



Brief narrative review

Problem behaviors, psychopathology, and respect for neurodivergence in gestalt therapy: A brief narrative review

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ABSTRACT

Scientific literature defines problem behavior as behavior that is destructive to the individual or to the environment and that compromises the person's quality of life. Such behaviors are frequently observed both in neurodivergent profiles, such as those within the autism spectrum, and in various psychopathological conditions.

The present work proposes a narrative mini-review of the literature on problem behaviors, with the aim of deepening the distinction between behaviors that represent expressions of neurodivergent functioning and behaviors that may instead be attributable to psychopathological conditions.

The discussion is developed within an integrated clinical perspective that considers behavior within the relational and environmental field in which it emerges. From this standpoint, understanding problem behaviors requires observing the person in their entirety, including not only symptoms but also individual resources, relational dynamics, and the broader life context.

The aim is to promote a multidisciplinary clinical approach that is respectful of neurodivergence and capable of distinguishing between psychopathological distress and differences in functioning, thereby avoiding processes of inappropriate pathologization.

Keywords

Problem behavior and autism, Psychopathology and problem behavior, Neurodivergence, Differential diagnosis, Autism.

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ABSTRACT in ITALIANO

La letteratura scientifica definisce il comportamento problema come un comportamento che risulta distruttivo per l'individuo o per l'ambiente e che compromette la qualità della vita della persona. Tali comportamenti sono frequentemente osservabili sia nei profili neurodivergenti, come nello spettro autistico, sia in diverse condizioni psicopatologiche.

Il presente lavoro propone una mini review narrativa della letteratura sul tema dei comportamenti problema con l'obiettivo di approfondire la distinzione tra comportamenti che rappresentano espressioni di un funzionamento neurodivergente e comportamenti che invece possono essere ricondotti a condizioni psico-patologiche.

La riflessione si sviluppa all'interno di una prospettiva clinica integrata che considera il comportamento nel contesto del campo relazionale e ambientale in cui emerge. In tale ottica, la comprensione dei comportamenti problema richiede di osservare la persona nella sua globalità, includendo non solo i sintomi, ma anche le risorse individuali, le dinamiche relazionali e il contesto di vita.

L'obiettivo è promuovere un approccio clinico multidisciplinare e rispettoso della neurodivergenza, capace di distinguere tra sofferenza psicopatologica e differenze di funzionamento, evitando processi di patologizzazione impropria.

Parole chiave

Comportamento problema e autismo, Psicopatologia e comportamento problema, Neurodivergenza, Diagnosi differenziale, Autismo.

INTRODUCTION

In recent decades, within clinical, educational, and social contexts, there has been increasing interest in so-called problem behaviors. At the same time, greater awareness has emerged regarding the need to reconsider the criteria through which such behaviors are observed and interpreted.

Scientific literature defines problem behavior as behavior that, due to its intensity, frequency, or duration, may place the physical safety of the individual or others at risk, or severely limit access to educational, social, and community settings, thereby interfering with adaptive functioning and compromising quality of life [1].

Problem behaviors are frequently observed in neurodevelopmental disorders, particularly within the autism spectrum, but they may also occur in various psychopathological conditions. This phenomenological overlap may generate diagnostic ambiguities and lead to reductive interpretations or to clinical interventions that are not adequately targeted.

In recent years, the scientific debate has increasingly questioned rigidly categorical diagnostic models, highlighting the need for dimensional and contextual perspectives in the understanding of human behavior. Within this framework, the concept of neurodivergence has emerged, referring to variations in neurological and cognitive functioning that diverge from statistically prevalent norms without necessarily constituting pathological conditions [2].

In the case of autism, numerous authors [3] have emphasized that certain behavioral characteristics may be understood as expressions of different modes of sensory, cognitive, and relational processing, rather than as mere deficits or dysfunctions.

However, the phenomenological overlap between some behavioral manifestations observed in neurodevelopmental disorders and those occurring in psychopathological conditions may make differential diagnosis particularly complex. Behaviors such as social isolation, difficulties in emotional regulation, relational withdrawal, or aggressive acting-out may emerge in both conditions, although they originate from profoundly different underlying dynamics [3].

This complexity therefore requires interpretative models capable of integrating biological, psychological, relational, and environmental dimensions. From this perspective, clinical approaches that consider the individual's subjective experience within the relational field may provide useful tools for a more nuanced understanding of problem behaviors [4].

METHODS

The present study was developed as a narrative mini-review of the literature addressing problem behaviors in relation to neurodivergence and psychopathology.

The authors conducted a survey of the available scientific literature by searching the PubMed and Google Scholar databases, focusing on contributions published primarily between 2015 and 2025.

The keywords used for the search included: problem behavior and autism, psychopathology and problem behavior, neurodivergence, differential diagnosis and autism, as well as the corresponding expressions in Italian.

Research articles, literature reviews, and theoretical-clinical contributions relevant to the understanding of problem behaviors and their interpretation within the contexts of neurodivergence and psychopathology were considered.

The aim of this narrative mini-review was not to produce a quantitative synthesis of the available studies, but rather to offer an integrated clinical-theoretical reflection on the main interpretative issues emerging from the scientific literature.

DISCUSSION

The literature reviewed highlights how problem behaviors may emerge both in contexts of neurodivergence and within psychopathological conditions, but with profoundly different meanings and functions [5].

In the case of autism spectrum disorders, numerous studies emphasize the role of neurobiological and genetic bases, as well as the presence of atypical developmental trajectories across several areas of functioning. Within this context, many behaviors considered problematic may represent attempts to communicate needs, strategies of sensory self-regulation, or ways of adapting to an environment perceived as overwhelming or insufficiently predictable [6].

In psychopathological conditions, by contrast, the same behaviors may more frequently be associated with processes of emotional dysregulation, intrapsychic conflicts, or traumatic experiences that have not been adequately integrated [7].

From a Gestalt perspective, behavior cannot be understood in isolation but must be observed within the relational field in which it emerges [6]. Gestalt psychotherapy, in fact, invites us to consider not only the form of the behavior but also the function it serves within the cycle of contact between organism and environment.

Within this framework, behaviors such as relational withdrawal, aggression, or certain forms of emotional dysregulation may be interpreted as forms of creative adjustment to a field perceived as insufficiently supportive [7].

The distinction between neurodivergence and psychopathology, therefore, becomes a central issue for clinical practice, as outwardly similar behaviors may derive from profoundly different internal dynamics.

This distinction has important clinical implications. Interventions aimed exclusively at behavioral normalization risk overlooking the relational and subjective meaning of the observed behaviors. Conversely, a clinical approach that takes into account the function of behavior within the relational field may foster interventions that are more respectful of the complexity of human experience and more attuned to the individual's needs [8].

Exemplary Clinical Vignette

The clinical vignette presented here is not intended to describe a clinical case in the strict sense, but rather to offer a phenomenological illustration that may facilitate reflection on the complexity of differential diagnosis between neurodivergence and psychopathology, as well as on the importance of considering not only the form of behavior but also its function and meaning within the relational context and the individual's life history [9].

To illustrate some of the dynamics discussed in the literature, we present a brief exemplary clinical vignette derived from the authors' clinical experience.

The case concerns an adolescent girl who displays problem behaviors characterized by sudden, out-of-context episodes of laughter, aggressive outbursts, and destructive behavior toward the surrounding environment. The variability of these behaviors appears closely related to the girl's emotional state and the quality of her relationships with the people present. In the presence of familiar or known figures, her behavior tends to be more regulated, whereas in contexts perceived as less predictable or less safe, more disorganized conduct tends to emerge.

From a cognitive and relational perspective, the girl demonstrates an adequate understanding of certain pragmatic aspects of communication, an element suggesting the presence of basic social competencies

that are not primarily impaired. A recurring theme in her subjective account is a sense of boredom, an internal experience characterized by emptiness and difficulty with emotional engagement. The girl reports this condition as a state of emotional immobility in which internal sensations are difficult to transform into narrative or symbolic experience. This sense of inner emptiness appears to be associated with moments of emotional disconnection and with difficulty in attributing meaning to subjective experience.

During interactions, a desire to connect with others and to build meaningful relationships emerges; however, this need is accompanied by marked relational vulnerability. The fear of being rejected or ridiculed appears to contribute to an alternation between attempts at closeness and sudden behaviors of withdrawal or aggression.

The school environment appears to be characterized by episodes of exclusion and bullying, which intensify the sense of isolation and the difficulty in establishing meaningful peer relationships. Within this context, the girl manifests increasing frustration and difficulty tolerating delayed gratification, which at times translates into impulsive or destructive acting out.

In some situations, self-injurious behaviors also emerge, such as scratching herself or hitting her head against the wall, particularly during moments of intense frustration or difficulties in emotional regulation. These behaviors seem to occur especially when emotional experience becomes difficult to mentalize and does not find space for elaboration within significant relationships.

It is important to emphasize that a similar behavioral presentation—characterized by aggressive acting out, emotional dysregulation, relational withdrawal, or self-injurious behaviors—may also be observed in contexts of neurodivergence. However, in such conditions, the genesis and function of these behaviors are often different. In neurodivergent conditions, apparently disorganized behaviors may represent attempts at self-regulation in response to environmental conditions perceived as overwhelming or difficult to decode, or they may constitute forms of communication of needs that are not adequately expressed through socially shared channels. Furthermore, the presence of social competencies that are not severely compromised appears particularly relevant from the perspective of differential diagnosis, since in neurodivergent conditions—and particularly within the autism

spectrum—pragmatic and social decoding difficulties often represent a structural aspect of functioning [10].

In the case described, however, several elements orient the interpretation toward a psychopathological reading rather than toward a neurodivergent pattern of functioning. In particular, the experience of emotional emptiness, the difficulty in symbolizing internal experience, the presence of self-injurious behaviors, and the marked emotional dysregulation suggest the presence of significant psychological distress associated with processes of internal disorganization and difficulties in affect regulation [11].

CONCLUSIONS

The present work highlights the need, in future clinical research, to develop observation and assessment tools that are more sensitive to the processes involved in the differential diagnosis between neurodivergence and psychopathology. In particular, it appears increasingly important to design clinical instruments capable of capturing not only the form of behavior but also the function it serves within the relational field and in the organization of subjective experience. In this regard, the integration of phenomenological, clinical, and dimensional perspectives may contribute to the development of diagnostic models that are both more accurate and more respectful of the complexity of human functioning [12].

CONFLICT OF INTEREST

The authors declare no conflict of interest.

AUTHORS' CONTRIBUTIONS

Valeria Ciotola: Conceptualization; Formal analysis; Writing – original draft; Writing – review & editing; Angela Ammendola: Conceptualization; Methodology; Formal analysis; Writing – original draft; Writing – review & editing; Roberta Terracciano: Investigation; Data curation; Maria Carmela Di Nardo: Investigation; Data curation; Stefania Giordano: Investigation; Formal analysis; Sebastian Cesarano: Investigation; Formal analysis; Flavia Morfini: Supervision; Project administration.

ETHICS STATEMENT

The vignette represents a composite clinical illustration derived from multiple clinical experiences and does not correspond to any identifiable individual

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