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What is This?



### Outlines of a general psychological theory of psychological intervention

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#### Abstract

While everyday life is necessarily using common sense for solving practical problems, it is not sufficient for psychology's advancement of generalized knowledge. Our recognition of the conceptual-methodological unfeasibility of the common-sense foundation of psychology raises the necessity of developing a theory of intervention that considers the psychologist's actions as belonging to the in-between zone: while everyday life is based on common sense, the science of psychology and its practices transcend that very common sense. The relationship between general psychological knowledge and the concrete situatedness of psychologists' practice gives the discipline a number of tension points: (a) the social construction of the client's requests at the intersection of practical interests, general knowledge, and local social expectations; (b) how one can interpret current psychological knowledge and the client's practical interest in turning to get help from psychologists. The epistemological and conceptual implications of these tension points are outlined, showing how a careful analysis of psychology as practical profession can contribute to the theoretical development of psychology.

#### Keywords

common sense, psychological intervention, psychology practice, psychology profession, theory-practice tension

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Sergio Salvatore, Universita del Salento, Dipartimento Scienze Pedagogiche, Psicologiche e Didattiche, via Stampacchia (Pa. Perlangeli), Lecce 73100, Italy. Email: sergio.salvatore@unisalento.it Psychologists' professional action is often seen as based on scientifically grounded knowledge that is mediated by an expert for the sake of a client's goal. This general idea is sufficient to highlight three basic features of any professional action:

- a) The nexus between the object of the scientific knowledge—therefore the output that the expertise grounded on such knowledge is expected to carry out—and the client's goal.
- b) The professional exchange between the expert and the client, that triggers, regulates, and constrains the professional action.
- c) The technical expertise that enables the professional to pursue the client's goal.

Many professions take points (a) and (b) for granted and consider them unproblematic—with the result that they mostly concentrate their commitment to point (c). This can be so because in those cases both the expert-client relation and the expertise's outputclient's goal relation are regulated by normative, generalized meanings that are already encoded in the common sense. A good example of this concentration can be seen in medicine. Here, scientific knowledge (anatomy, physiology, etc.) grounds the technical expertise that expresses itself in terms of diagnosis and therapy (point c). At the same time, this scientific-technical grounding regulates the organization of the relation between doctor, client, and society (point b). This is evident both at macro level-for instance, the departmentalized organization of hospitals reproduces the accepted organizational structure of existing medical knowledge. Likewise, this organization occurs also at the micro level-for example, the reference to the technical procedure compels, and at the same time supports, doctor and patient to achieve a level of intimacy that would be felt as embarrassing, intrusive, dangerous in any other similar circumstance. Moreover, it is the technical output as defined by medical science which channels the client's needs and goals (point a), rather than vice versa: people have many fantasies about what it means to be healthy and as many expectations on how to cure illnesses, yet they usually come to interpret their expectations in accordance with what the medical profession accepts as appropriate and feasible (or not).

Many professions work efficaciously in such technical terms, namely, assuming as unproblematic and already given contextual conditions (i.e., points a and b), and therefore considering the regulation of the professional action as just a technical issue. In several domains of expertise, however, technique does not show the same capacity of regulating exhaustively the professional action. Take the case of the stock market—the recurrent worldwide financial crisis shows how the technicality of the financial market (devices, products, computational models) is capable of producing local advantages, but is blind of its systemic destructive effects. In a similar way, in the field of education it is largely recognized that the didactic relationship is open to contextual influences (S. Salvatore et al., 2003) that cannot be managed exclusively in terms of invariant didactic procedures (S. Salvatore & Scotto di Carlo, 2005). Social and urban planning (e.g., Kubrin & Weitzer, 2003) and management (e.g., Marturano, Wood, & Gosling, 2010) are further examples of how the professional practice has to deal with contextual dynamics that, due to their unpredictability, escape to a merely technical regulation. Our central thesis is that even if contemporary psychologists often interpret their practice in technical terms (Carli, 2006; S. Salvatore, 2006),<sup>1</sup> psychological intervention has more in common with the professional domains mentioned above. More specifically, *it does not lend itself to be thought of and acted out merely in terms of technical regulations. In the case of psychology, the contextual aspects (i.e., points a and b above defined) are crucial for both scientific knowledge and practical intervention.* For that reason psychology cannot take for granted the commonsensical construction of the contextual conditions of its own application.

As viewed from our perspective, psychology needs to center its focus on semiotic dynamics—as human psychological phenomena are primary cultural in their nature. It needs to be devoted to analyzing and understanding common sense and the role it plays in the mind's functioning as well as in the organization of daily life. Consequently, for applied psychology, the client's socially guided interpretation of a certain issue as a problem calling for a certain kind of solution-goal, triggering the professional intervention, and defining the condition of its unfolding as well as the value of its output, are not aspects to be pushed into the background; rather, *they are the very psychological reality of any application*. They are slices of the socio-cultural construction of daily life that need to be *interpreted and elaborated*.

#### Towards a theory of psychological intervention

In this paper we aim to lay the foundations of a *general theory of the psychological intervention* that assumes the psychologist's professional action as a *conceptual object to be modeled*. We consider such an effort a contribution both for the professional practice and the development of the psychological theory. Our plan is accomplished through three points. First, we propose a model of the relationship between clients' goals and the output of the intervention (point a). This leads to the second point: the need of a general definition of the object of the psychological science as the meta-theoretical framework grounding the theory of the output. Third, we discuss the psychologist–client relationship (point b) on the grounds of one of the possible meta-theoretical frameworks psychological science has developed: the view of psychological phenomena as dynamics of sensemaking.

#### Theory of the output

We define common sense as being the socially shared set of taken-for-granted meanings defining canonical forms of social order (S. Salvatore & Venuleo, 2013). These canons provide people with the sense of what is "normal," therefore "to be expected"; they make the experience thinkable, learnable, and addressable. They define the horizon of finalities: what could be considered the realm of canonical "solutions" to "problems." When a certain event produces a rupture in the canonical order, this rupture triggers a movement of reaction in the subject (and/or in his/her social surrounding), directed to rectifying the violation. This movement is oriented by common-sense rooted generalized assumptions (Zittoun, 2011) that channel the interpretation of the rupture, its causes, how to address it, and for what.

Accordingly, the goal (and the content) of the request to the psychologist is the client's desire of restoring a canonical order. This entails that the psychological intervention is triggered by reason of a potentially infinite set of events and critical issues, as many violations of common sense can be associated with psychology. For instance, insofar as the abusive consumption of alcohol and drugs is seen as a canonical violation, addiction is connoted as a "problem" that requires, among many other undertakings, a psychologist's intervention. This common sense "problem space" can expand if—some day in the future—the eating of meat should be considered a violation of a relevant canon, a psychologist could be invited to intervene with the meat eater and/or their relatives. This means that common sense is able to guide the psychological intervention practice towards a potentially large variety of phenomena that include virtually any domain of social life—individuals, community, organizations, job, tourism, sport—and issues—disease, prevention, behavioral control, trade, and so forth.

Such amplitude of sources and contents of request is not only an opportunity for psychological practice. It is also a theoretical and methodological issue—it raises the problem of how to bridge the clients' goals with the *output* of the psychological intervention—namely the result expected to be obtained as a consequence of the competent usage of the psychological scientific knowledge. While the clients' goals are potentially infinite, the variety of the output cannot be that, but remains limited. This is the consequence of the fact that the psychological science, as any scientific discipline, necessarily deals with a limited set of objects.

This problem is not unique to psychology. All professions have to address this issue, because in different extents any profession is triggered by requests whose content/goals are defined in terms of common sense and by reason of a plurality of domains of social life. Most professions have consolidated models for linking the plurality of phenomena conveyed by clients' requests with the professional output. For instance, engineering is a profession that touches on many aspects of social life—from civil construction to sound control, from logistics to management. Yet an engineer considers herself an engineer, regardless of her specialization, because she has a clear idea of the domain of competence that characterizes her professional function and therefore the way of addressing the phenomena raised by clients' requests. The same can be said about medical doctors—they are differentiated in many branches, yet such specializations are rooted in a unitary model of the medical function.

#### Contemporary psychology and the psycho-bug metaphor

Most of contemporary psychology has adopted a pluralistic strategy to address the issue of bridging the output grounded on scientific knowledge and clients' goals. Such a bridge is defined within each singular domain of intervention, in terms of the coupling between the dimension(s) of adjustment at stake in that domain and a certain psychological quality supposedly involved. According to this equation, the violation of a canon at the level of adjustment is interpreted and addressed in terms of the malfunctioning of a certain psychological factor. For instance, school drop-out is interpreted in terms of alleged psychological factors—i.e., school bond, motivation. Consequently, the intervention assumes the function—and the social value—of a restoration of the canonical order,

through the elimination of the psychological cause of its violation. According to such a semiotic mechanism, any time that something is wrong in society, it is the task of psychology to identify the psychological factor—what we propose to call the *psycho-bug*—responsible for the problem and the way it can be eliminated. And thus we have plenty of psychological causes, good for any kind of circumstances considered culturally undesirable—disaffection at work, social conflict, adolescent rebellion, marriage crises, pedophilia, and so forth.

#### Limits of the psycho-bug metaphor

According to our thesis, the pluralistic and domain-dependent definition of the intervention's output is not a good solution (for a critical discussion of this point, even if focused on the psychoanalytic field, see Sandler & Dreher, 1996). This is for theoretical, methodological, and practical reasons.

First, there is a need to analyze the way common sense works—namely the tendency of common sense to reify the experience in terms of ordered and redundant structures that need to be matched to homogeneous causes. Instead, it tends to collude with it, in the final analysis using it as a lever of social legitimacy. This is so despite the caution that should have been learned from the history of the clinical profession—it is sufficient to think of homosexuality to find a clear example of how clinical psychology has assumed what at that moment represented a violation of a social canon, as the *explicandum* of a psychological *explicans* (in terms of personal trait, mechanisms of mental malfunctioning, early relational experiences, and so forth); and if one were willing to go a bit further, one could think of the pre-war Confederate American clinicians who diagnosed the slaves that tried to escape as being affected by "Runaway Slave Disorder" (*drapetomania*—literally: "syndrome of running away, of deserting"). Insofar as psychology is unable to elaborate a theory of the output of the intervention, it is probable that it serves more as a device for reproducing common sense (and the social order based on it), rather than as a way of addressing specific, scientifically informed goals.

Second, in absence of a general theory of the output it is hard to model the change pursued by the intervention. This is the reason of the fact that most of psychological applied research (e.g., psychotherapy research, community psychology) is not able to go beyond the descriptive identification of regularities among data and/or the recognition of the fact that the psychological intervention, in a more or less great proportion of cases, has an impact on the target phenomenon. Yet, why this happens (and why it happens in a certain proportion, due to which conditions) and how it happens, as a consequence of which kind of dynamics, remain unclear. And in the final analysis this means that there is no evidence that can lead to a convincing rejection of the claim that the impact of the psychological intervention does not reflect the specificity conveyed by such an intervention, but more generalized socio-cultural dynamics that are enacted through the intervention (S. Salvatore, 2011). In order to understand if and how the intervention brings about change, one first has to deal with the nature and content of the change assumed as the output of the intervention. But the latter task is not only a matter of empirical data, it is an issue of conceptual analysis (S. Salvatore & Gennaro, 2012; S. Salvatore & Valsiner, 2010): the change has to be modeled for the sake of being

investigated. This is the same as saying that only when the output is defined can it be modeled in terms of the mechanisms of change that it is the result of (Smith & Grawe, 2003). For instance, in the frame of the semiotic interpretation of psychotherapy, once the output is defined as the capacity to produce semiotic innovation, the dynamics of change it consists of lends itself to be conceived as the result of the increasing complexity of the network of signs characterizing the client's interpretation of the experience (Nitti, Ciavolino, S. Salvatore, & Gennaro, 2010). Efforts in this direction exist (e.g., G. Salvatore, Carcione, & Dimaggio, 2012; Stern, 2004) but they lack a deeper grounding on a general theory of the psychological output. For this reason, in the final analysis, they take the form of post hoc description rather than of a model enabling the guidance of the intervention.

Third, the pluralistic and domain-specific approach favors the reification of the domains of intervention, as if each of them were concerned with a specific phenomenon having its own way of functioning. Accordingly, as many psychologies may be developed as there are branches of social life—child psychology, work psychology, leisure psychology, school psychology, psychology of migration, psychology of sport, and so forth—where such psychologies are not specialization, but autonomous arenas, each of them with their own ontology, theories, methodologies, techniques, and training paths. The consequence of that is the fragmentation of the psychology, the lack of communication among the different areas of investigation, e.g., how and what happens in clinical interventions sounds practically meaningless for the psychological intervention in the school or work context. In a word, an extraordinary waste of experiences and knowledge.

#### An alternative way of defining the output: Abstraction

Roughly speaking, professions have two general ways of creating a nexus between their output and clients' goals. One way is the normative one. Here, scientific knowledge guides the selection of the phenomena that the request refers to. This is the case of medicine. People go to the doctor because they are not able to sleep, but not because they are not able to win at poker. The other way is *abstraction*, namely, the theoretical elaboration of super-ordered models of interpretation of phenomena of common sense.

Psychology cannot but follow this second way. This is so because psychology does not have the institutional power to impose its own system of knowledge on the common sense,<sup>2</sup> in ways in which medicine does. Incidentally, this is perhaps the main reason why many psychologists tend to assimilate their way of working to the medical profession (e.g., Albee, 2000).

The strategy of abstraction requires conceptualizing the link between clients' goals and intervention's output. According to this view, the *phenomenon* is the portion of the world (an event, a characteristic, a class of facts) as interpreted by common sense. The *object* is the abstract model of the phenomenon in accordance with the basic, general psychological theory. Thus, the object represents the target of the psychological intervention; at the same time, given that it is the interpretation of the phenomenon, it also works as the bridge between the theoretical ground of the professional intervention and the content of the request. To give an example, stones falling, planets moving, people swimming, are very different phenomena, but in the instant they are interpreted in terms of physics' basic model of gravity, they acquire the specific meaning according to which they can be treated as instances of the same abstract object operating under different field conditions (S. Salvatore, 2011). Thus, *the object can be considered the theory-driven abstraction of the phenomena*. This is at the core of theoretical psychology—the notion of abstraction is the way of making a selected aspect of a phenomenon relevant (see Bühler, 1934/1990).

Once the phenomenon is abstracted in terms of object, the basic semantic and syntax for modeling the output has been provided—as an expectable transformation of the state of the object as consequence of the professional action. It is worth noting that the new semantics and syntax is the language of the scientific theory. Thus, the model of object and output constitutes a different linguistic domain respect on the common-sense language in terms of which the phenomenon and the clients' goals are represented. This means that the intervention requires a double translation: first, the translation of clients' goals into the domain of the scientific theory, and second, back translation of the output into the common-sense language, in order to make the output meaningful for clients.

In sum, the double translation consists of: a) projecting the client's goal onto the representational space of the scientific knowledge, in so doing providing the heuristic and theoretical devices to interpret it, b) designing the output of the intervention, c) planning the way of pursuing it, and d) back translation re-projects the output onto the common language of the client's world, allowing for attributing meaning and value from the clients' standpoint.

#### What are the implications for psychology as science?

Contemporary psychology is rich in myriad local, short-range models, but it seems very poorly committed to general abstract theory building (Gigerenzer, 2010; Valsiner, 2009). From this perspective, psychological intervention represents a level where development of its theory is needed. The demands for elaboration of general abstract models for interpreting the kaleidoscopic multitude of clients' requests grow. It is outside the scope of this paper to address this basic issue specifically. Here we make explicit our view on this point for the sake of highlighting the implication of a psychology being capable of abstract interpretation of phenomena on which intervention is requested.

#### Sensemaking: The core of human psychological functions

We regard the semiotic-cultural theory of sensemaking as the grounds of the psychological object, the theoretical model providing the frame for interpreting phenomena in psychological terms and therefore to model the output of intervention. In accordance with this, processes are seen as dynamics of exchange of signs, thanks to which people distance themselves from the immediateness of the experience, shaping the present and projecting it onto the future (Valsiner, 2007).

The semiotic-cultural theory provides a conceptual meta-frame for interpreting the whole set of phenomena generally associated with psychology (S. Salvatore & Freda, 2011; S. Salvatore & Valsiner, 2006; Valsiner, 2007, 2012; Valsiner & Rosa, 2007): it provides a unifying view of domains like psychotherapy (Gennaro, 2011; Zittoun, 2011),

education and training (Marsico, Komatsu, & Iannaccone, 2013), community (Carli & Giovagnoli, 2011), economic behavior (S. Salvatore, Forges Davanzati, Potì, & Ruggieri, 2009; Sato, 2011), and so forth.

The semiotic-cultural standpoint highlights the need for psychology to develop a general theory enabling the transference of knowledge among the psychological domains as well as the elaboration of strategies of intervention that are theoretically grounded and at the same time consistent with the target phenomena.

#### The psychologist-client relation in semiotic key

As we emphasized above, the output of the psychological intervention has to be defined in the abstract language of psychological science. This raises the question of the double translation, namely the issue of setting a nexus between the output as defined by the language of theory and the client's goal conveyed by the request, the latter being defined in terms of the common language. The client expresses a request in terms of his assumptions. This request triggers the psychological intervention producing an output. This output, however, does not fulfill the request, because it is a function of the psychological intervention, inherently not coincident with the request. Note that such coincidence is not a matter of quantity or of conflictual directions—e.g., as it would be if the client expected to be reassured by the psychologist and the psychologist believed that it was not worth giving such reassurance. Rather, it is a matter of incommensurability: psychologists and their clients define the terms of their actions through two different languages. The request reflects the common language, consisting of reified entities, naïve causal nexuses, and taken-for-granted canons (Moscovici, 1961), namely, the language of the desire; the output reflects the language of the abstract theory. Thus, the output is not meaningful per se for the client. Rather, it is an open sign, namely, a potentiality that has to be interpreted by the client in order to acquire value for him/her. And obviously the client does so in terms of his/her system of assumptions, the same that ground the request.

For instance, the above-mentioned definition of the output as semiotic novelty makes no sense for the client. She does not experience what happens in the intervention and the result of it in these abstracted, technical terms, because such language is not her language. Rather, she will enact the capacity of semiotic novelty in the circumstances of her life, and what she experiences of it is the *difference* that this capacity will be able to generate in her world. This difference is the value of the output for her. Yet, insofar as the value is defined in terms of the difference in the client's life, it is a function of the content and the organization of the client's world. Consequently, one has to conclude that the *output of professional practice has no inherent, fixed nexus with its social meaning*, namely with the kinds of use through which it is interpreted and valorized by clients (Grasso & Stampa, 2011).

#### The request for psychological intervention as an act of meaning

It is only through some meaning construction within common sense that leads to the client's decision to contact a psychologist and make it seem "the thing to do," in some cases even categorically prescribed. Usually the act of "here we need a psychologist" is treated as the trigger of the psychologist's intervention, rather than a phenomenon of sensemaking. Yet it is the latter that needs to be analyzed with interpretative psychological models of the very act of summoning a psychologist to address *this particular*—rather than any other—"problem." The automatic acceptance of the "need for the professional help" prevents the analysis of the request itself, and its inherent linkage with the subsequent psychological intervention. By being "helpfully practical" the psychologist is blind to that very act of "helping" and its wider meaning (S. Salvatore & Valsiner, 2006).

#### The semiotic circuit of the request

As said above, the choice of applying to a psychologist is not only a functional action, but also an *act of meaning*: a performative interpretation of experience. This act of sensemaking, what Carli (1987, 1997; Carli & Giovagnoli, 2011) has proposed to call *demand* [*domanda*]—the symbolic value of the request—operates at multiple levels of meaning. It sets up the way of seeking a solution to what is interpreted as a problem. It is also a way of constructing the meaning of the problem, or rather, of qualifying the violation *as a problem*. Therefore, *the request is the enactment of the adhesion to the social order*: The reaction to the violation entails the canon as the expected normality that has to be restored. It is in this sense that we speak of the performative act of sensemaking: an action that reifies the context of meaning according to which the action itself acquires sense.

Consider the parents of a 14-year-old boy engaged in a conflictual relation with him. Their act of bringing their son to the psychologist is at the same time the enactment of a plurality of nested and interacting meanings. Some of them are listed below, between the markers ||:

- |something is happening that is not what should happen| (semiotic construction of the situation in terms of violation);
- |what happens should not happen—it is *a problem that must be addressed*| (semiotic construction of own position in front of the situation);
- |the problem is caused by our son| (semiotic construction of the other);
- |it is brought about by some psychological cause| (semiotic construction of the cause);
- |the psychological causes of our son's behavior are serious enough to require the intervention of an expert| (semiotic construction of the way of addressing it);
- |the expert that is to intervene must be a person endowed with professional competence, as institutionally defined (semiotic construction of the professional role);
- |we are the parents of our son; we have the duty to address the problem and to impose such action on our son| (semiotic construction of identity).

As one can see, these meanings have different levels of generalization—some of them just concern the local circumstance (what happens to our son); others, in which the former are nested, encompass a more generalized dimension of the experience (e.g., the image of professional, the vision of the society as being able to guarantee professional competency); others are even more generalized, somehow concerning basic assumptions shaping the sense of life (I as parent; the vision of the relationship between parents and

child as normatively expected to be non-conflictual; the very fact that undesirable events can be addressed and overcome).

The latter example should have clarified what we intend with the claim that the act of request is the performative enactment of generalized assumptions: an action through which such assumptions are reproduced. According to this standpoint, the request has a value that goes beyond its functional content: a client appealing to the psychologist in order to get through problem X, in so doing constructs a world, the world where the fact that X is addressed makes sense.

#### The assumption of the client's inherent incompetence

The common-sense grounds of the client's request cannot but result in a form of inherent divergence from the setting of the intervention, since the latter is defined in terms of the psychologist's abstract theoretical model. From the point of view of the psychologist, this divergence represents a form of incompetence. This follows from the distance between the ideal-model of the client fitting the setting and the actual client enacting it. However, such incompetence cannot be considered a violation of the expected idealmodel of client. It requires a double interpretation—namely, the idea that the incompetence is at the same time the *condition of possibility* of the intervention, its *constraint*, and its core target. It is the condition of possibility because it is the grounds of the request: the client cannot but shape his/her decision to consult the psychologist in terms of a common-sense interpretation of his/her situation and of the function of the psychologist; at the same time, the incompetence is a constraint because this interpretation works in normative terms on the intervention, mediating the way the client partakes in the relationship with the psychologist. For instance, if teachers at a school ask a psychologist to intervene with a student they consider problematic, they would probably feel they were being helped by the psychologist who started to interview and subject the student to tests, because this way of acting would be consistent with their interpretation of the problem that is to say, with their demand (Carli, 1997). However, they would not accept—or they might accept with some resistance—the psychologist's decision to shift the focus of the intervention onto the teacher's way of relating with the students. Such a choice might be felt, for instance, as an accusation—"so the psychologist thinks that we are the problem! It is clear that she does not understand our situation."

If the request were just a constraint, the psychologist could regulate it in a normative way, as other professions do. The psychologist could assume an attitude of this kind: "You—the client—have a problem, that I know how to solve, through which operations; so, regardless of how and why you decided to ask me, if you agree to create the conditions I need to work with you I will probably be able to obtain the result you want." Actually, this model is largely practiced by psychologists. Yet the third aspect of the request—its being the core target of the intervention—makes it structurally unfeasible. As we have observed, the request is the sign of the demand (Carli, 1987, 1997)—namely the generalized assumptions on which the whole client's field of experience is grounded (the client can be an individual, a group of people, an organization, a community). Now, unlike any other profession, the psychological intervention—however one wanted to define its aims—has the function of addressing these generalized assumptions. Therefore,

the request cannot be normatively constrained in order to prevent it clashing with the setting, because the aim of the setting is the elaboration of the request: the analysis of the generalized assumptions it enacts. In this *recursion* there is the specificity of psychological intervention that prevents this profession from adopting a normative model of regulation of the professional exchange.<sup>3</sup>

In sum, the interpretation of the request is relevant for both theoretical and methodological reasons. From a theoretical standpoint, the request is grounded on generalized meanings sustaining the cultural system the client is part of. Therefore, the interpretation of the request is a way of analyzing the dynamic organization of common sense, namely its normative capacity of triggering and channeling sensemaking. From a methodological point of view, the request is a way of enacting the latent normative assumptions grounding the request itself—one goes to the psychologist because a canonical order is disrupted. Thus, going to the psychologist to rectify this disruption is *ipso facto* the performative affirmation of the adhesion to such a canonical order.

Consequently, if the professional does not address the semiotic, performative valence of the request, he works *de facto* as a way through which the client's sensemaking can unfold, namely, he does not help the client to analyze how her sensemaking works, but rather becomes acted on by such dynamics, at least at the level of its basic organization (i.e., the level of the basic normative assumptions enacted by the request).

#### The client-psychologist relationship as dialectics of otherness

The distinction between object and phenomena leads to a radical rethinking of the exchange between client and psychologist. Unlike many authors who conceive of the relation of intervention in terms of empathic attunement (Kohut, 1971), and more radically than the authors who consider it in terms of the alternation of ruptures and repairs (Safran & Murran, 2000), the professional exchange can be considered as a *dialectics of otherness*, whose reciprocal strangeness leads to the emergence of semiotic novelty.

According to this view, the relationship between client and psychologist raises two methodological issues: how can one conceptualize the dynamics of otherness that make it up, so to enable the psychologist to develop and govern it? How to conceive of the bridge between the output of the intervention and the value the client attributes to it? We briefly outline these two basic aspects below, not to provide definitive answers, but for the sake of highlighting how these aspects are of relevant general theoretical interest, which goes beyond the already important topic of professional practice.

## Professional exchange as a potential arena for study of the dialectics of otherness

The recognition of the inherent incompetence of the request as the core target of the intervention leads to a different way of conceptualizing the professional exchange, which lends itself to be seen as a recursive dialectic between otherness, from which local provisory synthesis emerges as a form of semiotic innovation (Ribeiro & Gonçalves, 2011). One can understand this dialectic in the following way. Position A (say, the psychologist's setting) meets an inconsistency in position B (say the client's

attitude/expectation)-namely, B does not work as a way of feeding the reproduction of A, it does not lend itself to being the device of the other's desire. In so doing, B represents a (not necessarily intentional) proposal of otherness toward A. A can react to such otherness by trying to assimilate it, ultimately to negate it. This can be done in many "as if' ways-backgrounding the difference and foregrounding the similarity; transforming it into a more abstract form of similarity (e.g., "she says no, but this was just a polite way of saying yes"), fighting it (in so doing shaping it as a contingent violation of the canonical order consisting of the absence of otherness), normatively constraining it, or adhering to it. In so doing, A can reproduce its position through time, without being compelled to develop anything new. Obviously, the opposite can occur, with B assimilating A. Needless to say, this circuit of reciprocal assimilation may even be desirable in many circumstances of social life (Valsiner, 2002), because it consolidates the relationship; yet it is less desirable in the case in which semiotic novelty is the purpose at stake. As an alternative, A can use the constraint that B represents for itself as the condition for extracting from itself a more differentiated level of organization (say A') being more compatible with such constraints. And given that A' will work as a further proposal of otherness for B, A' can trigger a new level of organization in B (say B'), which, in turn will work as a further proposal of otherness for A', thus feeding the recursive dialectics and therefore providing a new opportunity for developing semiotic novelty.

In sum, the psychologist has a double task toward the client. On the one hand, to work as setting—namely, as radical otherness compared to the common language grounds of the client's view. This is the *technical task*, the strangeness of the professional competence. On the other hand, to modulate her own otherness so as to make it "usable" by the client. And this latter task, in the final analysis, entails recognizing the otherness of the client, namely the autonomy of his sensemaking, i.e., the specific way, time, and conditions in which the client can and is willing to meet the otherness of the psychologist. This is the *methodological task* of the intervention, the one that grounds the very possibility of the technical task.

#### Conclusions

We have outlined the issues demanding the development of a general theory of the psychological intervention. We have discussed how the commonsensical grounds of the psychological profession reduce the function of psychology to be a device of the socio-cultural reproduction, reducing its capability of innovation.

This is not only and mainly a damage for practice (that actually could even benefit from the collusive grounds of the common sense), but above all a missed opportunity for the theoretical and methodological development of the discipline. As we have discussed, the refusal of the commonsensical foundation of the psychological intervention makes immediately evident several theoretical, epistemological, and ontological issues being at the core of psychology—the nature of the psychological knowledge, its object, the relation between the scientific theory and the contingencies of empirical phenomena, the dynamics of emergence of novelty. At the same time, such refusal raises several methodological issues that do not lend themselves to be addressed in normative and operative terms, rather they require the development of general theoretical models: otherness, dialectical synthesis, sensemaking, generalized meaning, are all examples provided above of abstracted concepts that are required to address such a task.

In sum, the view proposed in this paper entails the domain of professional practice as the context where theory and action are strictly linked: modeling the output is a theoretical task; yet it is a very important practical operation too—we need a theory of the output for developing a theory of the change, then to empower strategies of intervention, to better understand the psychologist–client relationship, to handle dynamics of intervention in the course of action, to select and train new professionals more efficaciously. These are the tasks that move any professional system from its infancy, when practice goes ahead in terms of trial and error, to its adulthood, where practice is guided by models.

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#### Notes

- Psychoanalysis is illustrative of this point. At its beginning, Freud had the intuition that the technical aspects were to be embedded in a more general view encompassing both the interconnection between technique and relation (as showed by the notion of transference) and between output and socially defined goals (on this point see the discussion about the conflict between the function of knowledge and the function of cure attributed to the analysis; Freud, 1912/1957). Yet, both such aspects have rapidly moved into the background, as long as the progress of the legitimating of psychoanalysis as a profession developed (Sandler & Dreher, 1996).
- 2. We are aware that many (reviewers among them) could disagree with this statement, underlining the capability of psychology of affecting common sense, as shown by how common sense is inflated by psychological terminology and topics. In our opinion, this is not a cue of psychology's power of shaping the way common sense organizes the interpretation of daily life experience. Rather, it is the marker of the capability of common sense to assimilate scientific knowledge, namely to make familiar the unfamiliar (Moscovici, 1961).
- 3. Needless to say, the demand is a ubiquitous dimension of any professional exchange. Also a client consulting a doctor does so on the grounds of a generalized system of meanings qualifying his request, his role expectations, as well as the value attributed to the output. For instance, a patient may feel that his disease is the right punishment for his guilt, and therefore have no expectations of the medical intervention; another patient may consider her symptoms a waste of time and money and the doctor as an obstacle to be neutralized. Yet, in the case of medicine the request is not the target of the intervention-medicine does not pursue as its central goal the client's system of meaning, as psychologists do. Therefore, the request can be addressed by the medical intervention in normative terms: the medical institution works as a constraining source of control on the client's feelings and behaviors. All this does not rule out the possibility that the position of the client is inconsistent and conflictual with the condition of happiness of the medical technique, e.g., the case of a patient who expects to be recovered instantly. Yet in cases of this kind the medical institution feels it can legitimately interpret the rupture as a client violation (this is the way the issue of compliance is treated in medical culture). Incidentally, the normative power of the medical institution does not fully protect the medical intervention from the divergent desire conveyed by the demand-the placebo effect, as well as the relevance to the cure of the commitment to health are indications of this desire.

This also makes medicine an intervention that does not lend itself to be seen exclusively in technical terms. On the other hand, these grey areas of the medical intervention are precisely the ones that medical culture appears to be less capable of handling—paradoxically often the area delegated to the psychological function (Gleijeses & Freda, 2009).

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