The acquisition of a new social norm, the social conditioning, and the subjective role of structural and functional personality profile. Pilot study

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Abstract

Introduction: Social norms represent the system of expectations of a community at a given point in time. Based on the education received and lived life experiences, everyone reacts to social norms with conformity or rebellion. Whether or not one adapts to a new social norm depends on many factors, which have been studied in the social-anthropological field but not yet fully explored in scientific literature.

Method: The clinical population sample (CG) that was selected for this pilot study consisted of 60 Italian participants (30 males; 30 females), aged 18 to 77 years (M: 47.5; SD: 17.0). Through a clinical interview and administration of the Perrotta Integrative Clinical Interviews, version TA-3 (PICI-TA-3), the included adult patients were analyzed, based on the experiment described in the protocol. A control group (Cg) with the same characteristics was constructed, in the absence of positive clinical data for a personality disorder identified by the PICI-TA-3, for a total of 120 participants (60 males; 60 females).

Results: In the clinical group (CG), subjects in the neurotic subgroup (pure anxious, phobic-obsessive and manic) responded to the acquisition of the new social rule within the third positive reinforcement stimulus, while subjects in the psychotic subgroup (paranoid-delusional, dissociated and schizophrenic spectrum) in some cases responded within the second stimulus while others hyperactivated and stopped the experiment; finally, subjects in the dramatic subgroup (depressive, bipolar, borderline, narcissistic-histrionic, antisocial-psychopathic) partly responded after the third stimulus or with attitudes of rebellion or contrariness, seeking clarification, explanation, or resistance in the social group.

Conclusions: The research data showed that the acquisition of a new social rule is conditioned by several subjective factors, including structural and functional personality profiles.

Keywords: Social rule, acquisition of a new social rule, conformity, rebellion, society, personality disorders.

Abbreviations/acronyms: Perrotta Integrative Clinical Interviews (PICI-C-3), Clinical group (CG), Control group (Cg).

Key points

- The acquisition of a new social rule is conditioned by the context of reference, at a given point in time and based on subjective factors affecting the ability to acquire it, such as direct and experiential knowledge of the rule, constancy, and time of application, the belief of the members that the rule is fair, just, and consistent with the purposes of the group to which they belong, and the strength of the group itself.

- In acquiring the new social rule, the structural and functional personality profile.

- Acquisition of a new social rule is maintained and repeated if the subject perceives it as right or consistent with the reference context, based on his or her interpretation of reality

Introduction

Background

Social norms are rules, which may be explicit (legal) or implicit (customs and traditions), written (handed down in written form) or oral (handed down in oral form), constitutive (establishing new rules) or regulative (governing conduct already known), and are concerning the conduct of members of a social group constituted in a specific geographic area and time [1-2]. Depending on their function, social norms may be legal or customary: in the first case, they are norms whose observance is mandatory and their transgression determines the application of a sanction (the transgressor is referred to as a "criminal"); in the second case, they are norms whose observance is highly desirable and their transgression determines the receipt of a social reproach (the transgressor is referred to as a "deviant"); in the third case, they are norms whose observance is respectfully received and shared but are not mandatory or binding, and their transgression does not result in any negative consequences, except to the extent of a different social evaluation by other members of the reference group (the transgressor is referred to as a "nonconforming or alternative thinking or independent subject") [3-5]. From the social adoption of a norm arise expectations of conduct by individuals belonging to the same social group, and this subjective legal position extends to those outside the group as a sign of uniformity of behavior and compliance with rules [6]. The acquisition of a new social norm is a multifactorial process that requires direct and experiential knowledge of the norm, constancy and time of application, and the belief of the consociates that this norm is fair, just, and consistent with the purposes of the group to which they belong [7-10]. this phenomenon is well-researched and known in the social-anthropological field, but in the clinical field, the literature has not yet comprehensively explored all the psychological factors involved. In particular, the literature addresses the issues of play, social networks, and teaching for individuals with neurodevelopmental disorders and animal studies [11-19], but there are no studies correlating the issue of acquiring a new social norm with the subjective structural and functional personality profile.

Aim

A pilot study was conducted to test whether the structural and functional personality profile could be a relevant variable in the process of acquiring a new social norm. The purpose of the present discussion is to try to determine whether, in the current state of scientific knowledge, it can be argued that the acquisition of a new social norm can be reduced or undermined by the subjective personality profile.

Materials and Methods

Study Design

Investigation of the acquisition of a new social norm on a clinical basis, assessing the subjective personality profile, using the Perrotta Integrative Clinical Interviews (PICI-3) [20-26] and based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) [27], comparing the results between the clinic group (CG) and the control group (Cg).

Materials and Methods

The author searched PubMed, from January 1980 to July 2024, for systematic reviews, meta-analyses, clinical trials, and randomized controlled trials, using "acquisition AND new social rule", selecting 135 eligibility results. To have a greater and complete overview of the topic, ultimately selecting a total of 9 studies, still adding 119 more reviews to be able to argue the elaborated content, for an overall total of 128 results. Simple and systematic reviews, opinion contributions, or publications in popular volumes were excluded because they were not relevant or redundant for this work. The search was not limited to English-language papers, including teaching texts in the Italian language (Figure 1).

Setting and participants

The total selected population was divided into 2 groups: the first (clinical group, CG) and the second (control group, Cg). Inclusion criteria for CG are: 1) age between 18 and 77 years; 2) Italian nationality or citizenship for at least 2 generations; 3) defined sexual gender (male/female); and 4) primary diagnosis of personality disorder defined, using the Perrotta Integrative Clinical Interviews 3 (PICI-TA-3). The exclusive criteria for CG are 1) age <18 years and ≥78 years; 2) foreign nationality or Italian nationality for less than 2 generations; 3) sexual gender undefined or in transition; 4) absence of personality disorder diagnosis or mixed or combined primary diagnosis (e.g., Narci-border or Narci-istrionic). The CG population was 60 participants, divided into 6 age groups (18-27y, 28-37y, 38-47y, 48-57y, 58-67y, 68-77y). All individuals with the same characteristics but with no diagnosis were included in the Cg. For organizational reasons, the population size of the Cg is also 60, comparable to each other in age (with maximum 18 months difference) and sexual gender (Tables 2-4).

Taking into account the different geographic residences of the patients and the costs they would face for travel, it was preferred to conduct the clinical interview selection through the online video calling platforms Skype and WhatsApp, selected exclusively Italian subjects residing in the province of Syracuse and Catania (Sicily) or otherwise
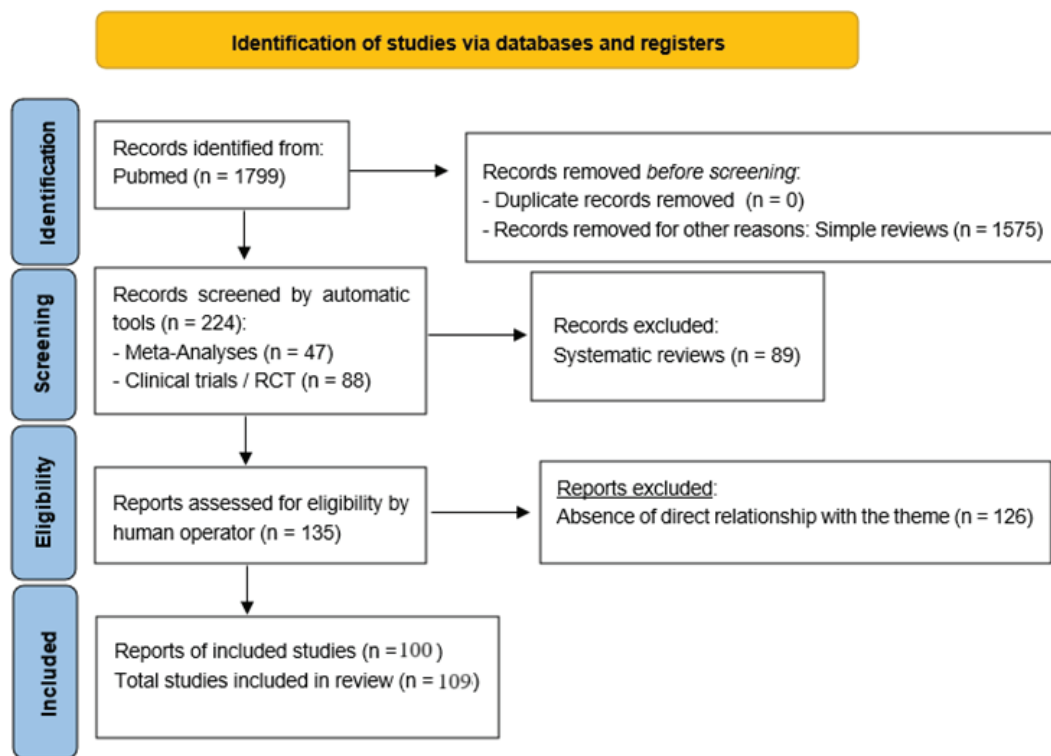
Figure 1: This pilot study is structured according to the protocol below [Table 1].

Table 1: This pilot study is structured according to the protocol below [**Table 1**].

N_Stage	Title_Stage	Description_Stage and variable investigated
First (1)	Clinical group (CG) sample selection	The clinical group was selected based on age (18-77), divided into 6 bands (18-27y, 28-37y, 38-47y, 48-57y, 58-67y, 68-77y) and included each subgroup for 3 types of personality disorders (neurotic, anxious, phobic-obsessive, and manic; dramatic, for borderline, histrionic, narcissistic, antisocial, and psychopathic; and psychotic, for paranoid-delusion-nal, dissociative, and schizophrenic spectrum), identified by administration of the Perrotta Integrative Clinical Interviews 3 (PICI-TA-3), as they were already tabulated in the database as participants of previously published studies. The total group size is 60 participants, ambisexual (30 males and 30 females).
Second (2)	Selection of the control group (Cg) sample	To select the control group (Cg), the sole investigator maintained the same characteristics as the clinical group (CG), in terms of age, sexual gender, and numerosity, selecting participants based on the PICI-TA-3 outcomes, with outcomes less than or equal to the 4 dysfunctional personality traits, and thus with no psychopathological diagnosis. The total group size is 60 participants, ambisexual (30 males and 30 females).
Third (3)	Pre-experimental clinical interview	Each participant, regardless of group and subgroup affiliation, was explained that the reason for the research was to investigate personality dynamics in a clinical experiment and that they would be contacted again by the shift doctor to make follow-up visits (without specific indication of the day, with at least 15 days' notice), before starting. There they would then sign the informed consent and data processing, with details of the study. Precisely because of the specific peculiarities of the study, being both clinical and social, it was not possible to explain to the participants the purpose of the study, otherwise, the reinforcement techniques used for the acquisition of the new social norm would have been ineffective, nullifying the purposes of the study. As such, it was arranged to promote the best possible outcome, without the participant being conditioned in any way. Individual participants were contacted by telephone to arrange the date and time of the medical examination, in a professional office arranged for the conduct of the experiment. Six participants were placed in a room, set up for the experiment, as accomplices of the experimenter, with the sole purpose of carrying out the experimenter's specific directions at a given predetermined time. All 6 accomplices were placed in the room before the arrival of the individual study participant, unaware of their presence, with instructions that only 1 of them would interact with the participant, while the other 5 were to ignore the participant, looking away or not answering any questions he might have while he waited his turn to visit. In the adjoining room was the lone experimenter with computer technical staff recording with a hidden camera the entire circumstance, from arrival to conclusion. The duration of the episode is estimated at a maximum time of 15 minutes, plus 15 minutes for the final interview and completion of the fifth stage. He was invited to attend, keeping the indicated time on time and with a margin of error of 10 minutes, 1 participant per hour, for a total of 6 participants per day, and a total of 20 days of the experiment, with the next 10 days to make up for any losses or technical problems. The stages of the individual experiment are as follows:

Fourth (4)	Individual experiment	1) The 6 accomplices are made to sit in the room dedicated to the experiment. There are 3 males and 3 females, ranging in age from 18 to 77. Based on the participant, the only accomplice who can interact with the participant is chosen, based on the same sexual gender and age (with a maximum difference of 3 years). The only answers he/she may give will be related to confirming the name of the doctor who will be making the visit (specifying that there are multiple doctors in that doctor's office and none of the accomplices present is there for the experimenter's office), confirming the waiting rota (with the time indicated), and confirming that at the sound you need to stand up (if requested by the participant). In case of further questions or insistence, he/she should pretend an urgent cell phone call, and prevent any other communication. The other 5, on the other hand, should ignore it or state that they do not know the answer, resuming ignoring the participant. 2) When the participant arrives at the agreed-upon time, the participant will sit in the only vacant seat at the end of the row, having 3 people next to them on the right and 3 to the side, at right angles to the wall. The rest of the room is furnished in a sober, health-themed style. 3) The participant will be asked explicitly during the third stage not to use a cell phone for at least 30 minutes before the visit and while waiting in the auditorium, and not to be accompanied under any circumstances. Also at that location, it will be specified that the participant will be called while waiting in the room, to enter the examination room, with a specifically assigned code ("A-001"), without stating the call sign. 4) After 120 seconds from his arrival, sitting in the chair, a sound will be triggered in the room, alarm-like (beep) lasting 2 continuous seconds, at the end of which the 6 accomplices will get up and sit down. At the end of this action, a seventh accomplice will exit the room, pretending to be a patient of the doctor who will examine the participant. After 60 seconds a second alarm will sound, repeating the previous action. This repetition will occur for a maximum number of 7 times. The sound stimulus is the cue for the accomplices to enact the agreed behavior (stand up for 2 seconds and sit down again immediately after) and serves as an impulse to generate in the participant unaware of the experiment the need to conform to the social group in which he or she is; the remaining cues serve as positive reinforcement. With each agreed-upon behavior, the accomplices are required to look shifty and contrite at the participant who does not conform, while if he conforms they are to look at him in a kindly manner, hinting at an unmarked smile in approval, to generate in the participant additional positive reinforcement for the acquisition and consolidation of the new social rule. The wait between the entry and exit of each accomplice from the visiting room is 60 seconds. 5) At the end of the complete removal of the group of accomplices, the sound signal is sounded again to check the reaction (conditioned or not), in solitude, of the participant, but without allowing him to enter the visitation room. In case of his insistence or request, the study staff will ask him to wait further, despite the sound signal. Before the 60th second since the last sound signal can elapse, a new subject, not part of the group selected for the study, unaware of the experiment, will be brought into the waiting room to verify the behavior of the first participant at the next sound signal, and at the next 7 and final sound signals, thus also verifying the behavior of the second participant present in the waiting room. 6) At the end of the session, the participant will be called by the experimenter into the examination room and the experiment will be explained to him or her.
Fifth (5)	Legal acquisition of informed consent and data processing	During the last meeting with the experimenter, after the execution of the experiment, having explained the purpose of the research, the participant will be asked if he/she is willing to sign the informed consent and data processing, to use the study data of this social-clinical experiment.

Table 2: *Clinical population sample* (numerousness).

Age_range	Male (%)	Female (%)	Total (%)
18-27	5 (50.0%)	5 (50.0%)	10 (16.7%)
28-37	5 (50.0%)	5 (50.0%)	10 (16.7%)
38-47	5 (50.0%)	5 (50.0%)	10 (16.7%)
48-57	5 (50.0%)	5 (50.0%)	10 (16.7%)
58-67	5 (50.0%)	5 (50.0%)	10 (16.7%)
68-77	5 (50.0%)	5 (50.0%)	10 (16.7%)
Total	30 (50.0%)	30 (50.0%)	**60 (100.0%)**

domiciled within 100 km (East-central Sicily), and available to perform the medical examination indicated in the protocol in the city of Syracuse. This research work was conducted from September 2023 to December of the same year. The selected population sample consisted of 120 participants (60/male, 60/female) for 2 groups equally, to perform statistical case controls for the entire study. The dropout rate was 0/120 (0.0%).

Results

Foreword

The single investigator used the software SPSS© (Statistical Package for the Social Sciences) version 28 for statistical analysis. He used the paired Student's t-test (with 95% confidence interval). From this analysis, we extracted counts and proportions of the median and interquartile range (IQR).

Descriptive data analysis

Both CG and CG are equally distributed in numerosity (60/120) and age groups (6/6). Each subgroup contains 5 male and 5 female participants, for a total of 10 participants, per single age group and account for 50% of the total group, again divided by age group. Each age group is represented by 16.7% of the total, per single group. In the clinical group, again divided by band, the 3 pathological subgroups (Neurotic, Drama, and Psychotic) are represented by 3, 4, and 3 participants, respectively, for a distribution ranging

from 15% to 20%. The total is 120 participants (100%), between the 2 groups.

Outcomes in clinical subgroup A (Neurotics)

Below (Table 4a, 4b) are the specific characteristics of individual participants, part of subgroup A, with descriptions of their behavior during the experiment:

Outcomes in clinical subgroup B (Dramatic)

Below (Table 5) are the specific characteristics of individual participants, part of subgroup B, with descriptions of their behavior during the experiment:

Outcomes in clinical subgroup C (Psychotics)

Below (Table 6) are the specific characteristics of individual participants, part of subgroup C, with descriptions of their behavior during the experiment:

Table 3: *Population sample (numerosità nell'assegnazione dei gruppi CG-Cg).* Neurotic (pure anxious, phobic-obsessive, and manic); Drama (borderline, narcissistic, histrionic, antisocial, and psychopathic); Psychotic (paranoid-delusional, dissociated, and schizophrenic spectrum); Healthy (control group).

Age_range	Neurotic (%)	Drama (%)	Psychotic (%)	Healthy (%)	Total (%)
18-27	3 (15.0%)	4 (20.0%)	3 (15.0%)	10 (50.0%)	20 (16.7%)
28-37	3 (15.0%)	4 (20.0%)	3 (15.0%)	10 (50.0%)	20 (16.7%)
38-47	3 (15.0%)	4 (20.0%)	3 (15.0%)	10 (50.0%)	20 (16.7%)
48-57	3 (15.0%)	4 (20.0%)	3 (15.0%)	10 (50.0%)	20 (16.7%)
58-67	3 (15.0%)	4 (20.0%)	3 (15.0%)	10 (50.0%)	20 (16.7%)
68-77	3 (15.0%)	4 (20.0%)	3 (15.0%)	10 (50.0%)	20 (16.7%)
Total	18 (15.0%)	24 (20.0%)	18 (15.0%)	60 (50.0%)	120 (100.0%)

Table 4a: *Schooling-related variable.* Schooling: 1_inferior; 2_superior_3degree. CG (Clinical group); Cg (Control group).

Age_range	Inferior (%) CG Cg	Superior (%) CG Cg	Degree (%) CG Cg	Total CG Cg
18-27	3 (18.8%) 2 (11.1%)	1 (4.8%) 6 (22.2%)	6 (26.1%) 2 (13.3%)	10 (16.7%) 10 (16.7%)
28-37	1 (6.3%) 3 (16.7%)	5 (23.8%) 4 (14.8%)	4 (17.4%) 3 (20.0%)	10 (16.7%) 10 (16.7%)
38-47	4 (25.0%) 3 (16.7%)	2 (9.5%) 3 (11.1%)	4 (17.4%) 4 (26.7%)	10 (16.7%) 10 (16.7%)
48-57	3 (18.8%) 2 (11.1%)	3 (14.3%) 6 (22.2%)	4 (17.4%) 2 (13.3%)	10 (16.7%) 10 (16.7%)
58-67	1 (6.3%) 3 (16.7%)	5 (23.8%) 5 (18.5%)	4 (17.4%) 2 (13.3%)	10 (16.7%) 10 (16.7%)
68-77	4 (25.0%) 5 (0.0%)	5 (23.8%) 3 (11.1%)	1 (4.3%) 2 (13.3%	10 (16.7%) 10 (16.7%)
Total	16 (26.7%) 18 (27.8%)	21 (35.0%) 27 (45.0%)	23 (38.3%) 15 (25.0%)	60 (50.0%) 60 (50.0%)

Table 4b: *Specific characteristics of CG participants, subgroup A. N: patient identification number. G* (Gender): 1_male; 0_female. A-r (Age-range): 1_18-27y; 2_28-37y; 3_38-47; 4_48-57y; 5_58-67y; 6_68-77y. S (Schooling): 1_inferior; 2_superior_3degree. Description: description of the participant's behavior during the experiment. NC (Number of attempts before the participant complied with the new rule): 0_absence of compliance; 1_first; 2_second; 3_third; 4_fourth; 5_fifth; 6_sixth; 7_seventh. RnC (Repeat compliance in the absence of the new participant): 1_yes; 0_no. RC (Repeat compliance in the presence of the new participant): 1_yes; 0_no. TC (Ability to transmit the new social rule): 1_yes; 0_no.

N	G	A-r	S	Description			
				NC	RnC	RC	TC
1	1	1	3	4	1	1	1
3	1	1	1	3	1	1	0
6	0	1	3	4	1	1	1
11	1	2	3	3	1	1	1
15	1	2	2	2	1	1	0
18	0	2	2	2	1	1	1

22	0	3	1	3	1	1	1
27	1	3	3	4	1	1	0
30	0	3	1	3	1	1	1
33	1	4	3	3	1	1	0
36	0	4	2	2	1	1	1
39	1	4	3	4	1	1	0
41	1	5	2	3	1	1	0
44	0	5	3	4	1	1	1
47	1	5	2	2	1	1	0
51	1	6	1	3	1	1	1
53	1	6	2	3	1	1	1
55	1	6	1	2	1	1	0

Table 5: *Specific characteristics of CG participants, subgroup B. N: patient identification number. G (Gender): 1_male; 0_female. A-r (Age-range): 1_18-27y; 2_28-37y; 3_38-47; 4_48-57y; 5_58-67y; 6_68-77y. S (Schooling): 1_inferior; 2_superior_3degree. Description: description of the participant's behavior during the experiment. NC (Number of attempts before the participant complied with the new rule): 0_absence of compliance; 1_first; 2_second; 3_third; 4_fourth; 5_fifth; 6_sixth; 7_seventh. RnC (Repeat compliance in the absence of the new participant): 1_yes; 0_no. RC (Repeat compliance in the presence of the new participant): 1_yes; 0_no. TC (Ability to transmit the new social rule): 1_yes; 0_no.*

N	G	A-r	S	Description			
				NC	RnC	RC	TC
2	0	1	3	0	0	0	0
5	1	1	1	4	1	1	1
8	0	1	3	6	0	0	0
10	0	1	2	0	0	0	0
13	1	2	2	0	0	0	0
14	0	2	3	4	0	0	0
17	1	2	1	0	0	0	0
20	0	2	3	4	0	0	0
23	1	3	1	6	0	0	0
24	0	3	2	0	0	0	0
26	0	3	1	0	0	0	0
29	1	3	3	5	0	0	0
32	0	4	1	6	0	0	0
34	0	4	3	5	0	0	0
35	1	4	2	0	0	0	0
38	0	4	2	0	0	0	0
43	1	5	3	5	0	0	0
46	0	5	3	0	0	0	0
48	0	5	2	0	0	0	0
50	0	5	2	5	1	1	0
54	0	6	3	6	0	0	0
57	1	6	1	0	0	0	0
58	0	6	2	7	0	0	0
60	0	6	2	0	0	0	0

Table 6: *Specific characteristics of CG participants, subgroup C. N: patient identification number. G (Gender): 1_male; 0_female. A-r (Age-range): 1_18-27y; 2_28-37y; 3_38-47; 4_48-57y; 5_58-67y; 6_68-77y. S (Schooling): 1_inferior; 2_superior_3degree. Description: description of the participant's behavior during the experiment. NC (Number of attempts before the participant complied with the new rule): 0_absence of compliance; 1_first; 2_second; 3_third; 4_fourth; 5_fifth; 6_sixth; 7_seventh. RnC (Repeat compliance in the absence of the new participant): 1_yes; 0_no. RC (Repeat compliance in the presence of the new participant): 1_yes; 0_no. TC (Ability to transmit the new social rule): 1_yes; 0_no.*

N	G	A-r	S	Description			
				NC	RnC	RC	TC
4	0	1	3	3	1	1	0
7	1	1	1	4	1	1	0
9	1	1	3	6	0	0	0
12	0	2	2	3	1	1	1
16	0	2	3	4	1	1	1
19	1	2	2	6	0	0	0
21	1	3	3	5	1	1	1
25	1	3	2	3	1	0	0
28	0	3	3	4	1	1	0
31	1	4	1	6	0	0	0
37	1	4	1	5	1	1	1
40	0	4	3	3	1	0	0
42	0	5	2	4	1	1	0
45	1	5	1	5	1	0	0
49	1	5	3	3	1	1	1
52	0	6	2	5	1	0	0
56	0	6	2	4	1	1	0
59	1	6	1	4	1	0	0

Outcomes in the control group (Healthy)

Below (Table 7) are the specific characteristics of individual participants, with descriptions of their behavior during the experiment:

Analysis of averages

Subgroup A

In clinical subgroup A, reaction times in the acquisition of the new social rule varied from 2 to 4 sound stimuli, with the variables of gender (p=0.498) and age (p=0.367) not correlating with the sound stimulus variable (NC), while with the latter it correlated with the variable (Schooling) of educational attainment (p<0.000) to the extent that the higher the educational qualification attained the longer the reaction time to the sound stimulus. Repetition of the learned behavior related to the new social rule in the absence of other subjects (RnC) is total (18/18, 100%), with the variables of gender (p=0.999), age (p=0.999), and schooling (p=0.999) not correlating with the variable under consideration. Repetition of the learned behavior related to the new social rule in the presence of the new participant (RC) is total (18/18, 100%), as for the variable

RnC, with the variables of gender (p=0.999), age (p=0.999), and schooling (p=0.999) not correlating with the variable under consideration. The ability to pass on the new social rule to others (TC), unknown to the one who passes it on, is biased (positive out of 10/18, 55.6%): concerning the gender variable (p=0.004), TC is higher among female participants (6/10, 60%); concerning the age variable (p=0.877), TC does not correlate; concerning the schooling variable (p=0.088), TC does not correlate.

Subgroup B

In clinical subgroup B, reaction times in the acquisition of the new social rule (NC) ranged from 4 to 7 sound stimuli (12/24, 50%), while the remaining subgroup (12/24, 50%) did not react to sound stimuli related to the acquisition of the new social rule, with the gender variable not correlating for the acquisition response (p=0. 098) but does correlate for its absence relative to the female subgroup (p<0.001), while it does not correlate with either the age variable (p=0.655) or the schooling variable (p=0.422). Repetition of learned behavior related to the new social rule in the absence of other subjects (RnC) is almost completely prevented (22/24, 91.7%), with the variables of gender

Table 7: *Specific characteristics of Cg participants. N: patient identification number. G (Gender): 1_male; 0_female. A-r (Age-range): 1_18-27y; 2_28-37y; 3_38-47; 4_48-57y; 5_58-67y; 6_68-77y. S (Schooling): 1_inferior; 2_superior_3degree. Description: description of the participant's behavior during the experiment. NC (Number of attempts before the participant complied with the new rule): 0_absence of compliance; 1_first; 2_second; 3_third; 4_fourth; 5_fifth; 6_sixth; 7_seventh. RnC (Repeat compliance in the absence of the new participant): 1_yes; 0_no. RC (Repeat compliance in the presence of the new participant): 1_yes; 0_no. TC (Ability to transmit the new social rule): 1_yes; 0_no.*

N	G	A-r	S	Description			
				NC	RnC	RC	TC
61	1	1	1	3	1	1	1
62	0	1	2	3	1	0	0
63	1	1	3	5	1	1	1
64	0	1	2	3	1	0	0
65	1	1	1	3	1	1	0
66	0	1	2	4	1	0	0
67	1	1	2	3	1	1	1
68	0	1	3	5	1	1	0
69	1	1	2	4	1	0	0
70	0	1	2	3	1	1	0
71	1	2	1	3	1	0	0
72	0	2	2	4	1	1	0
73	1	2	1	3	1	0	0
74	0	2	2	4	1	1	0
75	1	2	3	3	1	0	1
76	0	2	3	5	1	0	0
77	1	2	1	3	1	1	0
78	0	2	2	4	1	1	0
79	1	2	3	5	1	1	1
80	0	2	2	4	1	0	0
81	1	3	3	4	1	1	0
82	0	3	3	4	1	0	0
83	1	3	1	3	1	0	0
84	0	3	2	4	1	1	1
85	1	3	3	3	1	0	0
86	0	3	1	3	1	1	0
87	1	3	3	4	1	0	0
88	0	3	2	4	1	0	0
89	1	3	1	2	1	1	0
90	0	3	2	4	1	0	0
91	1	4	2	5	1	1	1
92	0	4	2	5	1	0	0
93	1	4	3	3	1	1	0
94	0	4	2	5	1	1	0
95	1	4	2	5	1	0	0
96	0	4	1	2	1	1	0
97	1	4	2	6	1	0	0
98	0	4	3	4	1	1	1
99	1	4	2	5	1	1	0
100	0	4	1	2	1	0	0
101	1	5	2	5	1	1	0
102	0	5	1	2	1	0	0
103	1	5	1	3	1	1	1

104	0	5	2	5	1	1	0
105	1	5	3	3	1	0	0
106	0	5	2	4	1	1	0
107	1	5	2	5	1	0	0
108	0	5	3	4	1	1	0
109	1	5	2	5	1	1	1
110	0	5	1	2	1	0	0
111	1	6	1	3	1	1	0
112	0	6	3	4	1	1	0
113	1	6	1	2	1	0	0
114	0	6	2	4	1	1	0
115	1	6	1	2	1	0	0
116	0	6	1	3	1	0	0
117	1	6	2	3	1	0	0
118	0	6	1	3	1	0	0
119	1	6	2	4	1	0	0
120	0	6	3	4	1	1	0

($p=0.999$) and age ($p=0.999$) not correlating while the variable of schooling ($p<0.001$) correlates in the directly proportional relationship between low schooling and positivity to RnC. Repetition of the learned behavior related to the new social rule in the presence of the new participant (RC) occurred only in the cases of positivity to RnC (22/24, 91.7%), with the same conditions for the variables analyzed, while the ability to transmit the new social rule to other subjects (TC), unknown to the one or she who transmits it, was positive in only 1 case (1/24, 4.2%), in the subgroup related to the variable of age (18-27 years), male gender, and low schooling.

Subgroup C

In clinical subgroup C, reaction times in the acquisition of the new social rule (NC) ranged from 3 to 6 sound stimuli, with the gender variable ($p<0.001$), for the male sex, correlating with the highest NC values, while the variables of age ($p=0.388$) and schooling ($p=0.567$) did not correlate with the variable under consideration. The repetition of learned behavior related to the new social rule in the absence of other subjects (RnC) is almost total (15/18, 83.3%), with the variable of gender ($p=0.999$) correlating for male sex ($p=0.000$), the variable of age ($p=0.999$) not correlating the more mature age groups (51-77 years), and the variable of schooling ($p=0.744$) not correlating with the variable under study. The repetition of the learned behavior related to the new social rule in the presence of the new participant (RC) is partial (positive for 10/18, 55.6%), with the variable of gender ($p=0.922$), age ($p=0.787$) and schooling ($p=0.689$) not correlating with the variable under consideration. The ability to pass on

the new social rule to other subjects (TC), unknown to the one who passes it on, is poor (positive out of 5/18, 27.8%): concerning the variable of gender ($p=0.091$), TC does not correlate; concerning the variable of age ($p=0.999$), it does not correlate with younger and more mature age groups; concerning the variable of schooling ($p=0.718$), TC does not correlate.

Healthy group (Control group)

In the control group, reaction times in the acquisition of the new social rule varied from 3 to 6 sound stimuli, with the variables of gender ($p=0.659$) and age ($p=0.767$) not correlating with the sound stimulus variable (NC), while with the latter it correlated with the variable (Schooling) of educational degree ($p<0.001$) to the extent that the greater the educational qualification attained the greater the reaction time to the sound stimulus, as is the case in clinical subgroup A. The repetition of learned behavior related to the new social rule in the absence of other subjects (RnC) is total (60/60, 100%), with the variables of gender ($p=0.999$), age ($p=0.999$) and schooling ($p=0.999$) not correlating with the variable under consideration. The repetition of the learned behavior related to the new social rule in the presence of the new participant (RC) is partial (positive for 31/60, 51.7%), with the variables of gender ($p=0.766$), age ($p=0.839$) and schooling ($p=0.783$) not correlating with the variable under consideration. The ability to pass on the new social rule to others (TC), unknown to the one who passes it on, is poor (positive out of 10/60, 16.7%): concerning the variable of gender ($p=0.004$), TC is higher among male participants (8/10, 80%); concerning the variable of age ($p=0.777$), TC does not correlate; concerning the variable of schooling ($p=0.078$), TC does not correlate.

Discussion

The distribution of the groups and subgroups, as evident from the results, was deliberately framed according to a logic of specularity to make the statistical analyses easier. The data obtained were able to answer the main question, with some limitations that are enunciated in the following section.

In clinical subgroup A, reaction times in the acquisition of the new social rule have a narrow (2 to 4) and tendentially low (M: 3/7, 42.9%) variability concerning the maximum number of attempts performed using the sound signal. This finding can be interpreted concerning the personality profile, which in subgroup A is neurotic. The neurotic basis (structure) of these patients, for simplicity, has been reduced to only 3 types (functioning): pure anxious, phobic-obsessive, and manic [28-42]. These participants have a tendentially hypertrophic social rule container, with a hypotonia of the ego's psychic structure; therefore, the low variability of the NC can be explained by the need for adaptation to the new social rule, so as not to conflict with the group's expectation and conflict with one's adaptive dynamics and interpretation of the reality plane [43-53]. The NC variable does not correlate with gender and age, but it is interesting to note that it correlates with educational level, according to a direct proportionality (the higher the educational qualification the more the adaptation response to the sound stimulus will be delayed). This adaptation to the social rule is also confirmed by the repetition of the learned behavior related to the new rule in the absence of other subjects (RnC), regardless of gender, age, and schooling; in essence, in the neurotic group, if there is the adaptive response to the new rule this behavior continues even in the absence of other subjects who are part of the social group, and therefore it is somehow learned and reinforced. The same speech should be made in the case of repetition of the learned behavior related to the new social rule in the presence of the new participant (RC). The discourse changes in the case of the ability to transmit the new social rule to others (TC), as in this case, another factor not considered in this study might play a role: group strength. This study was constructed using subjects who do not know each other, to avoid positive or negative reinforcement not manageable in advance by the experimenter; however, in the evaluation of transmission and reinforcement of the new rule, this variable could have significant weight in interpreting the data.

In clinical subgroup B, reaction times in acquiring the new social rule (NC) have a larger variability than subgroup A (4 to 7), but half of the participants did not respond to the sound stimulus. This finding can be interpreted concerning the personality profile, which in subgroup B is dramatic.

The dramatic base (structure) of these patients is of 5 types (functioning): depressive, bipolar, borderline, narcissistic-histrionic, and antisocial-psychopathic [54-98]. These participants have a tendentially hypertrophic social rule container, with hypertonia of the ego psychic structure; therefore, the excessive variability of NC can be explained by the inability or difficulty to adapt to the new social rule, contrasting with the expectation of the group, so as not to conflict with their adaptive dynamics and interpretation of the reality plane. These subjects tend toward selfishness, disobedience, rebellion, and centralization of attention, for the satisfaction of their own needs, even to the detriment of other subjects. The NC variable does not correlate with either gender, age, or schooling, probably because their personality profile has those specific peculiarities. This finding justifies the almost complete impediment recorded on the variable of repetition of learned behavior related to the new social rule in the absence of other subjects (RnC) and reflexively also on the repetition of learned behavior related to the new social rule in the presence of the new participant (RC) and on the ability to transmit the new social rule to other subjects (TC), unknown to the one or she who transmits it.

In clinical subgroup C, reaction times in acquiring the new social rule (NC) had slightly less variability than subgroup B (3 to 6), with the gender variable, for the male sex, correlating with the highest NC values, while the variables of age and schooling did not correlate with the variable under consideration. This finding can be interpreted concerning the personality profile, which in subgroup C is psychotic. The psychotic basis (structure) of these patients was reduced for simplicity to 3 types (functioning): paranoid-delusional, dissociated, and schizophrenic spectrum [99-109]. These participants have fragmentation of the ego's psychic structure, and thus their social rule container is severely compromised, as well as the continued inability of the ego's defense mechanisms to filter out the psychic content of the unconscious; therefore, the high variability of the NC can be explained by the inability or difficulty of adaptation of these subjects, who tend to interpretative frameworks severely compromised by psychotic symptoms (delusions, paranoia, and hallucinations). The repetition of the learned behavior related to the new social rule in the absence of other subjects (RnC) is almost total, with the sex variable correlating for male sex and younger age groups, but not for educational level, demonstrating that symptom severity can affect one's interpretive profile of reality, and as a result, the repetition of learned behavior related to the new social rule in the presence of the new participant (RC) and the ability to transmit the new social rule to other subjects (TC), unknown to the transmitter, is also affected.

In the control group, reaction times in the acquisition of the new social rule have an identical variability to

subgroup C (3 to 6), with the gender and sex variable not correlating, unlike schooling, to the extent that the higher the educational qualification attained and the longer the reaction time to the sound stimulus, as in the case of clinical subgroup A. Confirming the findings, the repetition of the learned behavior related to the new social rule in the absence of other subjects (RnC) is total, but the repetition of the learned behavior related to the new social rule in the presence of the new participant (RC) is partial, probably because the variable of group strength is not taken into account, as confirmed by the results obtained in the variable of the ability to transmit the new social rule to others (TC), which is low, but with a TC that is nevertheless higher among male participants. In conclusion, (Table 8) is an outline of the results and discussions.

Limitations and Future Prospects

This research work has some limitations in the study design that may partly influence the results. In particular, the multisystem nature of the psychopathological diagnosis is not considered, that although the population selection dwelt on the primary diagnosis, it cannot be excluded that secondary traits, by specific hyperactivation determined by temporary and circumstantial factors, have a greater predominance on the behavioral profile. The study is also unable to provide the different weight that the individual factors analyzed have in the evaluation of the data, such as group strength, which, by study design, is not considered, to reduce *ab origine* the excessive variability in the results. Moreover, the population sample is commensurate based on the pilot study and therefore will need to be expanded in the future to confirm the results, which in any case appear interesting. This initial work serves to lay the groundwork for a more in-depth investigation based on the stimuli already found. Future studies will focus on more extensive data collection, expansion of the quantitative sample of the population to be selected, and the specific dysfunctional weight of the subjective personality profile.

Conclusion

The data obtained from the research showed that the acquisition of a new social rule is a multifactorial process that is conditioned by several subjective factors, such as direct and experiential knowledge of the rule, the constancy and time of application, the belief of the consociates that the rule is fair, just, and consistent with the purposes of the group to which they belong, and the strength of the group, but also the structural and functional profile of the personality, which can reduce or cancel the effectiveness of reinforcements aimed at the acquisition of the new social rule.

Ethics approval and consent to participate: All participants were assured of compliance with the ethical requirements of the Charter of Human Rights, the Declaration of Helsinki in its most up-to-date version, the Oviedo Convention, the guidelines of the National Bioethics Committee, the standards of "Good Clinical Practice" (GCP) in the most recent version, the national and international codes of ethics of reference, as well as the fundamental principles of state law and international laws according to the updated guidelines on observation studies and clinical trial studies. Subjects who gave regular informed consent agreements were recruited; moreover, these subjects were requested and obtained from Giulio Perrotta, as the sole examiner and project manager, not to meet the other study collaborators, thus remaining completely anonymous. According to Legislative Decree No. 52/2019 and Law No. 3/2018, this research does not require the prior opinion of an Ethics Committee in the implementation of Regulation (EU) no. 536/2014. In compliance with Regulation (EU) 2017/745, the Declaration of Helsinki, and the Oviedo Convention, the scientific research contained in the manuscript: (a) does not involve new or already on-the-market drugs or medical devices; (b) does not involve the administration of a new or already on-the-market drug or medical device; (c) is not for commercial purposes; (d) is

Table 8: *Specific characteristics of CG/Cg, concerning behavior during the experiment. CG: clinical group. Sub-A (neurotic), Sub-B (drama), Sub-C (psychotic). Cg: control group (healthy subjects).*

CG/Cg	Description
CG (sub-A)	The neurotic group (pure anxious, phobic-obsessive, and manic) respond to the acquisition of the new social norm with short reaction times (2 to 4 sound signals), tend to conform to the expectations of the reference social group, repeat the learned behavior even in the absence of new subjects, and have a fair ability to transmit the new social norm.
CG (sub-B)	The dramatic group (depressive, bipolar, borderline, narcissistic-histrionic, antisocial-psychopathic) responds to the acquisition of the new social norm with prolonged reaction times (4 to 7 sound signals) or even absent, tends not to conform to the expectations of the reference social group, repeat the learned behavior for protection or do not repeat it out of rebellion or non-sharing, even in the absence of new subjects, and have an excellent ability to convey the new social norm but only if they share it and think it is right and consistent.
CG (sub-C)	The psychotic group (paranoid-delusional, dissociated and schizophrenic spectrum) responds to the acquisition of the new social norm with moderately prolonged reaction times (3 to 6 sound signals), tends not to conform to the expectations of the reference social group but repeat the learned behavior even in the absence of new subjects if they do not feel threatened and deem it right and consistent, despite the poor ability to convey the new social norm.
Cg	The control (healthy) group responds to the acquisition of the new social rule with moderately prolonged reaction times (3 to 6 sound signals), tend to conform to the expectations of the reference social group, and repeat the learned behavior even in the absence of new subjects if they agree with it, if necessary, or if they consider it consistent and right, with an excellent good ability to transmit the new social norm.

not sponsored or funded; (e) the participants have signed the informed consent and data processing, in compliance with applicable national and EU regulations (f) refers to non-interventional but observational-comparative diagnostic topics, for validation of the newly proposed questionnaire; (g) the population sample was collected at a date before the start of this study and is part of a private, non-public database.

Acknowledgment

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