about what clients can achieve in therapy. This shift is shaped by both direct experience and vicarious observation that not all clients improve and that reaching therapeutic goals may take longer than expected. Toward the end of the phase, the therapist-in-training develops a more elaborated understanding of the change process, with more realistic expectations about what can be achieved, in what time frame, and with what resources. They also begin to relativize exclusive responsibility for the client's emotional well-being (Rønnestad & Skovholt, 2013; Rønnestad et al., 2019).

Although the supervisor's evaluation remains important-as it is interpreted as validation of professional performance-ambivalence toward the supervisory role, driven by the desire for autonomy, can modulate its impact. Supervisors should therefore remain attuned to these ambivalent reactions (Rønnestad & Skovholt, 2013).

Competencies to be Developed and Trained

Therapeutic competencies can be understood as a set of knowledge, skills, and attitudes that together constitute an acceptable level of clinical performance (Fouad et al., 2009). Following the work of Castonguay et al. (2023), we distinguish three categories of competencies: generic competencies, basic specific competencies, and metacompetencies.

Generic therapeutic competencies refer to foundational (though not necessarily simple) capacities that are relevant for most psychotherapists. They involve both the acquisition of knowledge

and its practical application in areas such as assessment, case formulation, treatment planning, intervention delivery, and professional ethical conduct.

Assessment includes the ability to conduct a psychopathological diagnosis, evaluate nondiagnostic characteristics, and engage in the continuous assessment of the therapeutic alliance. Case formulation entails processing and integrating relevant information about the client's difficulties and strengths, as well as the factors involved in the development and maintenance of their problems, to design an appropriate treatment plan (Eells, 2015). This formulation requires complementary skills such as collaborative work with clients (King & Boswell, 2019) and the provision of clear, sensitive feedback (Finn, 2020).

Competencies related to intervention implementation include the knowledge, skills, and attitudes necessary to develop and maintain positive therapeutic relationships, foster client motivation, and incorporate a multicultural orientation. They also encompass routine monitoring of therapeutic progress and the establishment of collaborative relationships with other professionals (Castonguay et al., 2023).

Humility, although considered by some authors a virtue (Paine et al., 2015), is conceptualized in this Program as a therapeutic competency that can be trained and refined. Activities are designed to increase graduates' awareness of their strengths and limitations. Following Watkins Jr. and Mosher (2020), we foster the development of three forms of humility: relational, cultural, and intellectual.

Graduates are expected to cultivate humility in the therapeutic relationship with their clients and in the supervisory relationship with their supervisors. They are also encouraged to display openness, interest, and curiosity toward the cultural differences, beliefs, values, and viewpoints that emerge in treatment and supervision processes. Finally, they are guided to be humble regarding their own beliefs, ideas, and intellectual opinions (e.g., religious or political), recognizing their influence on clinical work and supervision.

Becoming a therapist also entails acquiring knowledge and attitudes related to ethical practice. Conceptually, this includes learning the profession's ethical standards; interpersonally, it involves developing behaviors consistent with high standards of morality and professional decency.

Basic specific competencies of each theoretical approach encompass both conceptual knowledge and the application of technical resources inherent to each model (Castonguay et al., 2023)-for example, cognitive-behavioral, humanistic, or psychodynamic approaches. The Program's training is guided by principles of intervention: in a case of depression, for instance, empirical evidence directs both the mode of intervention and the technical resources to be employed. These principles are grounded in findings from multiple theoretical models, and the focus remains on collaborating with the client to improve their situation.

Metacompetencies are general strategies that guide how the therapist implements competencies, as well as their subjective experience and conduct during the session. According to Castonguay et al. (2023), meta-competencies enable therapists to decide how and when to use generic and specific competencies so that they are tailored to each client's particular characteristics and needs. These include responsiveness, metacommunication, emotional regulation, and the ability to work from principles of change.

Based on the premise that learning is action, the Program fosters the development of the mentioned competencies through supervised practice, both in role-play contexts and in training clinical cases. Supervision constitutes a cornerstone in therapist education and training, as it allows experiences, skills, and reflections to be progressively and contextually integrated.

Clara Hill's Helping Skills Facilitation Model

Another pillar of the Training and Psychotherapy Practice Program is the model proposed by Clara Hill (2020,2024), which posits three fundamental competencies for becoming an effective therapist: the ability to use helping skills, self-awareness, and a facilitative attitude. *Helping*, according to Hill, can be defined as assisting another person in exploring feelings, creating new meaning, and making significant life changes.

Beyond mastering helping skills, therapists must be willing to engage in introspection and strive to develop genuine self-awareness regarding how they are perceived by others. Complementing this, cultivating a facilitative attitude toward clients is a necessary foundation for providing effective help. Such attitudes include empathy, warmth, authenticity, compassion, and nonjudgment (Hill & Norcross, 2023).

Hill's model (2020,2024) groups basic helping skills into three types of interventions-exploration, insight, and action-each with specific goals:

- **Exploration:** Its objective is to develop in the therapist the skills that facilitate the client's expression of thoughts and feelings related to their concerns. Nonverbal attentional resources and active listening skills are used, promoting awareness of internal experiences.
- **Insight:** Development and training of interventions aimed at facilitating a deeper understanding of the reasons underlying thoughts, emotions, and behaviors. At this stage, therapist and client are expected to construct meanings collaboratively.
- **Action:** This stage aims to support the professional in developing therapeutic skills that promote change in patients. As in the previous stages, the process is collaborative. The three stages are not linear but unfold dynamically throughout the therapeutic process.

Therapist self-efficacy is defined as beliefs about one's ability to perform specific professional behaviors, such as using helping skills, managing therapy sessions, and confronting clinical challenges (Lent et al., 2003). In this model, self-efficacy comprises three dimensions:

1. **Helping-skills self-efficacy**, covering interventions oriented to exploration, insight, and action, fundamental in clinical practice.
2. **Session-management self-efficacy** refers to the capacity to integrate these skills in typical session situations, adapting to various contexts.
3. **Challenge-coping self-efficacy** is subdivided into (a) conflicts in the therapeutic relationship and (b) difficult problems. This dimension reflects a more advanced stage of professional development, as it requires higher-order skills.

In the current Program, self-efficacy is conceived as a central determinant of clinical performance. To operationalize this construct, the local adaptation of the Counselor Activity Self-Efficacy Scales (CASES; Lent et al., 2003; adaptation: Santangelo et al., 2023) is employed. The scale is administered three times a year. Outcome feedback provides the bridge between assessment and professional development: CASES reports are shared with supervisors, who triangulate this information with therapists. Self-efficacy data help identify learning profiles-for example, therapists with high confidence in exploration skills but low confidence in action skills-guiding focused training interventions such as targeted role-plays for action skills.

From a practical standpoint, this *assessment-feedback-adjustment* cycle offers at least four benefits:

1. Personalized supervision, which allows supervisors to adjust the balance between directive and reflective support according to the level of self-efficacy reported, thereby optimizing the optimal learning window. This prevents both overprotection and premature withdrawal from clinical challenges.
2. Prevention of clinical errors, for example, persistently low self-efficacy scores signal a risk of avoiding complex tasks (e.g., intervening in intense emotions), enabling preventive interventions before these difficulties translate into therapeutic failures.
3. Reinforcement of deliberate practice: by linking CASES scores to specific objectives for the therapist to achieve, more focused deliberate practice is promoted, with clear metrics for progress.
4. Data-informed decision-making: the convergence between improvements in self-efficacy and advances in client outcome indicators provides local evidence regarding the program's effectiveness.

Transtheoretical and Transdiagnostic Model of Change Proposed by Prochaska and Prochaska

Another conceptual pillar of the Program is the Transtheoretical Model (TTM) of Psychological Change. This model is pivotal for deciding *which* interventions to implement and which psychological processes to target, depending on the client's stage of change.

Prochaska and Prochaska (2016) identify six stages in the change process-pre-contemplation, contemplation, preparation, action, maintenance, and termination. Each stage has specific characteristics and is linked to particular psychological processes. Accurate identification of the client's stage is therefore essential. Such assessment allows therapists to align interventions with the processes most relevant to each stage and to facilitate movement from one stage to the next in an effective, attuned manner. The TTM thus provides generic, theory-transcending intervention principles that focus on change as an evolutionary process rather than adherence to any single theoretical orientation.

Clinical Supervision and the Supervisory Relationship

Hill and Knox (2023) distinguish psychotherapy training from clinical supervision. Training usually involves structured, often group-based education aimed at students or graduates, with helping-skills programs teaching specific verbal techniques. In contrast, clinical supervision is an individual or group process in which a supervisor works with a supervisee on specific clinical cases.

Although the Program maintains this conceptual distinction, training, and supervision are integrated within a single framework. For example, role-plays to hone a particular skill may take place during supervision, while clinical grand-rounds sometimes evolve into supervisory discussions of concrete difficulties. Experiential learning is a universal commitment across training programs worldwide; most include direct supervision of trainees' clinical cases by experienced professionals and case discussions with experts and peers-the "common core" of psychotherapy training (Orlinsky et al., 2024).

Bernard and Goodyear (2019) define supervision as an intervention provided by a more experienced professional to colleagues at earlier stages of development. This evaluative, hierarchical relationship is sustained over time and pursues three simultaneous aims: (1) improve the supervisee's professional performance, (2) ensure the quality of care delivered to clients, and (3) safeguard the profession. Ethically, the supervisor's primary responsibility is client welfare; whenever the supervisee and client's interests' conflict, the latter must prevail.

A central element of clinical supervision is establishing an explicit agreement at the outset. Supervisees are expected to conduct sessions professionally, behave ethically, complete records promptly, and participate actively in supervision-all of which may provoke anxiety if not clearly understood (Bernard & Goodyear, 2019; Ellis et al., 2002; Koçyiğit, 2020). The Program therefore formalizes a written supervision contract that spells out rights, duties, and mutual expectations. Watkins Jr. et al. (2024) conceptualize such contracts as documents informing supervisees about the essentials of the process and expected outcomes.

Supervision is driven by supervisee needs, key process tasks, the agreed contract, and ongoing feedback-elements essential for an effective Supervisory Relationship (SR). The SR comprises three dimensions:

a) **Secure Base:** includes relational aspects such as collaboration, respect, acceptance, and emotional support, which encourage open expression of clinical and personal difficulties (Milne et al., 2011).
b) **Reflective Education:** refers to the supervisor's ability to integrate theoretical models, promote critical reflection on clinical practice, and attend to the supervision process. It also involves containing emerging emotions and anxieties. There is consensus that the educational function is a central pillar of evidence-based supervision (Beinart, 2012; Bernard & Goodyear, 2019; Milne, 2017).
c) **Structure:** alludes to organizational facets such as clear boundaries, session structuring, and process framing (Beinart & Clohessy, 2017).

In the Program, the SR is regarded as the main engine of experiential learning. Its evaluation employs the brief version of the Supervisory Relationship Questionnaire (S-SRQ; Cliffe et al., 2016; local adaptation: Santangelo & Conde, 2020), which probes the three dimensions above.

The S-SRQ is administered three times a year and results are shared transparently with supervisors and supervisees. This bidirectional feedback is triangulated with other training data, such as self-efficacy scores (CASES), to create an integrative map of the formative experience.

The practical implications of this evaluation-feedback-adjustment cycle are twofold. First, the adjustment of the supervisor's style: for example, if low scores are detected in "secure base," supervisors can increase warmth and validation behaviors; if the weakness lies in "reflective education," more opportunities for modeling, role play, or analysis of recordings are incorporated. Second, the prevention of training stagnation: prolonged negative variations in relationship quality may be associated with higher anxiety and lower self-efficacy. Addressing these issues early prevents these variables from affecting the supervisees' therapeutic relationship with their patients.

As Beinart and Clohessy (2017) note, supervision must adapt to supervise needs, which range from novice to advanced (Rønnestad & Skovholt, 2013). Anxiety about complex clinical situations is common and often linked to low self-efficacy (Bernard & Goodyear, 2019; Watkins et al., 2022). Many supervisees assume supervisors hold negative views of their performance, undermining professional security (Watkins et al., 2022). Bernard and Goodyear (2019) argue that an optimal level of anxiety is beneficial for learning; supervisors must prevent anxiety from prompting avoidance. Effective supervision pushes supervisees beyond their comfort zone without overwhelming them (Koçyiğit, 2024).

In this regard, supervisors must be attentive to the individual characteristics and developmental needs of their supervisees, encourage open dialogue about these needs, and intervene when they identify that anxiety has become dysfunctional (Koçyiğit, 2024). Shifting the beginner's belief from "No, I can't" to "Yes, I can" is crucial for developing a professional therapy identity-and psychotherapy supervision ideally plays a fundamental role in that trajectory (Watkins, 2019).

Routine Outcome Monitoring

Another essential component of Program is Routine Outcome Monitoring (ROM). This is also referred to as Measurement-Based Care (Barber & Resnick, 2022). Since 2018, we have implemented various monitoring modalities using standardized psychometric instruments such as the Outcome Rating Scale (ORS) and Session Rating Scale (SRS 3.0) (Santangelo et al., 2021), the Outcome Questionnaire-45 (OQ-45; Von Bergen & De la Parra, 2002), and the Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM), both in its 34-item version and the abbreviated 10-item version; as well as idiographic instruments like the Goals Form (Cooper, 2015; Cooper & Xu, 2023).

ROM typically involves three fundamental stages: (1) the systematic collection of client data throughout the therapeutic process; (2) feedback of this information to the therapist and, often, also to the client; and (3) adaptation of treatment based on this feedback, when clinically relevant (Barkham et al., 2023).

This approach, which places feedback at the core of the therapeutic process, allows the therapist to be alerted to the lack of progress or clinical deterioration of the client (Lutz et al., 2022). Moreover, the systematic use of ROM constitutes a tool that improves shared decision-making and may have an additive effect on the therapeutic impact of standard psychological treatments (Barkham et al., 2023). Additionally, its implementation can enrich the client's experience in therapy, contributing, for example, to increased awareness regarding their problems and goals (Di Malta et al., 2019).

Among the practical and clinical implications of routinely incorporating ROM in the local context, it has facilitated the personalization of the intervention by providing real-time evidence on client progress, thereby optimizing the allocation of therapeutic resources. At the training level, it has enabled therapists in training to develop data-informed competencies, fostering clinical self-reflection and evidence-based decision-making. Furthermore, it strengthens the therapeutic alliance by inviting the client to actively participate in monitoring their own outcomes and goals.

In terms of public health implications at the local level, within the Argentine context, gaps in access to mental health services and considerable variability in the quality of care persist. In response to these challenges, ROM provides a standardized and cost-effective mechanism. It also enables the real-time monitoring of treatment effectiveness. Aggregated data can inform local and provincial health authorities about the relative efficacy of different care delivery models, allowing for the prioritization of funding and the design of evidence-based policies. Furthermore, the systematization of outcome indicators contributes to transparency and accountability in services, strengthening community trust in psychological interventions and facilitating the justification of training and professional supervision programs that directly impact the quality of care.

Therapeutic Preferences

In 2021, a system was implemented to assess clients' therapeutic activity preferences. Initially, these preferences were evaluated during the intake process through a locally adapted version of the Psychotherapy Preferences and Experiences Questionnaire PEX-1 (Santangelo & Conde, 2023). In 2022, the evaluation of preferences was incorporated not only at the intake but also at the third and eighth treatment sessions, following suggestions from therapists in training who expressed that integrating preferences would be easier if assessed throughout the process rather than only at the beginning. Evidence indicates that considering client preferences and adjusting treatment accordingly leads to better clinical outcomes and significantly reduces premature termination rates (Delevry & Le, 2019; Swift et al., 2018).

Working with therapeutic preferences has clinical and training implications. Systematic integration of client preferences promotes greater active participation in therapy and strengthens the therapeutic alliance from a collaborative perspective. At the training level, this practice contributes to developing core competencies such as therapist flexibility, cultural sensitivity, and the ability to adapt the therapeutic frame according to the individual needs and characteristics of each client. It also allows therapists in training to practice shared clinical decision-making and dynamic intervention adjustment, essential processes in contemporary client-centered care models.

Regarding implications for public health locally, our health system is characterized by limited resources and inequalities in

access. Recognizing and integrating therapeutic preferences can significantly contribute to treatment adherence, reducing premature dropouts and optimizing available resources. Moreover, implementation can enhance the legitimacy and acceptance of mental health services by the community by aligning clinical practices with values of autonomy, respect for individuality, and client rights. At the macro level, data collected on preferences can guide public policies and program design strategies, facilitating the planning of services that respond more effectively to the subjective demands of the population.

Psychotherapy and Practice-Oriented Research

The Program has been linked with various research projects led by the author of this work. Research has been conducted in standard psychotherapy and practice-oriented research. In 2020, it was integrated with the project "Psychotherapy and Clinical Supervision: skills, therapeutic competencies, and treatment outcomes"; in 2021/22 with the project "Feedback-informed Psychotherapy, Therapeutic Preferences, and Clinical Supervision"; in 2023/24 with the project "Therapist Characteristics and Psychotherapy Outcomes"; and in the current year with the project "Measurement-Based Psychotherapy: evaluation of two routine outcome monitoring systems." Both the Training and Development Program and the research projects depend on the School of Psychology at the University of Mar del Plata.

Limitations and Challenges in the Implementation of the Program

The implementation of the program encountered several structural, institutional, and cultural limitations that shaped its development. First, the establishment of weekly supervision sessions, deliberate practice activities, and a continuous outcome monitoring system required sustained investments of time, technological infrastructure, and faculty availability. However, public universities operate under chronic budgetary constraints that hinder the stable and high-quality maintenance of these components.

Clinical supervision, a central pillar of the training model, represented one of the main challenges. The availability of supervisors with specialized training in evidence-based approaches, clinical competencies, and outcome assessment remains limited in Argentina. Currently, only one formal postgraduate training opportunity in clinical supervision is identified in the country (Diplomatura Universitaria Superior en Supervisión Clínica, Fundación Aiglé), which restricts the possibility of expanding and diversifying the faculty.

Regarding training demands, the combination of theoretical coursework, weekly supervision, clinical practice, and systematic self-reflection activities imposed a substantial workload on recent graduates. This burden was particularly demanding for participants who concurrently managed academic or employment responsibilities, contributing to some cases of attrition linked to external factors rather than to the program itself.

Resistance to change was also observed among some graduates. The transition from traditional, predominantly theoretical instructional models to a competency-based training approach was not always smooth and required additional support. Moreover, adherence to systematic outcome monitoring varied considerably, highlighting challenges in incorporating this practice consistently into clinical routines.

Finally, cultural and contextual barriers emerged during the adaptation of training models originally developed in other countries. The successful transfer of these frameworks requires careful consideration of the characteristics of the Argentine healthcare system, the sociodemographic profile of the patient population, and the institutional conditions specific to public universities. These factors shaped the implementation process and underscored the need for context-sensitive adjustments to ensure the program's relevance and feasibility in local settings.

Conclusion

Recent developments in psychotherapy research have highlighted the need to move beyond training approaches focused exclusively on a single theoretical orientation, promoting instead competency-based, transtheoretical, and evidence-guided training. Psychotherapist education requires much more than the transmission of theoretical frameworks; it demands a progressive, experiential, and reflective process that accompanies the development of complex clinical competencies. The model presented in this article rests on robust conceptual and empirical frameworks, such as Hill's developmental model (2020, 2024), which posits a progression from learning basic skills toward a flexible integration of clinical knowledge, and Prochaska's approach to change. Additionally, it builds on the findings of Rønnestad and Skovholt (2013) regarding therapist professional development, emphasizing the central role of supervised experience, self-exploration, and professional identity as processes that consolidate over time.

From this perspective, the training program aims to foster transtheoretical competencies that allow flexible responses to client needs, moving beyond a restricted focus on a single therapeutic orientation. It incorporates the general change factors identified by Grawe (2007) -such as emotional activation, mobilization of personal resources, and the therapeutic relationship-and the principles proposed by Eubanks and Goldfried (2019), including fostering motivation, corrective experiences, and strengthening the therapeutic alliance. This approach is complemented by competency-based teaching that integrates relevant academic knowledge (e.g., basic psychology) with practical skills such as case conceptualization, ethical reflection, and therapeutic process analysis.

Supervision holds a fundamental place as a privileged context to articulate theory and practice, fostering self-reflection, clinical sensitivity, and the sense of agency of the therapist in training. Following Bernard and Goodyear (2019), supervision not only facilitates the development of clinical skills but also the consolidation of an authentic professional identity committed to continuous growth. In this regard, supervision instances allow for sustaining the emotionally challenging work with clients and reinforce therapist self-efficacy, an aspect Hill (2024) also identifies as a core axis of training development.

Furthermore, contemporary clinical training cannot do without routine outcome monitoring and active exploration of client preferences. These practices enable continuous, data-informed treatment adaptation, fostering more accurate clinical decisions,

greater attunement to the client, and better therapeutic outcomes. Incorporating feedback tools and progress monitoring facilitates early detection of stagnation, identification of emerging needs, and promotion of collaborative adjustments. Likewise, considering client preferences increases treatment adherence, and maximizes the clinical relevance of interventions.

In summary, competency-based, evidence-informed training represents a promising approach for preparing clinicians. This approach focuses on the developing professional and addresses the complex challenges of psychotherapeutic practice. Integrating theory, experience, supervision, and self-reflection strengthens training. Added to this is sensitivity to the real therapeutic process. Altogether, these elements not only enhance clinical effectiveness but also foster the development of ethical, flexible professionals committed to the well-being of those they serve.

The implications for clinical practice are clear. Training therapists who integrate multiple sources of evidence requires coherent, progressive, and supervised programs. It also demands the promotion of flexible clinical competencies and an ethical, reflective stance toward human suffering. Competency-based training, with systematic monitoring and consideration of client preferences, enhances the quality of care. Furthermore, it prepares future psychotherapists to face the current challenges of practice.

Over the past ten years, the program has trained more than 50 therapists and provided care to over a thousand clients. These figures demonstrate the scope and continuity of the work carried out within the Psychotherapy Training and Development Program at the Faculty of Psychology, National University of Mar del Plata.

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Conflict of Interest

There are not conflict of interests.

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Article

Suicide Prevention, Intervention, and Postvention in the University: Challenges and Proposals for a Comprehensive Response

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ABSTRACT

Suicidal behavior represents a growing public health concern in the university context, with a high prevalence of suicidal ideation, nonsuicidal self-injury, and emotional distress among students. This article reviews the main prevention, crisis intervention, and postvention strategies in universities, integrating national and international evidence. It examines the critical role of university counseling centers, which often constitute the first line of support, despite inequalities in their provision and structural limitations. It also highlights the usefulness of gatekeeper training, which prepares key university personnel to detect warning signs of suicide and refer students to specialized resources. The importance of implementing brief, evidence-based psychological interventions focused on suicidal behavior and effective crisis management protocols is emphasized. The article also advocates for the establishment of a national system for monitoring deaths by suicide among students and for improving institutional policies in accordance with the provisions of the LOSU. Finally, the value of postvention is highlighted as an essential strategy for supporting the community after a death by suicide. Therefore, it is necessary to adopt a comprehensive, sustained approach that is adapted to the particularities of the university environment.

Prevención, Intervención y Posvención del Suicidio en el Contexto Universitario: Retos y Propuestas para una Respuesta Integral

Palabras clave
Suicidio
Universidad
Prevención
Posvención
Servicio de atención psicológica

RESUMEN

La conducta suicida representa un problema de salud pública creciente en el contexto universitario, con una alta prevalencia de ideación suicida, autolesiones y malestar emocional entre el estudiantado. Este artículo revisa las principales estrategias de prevención, intervención en crisis y posvención en el ámbito universitario, integrando evidencia nacional e internacional. Se analiza el papel crucial de los Servicios de Atención Psicológica, que a menudo constituyen la primera línea de apoyo, aunque enfrentan desigualdades en su dotación y limitaciones estructurales. Asimismo, se destaca la utilidad del entrenamiento gatekeeper, que capacita a agentes universitarios clave para detectar señales de alarma y derivar a recursos especializados. Se subraya la importancia de implementar intervenciones psicológicas breves, basadas en la evidencia, focalizadas en la conducta suicida, y de contar con protocolos efectivos para el manejo de crisis. Además, se aboga por establecer un sistema nacional de seguimiento de muertes por suicidio en estudiantes y por mejorar las políticas institucionales conforme a lo previsto en la LOSU. Finalmente, se pone en valor la posvención como estrategia esencial para apoyar a la comunidad universitaria tras una muerte por suicidio. Se concluye que es necesario adoptar un enfoque integral, sostenido y adaptado a las particularidades del entorno universitario.

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Suicide is a public health problem that affects people of all ages, genders, and countries. In Spain, 4,118 deaths by suicide were recorded in 2023 (Instituto Nacional de Estadística, [National Institute of Statistics], 2024), making it one of the leading causes of mortality in the country. This figure is equivalent to a rate of 8.47 suicides per 100,000 inhabitants, with a significantly higher prevalence among men (12.79; 3,046 deaths) than among women (4.32; 1,072 deaths). Given this situation, it is essential to promote new prevention strategies.

The mental health of university students has become an increasingly relevant concern in recent years (Auerbach et al., 2018; Mitchell, 2023). Several studies show worryingly low levels of emotional well-being, as well as a high prevalence of anxiety and depression symptoms and suicidal ideation, a situation that has been exacerbated by the COVID-19 pandemic (Ministerio de Universidades [Ministry of Universities], 2023; Zhou et al., 2021). These conditions not only affect students' health, but also compromise their university experience and increase the risk of academic dropout. For example, the World Mental Health International College Student initiative (WMH-ICS) indicates that 35% of first-year students experience some form of mental disorder during their lifetime (Auerbach et al., 2018), and 17.7% have engaged in non-suicidal self-injury (Kiekens et al., 2023).

The university population is overrepresented in terms of stress factors that negatively impact their physical, psychological, and emotional health (Mitchell, 2023). Among the main stressors are academic concerns, identified as a significant source of acute stress (American College Health Association, 2024) and associated with an increased risk of anxiety, depression, and suicidal ideation or behavior (Cheng et al., 2020; Yao et al., 2025). Other factors include financial pressure, the health of family members, and emotional and family relationships (Sheldon et al., 2021; Yao et al., 2025). As a result, university students are now recognized as a population that is particularly vulnerable to suicidal ideation and behavior. In this regard, lifetime prevalence rates of 22.4% for suicidal ideation, 6.1% for planning, and 3.2% for suicide attempts have been recorded (Mortier et al., 2018). In some countries, suicide is the second leading cause of death among university students (Schwartz, 2006).

Recently, the Ministry of Health approved the first National Action Plan for Suicide Prevention in Spain (Ministerio de Sanidad [Ministry of Health], 2025). Furthermore, the Organic Law of the University System (LOSU) establishes the obligation for universities to provide prevention, psychoeducational guidance, and wellness promotion services on their campuses. In this context, the present study aims to reflect on the current state of prevention and the approach to suicidal behavior in the state university, as well as to propose possible initiatives for implementation.

Suicidal Behavior in the University Environment

One of the most comprehensive studies of suicide on university campuses is the Big Ten Study (Silverman et al., 1997), conducted in the United States with the aim of correcting statistical and epidemiological limitations present in previous research. This study revealed that the highest number of suicides, in both men and women, is concentrated in the 20-24 age group (46%) and among graduate students (32%). This high prevalence of suicide among graduate students has been confirmed in more recent research conducted in other countries (Cheng et al., 2020; Marutani et al., 2024).

Silverman et al. (1997) found that the suicide rate on several US campuses was approximately 50% lower than the national average for comparable age and gender groups, standing at 7.5 per 100,000 students. Moreover, they concluded that the risk of suicide is higher among students aged 25 and over. One explanation offered by the authors is that universities provide more protective environments, with greater access to health and mental health services, as well as peer support networks and mentors, factors that could reduce suicide risk compared to the general population. This hypothesis has been supported by subsequent research: although the suicide rate in the general US population grew by 35% between 1999 and 2018 (Hedegaard et al., 2020), on Big Ten campuses it decreased by 25.3% over the last 30 years (Mendizábal & King, 2021). Specifically, the annual average number of suicides at universities between 2009 and 2018 was 5.60 per 100,000 students, with a higher percentage of males (67.53%; 6.37/100,000) than their representation on campus (51.18%).

On the other hand, various international studies and reviews have reported high levels of suicidal ideation and behavior (planning, suicide attempts, etc.) in the university context, both among undergraduates (Lageborn et al., 2023; Lew et al., 2020; Zhou et al., 2021) and at the graduate level (Poli et al., 2025). A prominent meta-analysis conducted by Mortier et al. (2018) with a sample of 634,662 students from North America, Asia, Europe, and Africa found lifetime prevalence rates of 22.3% for suicidal ideation, 6.1% for planning, and 3.2% for attempts. According to this meta-analysis, approximately one in four college students has experienced suicidal ideation at some point, and 65% of them have had it in the year prior to the assessment. Furthermore, rates of suicidal ideation and behavior in the university population consistently exceed those in the general adult population, ranging from 17% to 38%, compared to 7-18% in the general population (Lew et al., 2020; Mortier et al., 2018; Sivertsen et al., 2019).

These data allow us to conclude that university students represent a particularly vulnerable population. However, some recent studies have pointed out that, although the suicide death rate is proportionally higher among graduate students (Silverman et al., 1997), suicidal ideation and behavior are more frequent among undergraduate students (Poli et al., 2025). This pattern suggests that levels of psychological distress and trajectories toward suicidal behavior may differ depending on the academic stage and conditions of the educational environment.

It should be noted that the different studies do not offer contradictory results, but rather analyze different phenomena within the suicide continuum. While classic research such as that of Silverman et al. (1997) focused on suicide deaths—a rare but extremely serious event—later studies such as those by Mortier et al. (2018) or Poli et al. (2025) assess the prevalence of suicidal ideation and behavior, which are much more common manifestations and sensitive to the psychosocial conditions of the university environment. Added to this are differences in study periods, instruments used, and cultural and educational contexts, which make direct comparisons difficult. Overall, these methodological differences explain the variations in the rates observed and highlight

the need to interpret the data in light of the type of suicidal phenomenon assessed and the historical moment in which it was measured.

In Spain, there are still no studies that directly estimate the suicide rate in universities, although there are approximations based on mental health research (Estupiñá et al., 2024; Ministerio de Universidades, 2023; Prieto-Vila et al., 2024). The most comprehensive study to date was conducted by the Ministry of Universities (Ministerio de Universidades, 2023), with the participation of 59,605 students, representing more than 3.5% of the student population enrolled in the Spanish university system. The research, carried out in two phases, revealed that half of the students had moderate or severe anxiety and depressive symptoms, and that one in five had experienced suicidal thoughts in the two weeks prior to the survey. This sampling method means that the results could be overstated, as it is plausible that those experiencing greater emotional distress are more likely to participate in this type of study.

The study also noted gender differences: women reported higher levels of depressive symptoms, anxiety, and clinical or severe insomnia, while men had a higher percentage of risky alcohol consumption. In addition, 17% of students reported having received a prescription for psychotropic drugs (anxiolytics, antidepressants, or hypnotics) in the last four months, although only a minority sought professional care, despite the fact that more than 50% had previously consulted with healthcare professionals about mental health problems.

Similarly, a recent study conducted in Spain with over 1,000 doctoral students (Estupiñá et al., 2024) showed that between 50% and 60% might have a common psychological disorder, and nearly 19% reported passive suicidal ideation. Poor mental health was particularly associated with being female, having more years in the doctoral program, lower life satisfaction, and greater difficulties in emotional regulation (Estupiñá et al., 2024).

These findings reinforce the urgency of developing and implementing effective strategies to promote mental health and prevent suicidal behavior in the university environment. The magnitude of the problem shows that, to a large extent, current approaches are not sufficient to protect this vulnerable population (Mortier et al., 2018).

Strategies for the Prevention, Intervention, and Postvention of Suicidal Behavior

Suicide is a complex phenomenon with multiple causes. Suicide prevention requires a comprehensive approach that combines multiple strategies to reduce risk and reinforce protective factors at individual, relational, community, and societal levels. Therefore, a fundamental measure is to implement a broad public health response to suicide involving all sectors of society, including government, health care systems, businesses, educational institutions, community organizations, civil society organizations, and NGOs.

Thus, to be effective, university suicide prevention programs must be systematic, multidisciplinary, and comprehensive, involving the entire organization. Reducing suicide among university students involves reducing the stigma of mental health; increasing and/or creating inclusive and responsive university communities; educating about suicide; increasing help-seeking; preventing suicide through the detection of hotspots; training the university community to identify and refer at-risk students for assessment; and providing effective psychological counseling services. However, few Spanish universities have an effective plan for the prevention, intervention, and postvention of suicidal behavior. Furthermore, despite the urgent need to develop and implement preventive programs, there remains considerable uncertainty around what constitutes a sound plan for students in university settings (Wolitzky-Taylor et al., 2020).

Below are some measures that have received empirical support and should be included in any plan for the prevention, intervention, and postvention of suicidal behavior in universities.

Restriction of Lethal Means

One of the most empirically supported strategies for suicide prevention is restricting access to lethal means (Mann et al., 2021; Zalsman et al., 2016). Although there are multiple pathways that can lead from ideation to suicide attempt, it has been shown that many suicide crises are brief, with an average interval of less than 10 minutes between the decision to act and the suicide attempt (Barber & Miller, 2014). Furthermore, even in the presence of intense suicidal intent, individuals often experience ambivalence about their desire to die.

Contrary to the general belief that restricting access to one lethal method leads to substitution with another equally dangerous method, evidence shows that this rarely occurs (Daigle, 2005). Therefore, introducing physical or time barriers between the person at risk and lethal means can make a crucial difference in prevention. Limiting immediate access to these means during a suicidal crisis can be the difference between life and death.

In this regard, it is essential that each university center conduct a specific analysis to identify so-called hotspots or high-risk points—locations that may facilitate access to lethal means—in order to implement appropriate safety measures. This preventive work must be an integral part of any institutional strategy for promoting mental health and preventing suicidal behavior.

Gatekeeper Training for Suicide Prevention

Over the last decade, Spanish universities have intensified efforts to inform students about how and where to access help in situations of emotional distress, both on and off campus. However, the reality is that many students with mental health problems and/or suicidal ideation or behavior do not seek professional help before a crisis occurs (Barnett et al., 2024; Zhao et al., 2025). In fact, more than half of those who have suicidal thoughts or nonsuicidal self-injury do not receive any kind of psychological care during their university years, with even lower rates among males and ethnic minority groups (Barnett et al., 2024).

Among the main obstacles identified by students themselves for seeking help are a preference for solving problems independently, lack of time, lack of awareness of available resources, and the perception that their situation does not require professional attention (Zhao et al., 2025). Added to this are factors such as stigma; the normalization of distress in university life; doubts about the severity of symptoms; distrust in the effectiveness of treatments; the hope that problems will resolve themselves; concerns about privacy; and

the belief that support from their social environment is sufficient (Drum & Denmark, 2012).

Even when students are aware of the resources available, many remain reluctant to use them, fearing to acknowledge that they are experiencing emotional difficulties (Eisenberg et al., 2007). In this regard, Gallagher (2014) found that less than 20% of students who died by suicide had previously sought help from their university's Psychological Counseling Service (PCS). This low utilization of services, coupled with delays in seeking help and the high prevalence of suicidal ideation, increases the risk of suicide in this group.

For all these reasons, one of the priority strategies in university prevention is the early identification of at-risk students and their referral to the appropriate resources. In this process, university staff are taking on an increasingly important role in providing emotional support to students (Hughes et al., 2018), and their role as gatekeepers has been highlighted. Gatekeepers are individuals capable of identifying warning signs, offering initial guidance, and referring students to the relevant services, always respecting the boundaries of their role (Gulliver et al., 2018; Hews-Girard et al., 2024).

Gatekeeper training (GKT) is one of the most widespread interventions in community suicide prevention. Its aim is to equip these individuals with the skills to detect risk situations, provide initial support, and facilitate access to specialized resources (Gabilondo et al., 2024). Although the evidence regarding its direct impact on reducing suicide rates is inconclusive (Yonemoto et al., 2019; Zalsman et al., 2016), its usefulness in disseminating key knowledge in settings where misinformation or stigma hinder prevention is recognized (Gabilondo et al., 2024; Spafford et al., 2025).

In general, GKT has shown good results in university settings (Muela et al., 2025; Wolitzky-Taylor et al., 2020), encouraging greater use of psychological counseling services by students with suicide risk factors (Center for Collegiate Mental Health, 2024; Drum & Denmark, 2012). Although this does not always translate into actively seeking help, it has been observed that up to 70% of students with depression, anxiety, or suicidal ideation express a greater intention to seek support (Zhao et al., 2025).

In the university context, gatekeepers may include teaching and research staff (TRS), students, and other members of the university community such as residence hall managers or administrative and service staff. These individuals, being in frequent contact with students, have critical preventive potential, especially with those students who have not yet accessed clinical services. Therefore, training them in risk identification and effective referral represents a promising way to expand the scope of preventive interventions.

Finally, some recent studies highlight the value of virtual support for students who do not feel comfortable seeking face-to-face help or sharing their distress with TRS or their peers (Hews-Girard et al., 2024). Expanding channels of access may reduce barriers and respond to the needs of students for whom traditional psychological care strategies are insufficient or inaccessible. In this regard, it is encouraging that the World Health Organization has promoted the World Mental Health Surveys International College Student Project (2015), an international longitudinal follow-up project that analyzes the mental health of students throughout their university education, with a special focus on help-seeking behavior.

Treatment of Suicidal Ideation and Behavior

For over three decades, although with varying levels of implementation (Saúl et al., 2009; Tejedo, 2019), Spanish universities have had psychological counseling services (PCS) aimed at promoting emotional well-being and mental health, as well as psychoeducational services for academic and career guidance. Currently, the Organic Law of the University System (LOSU) requires universities to offer permanent and free psychological and psychoeducational care services to students.

PCSs often constitute the first line of mental health care for a growing number of students—and other members of the university community—experiencing suicidal ideation. However, significant disparities persist in their configuration and operation (Saúl et al., 2009), resulting in notable differences between universities, a lack of specialized personnel, high caseload ratios, long waiting lists, and overcrowded services. Both the State University Student Council (CEUNE in Spanish) and the Spanish Association of University Psychological and Psychoeducational Services (AESPPU, 2025) have stressed the need for the implementation of the LOSU to be accompanied by regulatory reform that clearly defines functions, resources, professional profiles, and minimum standards for quality and accessibility.

A review of studies on PCS caseloads suggests that suicidal behavior has not been addressed as a priority, or has not been highlighted as a specific clinical problem, as it does not appear among the reasons for consultation in the available studies (Arco et al., 2005; Labrador et al., 2016; Salaberría et al., 2016; Tejedo, 2019). In general, it has been found that most of the cases treated are related to anxiety-depressive symptoms or adaptive disorders, more frequent in women (around 68%) than in men. However, these data contrast with the results of the study by the Ministry of Universities (Ministerio de Universidades, 2023), in which one in five students reported having had suicidal thoughts in the two weeks prior to the survey. Internationally, suicidal ideation has been recognized as a recurring reason for consultation in psychological counseling services and one of the main indicators of emotional distress (Gorman et al., 2017; Center for Collegiate Mental Health, 2024).

Working with university populations offers significant advantages, as they are young, have high levels of literacy and, in general, low psychopathological chronicity, which facilitates the acquisition of coping skills for life challenges (Salaberría et al., 2016). However, several studies have warned that the mental health of university students has deteriorated considerably in recent years, and that PCS are facing more complex cases, with limited resources, growing demand, and increasingly long waiting lists (Xiao et al., 2017). In addition, there has been an increase in students presenting with suicidal ideation in the weeks prior to their initial intake appointment (Xiao et al., 2017). In this regard, the use of urgent care units—which guarantee an appointment within 1 to 5 days for crisis cases—has increased by 28% (Center for Collegiate Mental Health, 2017).

From this perspective, the dual trend of increasing demand and case severity may not be due solely to a change in student profiles but rather to the structural inadequacy of PCSs, which face serious difficulties in proactively adapting to current needs. It is therefore a priority to provide these services with more human, material, and organizational resources.

Despite this need, there is currently no consensus clinical approach to the treatment of suicidal ideation and behavior in PCSs, a shortcoming that has also been observed internationally (Pistorello et al., 2017). In this context, a key question arises: how should the treatment of suicidal behavior be approached in the university setting? A recent meta-analysis of suicide research from the last 50 years (Franklin et al., 2017) has shown that traditional approaches focused on reducing risk factors and/or based on syndromic psychiatric models have limited effectiveness. In contrast, treatments specifically focused on suicidal behavior have been proposed, such as Brief Cognitive Behavioral Therapy for Suicide Prevention (BCBT), which has shown 50% to 60% reductions in suicide attempts (Bryan & Rudd, 2018); Dialectical Behavior Therapy (DBT; Linehan, 1993); or the Collaborative Assessment and Management of Suicidality model (CAMS; Jobes, 2023).

In Spain, several studies have noted that psychological intervention in PCSs is usually limited to between 8 and 12 sessions (Labrador et al., 2016; Salaberría et al., 2016), so a key improvement strategy would be to implement brief treatments specifically focused on suicidal behavior. There are promising international experiences in this area, such as the Comprehensive Adaptive Multisite Prevention of University Student Suicide project (CAMPUS; Blalock et al., 2025), which is evaluating brief intervention models in university students. Initial results have shown high acceptability among professionals and students, and it is believed that its implementation in PCSs could help students with suicidal ideation and behavior remain active in their academic and university life (Pistorello et al., 2017).

Crisis Intervention

Suicide risk is central to many mental health emergency assessments in the university population (Han et al., 2016). However, studies conducted on Psychological Counseling Services (PCS) in Spain rarely address crisis interventions. Only the study by Salaberría et al. (2016) mentions that approximately 10% of people who attended the PCS were in a crisis situation, although the characteristics of these emotional crises are not specified. In contrast, in the US, the national Healthy Minds Study 2023-2024 (2025) indicates that 3% of university students used psychiatric emergency services and around 5% reported having been hospitalized for mental health reasons.

The most recent guidelines from the Substance Abuse and Mental Health Services Administration (SAMHSA, 2025) establish three essential components for effective crisis care: having someone to talk to, an immediate response, and a safe place to go. These elements are fundamental for adequate responses to suicide crises in the university environment, as they prevent the risk from escalating, coordinate comprehensive care, improve the effectiveness of prevention plans, and reduce the likelihood of suicide deaths.

Consequently, it is essential that all students are aware of the campus resources available for crisis situations, beyond those offered by the national health system. This responsibility falls to the universities themselves, which must ensure clear and accessible communication about the services available in emergency situations.

Universities that have developed crisis management protocols ensure that their policies and procedures are aligned with the care of at-risk students (Baumhauer et al., 2025). In recent years, many campuses have begun to redesign their mental health crisis services, incorporating options such as urgent appointments, after-hours hotlines, local rapid response teams, and referral mechanisms to public emergency services (Lipson et al., 2022).

In the specific case of suicidal behavior, it is essential that PCS clinical staff have specific training to implement safety plans as a crisis management tool (Knapp, 2023). A safety plan is a personalized list of coping strategies and sources of support that the student can use before or during a suicidal crisis. Its development involves close collaboration between therapist and client, and it is notable for its brevity and simplicity. Research has shown that the inclusion of safety plans in the treatment of suicidal behavior leads to a significant reduction in the risk of suicidal behavior and hospitalizations (Knapp, 2023; Stanley et al., 2016).

Additionally, for students who have experienced a suicidal crisis, it is essential to provide academic support and consider curricular adaptations, both short- and long-term, in order to promote educational continuity and overall well-being.

Suicide Prevention

The death by suicide of a member of the university community can have a profound impact on the physical, emotional, and psychological well-being of those around them. In fact, it has been noted that the effect of suicide in the university context may be even more widespread and disruptive than in other community settings, due to close living arrangements and campus interconnectivity (Allie et al., 2023).

Postvention is defined as a structured response that provides support to those affected by suicide, while preventing new cases from occurring (Universities UK, 2022). Postvention interventions include bereavement and adaptation counseling, management of both immediate and long-term trauma, and emotional support for students, faculty, and university staff. These interventions also seek to stabilize the situation after the crisis, reduce the risk of copycat suicides or contagion effects, and facilitate the gradual recovery of the affected university community.

Moreover, postvention involves a reflective analysis of the event to extract lessons that will improve prevention, intervention, and response protocols for future incidents. In this regard, it is essential that universities have robust and detailed protocols in place to deal with these events in a coordinated, empathetic, and effective manner.

These protocols should cover, among other aspects: how to communicate a suicide to the university community; how to inform and support the family of the deceased; how to provide psychological support to affected students and staff; and how to manage memorials to avoid unintended effects. They should also establish the creation of suicide crisis response teams and have a specific action plan in place for the event of a suicide on campus.

Having these organized procedures in place allows the university community to respond in a methodical and restrained manner, avoiding improvised or uncoordinated reactions that could increase suffering or risk among those affected. The integration of postvention as part of institutional mental health policies reinforces the commitment to comprehensive, sensitive, and preventive suicide care.

Conclusions

Suicidal behavior in the university environment represents an urgent and complex public health challenge that requires a comprehensive, coordinated, and sustained response from higher education institutions. Throughout this article, based on national and international evidence, it has been argued that university students constitute a particularly vulnerable group, due both to the developmental characteristics of this stage of life and the growing academic, economic, social, and personal demands they face.

Data collected by recent studies show a high prevalence of anxiety and depression symptoms, nonsuicidal self-injury, and suicidal ideation in this population, with rates higher than those of the general adult population. Added to this is a low tendency to seek professional help, especially among males and some minority groups. Factors such as stigma; the normalization of distress; lack of information about available resources; distrust in the effectiveness of treatments; and the tendency to deal with problems alone hinder early access to support services. The gap between the real needs of students and the effective use of university mental health services is a critical issue that must be addressed urgently.

In this context, the role of gatekeepers emerges as a promising strategy. Training teaching and administrative staff, residence hall managers, and students themselves to detect signs of risk, provide initial support, and refer to specialized resources contributes to creating a more effective and accessible support network. Although there is still no conclusive evidence of a direct reduction in suicide rates as a result of this type of training, its positive impact on increasing knowledge, reducing stigma, and improving identification and support skills has been documented. Therefore, training in gatekeeper skills should be strategically implemented, reinforced, and evaluated within university action plans.

Another noteworthy aspect is the crucial role of Psychological Counseling Services (PCS) as the first line of support for emotional distress and suicidal behavior. However, the analysis reveals a worrying inequality in the provision, structure, and operation of these services at the national level, which limits their capacity to respond to growing demand and increasing clinical complexity. High caseload ratios, long waiting lists, and a shortage of specialized human resources compromise their effectiveness. Moreover, academic literature on Spanish PCS shows limited recognition of suicidal behavior as a priority reason for consultation, contrasting with the most recent epidemiological data.

Given this situation, it is urgent to provide PCS with the necessary resources to respond proactively and specifically to the problem of suicide. The implementation of brief, evidence-based psychological treatments focused on suicidal behavior, such as BCBT, DBT, or the CAMS approach, is an essential line of improvement. The brevity of the treatments, their adaptability, and their acceptability among professionals and students make these approaches particularly relevant tools in the university context, where resources and time are often limited.

Likewise, crisis intervention must occupy a central place in the prevention strategy. Early identification, immediate care, and the provision of safe spaces are fundamental pillars of an effective response to high-risk situations. Recommendations from international organizations such as SAMHSA offer clear guidance for the design of crisis services, highlighting the need to ensure that all students know who to turn to, receive an appropriate response, and have access to protected environments. Training in safety plans, which provide individuals in crisis with a set of personalized coping strategies, has also proven effective in reducing suicide risk and the number of hospitalizations.

In this regard, one of the most significant structural challenges is the development of a national system for continuous longitudinal monitoring that allows for the identification and monitoring of suicide deaths among university students. Currently, in Spain, there are no specific records that offer an accurate understanding of the magnitude of this phenomenon within the university setting, which limits the possibility of designing prevention strategies based on robust and up-to-date data. Having a reliable surveillance system and common indicators among universities would enable better-informed decisions, the establishment of early alerts, and the evaluation of the true impact of the measures implemented.

It is also necessary to strengthen institutional commitment through clear policies that prioritize student well-being. In this regard, the Organic Law of the University System (LOSU) has been a significant step forward, making it mandatory to provide permanent and free psychological counseling services. These measures must be accompanied by training programs for faculty and support services accessible to students. LOSU also incorporates the creation of psychoeducational cycles of guidance and support, as well as the development of peer-mentoring systems, where advanced students support those who are just beginning their university studies. These initiatives can not only facilitate academic and social adaptation but also strengthen the emotional support network and reduce isolation, one of the risk factors associated with suicide.

In addition to these measures, there are national resources such as the 024 helpline, a free 24/7 service for people in suicidal crisis, which recently added a chat function to its contact channels. This channel can act as a bridge between those who need help and specialized services, overcoming barriers related to fear or embarrassment in asking for support.

Finally, this article has focused on the importance of postvention, a dimension often overlooked in university mental health plans. The death by suicide of a member of the university community has a strong emotional impact and may increase the risk of new cases if not managed properly. Having specific response protocols, intervention teams, and careful support and communication strategies in place is essential to assist affected individuals, contain risk, and strengthen community resilience. Postvention is not only a response to loss but also an opportunity to review, learn, and improve institutional prevention policies.

Collectively, the evidence presented in this study underscores the need for a comprehensive, sustained approach tailored to the particularities of the university context. Suicide prevention at university cannot and should not be sustained solely by public health services, nor should it be limited to sporadic awareness campaigns. It requires a structural transformation that cuts across institutional policies, support services, staff training, and the very model of university life. Only through an intersectoral approach committed to student mental health will it be possible to build truly safe, accessible, and humane environments where asking for help is not an exception but a normalized, encouraged, and protected practice.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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Article

Gender Microaggressions in the Workplace as an Invisible Psychosocial Risk: Review and Proposal for Preventive Assessment

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ABSTRACT

This article reviews the phenomenon of gender microaggressions in the workplace as an invisible psychosocial risk that affects women. Through a theoretical and regulatory review, it is argued that these apparently innocuous behaviors have a significant impact on the mental health and professional development of women workers. The article analyzes the Spanish legal framework and proposes a structured methodology for identifying and preventing these behaviors in psychosocial risk assessments. Finally, practical recommendations are provided for integrating this perspective into organizational risk management from a gender-sensitive approach.

Micromachismos en el Ámbito Laboral como Riesgo Psicosocial Invisible: Revisión y Propuesta de Evaluación Preventiva

Palabras clave
Micromachismos
Riesgos psicosociales
Salud laboral
Género
Evaluación organizacional

RESUMEN

Este artículo revisa el fenómeno de los micromachismos en el entorno laboral como un riesgo psicosocial invisible que afecta a las mujeres. A través de una revisión teórica y normativa, argumentamos que estos comportamientos, pese a su aparente inocuidad, tienen un impacto significativo en la salud mental y el desarrollo profesional de las trabajadoras. Analizamos el marco legal español y proponemos una metodología estructurada para su identificación y prevención dentro de los procesos de evaluación psicosocial. Finalmente, ofrecemos recomendaciones prácticas para integrar este enfoque en la gestión de riesgos laborales desde una perspectiva de género.

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Introduction

Unlike more obvious forms of discrimination, gender microaggressions operate through normalization. Their apparent harmlessness means that they often go unnoticed by both those who perpetrate them and those who experience them (Bonino, 2004). However, they have a significant negative impact on the well-being of female workers. Previous studies indicate that gender microaggressions can erode self-esteem, limit professional development (Nadal & Haynes, 2012), and contribute to occupational segregation (Benalcázar-Luna & Venegas, 2017; Ferrer et al., 2008). They also perpetuate structural phenomena such as the glass ceiling and sticky floor (Dueñas & Moreno, 2017; Mor, 2016) and generate stress and emotional exhaustion (Cortina, 2008; Saldaña et al., 2020). By normalizing the undervaluation of women, these microaggressions deteriorate the work environment, reduce motivation, and affect organizational performance (Fitzgerald et al., 1995).

The absence of specific methodologies for assessing gender microaggressions is an obstacle to preventive occupational health management and gender equality. Therefore, this study analyzes gender microaggressions as an emerging and invisible psychosocial risk, exploring strategies for their identification, assessment, and prevention, in order to contribute to the design of interventions that promote more equitable and healthy work environments.

Microaggressions as a Psychosocial Risk

The Joint Committee of the International Labor Organization (ILO) and the World Health Organization (WHO) (1984) defined psychosocial factors as the conditions present in the work environment that are related to the organization and performance of work and that can affect workers' well-being and health (both physical and mental) as well as their professional development. In the same vein, Cox, Griffiths and Randall (2003) describe these factors as elements of job design and organizational structure that, together with the social environment, have the potential to cause physical and psychological harm.

From this perspective, gender discrimination in the workplace has a direct impact on women's physical, mental, and social health. Continued exposure to gender-based violence has been linked to higher levels of chronic stress, anxiety, and depressive symptoms, as well as an increase in demand for healthcare due to a perceived deterioration in overall well-being (Cifre et al., 2021; Ruiz-Pérez & Plazaola-Castaño, 2005). Within this framework, gender microaggressions constitute a less visible but particularly harmful form of gender-based violence and discrimination: they are subtle, normalized practices that are difficult to report and progressively deteriorate the emotional state of those who suffer them (Bonino, 2004).

The literature indicates that these everyday manifestations of discrimination are associated with a wide range of psychosocial consequences. These include physical and emotional overload, with persistent feelings of exhaustion and lack of energy to attend to one's own needs (Rosso et al., 2010; Lysova et al., 2019); the inhibition of personal power and the feeling of having to adopt defensive strategies, along with the delegitimization of complaints; cognitive blocks that hinder concentration and decision-making; and a deterioration of self-esteem, expressed in insecurity, demotivation, and a perception of personal ineffectiveness (Nadal & Haynes, 2012; Oswald et al., 2019). Likewise, generalized distress and constant irritability have been described, which are often internalized as personal failures, increasing the psychological burden and the likelihood of mental health problems (Foley et al., 2005; Szymanski & Mikorski, 2017). Recent studies, such as that by Kim & Meister (2023) with women in the STEM sector in the United States, show that gender microaggressions are associated with emotional exhaustion, rumination, loss of self-esteem, and weakening of professional identity, and may even contribute to job abandonment.

Consequently, gender microaggressions can be considered an "invisible" psychosocial risk factor: their subtlety and social acceptance make them difficult to identify, but this does not diminish their impact on mental health, work engagement, and the quality of workplace relationships (Cifre et al., 2021; Saldaña et al., 2020; UGT, 2018).

Before delving deeper into the assessment of gender microaggressions, it is useful to define three central concepts: gender discrimination, symbolic violence, and microaggressions or microviolence based on gender. By gender discrimination, we mean those practices, norms, and structures that systematically create unequal treatment between women and men in the workplace, either directly or indirectly (Cifre et al., 2020). Symbolic violence refers to forms of domination that operate in such a subtle and normalized way that they go unnoticed, through meanings, expectations, and stereotypes that sustain and reinforce the disadvantaged position of women (Bonino, 2004; Bourdieu, 2000). Finally, in this context, gender microaggression-also called gender microviolence when its mild but persistent violent nature is emphasized-refers to everyday actions, often difficult to identify, that undermine, minimize, or subordinate women's voices and authority (Bonino, 2005; Ferrer et al., 2008).

Throughout this article, we mainly use the term gender microaggressions (and, in some passages, gender microviolence) to refer to these specific behaviors in the workplace, whereas we reserve the term gender discrimination to refer to the structural level of the problem, of which these practices are a concrete manifestation.

Occupational Risk Prevention Law (LPRL) and its Application for the Protection of Workers' Health

Law 31/1995 on Occupational Risk Prevention (LPRL) establishes the obligations of companies to ensure the safety and well-being of workers. According to Article 16, the company must carry out an initial assessment of all risks-including psychosocial ones-and apply the corresponding preventive measures. The Law on Infractions and Sanctions in the Social Order (LISOS, Art. 12.b) considers failure to carry out this assessment a serious offense.

Traditionally, the LPRL has approached equality from a perspective focused on maternity, pregnancy, and breastfeeding, which made it necessary to develop regulations that expanded this framework. Organic Law 3/2007-reinforced by Royal Decree-Law 6/2019, establishing the progressive implementation of Equality Plans-positions these plans as the ideal instrument for identifying, evaluating, and correcting inequalities, including subtle ones such as gender microaggressions. Their evaluation complements diagnoses of the wage gap, occupational segregation, and the glass

ceiling, incorporating psychosocial climate indicators with a gender focus.

This framework is complemented by Organic Law 10/2022, which requires the promotion of working conditions that prevent conduct that violates sexual freedom or moral integrity (Art. 12), including sexual harassment and harassment on grounds of sex. Gender microaggressions can operate as normalized behaviors that encourage tolerance toward these forms of harassment, so their detection and intervention are aligned with preventive obligations of equality and psychosocial health.

Finally, evidence shows that occupational risks affect men and women unequally (Cifre et al., 2020), so incorporating a gender perspective into prevention is essential in order not to underestimate the risks that particularly impact women's health.

The Relevance of Integrating the Assessment of Gender Microaggressions into the Psychosocial Risk Management Framework

Gender microaggressions occur in the workplace in many ways, from seemingly harmless comments to the exclusion of women from leadership roles and development opportunities. These behaviors, although subtle, can significantly affect female workers' perception of self-worth and productivity, which translates into a cumulative impact on their mental health and job satisfaction (Algner & Lorenz, 2022).

The main problem with gender microaggressions is that they are difficult to detect, since they are normalized behaviors within society, and neither the person who suffers them nor the person who perpetrates them is fully aware of them (Dueñas & Moreno, 2017). The benefits of incorporating the assessment of microaggressions go beyond improving individual well-being. Studies such as that by Basford et al. (2014) on gender microaggressions in female employees of US organizations, using a cross-sectional design with samples of female workers from different sectors, showed that microinvalidations affect work commitment and psychological well-being. The study underscores the importance of addressing these behaviors in achieving gender equality and increasing the representation of women in fields where they have historically been underrepresented. Such measures not only reinforce inclusion but also contribute to team cohesion and effectiveness.

Integrating the assessment of gender microaggressions requires a systemic approach in which organizations take proactive measures to identify, assess, and mitigate these behaviors. Implementing assessment tools and training in psychosocial risk management enables companies to create a culture of respect and equality (Lewis & Neville, 2015). Therefore, assessing these behaviors and taking preventive measures not only fosters an environment of respect and equity, but also responds to the corporate obligation to ensure the overall health of its workforce, as established by the Occupational Risk Prevention Law in Spain (NTP [Technical Prevention Note] 450, NTP 926) (Figure 1).

Proposal for a Methodology for Evaluating Gender Microaggressions as a Psychosocial Risk for Women

We must spread the idea that gender microaggressions constitute an additional psychosocial risk factor, as they influence the onset of illnesses such as burnout and stress, which contribute to the development of mental health problems (Saldaña et al., 2020), due to their negative and sustained impact on the emotional and psychological well-being of those who suffer from them. Gender microaggressions manifest as a form of symbolic violence that affects self-esteem and causes emotional and psychological distress. These cumulative effects can result in chronic stress and emotional exhaustion. This not only negatively affects productivity and the work environment but can also cause symptoms of anxiety (NTP 926).

To determine the phases of a psychosocial risk assessment applied to microaggressions, we refer to Technical Criterion 104/2021 developed by the Directorate of the Labor and Social Security Inspectorate on labor and social security inspection actions in psychosocial risks and to "Technical Prevention Note (NTP) 450: Psychosocial factors: phases for their assessment," which meticulously outlines the steps to be followed and the minimum requirements established.

Likewise, a methodological proposal has been followed that is coherently structured with the phases established for the development and implementation of Equality Plans (Organic Law 3/2007; Royal Decree-Law 6/2019; Royal Decree 901/2020), so that the assessment of gender microaggressions is integrated into the current regulatory framework and can be incorporated into the diagnoses and equality measures of organizations, which consist of Initial Diagnosis, Prioritization of Areas for Improvement, Design of Measures, Implementation and Awareness-Raising, Monitoring, and Evaluation:

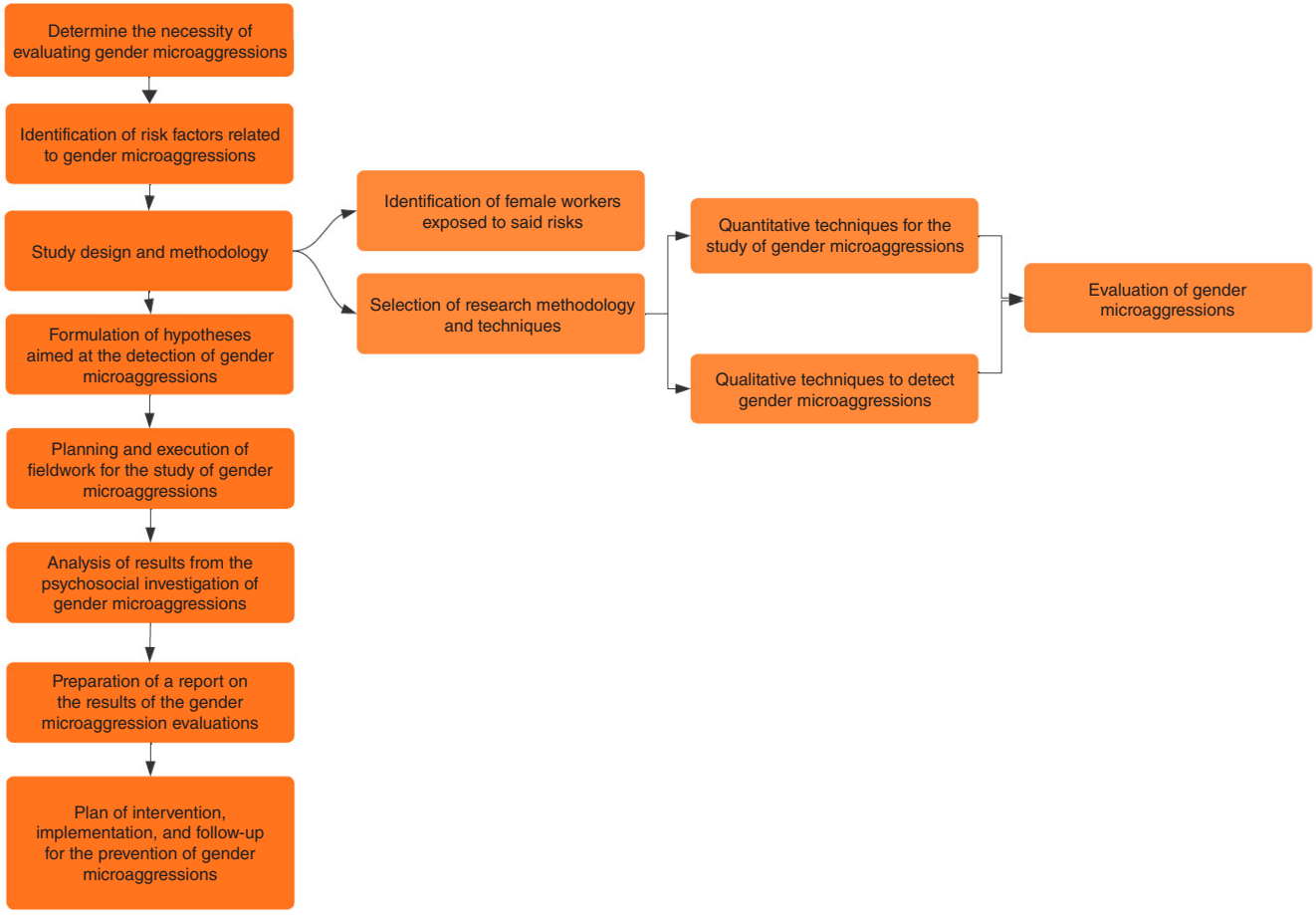
Determining the Need for Assessment of Gender Microaggressions

On this point, the law is ambiguous and does not establish an exact date for carrying out this type of assessment, nor do the "Technical Prevention Notes", Technical Criterion 104/2021, or the law itself set a specific frequency. Instead, Article 16 of the Occupational Risk Prevention Law establishes that a risk assessment in the workplace may be necessary under the following circumstances:

- When a series of "anomalies" or malfunctions are found that suggest the existence of problems of a psychosocial nature. For example, an accumulation of complaints, high absenteeism, low productivity, etc.
- To check the suitability of existing preventive measures, verifying, for example, the effectiveness of actions taken after a risk assessment.
- As a result of a previous overall assessment, in order to more specifically evaluate certain activities, workgroups, or concrete risks.
- When an innovation is introduced in the workplace, such as a new production process, new material or human resources, or changes in the organization of work, which may significantly alter the current situation.

Since studies such as those by Lewis and Neville (2015), conducted with samples of black women in the United States (Study 1: N = 259; Study 2: N = 210), show that gender microaggressions have a significant influence on relational cohesion, group functioning, and psychological well-being, the need for assessment

Figure 1
Flowchart for a Psychosocial Assessment That Includes Gender Microaggressions



Source: Technical Prevention Note (NTP) No. 450 (1995)

tools that explicitly analyze these dynamics in work environments is reinforced.

Identification of Risk Factors Related to Gender Microaggressions

Identifying gender microaggressions as psychosocial risk factors requires an approach that highlights normalized practices of low-intensity discrimination within the organizational culture. These behaviors can manifest themselves in subtle, everyday ways, making it necessary to analyze organizational variables from a gender perspective.

Among the most relevant elements to consider are:

- Gender distribution in positions of responsibility, hierarchies, and decision-making (ONU Mujeres [UN Women], 2017; Dueñas & Moreno, 2017).
- Accounts or perceptions of exclusion, infantilization, or invisibility of women in professional interaction spaces (Saldaña et al., 2020).
- Differences in access to training, promotion, and strategic participation based on gender (UGT, 2018).
- Presence of sexist comments or normalized differential treatment, often not perceived as discriminatory by those who engage in it (Bonino, 2004; Basford et al., 2014).
- Voluntary turnover of female staff or requests for a change of department due to psychological distress, which may be indicative of hostile environments (Szymanski & Mikorski, 2017).

These indicators allow for the detection of relational and structural patterns that create inequality and affect psychosocial health, particularly that of female workers.

Study Design and Methodology

Identification of Female Workers Exposed to Gender Microaggressions

Once the relevant risk factors have been identified, the methodological design of the study should focus on those groups or organizational areas where gender microaggression is most likely to occur. To this end, prioritization criteria based on three dimensions are proposed: (a) differential exposure to risk, understood as the

persistence of structural gender inequalities in certain spaces; (b) the existence of previous indications of distress or complaints related to the treatment received; and (c) the configuration of organizational structures that favor asymmetrical hierarchical relationships, as indicated in Technical Prevention Note 926 and Technical Criterion 104/2021.

Under these guidelines, it is suggested that the assessment focus on the following specific contexts:

1. Teams with low female representation;
2. Departments where informal complaints related to situations of unequal treatment have been recorded;
3. Organizational units characterized by rigid hierarchical structures or predominantly male leadership.

The application of these criteria allows for the identification of priority areas for analysis, facilitating a more accurate and contextualized assessment of gender microaggression. In addition, it contributes to incorporating a perspective that is sensitive to the dynamics of power and inequality that sustain and reproduce these microaggressions in the workplace.

Choice of Research Methodology and Techniques: Tools and Techniques for the Evaluation of Gender Microaggression

The assessment of gender microaggression as a specific form of psychosocial risk requires a methodological approach that allows for the identification of practices of symbolic domination and gender discrimination which, although subtle, have a significant impact on well-being at work. To this end, it is necessary to combine information-gathering strategies that integrate both the objectivity of structured measurement and the depth of qualitative analysis.

Quantitative Techniques for the Study of Gender Microaggression

From a broader methodological perspective, NTP 702 of the National Institute for Occupational Safety and Health highlights the relevance of quantitative approaches for identifying psychosocial risk indicators, through validated instruments that allow comparisons between organizational contexts. However, in the specific case of gender microaggressions, there is a limited availability of tools designed for their assessment in work environments.

In this regard, one of the tools best suited to this need to assess gender microaggression is the MIMI-16 (Microinvalidation and Microinsult Scale-16), developed by Algner and Lorenz (2022), which aims to identify the presence of microinsults and microinvalidations towards women in the organizational context. The explicit purpose of this scale is to assess microaggressions directed at women in the workplace, understood as contemporary forms of symbolic violence and indirect discrimination. Unlike other tools that address sexism from a general perspective, the MIMI-16 was constructed based on the real experiences of working women, through two independent psychometric studies with samples of 497 and 606 participants, respectively (total N = 1,103).

The MIMI-16 has demonstrated excellent psychometric properties, including high internal reliability, factorial validity, and convergent validity, positioning it as a robust tool for measuring the prevalence of these subtle forms of gender-based violence in the organizational setting. It is an instrument specifically designed based on the experiences of working women, aimed at measuring gender-based microinsults and microinvalidations in the workplace. Its application provides a solid diagnostic basis for analyzing the relationship between gender microaggressions and psychosocial variables such as occupational stress, demotivation, deterioration of the organizational climate, and staff turnover.

Consequently, although the MIMI-16 is not a legal instrument aimed at detecting sexual harassment or harassment on grounds of sex, it is a valuable quantitative tool for identifying forms of low-intensity symbolic violence. Its integration into equality diagnoses and psychosocial risk assessments allows for a more comprehensive understanding of gender inequalities in the workplace.

Qualitative Techniques for Detecting Gender Microaggressions

The qualitative dimension is key to exploring personal experiences of gender microaggressions in the workplace. Tools such as semi-structured interviews and focus groups provide access to subjective accounts that reveal normalized experiences of exclusion, devaluation, or minimization. These spaces for dialogue facilitate critical reflection and the visibility of behaviors that, due to their repeated and hidden nature, go unnoticed even by those who suffer them.

As pointed out by Bonino (2004) and Saldaña et al. (2020), not only do these spaces for dialogue encourage critical reflection, but they also act as essential diagnostic mechanisms by enabling the detection of systematic behavior patterns that create psychological distress (anxiety, insecurity, emotional exhaustion), even if not always recognized by those who suffer from them.

The combination of the two strategies-standardized questionnaires and experiential accounts-enables robust methodological triangulation (Denzin, 1978) that enhances the study's ability to comprehensively detect gender microaggressions, which not only improves the accuracy of the organizational diagnosis but also strengthens the foundation for implementing effective interventions aimed at cultural change.

Formulation of Hypotheses Aimed at Detecting Gender Microaggressions

Before beginning the data collection and planning stage, it is crucial to consider the phase of formulating meaningful assumptions in scientific research, as highlighted by Selltiz et al. (1980) and Sierra (1998). Hypotheses are statements that are subjected to empirical testing and represent potential solutions to the identified problem, as they are based on interrelated concepts.

For example, there might be a need to investigate in a specific company whether there is a relationship between "supervisory problems" and "microinvalidations," understood as covert expressions of gender microaggression that disqualify or minimize the experience and competence of women.

Planning and Conducting Fieldwork for the Study of Gender Microaggressions

The main objective of the fieldwork in this study is to identify and understand the manifestations of gender microaggression in

organizational contexts, through a carefully planned and ethical methodological strategy. To this end, it is essential to communicate in advance to the participants the specific objectives focused on the detection of gender microaggression practices, the methodology used (including qualitative and quantitative techniques), and the estimated duration of the evaluation process. This transparency not only allows for informed consent to be obtained, but also encourages thoughtful and committed participation in gender issues.

The suitability of the environment is also crucial. Both the interviews and the questionnaires should be conducted in spaces that guarantee privacy and respect, avoiding interruptions and creating an atmosphere of emotional security that allows personal experiences to be shared without fear of reprisal. This point is especially important when it comes to identifying gender microaggression behaviors that are often not recognized as such in the workplace.

It is also essential that the process be led by facilitators with training in gender perspective and intercultural sensitivity, especially during in-depth interviews and focus groups. Their role is not only technical but also ethical, as they must be able to recognize power dynamics, build trust, and carefully address accounts that could involve experiences of distress, invisibility, or symbolic violence (ONU Mujeres [UN Women], 2015).

Together, these measures reinforce the validity of the study and ensure that the fieldwork contributes directly to the visibility, understanding, and future intervention of gender microaggressions in the workplace, complying with a respectful, ethically responsible, and methodologically sound approach (Flick, 2018).

Analysis of the Results of the Psychosocial Research on Gender Microaggressions

Once the data have been obtained, the analysis focuses on identifying the causes of the problem, i.e., the causes of possible poor psychosocial conditions at work.

This study adopts the theoretical framework of racial microaggressions proposed by Sue (2010), who identifies three main forms: microassaults, microinsults, and microinvalidations. Although this classification initially emerged in the analysis of racialized dynamics, in 2010 it was extended to other forms of discrimination, including those based on gender. In particular, Chapter 8 of the volume "Sexism and Gender Microaggressions" shows how these subtle forms of interaction contribute to reproducing structural inequalities between women and men, both socially and in the workplace.

- Microaggressions: These are discriminatory behaviors that are carried out consciously and explicitly (either verbally or non-verbally), designed to harm the person receiving them and are comparable to conventional sexism.
- Microinsults: These refer to communications or actions that convey stereotypes without being aware of it and that may be rude and insensitive to a person's gender identity.
- Microinvalidations: These refer to communications that deny or exclude the thoughts, feelings, or experiential reality of a stigmatized person; this category includes gender blindness and denial of individual discrimination.

Incorporating this framework allows us to understand gender microaggressions in the workplace as a specific form of gender microviolence, in line with the notion of symbolic violence proposed by Bourdieu (2000) and the subtle forms of domination described by Bonino (2004). This conceptual articulation is particularly relevant when analyzing everyday interactions at work, where these practices not only reinforce structural inequalities but also negatively impact women's psychological well-being and professional development.

Assessing the psychosocial risk derived from gender microaggressions in the workplace requires a methodological approach that is sensitive to their subtle and normalized nature. Unlike other more explicit forms of violence, gender microaggression operates systematically through comments, gestures, or attitudes that reinforce gender hierarchies and progressively undermine the emotional well-being of female workers (Bonino, 2004; Dueñas & Moreno, 2017).

In terms of assessment, it is essential to evaluate not only the frequency but also the emotional intensity with which these behaviors are perceived and their long-term effect.

Several studies have shown that continued exposure to this type of symbolic violence is related to increased emotional exhaustion, loss of sense of belonging, and greater perception of organizational injustice. Thus, Ferrer et al. (2008), in a study conducted in Spain with a representative sample of the adult population (N = 1,351), showed that a significant proportion of the population normalizes certain types of microviolence that have a direct impact on psychological well-being. Additionally, Algner and Lorenz (2022) developed the MIMI-16 from two independent samples of working women in Germany (N = 497 and N = 606), showing that *microinsults* and *microinvalidations* are associated with emotional deterioration and lower work integration. In this regard, it is advisable to incorporate qualitative and quantitative indicators into psychosocial diagnoses, especially those that align with validated measurement scales such as the MIMI-16.

Preparation of the Report on the Results of Gender Microaggression Assessments

The final report must be drafted with technical rigor and ethical sensitivity, bearing in mind that gender microaggressions are a subtle form of symbolic violence, the identification of which may generate resistance or denial within the organization. Therefore, the presentation of the results must balance analytical clarity with careful communication that encourages collective reflection rather than individual blame.

The report should be structured in an accessible manner, including:

- A description of the methodology used (quantitative, qualitative, or mixed).
- A summary of the relevant findings, especially those related to normalized behaviors that reinforce gender inequality.
- The identified impact on the psychosocial health of female workers.
- Specific recommendations aimed at prevention, intervention, and training in this area.

It is advisable to present depersonalized and aggregated examples to illustrate common patterns of gender microaggressions detected, in order to facilitate their recognition by the organization without exposing specific individuals.

The report must be submitted to staff representatives and disseminated in accordance with the principle of information and consultation set out in Article 18 of Law 31/1995 on Occupational Risk Prevention, thus complying with the legal obligation to share the results of psychosocial assessments.

This process not only raises awareness of an issue that is often ignored, but also constitutes the first step towards building more equitable, safe, and respectful work environments.

Intervention, Implementation, and Monitoring Plan for the Prevention of Gender Microaggressions

Once gender microaggressions have been identified in the workplace, it is essential to design and implement an intervention plan that promotes sustained change at both the individual and organizational levels. This plan must go beyond a reactive approach to isolated cases and focus on transforming the structural conditions that allow these forms of symbolic violence to persist.

Awareness-raising is central to this process. As Bonino (2004) argues, it is necessary for both female and male workers to become aware of how gender microaggressions operate covertly in workplace relationships. Training and critical questioning of traditional gender roles make it possible to identify and denaturalize everyday practices that reproduce inequality. These actions must be complemented by clear institutional policies that establish rules of coexistence based on equity and respect, in line with Article 48 of Organic Law 3/2007 for effective equality between women and men.

Organizations such as the International Labor Organization (OIT [ILO], 2019) agree that equitable participation in decision-making processes strengthens institutional commitment to social justice. To this end, it is necessary to periodically review the internal rules of organizations, identifying possible biases in the selection, promotion, and assignment of responsibilities processes, as warned by UN Women (ONU Mujeres, 2017).

Furthermore, organizational communication plays a key role in consolidating an inclusive culture. The systematic use of non-sexist language, as recommended by the European Institute for Gender Equality (2021), helps to make all people visible, avoiding stereotypes and promoting equality in everyday interactions. It is also important to have confidential and effective reporting channels in place to ensure that those affected (mostly women) can report gender microaggressive behaviors without fear of reprisals.

The sustainability of the plan requires a rigorous monitoring system, supported by validated indicators. The INSST's Technical Prevention Notes (NTP 443, NTP 702, and NTP 450) recommend evaluating the effectiveness of interventions using variables such as a decrease in complaints about microaggressions, an improvement in the psychosocial well-being of female workers, a reduction in absenteeism, and greater job satisfaction.

A work environment that recognizes, evaluates, and acts against gender microaggressions not only protects the psychosocial health of its staff, but also improves internal cohesion, reinforces commitment, and projects an institutional image aligned with the values of equity and human rights (Mor, 2016).

Critical Discussion

Gender microaggressions, despite their subtlety and social normalization, constitute a psychosocial risk with a high impact on the mental and emotional health of female workers. This evidence reinforces the findings of Cifre et al. (2021) and Saldaña et al. (2020), who argue that these forms of symbolic violence affect self-esteem, generate anxiety, and contribute to emotional exhaustion and professional demotivation (Dardenne et al., 2007). The incorporation of a gender perspective in the assessment of psychosocial risks makes it possible to highlight these differentiated impacts, which until now have been invisible due to traditional prevention strategies with an androcentric bias (UGT, 2018; Cifre et al., 2021).

As we have seen, there is an obvious difficulty in recognizing gender microaggressions, both on the part of those who experience them and those who perpetrate them. This coincides with the findings of Bonino (2004) and Basford et al. (2014), who warn that the normalization of these behaviors hinders reporting and institutional response, causing a chronic source of psychological distress to become invisible. From a psychosocial perspective, this invisibility reinforces the phenomenon of organizational silence, where female workers are forced to repress their distress for fear of reprisals or due to the absence of reliable institutional channels (Kim & Meister, 2023). Creating work environments where everyone feels safe and valued not only mitigates this silence, but also strengthens cohesion and talent retention.

In methodological terms, the triangulation of qualitative and quantitative techniques has proven to be key to detecting systematic and relational patterns of gender microaggression. As proposed by Denzin (1978), combining standardized questionnaires with in-depth interviews not only improves data reliability but also allows for contextualizing experiences from the subjective viewpoint of those affected. In this study, the use of the MIMI-16 is proposed to quantify microinsults and microinvalidations at different levels of the organization, while qualitative interviews provide a more accurate understanding of how these practices affect daily well-being. This methodology also contributes to overcoming the invisibility of subtle forms of symbolic violence.

On the other hand, while the data support the existence and impact of gender microaggression, significant challenges remain in its normative and systematic evaluation. The Technical Prevention Notes and Technical Criterion 104/2021 do not yet explicitly address this type of behavior, leaving a regulatory gap that limits preventive action in organizations. The lack of a methodology established by law for this type of assessment reinforces the need for scientifically supported proposals that recommend conducting these diagnoses at least every three years, as suggested by this study.

Conclusions

The integration of a gender perspective into psychosocial risk assessment makes it possible to highlight gender microaggressions as sources of chronic distress that specifically affect female workers. This perspective is essential to overcome the limitations of current regulatory frameworks and promote fairer and more effective intervention strategies.

Only through real institutional commitment-combining public policies, ongoing training, and internal prevention mechanisms-will it be possible to move toward healthy, equal, and sustainable work environments in the long term.

Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationship that could be construed as a potential conflict of interest.

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Debate

Human Intelligence and Artificial Intelligence: The Dependence on Emotional and Bodily Processes in the Construction of Consciousness and its Limits in Technological Replication

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ABSTRACT

This article examines the role of bodily and emotional processes in shaping consciousness and rational thought, drawing on Antonio Damasio's work and its subsequent developments. Rejecting the traditional mind-body split, it is argued that human rationality is grounded in the biological processes that sustain it, which raises significant limitations for the feasibility of replicating the human mind through artificial intelligence (AI). Clinical implications of these findings are discussed, particularly within the context of rapid technological growth and the increasing presence of intelligent systems in healthcare. Lastly, the article assesses the potential and limitations of embodied AI, proposing that the most fruitful path for mental health professionals lies not in substitution, but in critical collaboration between human minds and technical systems.

Inteligencia Humana e Inteligencia Artificial: la Dependencia de los Procesos Emocionales y Corporales en la Construcción de la Conciencia y sus Límites en la Replicación Tecnológica

Palabras clave
Marcador somático
Cognición corporizada
Conciencia
Inteligencia artificial
Psicología clínica

RESUMEN

Este artículo explora el papel que desempeñan los procesos corporales y emocionales en la construcción de la conciencia y el pensamiento racional, a partir de la obra de Antonio Damasio y sus desarrollos posteriores. Frente al dualismo cartesiano, se argumenta que la racionalidad humana está enraizada en los procesos biológicos que la sustentan, lo que plantea serios límites a la posibilidad de replicar la mente humana mediante inteligencia artificial (IA). Se reflexiona además sobre las implicaciones de estos hallazgos en el ejercicio de la psicología, en un momento de expansión tecnológica acelerada y de presencia creciente de sistemas inteligentes en contextos sanitarios. Por último, se revisan las posibilidades y límites de la denominada inteligencia artificial corporizada (*embodied AI*), sugiriendo que el horizonte más fecundo para los profesionales de la salud mental no es la sustitución, sino la colaboración crítica entre mente humana y sistemas técnicos.

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Human Intelligence, Artificial Intelligence

El error de Descartes [Descartes' Error] (Damasio, 1994) is a foundational work in neuroscience and philosophy of mind, which rethinks the relationship between emotion, body, and reason. Its central thesis is that Cartesian dualism—the idea that the mind and body are separate entities—is mistaken: rationality cannot be understood without the emotional and bodily processes that support it. This thesis is articulated around the following three main ideas:

1. **Emotional processes and rational thought:** Emotions are not an obstacle to rationality, but rather a prerequisite for it. Patients with damage to the ventromedial prefrontal cortex retain their cognitive abilities intact in formal tasks (language, memory, logic), but lose the ability to make effective decisions in everyday life. Damasio illustrates this phenomenon with the clinical case of Elliot, a patient who had a tumor removed from this region. After the operation, he began to show a disconcerting emotional indifference and was unable to prioritize tasks or anticipate the practical consequences of his behavior. This and other clinical studies show that anticipatory emotional responses, measured through physiological indicators such as electrodermal activity or heart rate variation, predict successful decisions even in the absence of conscious reasoning.
2. **The somatic marker hypothesis:** The body contributes to rational thinking through physiological signals (visceral, hormonal, and muscular) associated with past experiences. These signals act as emotional shortcuts that guide complex decision-making, without the need for exhaustive logical analysis. Functional neuroimaging studies have shown differential activation in structures such as the insula, orbitofrontal cortex, and the amygdala in decision-making tasks under uncertainty. The clinical validity of this hypothesis is also relevant: anxiety disorders, avoidance, or behavioral inhibition can be understood as disturbances in the reading or encoding of these markers.
3. **The mind-body interconnection:** Damasio proposes a model in which mental states are inseparable from bodily states. The mind is formed *with* and *through* the body. This view anticipates what is now known as embodied cognition, also present in theories such as the "minimal embodied self" (Metzinger, 2010), "enactivism" (Varela et al., 1991), or the notion of interoception developed by Craig (2002). Within this framework, consciousness is not a cerebral epiphenomenon, but rather the felt orientation of an organism acting within a dynamic environment.

Several mechanisms are involved in the somatic marker hypothesis, generally involving fronto-limbic regions and brainstem structures. All of them participate in body representation, emotional evaluation, and the maintenance of the integrated sense that *we have* and *are* a body. Homeostasis, understood as biological self-regulation, appears as a precondition for thought, rather than its consequence. In *El extraño orden de las cosas* [*The Strange Order of Things]* (Damasio, 2017), the author expanded this view by considering homeostasis as the organizing principle of life and culture, positioning feeling as a key adaptive form in evolution. Consciousness emerges from gradual biological processes, but these processes do not only include brain and somatosensory activity, but all visceral activity that sustains and maintains homeostasis. These developments have had an impact not only on neuroscience but also on clinical practice. The understanding of symptoms as embodied experiences, the role of the body in emotional disorders, and the need for psychotherapy that includes the visceral and affective dimension of the patient are lines of work that derive directly from these theories. Decision-making, emotional regulation, and clinical judgment cannot be separated from their corporal foundations.

With the rise of artificial intelligence (AI), the debate about the nature of the mind has been reignited. If we say that AI lacks a body subjected to biological processes and embodied emotions, could it come to replace the human mind in the future? The question is not merely technical. Within the framework of *weak AI*, we already have systems that outperform humans in specific tasks. Assistants such as ChatGPT, NotebookLM, Tandem Health, and other predictive models can surpass human capabilities in specific domains such as diagnostic imaging, syntactic analysis, or statistical prediction. But what happens with consciousness, moral judgment, or creativity? For classical authors such as Damasio and LeDoux (1999), these properties are irreplaceable unless the somatic and emotional substrates that enable a meaningful and self-aware mind are also replicated. In other words, if homeostatic processes are a necessary condition for thought, consciousness, and full rationality, then AI will not replicate our humanity.

The theory of *strong AI*, on the other hand, proposes the development of systems that not only process data, but are conscious, sentient, and autonomous. Some researchers propose the construction of *Embodied AI*, that is, robots with bodies that interact with the physical world, integrating sensory and motor signals (Brooks, 2003; Clark, 2016). In theory, this could bring them closer to a form of intelligence more similar to that of humans. Examples such as *Optimus* (Tesla's humanoid robot), *soft robots* (AI combined with neural networks to generate movement), and recent computational models of autonomous sensorimotor learning show progress toward an artificial intelligence capable of perceiving, moving, and adapting to the environment (Yifan et al., 2025). But even with a physical body, a real biological pressure system is still lacking. AI will be powerful and strong in speed, integration, and the generation of trillions of data points, but it will remain morally weak if it cannot develop a real preference between existing or not, or between one outcome and another. It will be able to "simulate" that it prefers something, but it will not be able to "make" the decision with genuine preference, since to do so it would have to experience its own fragility. Without something to protect—the pursuit of pleasure, the avoidance of pain and loss—there can be no interest in continuing to exist.

This difference is key to the practice of psychology and implies updating the way human suffering is assessed and approached. Patients who seek consultation because their thoughts are imbued with painful memories or emotions, or because they fear facing something that overwhelms them, are experiencing a distress that is the result of their ontological condition and that AI cannot experience. Without that experience, there is no suffering or moral system to guide life-defining decisions, which applies equally to the therapist. If ethics, as Nussbaum (2001) points out, emerges from the possibility of being hurt, then it is not enough to restructure cognitions; we must recover the felt experience, the one that is

embodied in each therapist-patient encounter. It is in this way that psychologists can—and must—participate in the debate on AI from their clinical specificity: what it means to be alive, what it means to change, what it means to decide from a position of vulnerability.

Instead of asking ourselves whether AI will become like us, perhaps we should consider how we want to relate to it. Augmented intelligence, which involves collaboration between human minds and artificial systems, offers a more realistic and useful horizon. In clinical contexts, this could translate into tools that help record and evaluate symptoms or detect behavioral patterns, but without replacing judgment, empathy, and human contact. Because what makes us unique lies not in the data, but in the way these data affect us. In this sense, psychology should not fear AI, but rather contribute to defining the limits of its application based on a deeper understanding of what it means to be human.

Conflict of Interest

The author declares that there are no conflicts of interest in relation to the content discussed in this article.

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Book Review

Tratando… violencia de género desde las terapias contextuales [Addressing… gender-based violence through contextual therapies]

Rosario Vaca-Ferrer, Rafael Ferro-García & Luis Valero-Aguayo

Pirámide (2024)

The book begins by briefly describing the stories of four women who participated in the group intervention program described. This opening provides a human face, emotional depth, and context to the circumstances faced by women who experience gender-based violence in their intimate relationships. These four stories gradually reveal common characteristics such as isolation linked to shame, a lack of economic, educational, and social resources, and the complicity of those around them who are aware of what is happening in the private sphere. What stands out are the problems of anxiety, deep depression, medication, dissociative and even depersonalization symptoms, lack of self-confidence, and a long list of other difficulties in leading a dignified life. What stands out is that they are neither able nor fully fit to behave as wives or mothers.

After introducing the four women and their stories of abuse, Chapter 2 presents an introduction that outlines the regulatory evolution in the consideration of gender-based violence (GBV) as a distinct form of violence, and then describes the various manifestations of such violence. As befits a rigorous approach, the consequences of gender-based violence on the victims are briefly addressed, as well as some conceptual models that seek to explain the phenomenon at hand. It examines everything from strictly psychological postulates—which point to biographical variables (childhood abuse, personality disorders, paternal models of violence, impulse control problems, etc.)—to political-cultural theories such as the "power and control wheel" model, which intensifies during periods when there is a risk of losing control over the woman. All of this is consistent with a broader sociocultural and feminist perspective in which cultural norms establish gender roles and social structures that foster stereotypes and legitimize the use of violence.

Chapter Two also reviews psychological interventions for women who are victims of GBV, developed mainly through cognitive behavioral therapy, with generally positive results at both the individual and group levels, sometimes adapting interventions designed for post-traumatic stress disorder along with cognitive restructuring. There are also studies on the application of dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT), as well as the combination of elements from different contextual therapies (ACT, functional analytic psychotherapy [FAP], and/or behavioral activation [BA] or mindfulness).

Chapter 3 delves into the rationale and description of the various contextual therapies. This chapter deserves special attention for those who are not very familiar with this approach to conceptualizing and conducting psychological therapy. Its transdiagnostic approach is justified by highlighting experiential avoidance, hyperreflexivity, disturbances of the self, and fear of intimacy as relevant dimensions in psychological problems in general and in the problems experienced by victims of GBV in particular, which can manifest as a wide range of symptoms. From there, the therapeutic principles and characteristics of FAP, ACT, DBT, and BA are described with extraordinary clarity, highlighting their distinct emphases and their utility in addressing the problems of victims of violence.

Chapter 4 outlines the program implemented—the ultimate focus of this book—as a treatment guide that incorporates elements from the various contextual therapies mentioned. The program is described in meticulous detail, allowing for its replication and adaptation to diverse contexts. We find relevant information on participation criteria, the number of women per group, session frequency, evaluation, and the phases of the intervention. All of this precedes the detailed description of each session, which incorporates ACT components such as metaphors and values, the identification of clinically relevant behaviors and in-session shaping from FAP, DBT validation, and strategies for managing depression from BA. In the first phase, the goal is for women to identify the socio-verbal context in which they live, filled with beliefs and behavioral norms that shape the context in which intimate relationships are formed and that allows for violence. In phase two, the therapeutic work focuses on developing personal autonomy in different life areas. This process identifies the costs of the intimate relationship in which the women have lived, the harm caused by violence, and forms of protection, as threats and risks may still be present. Personal values are explored, along with ways to manage depression and detect the self-esteem trap as a condition for making decisions and moving forward. Anxiety—what it is and how it functions—is also addressed, ultimately shaping a new concept of love. In summary, the program charts a path toward autonomy and self-care, enabling the women participating to become aware of their experiences, break down the psychological barriers that prevent them from moving forward, and make decisions and take action toward a dignified life.

Chapter 5 presents the results of implementing the program with 13 groups of women in the province of Cádiz. The data are

presented both quantitatively and qualitatively, focusing on the changes and the evaluations by the women, some of whose stories were shared at the beginning of the book. Reference is also made to the dropout rate, and the life stories of women who stopped attending the sessions are included in order to identify some of the factors that keep them trapped in the cycle of abuse. Finally, Chapter 6 presents adaptations of the program for populations of young women or adolescents, with a special emphasis on violence in virtual environments. References are included to the adaptation of the program for women who are victims of sexual exploitation, both Spanish nationals and migrant women.

In short, GBV is a paradigmatic example of the contextual origins of psychological problems—socio-historical, political, and biographical. Furthermore, the scarcity of academic research on GBV and the psychological consequences of such violence (in all its forms) on the victims—women, mothers, sons, and daughters—is strikingly evident. For all these reasons, the book presented here is a rigorous, useful, and necessary work that will serve as a guide for contextual intervention in GBV.

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Book Review

Enfoques de Psicopatología. Análisis y comprensión del sufrimiento de la persona, 2 vols. [Approaches to Psychopathology: Analysis and Understanding of Human Suffering, 2 vols.]

Eduardo Fonseca-Pedrero & Susana Al-Halabí (Coords.)
Editorial Pirámide (2026)

If the *Encyclopédie* aspired to compile human knowledge under the impetus of Diderot, d'Alembert and the French encyclopedists, it was not out of a desire to accumulate, but rather out of the conviction that knowledge should be organized, discussed, and brought into relation. That Enlightenment undertaking did not aim to assemble entries in a neutral manner, but rather to offer an intellectual architecture capable of ordering a complex world under a new perspective. Something similar can be said of *Enfoques de Psicopatología I y II* [Approaches to Psychopathology I and II]: a sort of contemporary encyclopedia of psychological suffering in North Atlantic society. Its two volumes offer a broad overview that is academically rigorous, clinically operational, and epistemologically attuned to its own time.

Psychopathology has for decades been dominated by the biomedical model, accompanied by a proliferation of diagnostic classifications that—while useful on occasion—have tended to reify categories and fragment our understanding of the human experience. The manual's preface clearly situates this historical crossroads: centuries of organicism, a disciplinary "triple hijacking," and the need for a new framework capable of integrating perspectives without falling into reductionism. It is not a matter of denying the biological dimension of suffering—the organism as a condition of possibility—but of preventing it from monopolizing its intelligibility.

The first volume lays out the foundations underpinning this integrative ambition. The chapter "Psychopathology: Past, Present, and Future" raises relevant questions that traverse the field, such as the ubiquity of reductionist models and psychological reification, the incommensurability of each proposal, and the question of their possible integration. "Developmental Psychopathology" highlights the historical and evolutionary nature of psychological distress, with an emphasis on the new challenges in the digital age: the "epidemic" of child and adolescent mental health issues and the dialectic between empathy and narcissism in the construction of individualistic identities. A work of this scope necessarily includes chapters such as "Psychopathology and Psychological Processes" and "Psychopathology, Psychotherapy, and Case Formulation," where the functional mechanisms that cut across various clinical presentations are examined and the importance of functional analysis and case formulation in explaining and understanding the issues of human suffering is highlighted—in contrast to mere diagnostic labeling.

This is complemented by a section unparalleled in the Spanish-language literature and of unquestionable interest to professionals and students: "The Major Schools of Psychopathology," which presents, within their respective contexts and with room for reflection, the principal theoretical frameworks: biomedical, behavioral, cognitive, constructivist, systemic-family, humanistic-experiential, phenomenological-existential, psychodynamic, and contextual. This compendium—both indispensable and long overdue prior to this publication—offers a comparative and comprehensive overview that allows readers to appreciate how each tradition illuminates certain dimensions of the psychopathological phenomenon while obscuring others. Each approach presents its foundations, clinical implications, and limitations, as well as—innovatively—its dialogue with other traditions. The reader will find neither dogma nor diagnostic labels, but rather distinct cartographies that describe the psychological and psychopathological field with excellence and rigor, authored by highly prestigious academics and leading professionals.

The second volume expands this map into more recent conceptual territories and into areas bordering other disciplines. In "Philosophy, Culture, and Psychopathology: Converging on the Person and Their Circumstances," the cultural roots from which psychopathological phenomena are woven are brought to the table, seeking a common grammar that can explain the different ways of experiencing, expressing, and responding to suffering across different eras. Moreover, it aims its dialectical scythe at extravagant conceptions to clear away the "wild" psychopathologies that have grown in the substrate of mainstream psychology and self-help.

The chapter "Culture and the Narrative of the Self in Psychopathology and Psychotherapy" reminds us that human distress cannot be understood apart from the symbolic and historical frameworks that shape subjective experience. The individual constructs their experiences according to a coherent narrative, perhaps their only shield when cast into the world. Ultimately, it is essential to remember that it is the person who suffers due to their circumstances and not because of dysfunctions

in their parts. In "Psychopathology and the Visual Arts: Collapses of the Self in Modernism, Expressionism, Surrealism, and Realism," the dialogue with art history reveals the extent to which crises of the modern subject have also been expressed in visual language, revealing common material substrates that go beyond the individual.

As a complement to the major classical schools, the section "New Psychological Approaches to Psychopathology" introduces contemporary models that build upon those traditions to varying degrees—such as complex systems, HiTOP, RDoC, the transdiagnostic model, and the Power Threat Meaning Framework. It also includes "Toward a Unified Psychotherapy: Integration, Convergence, and Contemporary Challenges," aimed at articulating diverse clinical traditions without diluting their foundations. These proposals are not presented as definitive substitutes, but rather as new cartographies—or updates to the classical ones—that seek to address the limitations of traditional diagnostic systems. Finally, the delightful chapter "Strategy or Dysfunction, That Is the Question" returns to this fundamental debate and poses the decisive question: whether psychopathological phenomena should be understood as failures of psychological systems or as forms of adaptation to particular contexts.

Despite the depth and scope of the topics covered, the reader will find an accessible text in which expository clarity does not come at the expense of analytical depth—a hallmark of its brilliant editors. The manual's didactic structure—with sections on first-person perspectives, clinical application, summaries of key points, and cultural extensions—facilitates understanding and makes it a tool for critically thinking about psychopathology. Rather than merely following the diagnostic trends of the moment, the work offers conceptual frameworks that allow us to question them, situate them historically, and better understand the experience of psychological suffering.

An editorial undertaking of this magnitude is not the result of chance. It requires intellectual leadership capable of bringing together diverse voices, articulating perspectives, and maintaining conceptual coherence throughout a necessarily pluralistic project. In this regard, the coordination efforts of the extraordinary duo formed by Professors Al-Halabí and Fonseca-Pedrero deserve special mention. Their work goes beyond simply gathering contributions; it constructs a conceptual architecture that allows the various chapters to engage in dialogue with one another, enabling the collection as a whole to take the form of an indispensable, orderly, and critical map of the field of contemporary psychopathology.

Like the illustrated encyclopedia that served as the initial metaphor, *Enfoques de Psicopatología I y II* does not close the debate; it organizes it. It lays out the differences among models, highlights their internal tensions, and shows possible points of contact. Resisting the temptation to reduce psychopathology to a closed taxonomy, it proposes a pluralistic understanding that remains connected to empirical evidence without losing sight of the complexity of human experience.

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