

HERE IS WHERE WE MEET. HOW PCP CAN ENLIGHTEN THE RELATIONSHIP AND RECIPROCAL CONSTRUCTIONS BETWEEN GENERATIONS

Chiara Lui, Elena Sagliocco, Giulia Sandri

Institute of Constructivist Psychology, Padua, Italy

Abstract: In modern society, adolescents and young adults seem to be a generation struggling with the complexity and unpredictability of events. In clinical contexts, their narratives and behaviours often reveal a profound sense of disorientation or a lack of meaning.

This raises important questions: when adolescents observe adults, what do they see? And how do adults develop their understanding of young people? Drawing on the theoretical framework of Personal Construct Psychology (Kelly, 1955), this paper explores the reciprocal constructs that shape intergenerational relationships, highlighting both the limitations and the possibilities that arise in these encounters. In doing so, we aim to encourage self-reflexivity and sociality—particularly among adults, whose constructs often define the context in which younger generations attempt to make sense of the world.

Keywords: Adolescents, Young Adults, Intergenerational relationship, Personal Constructive Psychology, Perceiver Element Grid.

DOI: 10.69995/DXHJ6342

1. INTRODUCTION: IN FIRST PERSON

To acknowledge how our personal viewpoints and professional frameworks shape our perceptions and the insights we will share below, we would like to introduce ourselves briefly.

As constructivist psychotherapists, we aim to help individuals explore new possibilities in their lives. While age-based distinctions are of limited relevance in Personal Construct Psychology (PCP) (Kelly, 1955), our primary focus is on adolescents, young adults, and adults. Two of us, Elena and Chiara, practise psychotherapy privately, whereas Giulia is a Senior Psychologist and psychotherapist in the Childhood, Adolescence, Family and Counselling Service, within the local Health Service.

As teachers and supervisors at the Constructivist Psychotherapy School of the Institute of Constructivist Psychology - ICP (Padua, Italy), we collaborate with colleagues to reflect on shared experiences. Consequently, this article is the culmination of numerous discussions and exchanges of reflections.

Engaging with adolescents and young adults often raises profound questions. In our experience, it's common to feel a strong sense of responsibility when facing an adolescent, considering ourselves both as an adult and as someone – hopefully meaningful – they encounter along their journey. In their eyes, we observe the fragility of a still-developing balance, feeling ethically compelled to listen deeply and genuinely understand their lives and meanings.

Over the past 5 to 10 years, we've observed significant shifts in how young people experience the world, a topic we'll explore further. Making sense of change as it unfolds before our eyes is undoubtedly challenging, but essential, especially for psychologists and even more so for constructivists.

We believe, in fact, that PCP as a theoretical lens for navigating and making sense of complexity can be particularly valuable precisely because of its level of abstraction and its focus on processes: on how people anticipate events and construe meaning in their lives, in relation to themselves and others.

2. WHATEVER HAPPENED TO ADOLESCENTS?

This question isn't merely rhetorical; it reflects a genuine, ongoing reflection among professionals and researchers. It seems that fundamental shifts have occurred in how young people live, think, and relate to the world and to adults.

Undoubtedly, the COVID-19 pandemic played a significant role, possibly accelerating or amplifying existing trends. However, changes were already underway before the pandemic.

Recent studies support this observation. For instance, Madigan et al. (2023) and Racine et al. (2021) report substantial increases in depressive and anxiety symptoms among adolescents during the pandemic. The National Institute of Mental Health (2023) highlights accelerated brain ageing in post-lockdown youth, linked to chronic stress

and emotional difficulties. Similarly, within Italy, studies confirm these global patterns among Italian adolescents (Gaslini report, 2021; Osservatorio Nazionale Infanzia e Adolescenza, 2021–2022)¹.

Yet the pandemic is only part of the story. As Theberath et al. (2022) observe, the pandemic amplified existing vulnerabilities, such as social disconnection, uncertainty about the future, and academic pressures, that were already impacting mental health trends before 2020. For example, social withdrawal had been identified as early as the 2000s, with the emergence of the term *Hikikomori* (Saitō, 1998; Koyama et al., 2005; Jones, 2006), describing a phenomenon of clinical, cultural, and social significance.

Traditional psychological literature often portrayed adolescence as a relatively stable, biologically determined stage: a universally shared transition phase marked by psychological and social changes such as rebellion and questioning of adult authority. However, contemporary experiences of adolescence and young adulthood reveal far greater complexity and diversity. Notably, the concept of *young adulthood*² has become increasingly central to this evolving discourse, challenging rigid, age-based classifications and emphasising the extended, nonlinear nature of human development.

¹ Data from the Gaslini Hospital (2021) showed a fourfold increase in psychiatric admissions for acute disorders in children and adolescents. Reports from Telefono Azzurro and the Osservatorio Nazionale Adolescenza (2021–2022) also indicated significant rises in depression, anxiety, eating disorders, and self-harming behaviours during and after lockdown. Furthermore, UNICEF Italia (2022) has warned of a growing mental health crisis among Italian youth, exacerbated by limited access to psychological support services.

² "Given the lack of formal international consensus on what ages constitute young adulthood, and given the research that has been published that highlights significant health concerns for this postadolescent age group, the Society for Adolescent Health and Medicine will use the ages 18–25 years (until the 26th birthday) to denote the young adult age group. (...) From a psychosocial developmental perspective, young adults have challenges and milestones distinct from both adolescents and adults. They must transition from school to career work goals, from parental supervision to individual responsibility, from living with parents to starting families of their own, and from pediatric to adult health care systems. These opportunities and challenges are also influenced by the context of the larger world that is rapidly evolving. These young and emerging adults now live in highly connected global societies where milestones used to define when adulthood begins are either being challenged globally or are not as consistently applicable to young adults today as they once were believed to be". (Young Adult Health and Well-Being: A Position Statement of the Society for Adolescent Health and Medicine. *Journal of Adolescent Health*, Volume 60, Issue 6, pp. 758 – 759).

3. LOOKING FOR MEANING

Moreover, from a PCP standpoint, the idea of dividing human development into fixed stages loses its relevance. This perspective encourages us to see adolescence not as a predetermined phase, but as a continuous process of personal construction and growth, deeply connected to cultural and relational contexts, and to the meaning young people assign to their unique individual experiences. In PCP, individuals are seen as dynamic beings, constantly evolving and changing. As Bannister and Fransella (1971/1980) stated, "if we follow this line of thought, then it becomes less meaningful to divide people up into arbitrary 'stages of development' such as childhood, adolescence, adulthood and old age" (p. 82). Development, instead, is more about elaborating and reconstruing one's system of personal constructs to cope with a changing world, while this system is growing in terms of greater superordination, which ensures better organisation (Bannister & Fransella, 1980; Tramacere, 2016).

This shift in focus moves us from age-based categories or normative tasks to the meaning-making processes that young people engage in as they navigate uncertainty, change, and a rapidly evolving social and cultural landscape. It involves recognising that every behaviour is a personal experiment: even choices that seem incomprehensible from the outside carry intrinsic meaning, representing the most viable option within the individual's personal construct system³. Even the experience of meaninglessness is not an absence of meaning, but rather a profound, existential questioning of meaning itself.

3.1 In their own words

Every day in clinical practice, we meet adolescents and young adults, and most importantly, we listen to how they describe themselves and express their distress. The word 'distress' is commonly used - it's part of the everyday language of what's called Generation Z: *"There's just so much distress*

everywhere"; "He's a mess, I'm a mess"; "This is giving me anxiety!"...

Beyond the surface of youth slang, often shaped and amplified by social media, we find narratives rich with meaning. That seemingly simple yet profound label, 'distress', reveals multiple layers of depth.

«I wake up in the morning, and I just don't want to get out of bed... I wish I could pause life... It's too hard, I can't do it. I just can't» (Marco, 17 y. o.)⁴.

«I was in my astronomy class, and this thought suddenly hit me: if our planet is just a tiny speck in the universe, and I'm an even tinier speck on Earth... what's the point of my life? Why should I wake up in the morning? I'm going to die. We're all going to die! But I don't know if I'll die first or the people I love, and I don't know which is worse! And now that I've had this thought, I can't get it out of my head! I can't sleep at night, I can't think about anything else!» (Angela, 19 y. o.).

«I don't know what's wrong with me, I just know I feel bad... I can't do it, I just can't... School makes no sense, I don't understand anything, it's useless, I don't know what job I'll do, but it's definitely not going to be anything they're teaching me... I'm not going back, and so I have to work. My dad had a contract ready at his company the day after I told him I didn't want to go to school anymore... but I can't... I don't even know if I want to work, especially not with him... he's expected it forever, since I was a kid... but I can't do it now... My head is exploding, I just need to sleep, I'm so exhausted» (Paolo, 17 y. o.).

«I'm here because I don't understand what I did wrong... my girlfriend, the one I liked for two years and finally we were together, she left me, and I don't know why. I have to understand why, otherwise, what do I do next time I fall in love? I don't want to become one of those guys who hurt women... I need to understand... I can't

³ As the Choice Corollary reminds us, "a person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility for extension and definition of his system" (Kelly, 1955/1991, p. 45).

⁴ To ensure anonymity, this and the following are all fictitious names.

explain it, but my head is a mess» (*Giacomo, 16 y. o.*).

«I don't have friends, just one bestie, and my parents keep telling me to do what they did when they were my age: 'Go out, go to the square and make some friends! Go have fun, if you don't do it now, you never will! But I just can't! They don't understand that I don't want to leave my room... if I did, the first people I'd run into would be them, and they're my first problem! And then the rest of the world... and no, thanks!» (*Marta, 15 y. o.*).

Lancini (2023), from a non-PCP perspective, highlights what he calls a contemporary paradox, as young people are encouraged to 'be themselves', but only if this aligns with adult expectations: 'be yourself, but on my terms'⁵. This reveals a striking reversal of roles: adolescents are often compelled to adapt to the emotional needs of adults, effectively trying to preserve their sense of competence. Meanwhile, adults struggle to provide meaningful support, frequently confronted with their own limitations and a pervasive sense of inadequacy. However, we might ask ourselves: Is this really a paradox?

Let's consider where a PCP perspective might take us in exploring this question.

3.2 From a PCP perspective

We can probably agree that the time we're living in is marked by uncertainty and by the unpredictability of the future, both immediate and long-term. Each day, we are confronted by wars, crises, and global threats to socio-political stability worldwide. This is often described as the age of anxiety: an era in which anxiety becomes the defining symptom.

From a phenomenological standpoint, we might agree. Narratives we listen to every day seem to

confirm this perception: 'distress', 'anxiety', 'unwillingness', and 'uncertainty' are labels that we hear often. But the PCP lens may offer a deeper understanding, especially if we move beyond viewing anxiety simply as a symptom, and delve deeper into verbal labels to grasp the constructs as hermeneutical distinctions operated by each individual⁶.

In Kelly's (1955) terms, anxiety⁷ arises when we are unable to construe what is happening; when our sense of self as an anticipatory system breaks down and our constructs fail to predict experience, leaving the world feeling strange, unfamiliar and even unintelligible.

And this experience doesn't affect only adolescents or young adults; it affects all of us. It affects the very adults they turn to, parents, teachers, friends, therapists, asking "What should I do?" especially when they're overwhelmed, scared, or in pain.

So we might ask, also: how do we, as adults, deal with anxiety, fear⁸ or even threat⁹?

Again, in the words of those we meet in clinical practice, the parents of these same adolescents often appear just as lost as they are: worried, scared, unsure of how to relate to children they no longer recognise.

«I don't understand my son, doctor... I told him it's fine, he can choose what he wants to do, as long as he's okay. It doesn't matter if he doesn't get great grades... but still, he refuses to go to school... Tell me, what should we do? If he doesn't want to go... we don't know what to do anymore. He just does what he wants and won't talk to us, he won't say what's wrong... Our parents would've forced us to go, but now you can't! And besides, back in our day, we didn't think like that... even if we didn't like it, we still went to school...» (*S., Paolo's father*).

⁵ Lancini, M. (2023). *Sii te stesso a modo mio. Essere adolescenti nell'epoca della fragilità adulta*. Raffaello Cortina Editore.

⁶ A construct is an act of knowledge that happens while operating discriminations, distinctions between something similar and at the same time different from something else. (Kelly, 1955/1991, p. 35).

⁷ Kelly defines anxiety as "the recognition that the events with which one is confronted lie outside the range of convenience of one's construct system" (ibidem, p. 365).

⁸ "Fear is like threat, except that, in this case, it is a new incidental construct, rather than a comprehensive construct, that seems about to take over" (ibidem, p. 364).

⁹ Threat is defined as "the awareness of imminent comprehensive change in one's core structures" (ibidem, p. 361).

«I'm a present and caring mother, and with everything going on out there and all the dangers for girls and boys today, I need to know where she is when she's not at school or at home... But now she won't eat, she's obsessed with her body shape, she says she's disgusting, and we don't know how to help her» (M., *Angela's mother*).

«We do talk to our daughter, but she gets angry right away. She says we can't understand, that we should've thought about it earlier, that we messed everything up, and now it's too late... But, what did we do wrong?!» (S. and C., *Marta's parents*).

The level of abstraction of PCP, as a theory of *how* more than *what*, allows us to superordinate these narratives and their reciprocal interactions. Within this complexity, we can make sense of each perspective and the matrix of constructs they co-create, without reducing them through simplification, thereby avoiding confusion between complexity and mere complication. Procter's Perceiver Element Grid (Procter, 1996; 2000; 2002; 2005; 2007; 2014; Stojnov & Procter, 2012) can help illustrate how this complexity both emerges and becomes intelligible—simply by using it as a matrix of questions.

Fig. 1

Perceiver
➔

PEG	ME/MYSELF	'YOU'
I	How do I construe myself?	How do I construe you?
'YOU'	How do I feel construed by you? How do I think you construe me?	How do I think you construe yourself?

This generic matrix (Fig. 1) helps illuminate how a person, the perceiver, construes meaning in

relation to themselves and another significant individual (in this case, generically, 'YOU').

So, let's consider: what kinds of questions might emerge if we place different people in the role of the perceiver?

If the perceiver is the adolescent, and the 'you' represents the adult, or the significant adults in their life (parents, teachers, therapists), what might they ask themselves?

- *How do I see myself, right now, in this world?*
- *How do I think you see me? Do I feel understood by you, or misinterpreted?*
- *How do I see you? What do I think you expect of me?*
- *How do I believe you see yourself, for example: strong, fragile, disappointed, or scared?*

If the perceiver is the adult, and 'you' is the adolescent or young person they're engaging with, the questions are similar, but of course they assume different possible shades of meaning:

- *How do I construe myself in this relationship, for example: helpful, failing, anxious, supportive?*
- *How do I think you see me, for example: distant, too controlling, indifferent, or present?*
- *How do I see you? What do I think you expect of me?*
- *Do I understand how you see yourself? What do I assume you need from me? And what if I'm wrong?*

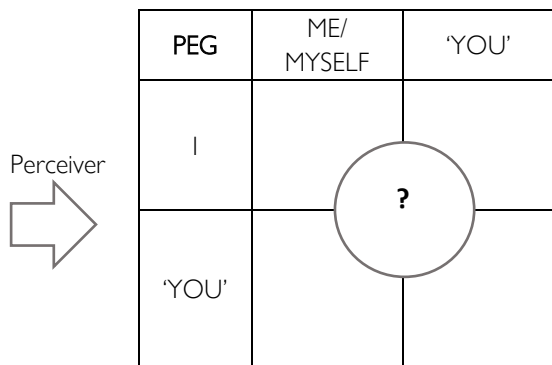
This way of exploring relationships offers a framework through which each person's meaning-making process can be reflected upon, validated, or, when appropriate, questioned.

Ultimately, it is only by engaging the diverse perspectives of all individuals involved in the relationship that we can elicit rich narrative answers to these questions.

Whether we use the PEG directly as a technique during a clinical session or employ it as a matrix for conversational explorations, it supports us in eliciting how each person construes themselves and the other within the relationship. It helps uncover their anticipations, often embodied at a

low level of awareness, understanding the cycles of experience they engage in.

Fig. 2



Furthermore, employing a variation (Fig. 2) of the Perceiver Element Grid (PEG) proposed by M. Giliberto (personal communication, March 10th, 2023), we can illuminate a kind of intersectional space: a dynamic field that emerges from the network of reciprocal construing. Within this context, we might ask ourselves:

- What kind of shared, reciprocal experiment becomes possible within this matrix of constructions?
- Which alternatives are rendered unviable, blocked by how we perceive ourselves and each other?
- Or, phrased differently: where do we meet, if we see ourselves and one another in that particular way?
- What possibilities exist within the boundaries shaped by the shared dimensions of meaning we construct and maintain together?
- And, most importantly, what directions of change might we begin to anticipate?

This approach doesn't seek to resolve complexity, but rather to navigate it, offering a lens through which both constraints and possibilities can be

seen not as opposites, but as co-existing aspects of our relational worlds.

As human beings, we grow within relationships, gradually coming to see ourselves through the eyes of others. To the extent that the gaze of the other provides the space for us to *construe* ourselves, rather than feeling reduced to the embodiment of their expectations, we are allowed to engage with that profound and enduring question: 'Who am I?'

This, in itself, can represent a deeply challenging inquiry, where anxiety, far from being merely a symptom, may be understood as a "faithful friend" (Giliberto & Frances, 2024, p. 5): a signal that we are encountering the unknown, invited to embrace the inherent risk of uncertainty.

This is the hallmark "of every human exploration, including the most difficult of all: the journey of self-discovery" (ibidem), and – we can add – of self-construing.

Dealing with anxiety, we may *aggressively*¹⁰ embrace uncertainty as an opening to exploration. Or, without casting this as a less legitimate alternative, we may look for security, perhaps feeling threatened by the very change we are being invited into.

The search for certainty may involve processes of *constriction*¹¹ or *loosening*¹².

Constriction, for example, may take the form of control-oriented choices, such as social withdrawal, restriction of daily activities (whether self-imposed or externally mandated), disordered eating patterns, or ritualistic behaviours commonly associated with compulsive-obsessive tendencies.

Loosening may range from mild demotivation, disengagement, giving up, marked by a loss of meaning in activities construed as pointless obligations or external impositions, and it may progress toward disorganised thought and behaviour.

¹⁰ Aggressiveness, in PCP terms, represents "the active elaboration of one's perceptual field" (Kelly, 1955/1991, p. 374).

¹¹ Constriction involves the narrowing of the construct system to minimise unpredictability and perceived threat. "When one minimizes the apparent incompatibility of one's construction systems by drawing in the outer boundaries of one's perceptual field, the relatively repetitive mental process that ensues is designated as 'constriction'". (ibidem, p. 352).

¹² Loosening the tightness of construct predictability (ibidem, p. 357) may also serve as a way to protect and maintain the illusion of certainty.

We can see signs of these processes in the narratives of today's adolescents and young adults.

At the same time, however, we must acknowledge that - albeit in different ways - adults, too, may undergo similar experiences.

Yet, what happens when these processes intersect within intergenerational relationships?

What unfolds at the meeting point between generations, between adolescents and their parents?

Drawing from narratives encountered in clinical practice, we may hypothesise that while young people often struggle with anxiety, they tend to expect adults to be more capable of facing anxiety and threats, not necessarily by eliminating disorientation, but by *superordinating* it: offering a framework within which such feelings can be held, navigated, and understood as meaningful.

In this sense, we might say that being an adult seems to entail acting as a superordinating system, capable of helping children develop as more superordinate systems themselves. It is perhaps worth noting that this should imply the superordination of both validations and invalidations within cycles of experience. Currently, however, it seems that, increasingly, the invalidations adolescents may encounter—such as a limit, a rule, a no, any experiential outcome that contradicts their anticipations and expectations—are confused, overlapped, and reduced to the idea of failure; a failure to be avoided almost entirely because it is construed as trauma.

This view, often embodied by parents, can lead to a great deal of attention paid to adolescents and young people at an apparent and superficial level, but - we may ask - is it enough to affirm that the relationship is played out in terms of sociality¹³? What are these parents fundamentally engaged in?

Indeed, we should consider the relational *structural coupling* (Maturana & Varela, 1984) between parents and adolescents or young adults, paying attention to what their interactional

system is open to change and what must be maintained stable to preserve its identity as a system. At the same time, the individual entities interacting in this structural coupling (parents, on the one hand, children on the other) are committed to preserving their own core roles. Therefore, adults and adolescents might be unable to understand the perspectives of the other involved in the relationship (Tramacere, 2016, p. 24).

In fact, we have to recognise that adults often appear deeply committed to listening to younger people. But do they truly listen, or do they merely hear them? Do adults listen in order to understand, *as part of the genuine effort of sociality*, how young people are construing their experiences?

Are they able to step back from their own perspective, adopt that of the younger generations, and honestly ask themselves: *what are young people experiencing, from their own point of view? What are they really trying to tell us?*

This process, of course, is far from easy, and it becomes nearly impossible when adults are primarily concerned with preserving and validating their own role construction (for example, as “good” parents, teachers, educators, or therapists, vs. “bad” ones). Indeed, a child's development may represent an arduous test, the outcome of which can determine a validating or invalidating judgment for the adults themselves (Tramacere, 2016, p. 23).

Let's say: if I, as a parent, construe myself as *good* (vs. *bad*) to the extent that I provide everything my children need to feel well, to be happy, and to stay safe, then what happens when my children tell me they feel disoriented or unwell?

The adults that young people encounter are often just as confused and disoriented as they are; often disoriented exactly - and understandably - by the distress of their children.

What we often hear from parents in clinical settings reveals how such disclosures from their children can be experienced as a direct threat to

¹³ We are referring to the “Sociality Corollary: to the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person” (ibidem, p. 66).

their core role, evoking guilt¹⁴, shame¹⁵, or confusion: *'What did I do wrong, doctor?', 'I don't know what to do anymore', 'I try to talk to them, but it's never enough...'*

Polarised positions such as *'Do what I say!'* vs. *'Do whatever you want...'* can exemplify attempts to manage difficulty either through control or through complete disengagement, trying to solve the dilemma between letting young people free to live their experiences and considering them *not adult enough* to do so, embodying - as parents - the responsibility of their own role. This aspect cannot be denied, of course, but *how* this responsibility is construed and experienced within the relationship can make a significant difference.

When difficulties arise, some parents may preemptively frame their children as *'having something wrong'*, especially when a diagnostic label is available, or may externalise blame onto contextual factors (e.g., technology, social media, school), rather than engage in reflexive inquiry about their own role within the relationship.

In this light, processes such as constriction, loosening, and/or the employment of preemptive and tight constructs may reflect an underlying struggle to preserve coherence in the parental identity, particularly the deeply valued role of being a "good parent" as described above, when faced with experiences that seem to threaten or invalidate it.

When the burden of guilt is close at hand, *self-reflexivity* becomes constrained, and *sociality* can be foreclosed. The child may come to be construed primarily through dependency dimensions of meaning, as someone whose role is to affirm the parent's identity as competent and caring, rather than being recognised as an active construer from their own perspective.

Adolescents and young adults often seem to grasp this dynamic on a relational level: they

intuitively perceive that their way of being and acting is interpreted by adults as a reflection, or even a validation, of the adults' own sense of self-worth, as confirmation of having done a 'good job' as parents.

Thus, even when an adult says something like, *'Don't worry, you're free to choose who you want to be and what you want to do... as long as you're okay'*, young people often focus on that final clause: *'as long as you're okay'*.

They intuitively understand that, on a relational level, what the parent is implicitly asking is: *'Please be okay, so that I can feel reassured in my role'*. From this awareness, a powerful question may emerge: *'Do the adults really see me... as a person?'*

4. FACING THIS QUESTION IN PSYCHOTHERAPY

This may be precisely the moment when we, as psychologists and psychotherapists, encounter them: when they are stuck in a dilemma where each alternative carries personal costs in terms of suffering. They may perceive their situation as a lose-lose scenario:

'If I try to meet others' expectations, I betray myself or give up the chance to define who I am on my own terms'. But 'if I follow my own path, I risk losing their love, approval, or understanding'.

Such a dilemma reveals not only the complexity of the personal constructs involved but also the depth of the relational meanings that sustain or threaten their sense of self.

Currently, young adults often appear terrified of making mistakes, failing in performance-related tasks, or not meeting future expectations, a future for which they are supposed to be prepared, competent, and capable, as the world seems to demand. It's no surprise, then, if some

¹⁴ Guilt, in PCP terms, is defined as the "perception of one's apparent dislodgment from one's core role structure" (Kelly, 1955/1991, p. 370).

¹⁵ Mildred McCoy (1977) defined shame in PCP terms as the "dislodgment of other's construing of Self: shame differs from guilt in that the locus is rather more external than internal. Both however, involve a phenomenological assessment of the self in a role. (...) Shame involves an awareness of another's construing of your own role and that your behaviour has not been as the other predicted. Shame is the result of partial invalidation of core role structure, i.e., that which makes the relationship meaningful to you, but it does not involve the actual abandonment of the constructs involved." (p. 113)

of them feel 'old inside', burdened by expectations that don't leave room for uncertainty, playfulness, and exploration.

So, we should ask ourselves: what kind of adult are they hoping to meet in us, as psychotherapists? And what kind of gaze can we help promote in the other adults in their lives: parents, teachers, educators?

We propose some key dimensions.

- **Understanding as a process of self-reflexivity within sociality vs. structuring.** True understanding within a role relationship demands *self-reflexivity*. This is intended as the opposite of *structuring*: the tendency to categorise others, claiming to have already understood them, without considering ourselves necessarily involved in the process of construing and understanding others. Instead, since "everything said is said by someone" (Maturana and Varela, 1984/1987, p. 27), practising self-reflexivity means that if I genuinely try to understand you *in relation to me*, I cannot avoid questioning *how I am contributing to what you are experiencing*. This is not about blame, but about responsibility in the constructivist sense: co-construction, recursiveness, circularity, and recognising that we are never neutral observers. Only by *practising sociality ourselves* can we invite others - parents, teachers, caregivers - to do the same.

- **Genuinely being interested in the perspective of others vs. judgment.** The interest in the unique perspective of others must be genuine and authentic, not driven by the need to control them and the relationship, judging them as people in need of change, correction, or salvation. Instead, it has to be grounded in the belief that each person's perspective is valuable, and that making sense of experience is already a form of movement and growth. Through this stance, we communicate to the other: *you are worth understanding on your own terms*. As Kelly (1955) reminds us, everyone – including adolescents and young adults – “is the expert of their own experience. No matter how disaffected, rebellious, stupid, immature, ill-mannered or disinterested they may appear, each young

person is the absolute world authority on themselves. They have expertise regarding themselves” (Butler & Green, 2007, p. 47-48).

Being authentically interested in the other's view of the world also requires understanding and speaking the other's language; in this case, the language of the youngest generations.

- **Embodying hope vs. fear.** *Hope* is not merely a feeling or easy reassurance, but a therapeutic stance that helps give shape to the adolescent's lived struggle while holding space for the possibility of change, even when the young person seems to have lost it. By hope, we mean the therapist's ongoing commitment to believe in the adolescent's capacity for transformation, particularly when they can no longer access that belief on their own. This approach neither denies the suffering nor catastrophizes it. Instead, it embodies a fundamental message: that challenges are part of life, and that they can be faced, not alone, not without fear, but they *can* be faced.

Fear ceases to be seen as an invitation to step back when living, acting, knowing, and having experiences can include the possibility of making errors as part of the learning process. Often, those with educational responsibilities towards young people believe they should protect them, helping them avoid mistakes. However, if we view therapy as a journey, where errors are seen as unavoidable parts of the experience and opportunities to reframe the direction, avoiding mistakes might be a good reason not to proceed at all. A psychotherapist stuck in fear, who is as scared as their client is, can hardly promote and support their movement. Instead, when we are committed to superordinating our client's system, even experiencing being wrong can be a fertile act of knowing (Tramacere, 2016, p. 28).

- **Humility as an epistemological choice vs. arrogance and superiority,** being therapists who embody the stance of Socratic ignorance "being aware of not knowing" (Giliberto & Frances, 2024), and who acknowledge their own fallibility and embrace the value of doubt and ongoing revision. In these terms, humility becomes an openness to otherness, a relational stance that

honours the inherent complexity of human experience and resists easy reductionism.

This attitude isn't just theoretical; it has practical and tangible implications. Humility – or its opposites, like arrogance or superiority – can also be channelised by the simple way a therapist poses a question. “Not all questions open up enquiry. Some questions may have a quite contrary effect, conveying a sense that the questioner already knows the ‘right’ answer and is merely trying to trick or humiliate the person he is quizzing. (...) When adults pose rhetorical questions or inquire with accusation, the likelihood is that the prospects of mutual exploration of meaning are killed in the egg. However, when a question is posed because the questioner genuinely wants to discover something of which he or she is ignorant, and is prepared to listen intently to try and learn from the reply, the process opens up appealing possibilities” (Butler & Green, 2007, p. 48).

5. A TRANSFORMATIVE RELATIONAL EXPERIENCE

Such a constructivist-oriented therapeutic stance can give rise to a profoundly transformative relationship. To meet a young person not through the lens of expectations, fears, or prescribed roles, but as an individual engaged in meaning-making, deserving to be seen, heard, and accompanied, can be a powerful therapeutic experience. Such an encounter opens up unpredictable scenarios of possibility, even amid difficulties. This means inquiring that difficulty, distress or symptom, trying to understand why it is the more *viable* (Glaserfeld, 1989, p. 115) alternative from the adolescent perspective, even when it implies a high cost in terms of suffering. From here, exploring other possible ways to pursue that direction, or even change it, may become feasible. Orthogonal dimensions of constructs (Kelly, 1955) can be explored, going beyond the dichotomy of “*a* vs. *not-a*” constructs toward the open field of “*not not-a*” possibilities (Watzlawick et al., 1974). This implies a

predisposition to allow what we don't know yet to come to us (Tramacere, 2016, p. 28).

When adolescents and young adults experience, within a meaningful relationship, that their questions and pain can be faced, held and reconfigured, they may begin to internalise that experience as part of their evolving narrative. They can be more likely to feel genuinely welcomed and more willing to share their experiences, precisely because the adult they meet – the psychotherapist – is neither pretending to have all the answers nor intent on instructing them on how the world works.

Instead, they encounter someone who, like them, is asking questions without pre-packaged answers, someone who can make mistakes and is actively engaged in the shared task of making meaning.

If this stance is also adopted by parents, enabling them to embody a superordinate position without falling into guilt or threatening the relationship, a broad intersectional space can open up between adolescents and adults, where the encounter itself becomes the matrix for new and diverse forms of reciprocal sociality.

Questions like ‘*Who are you?*’, ‘*What do you long for?*’, ‘*What would you choose, if the choice were truly yours?*’, ‘*Who can I be for you and with you?*’ may be heard for the first time within the therapeutic space.

Gradually, they begin to find their way into the family scene. Here, each person pauses, no longer carrying the weight of being who they were supposed to be, and instead begins to look inward and outward, with new eyes. To relate to oneself, and to the other, not as a role to fulfil, but as a person: unfinished, unfolding, and worthy of being met with wonder.

REFERENCES

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>
- Bannister, D., & Fransella, F. (1980). *Inquiring Man: The Psychology of Personal Constructs*. Penguin Books. (Original work published 1971).
- Barendse, M. E. A., Flannery, J., Cavanagh, C., Aristizabal, M., Becker, S. P., Berger, E., Buitelaar, J. K., Burkholder, A. R., Buse, J., Chuang, J. Y., Dahl, R. E., Dennison, M. J., Doane, L. D., Dziura, S. L., Lydon-Staley, D. M., & Pfeifer, J. H. (2023). Longitudinal Change in Adolescent Depression and Anxiety Symptoms from before to during the COVID-19 Pandemic: A collaborative of 12 samples from 3 countries. *Journal of Research on Adolescence*, 33(1), 74-91. <https://doi.org/10.1111/jora.12781>
- Benner, A. D., & Mistry, R. S. (2020). Child development during the COVID-19 pandemic through a life course theory lens. *Child Development Perspectives*, 14(4), 236-243. <https://doi.org/10.1111/cdep.12387>
- Butler, R. J., & Green, D. (2007). *The child within. Taking the young person's perspective by applying Personal Construct Psychology* (2nd Edition). John Wiley & Sons.
- Giliberto, M., & Frances, M. (2024). "Hostile Dreamers". An exploration of PCP constructs of transitions. *Personal Construct Theory and Practice*, 21, 1–6.
- Istituto Giannina Gaslini. (2021, maggio). *Gaslini Mental Health Project: Un aumento del 39% dei ricoveri psichiatrici in età evolutiva*. <https://gaslini.org/gaslini-mental-health-project-un-aumento-del-39-dei-ricoveri-psichiatrici-in-eta-evolutiva/>
- Kelly, G. A. (1991). *The psychology of personal constructs* (2nd ed., Vols. 1–2). Routledge. (Original work published 1955).
- Lancini, M. (2023). *Sii te stesso a modo mio. Essere adolescenti nell'epoca della fragilità adulta*. Raffaello Cortina Editore.
- Madigan, S., Racine, N., Vaillancourt, T., Korczak, D. J., Hewitt, J. M. A., Pador, P., Park, J. L., McArthur, B. A., Holy, C., Neville, R. D. (2023). Changes in depression and anxiety among children and adolescents from before to during the COVID-19 pandemic: A systematic review and meta-analysis. *JAMA Pediatrics*, 177(6), 567-581. <https://doi.org/10.1001/jamapediatrics.2023.0846>
- Maturana, H. R., & Varela, F. J. (1987). *The tree of knowledge. The Biological Roots of Human Understanding*. Boston & London: Shambhala. (Original work published 1984).
- McCoy, M. M. (1977). A reconstruction of emotion. In D. Bannister (Ed.), *New perspectives in personal construct theory*, pp. 93-124. New York: Academic Press.
- National Institute of Mental Health (2023). *COVID-19 pandemic associated with worse mental health and accelerated brain development in adolescents*. <https://www.nimh.nih.gov/news/science-news/2023/covid-19-pandemic-associated-with-worse-mental-health-and-accelerated-brain-development-in-adolescents>
- Procter, H. G. (1996). The Family Construct System. In Kalekin-Fishman, D., & Walker, B. (Eds.), *The Structure of Group Realities: Culture and Society in the Light of Personal Construct Theory* (pp. 101-119). Krieger, Florida.
- Procter, H. G. (2000). Family Therapy and Autism: A personal construct approach. In Powell, S. (Ed.), *Helping children with autism to learn* (pp. 63-77). David Fulton: London.
- Procter, H. G. (2002). Constructs of individuals and relationships. *Context*, 59, 11 – 12.
- Procter, H. G. (2005). Techniques of Personal Construct Family Therapy. In Winter, D., & Viney, L., *Personal Construct Psychology: Advances in Theory, Practice and Research* (pp. 94-108). John Wiley & Sons.
- Procter, H. G. (2007). Construing within the family. In Butler, R., & Green, D., *The Child Within: Taking the young person's perspective by*

- applying *Personal Construct Theory* (2nd Edition), pp. 190 – 206. Chichester: Wiley.
- Procter, H. G. (2014). Qualitative Grids, the Relationality Corollary and the Levels of Interpersonal Construing. *Journal of Constructivist Psychology*, 27 (4), 243–262. <https://doi.org/10.1080/10720537.2013.820655>
- Society for Adolescent Health and Medicine. (2017). Young Adult Health and Well-Being: A Position Statement of the Society for Adolescent Health and Medicine. *Journal of Adolescent Health*, 60(6), 758 – 759. <https://doi.org/10.1016/j.jadohealth.2017.03.021>
- Stojnov, D. and Procter, H. G. (2012). Spying on the Self: Reflective Elaborations in Personal and Relational Construct Psychology. In Giliberto, M., Velicogna, F. and Dell'Aversano, C. (Eds.), *PCP and constructivism: Ways of working, learning and living* (pp. 9-23). Firenze: Libri Liberi.
- Telefono Azzurro & Osservatorio Nazionale Adolescenza. (2021). *Covid e adolescenza: La salute mentale dei ragazzi tra pandemia e futuro*. <https://www.azzurro.it/media/2138/report-covid-e-adolescenza.pdf>
- Theberath, M., Bauer, D., Chen, W., Salinas, M., Mohabbat, A. B., Yang, J., Chon, T. Y., Bauer, B. A., Wahner-Roedler, D. L. (2022). *Effects of COVID-19 pandemic on mental health of children and adolescents: A systematic review of survey studies*. SAGE Open Medicine. <https://doi.org/10.1177/20503121221086712>
- Tramacere, F. P. (2016). Con lo sguardo di un adolescente: riflessioni sull'incontro terapeutico in chiave costruttivista. *Rivista Italiana di Costruttivismo*, 4(2), pp. 20-31. <https://doi.org/10.69995/DJLG2188>
- UNICEF Italia. (2022). *La salute mentale di bambini e adolescenti in Italia: Un'emergenza ignorata*. <https://www.unicef.it/media/12171/salute-mentale-bambini-adolescenti-italia.pdf>

ABOUT THE AUTHORS

Chiara Lui is a constructivist psychologist and psychotherapist, a teacher and supervisor at the Institute of Constructivist Psychology in Padua and Bolzano, Italy, Executive Director of the Rivista Italiana di Costruttivismo, Managing Editor of the online journal *Personal Construct Theory and Practice*, and member of the George Kelly Society steering committee. She works with people and their relationships, constantly trying to translate constructivist premises into experiences and opportunities for change. As a psychotherapist, she meets every day adults, adolescents and families. She works also as consultant, trainer and supervisor of other professionals and associations in the context of helping relationships.

Contact: chiaralui@gmail.com

Elena Sagliocco is a constructivist psychologist and psychotherapist, a teacher at the Institute of Constructivist Psychology in Padua, Italy and vice-president of SCI - Società Italiana di Costruttivismo. As a psychotherapist, she works with adults in individual and couple psychotherapy. She is also a trainer and supervisor in helping relationships contexts, and in particular she has had a long professional experience in the field of psycho-oncology and end-of-life care.

Contact: e.sagliocco@gmail.com

Giulia Sandri is a constructivist psychologist and psychotherapist. Throughout her professional career, she initially worked with adults and older adults in the field of neurodegenerative disorders within the public healthcare system. In recent years, her clinical work has focused primarily on children, adolescents, and families, also within the public healthcare system. Her current practice includes psychological assessment, diagnosis, and psychotherapy.

Contact: giuliasandri2020@gmail.com

REFERENCE

Lui, C., Sagliocco, E., & Sandri, G. (2026). Here is where we meet. How PCP can enlighten the relationship and reciprocal constructions between generations. *Personal Construct Theory and Practice*, 23, 126-138. DOI: <https://doi.org/10.69995/DXHJ6342>

Received: 26 September 2025 - Accepted: 24 May 2026 - Published: 21 September 2026.