From psychopathology to service. A new view of the clinical psychology intervention

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Psychology has traditionally defined its function in terms of care and the critical condition of the client in terms of psychopathology. On the other hand, the concept of psychopathology is quite controversial (Kendall, 1986; Rogers & Pilgrim, 2005). On the one hand, there are those who claim that it is nothing more than a social construction (Eisenberg, 1988): the same principles of normal, healthy, goal-oriented behavior appear to change in different historical, social and cultural contexts, so that it is very difficult to define what it means once and for all to act "realistically" or "adequately". On the other hand, there are those who defend the ontological status of psychopathology, namely the view of mental disease as a state of the world, caused by the malfunctioning of a certain mechanism and in its turn producing effects on behaviour and experience.
The aim of this chapter is to provide a critical view of psychopathology and its function in the clinical psychology intervention. A different approach to clinical work is proposed, developing a view of the psychological function in terms of the user's personal project.

The medical model. Psychopathology and context

A radical critique of the notion of psychopathology comes from the constructionist perspective (i.e. Gergen, 1985; Sharf & Vanderford, 2003). According to this view, psychopathological categories are not the byproduct of specific modalities of the mind's functioning, encapsulated in the head of the individual; rather they are socially connoted scripts, with which some individuals identify, as a result of and at the same time with the function of regulating their position in contexts of discourse.
In the Italian clinical psychology field, Renzo Carli (1987) deepened the critical analysis of psychopathology as the terrain of clinical intervention. He highlighted two interconnected points. On the one hand, the acknowledgment that the notion of disease entails the reference to an etiopathogenetic theory; this, in turn, is grounded on a normative physiological model. Both these aspects are available in the case of physical disease, but they are not given in regard to mental processes (Szasz, 1987). On the other hand, the acknowledgment that the psychopathological condition is necessarily defined in terms of a contextual canon[1]; thus, the treatment has the intrinsically conformist implication of restoring the canon defined by the cultural norm. Examining this line of thought in greater depth, Grasso & Stampa (2011) showed that the nosographic interpretation of the problems that leads people to contact a psychologist involves the scotomization of the specific, idiosyncratic, contextual content of the request, namely of its psychological value.
An intermediate position recognizes the value of the notion of psychopathology as a deviation from the developmental norm, and at the same time tries to see how to incorporate social and subjective factors for a better understanding of mental health. For instance, in the most recent literature, Durkin and Hick (2014) argue that traits and disorders are dynamic and respond to other external (environmental pressures) and developmental forces, depending on the patient's contexts of life and idiographic history. Another perspective is that of Thornton and Lucas (2011) who propose the recovery model, as an alternative to the bio-medical model of mental health: the key feature of the model is "that recovery should be characterized through a positive goal of health and wellness

[1] To provide an example, menopause, once regarded as sign of sin, and later of neurosis, was redefined as deficiency disease in the 1960s and recognized as normal aging process in the mid 1970s as a result of the feminist movement (McCrea, 1983).

rather than the avoidance of the negative aspects of pathology and illness; that positive goal is connected to the agency of the individual, to their own situation-specific self management of the process and to their identity" (p. 25).
Moving further along this a line of thought, one should be able to see that the ontological interpretation of psychopathology is incompatible with any contextual model of mind (Salvatore, 2013). Broadly speaking, the assumption of contextuality of psychological phenomena means the rejection of the view of the mind as an entity endowed with an a-historical and transcendental modality of functioning. The very view of a transcendental mind is interpreted as the result of psychology's tendency to conceive of mental processes in reified terms, namely as the expression of entities endowed with an autonomous modality of functioning (Friedman Barrett, 2006; Salvatore, 2015). In contrast, the contextual view of the mind entails a process ontology (Fronterotta & Salvatore, submitted): the mind is situated, it does not have its own transcendental structure, which then unfolds in situations, but it acquires form and modality of functioning according to the demand made by the sensemaking dynamics the individual is involved in. As a result, it is not possible to divide the mind from the semiotic dynamic which substantiates the context, in the same way as it is not possible to attribute an independent form to a liquid compared to its container. In other words, there is no psyche as a separate entity from the anthropological model at stake (e.g. the canon of humanity working as the norm within a certain historical-cultural milieu). And insofar as the trascendentality of the mind can no longer be assumed, nor can a mental "physiology" be used as support, namely a universal form of normality in mental functioning, in relation to which the deviations may be identified as psychopathology.

Mental health and conformism

The contextual view of the mind does not neglect the evidence that some ways of mental functioning are associated to higher probability of adaptation; what it criticizes is the interpretation of this association, namely the assumption that the adaptation reflects psychological normality – in the final analysis, a state of nature. Such an assumption reflects the confusion between the socio-cultural canon, which defines the potentiality of adaptation, and the models of psychological functioning. Psychology ends up taking on the symbolic and scientific role of establishing what is normal; yet, in so doing, it pays a high price: passing off the socio-cultural canon as psychological normality.
Vaillant (1977; 2000) offers a clear example of the overlap between mental health and conformity, when he states that "mental health is adaptation to life" and can be conceptualized through seven parameters: as above normal, as epitomized by the DSM-IV Global Assessment of Functioning (GAF), as the presence of multiple human strengths, as maturity, as the dominance of positive emotions (love, hope, joy, forgiveness, compassion, faith, awe and gratitude), as high socio-emotional intelligence, as subjective well-being, and as resilience. It should be noted that the parameters Vaillant uses for defining mental health are recognized as such because they are associated with conditions of social success and personal fulfillment. Now, it is obvious that such an association can be found in a given cultural milieu; but it is precisely this aspect that makes it clear that what Vaillant considers mental health is the ability to identify with a social canon – a value-laden model of the social role. In sum, it is quite obvious that adaptation (a certain kind of success) may be a function of the level of conformity to social canons; the point is that this canon does not reflect any universal psychological form, but a historically contingent socio-cultural order (Grasso & Stampa, 2011).
Other authors do not follow Vaillant in identifying the social canon with normality. For instance, Wakelfield (1992; 2007) recognizes that the adaptive capacity is not intrinsic to mental functioning, but is dependent on the context. At the same time, however, the author argues that such an acknowledgment does not entail the rejection of the ontological status of mental disorder, which

would mean denying the actual existence of mental disorders, caused by certain mechanisms/agents. Rather, he suggests considering mental disorder as *harmful dysfunction,* "wherein harmful is a value term based on social norms, and dysfunction is a scientific term referring to the failure of a mental mechanism to perform a natural function for which it was designed by evolution" (1992, p. 373). The division into two components – the malfunction and its effect on adaptation (namely, its harmfulness) – is a smart solution which effectively allows to avoid the naïve psychological universalization and naturalization of the social canon. Indeed, the harmfulness changes as the context changes, with changes in the values which locally define the adaptive conditions. On the other hand, it is precisely the acknowledgment of the contingence of the harmfulness to the context that makes it necessary to refer to the concept of dysfunction. The point is that the notion of dysfunction logically entails the notion of a model of functioning. Indeed, Wakelfield cannot avoid postulating a psychological structure with an intrinsic modality of functioning (i.e. the "mental mechanism to perform a natural function for which it was designed by evolution"): the violation (the failure) of this modality is the pre-condition for the recognition of a mental disorder.
In sum, Wakelfield's definition of mental disorder highlights the limits of any conceptual striving aimed at attributing ontological substance to notions like health and pathology, when they refer to the domain of psychological phenomena. Wakelfield's definition requires dysfunction to be taken as an autonomous reality, independent from its "mundane" consequences (namely, its harmfulness): only on the grounds of this assumption, can the harmfulness of the dysfunction be considered contingent and therefore used to classify the dysfunction itself as pathological. Yet, such an assumption is not given: in the psychological domain – at least when this domain is interpreted through the lens of psychological theory that recognizes the contextuality of the mind – it is impossible to separate the modality of functioning from their phenomenological precipitates. Thus, it is the conceptual quality of Wakelfield's proposal which shows that the problem it tries to overcome cannot be solved: psychopathology, beings *pathology*, by definition entails reference to a model of normality. This reference can occur in two ways: either by naturalizing the social canon (however it is defined: in a functionalist, statistic or value key) – as Vaillant does– or by postulating a transcendental structure –as Wakefield proposes, in so doing denying the contextual nature of the mind.

The epistemological status of psychopathological categories

Psychopathology as descriptive category
It is useful to make clear that psychopathology is not without utility for clinical psychology. It represents a semiotic organizer of the client's request, a language that can mediate the relationship between supply and demand for psychological services. In many cases, people ask for a psychologist on the basis of an interpretation of their problems in terms of mental disorder. From this point of view, psychopathology is a semiotic device that mediates the relationship between the psychologist and the user. Furthermore, and above all, psychopathological categories have a specific clinical function: they represent descriptive prototypes of the psychological configurations of the users, and, as such, they orient the clinical work. For a clinical psychologist, to recognize that the ways the user acts inside and outside the clinical setting can be described as type B personality disorder, or that the problem can be interpreted as a symptom of obsession, and so on, is certainly useful. Indeed, this acknowledgment will help the psychologist to organize the modalities of his/her work, to select and modulate the kind of interventions, to identify the ways of regulating the relationship, to orient the analysis as well as to guide the definition of the goals of the intervention.
This kind of usefulness is consistent with the recognition of the descriptive character of the category of psychopathology. A category is descriptive if it does nothing but detect the redundancy of some features. Thus, to consider a certain psychopathology category as descriptive means that the pattern of ideational, conative, motivational, affective contents, modalities of behavioral and mental

functioning mapped by the category, is stable enough through time and space to characterize the psychological profile of a certain individual and make her/his acts foreseeable, at a certain level of generalization.

Psychopathology as normative category

The problems arise when the psychopathologic categories are used in a normative, rather than descriptive key. This happens when the psychopathologic category is used for indicate the deviation from a norm, assumed as the effect of a causal agent.

The normative interpretation of the psychopathology modifies its epistemic status in a subtle but significant way. Particularly: a) while on the descriptive plane the psychopathologic category maps a certain state of affairs, on the normative plane it acquires the sense of a deviation: the state of affairs the category refers to is no longer considered in itself, but as a deviation from the expected normality; b) the deviation is interpreted either as the effect of a cause which needs to be found and at the same time as the cause of the problems reported by the user. In sum, what happens is that the psychological configuration described by the category is seen as *pathology* and the pathological valence is treated as what explains (*explanans*), what needs to be explained (*explanandum*) and what needs to be treated (the object/aim of the intervention).

These methodological and interpretative implications make the normative interpretation of the psychopathology problematic. First, at the interpretative level, it entails a shift of focus onto the deviant feature of the psychological configuration, which leads to overshadow, or even to leave in the background, the specific psychological organization which gives meaning to the users' position and their request for a psychological intervention. In other words, the phenomenology expressed by the users is not considered as such, but is subjected to a process of hypercoding (Eco, 1975), namely treated as signifying a further phenomenon (pathologic deviation). In the final analysis, the normative use of the psychopathology inevitably leads to a process of nomothetic generalization, namely to an interpretation of the local, contingent events in terms of the prototypic meaning of the psychopathological category. As is highlighted in phenomenological clinical psychology (Stanghellini, 2004), what is lost in this way is the emic, subjective, idiosyncratic, and contingent nature of the clinical datum: the fact that it is the sign of the form of experience and desire of the person who produced them. The subjective condition of the patient is not, obviously, denied, but treated as a state that is determined by the psychopathologic condition; ultimately, as a function of this condition. In the final analysis, the clinician sees the narcissism, rather than the narcissist, the depression, rather than the depressed and so forth.

It is worth noting that the limits of a nomothetic approach are recognized also in the psychiatric field (inter alia: Bracken et al., 2012; Kirmayer, 1989; 2006; Kleinman, 1988; Kleinman, Eisenberg, & Good, 1978), namely in the scientific and professional field where the normative view of health and disease plays a fundamental role. There is growing agreement that mental health problems involve social, cultural and psychological dimensions. In this vein, it is underlined that, even when a *disease* – understood as malfunctioning or maladaptation of biological and psychophysiological processes in the individual (Eisenberg, 1977) – is recognizable, the *illness* – the subjective experience of the change occurring in the way of being and in social functioning – is an intimate part of social systems of meaning and rules of behavior (Kleinmann, Eisenberg, & Good, 1978). In the final analysis, what this line of thought highlights is the necessity to take into account the individual, idiosyncratic, narrative components of the patient's experience (Thornton, 2008), namely the need to interpret the patient's clinical condition in its contingency: as a configuration that, even if it lends itself to be associated with a generalized prototype, needs to be understood as the precipitate of a unique and unrepeatable psychological organization, making up the person's way of being-in-the-world. Paraphrasing Tolstoy (1875–1877/2001), *every unhappy person is unhappy in his own way.*

At the methodological level, the normative use of psychopathology entails a logic of constructing the professional relationship grounded on splitting the user into two components: the sick

component, the target of the intervention, and the healthy one, with whom the psychologist can form an alliance. The psychoanalytic theory of technique theorizes this split, and places it at the foundation of the therapeutic relationship. This was already present in Freud's concept of *unobjectionable positive transfer*, and his followers developed the idea of the splitting of the patient's Ego into a healthy, collaborative component and a sick one (Sterba, 1940; see Etchegoyen 1986 for a systematic review). Yet this idea has to be considered no more than a metaphorical image serving to make the assimilation of the psychotherapeutic relationship to the medical one plausible. On the clinical intervention plane, it hinders the possibility of grasping the inherently ambivalent and dialectical position of the user within the setting (for an overview of the processes of meaning in terms of intrinsic ambivalence, see Ribeiro, Gonçalves & Santos, 2012; Salvatore, 2015).

The patient does not have two parts, one that collaborates and one that is ill and needing treatment. The user is in a single position, expressing a single form of desire, of a single mode of object relationship, intrinsically limited within, and therefore necessarily ambivalent: it is the same desire that invests and feeds the relationship with the psychologist and that does so in a way that makes such investment fragmented, problematic, weak and incompetent. Think of a Chinese woman that asks an English native speaker to teach her the language, of which she does not know a word. This request can only be expressed in Chinese, accompanied with gestures and images. Would we think that her speaking Chinese is her diseased part, while her use of gestures and images is the healthy part on which to build the alliance (in this case pedagogical)? You can answer: learning English is not a cure to the disease embodied speaking Chinese. And that is the exact point: if the clinician wears the lenses of psychopathological normativity, she will see the language-desire (the psychological configuration) of the user, not as the source and the vector of the investment (a necessarily limited and problematic source, but still a source and vector), but as its obstacle.

One of us remembers a patient who, after an initial phase of fruitful work, which had led to the building of a good working alliance, began to arrive systematically at the session in the last 10 minutes. If the therapist had taken the point of view of the distinction between healthy part and part diseased, he would have to conclude that the diseased part was attacking the therapeutic relationship and, with it, the bond that the patient felt he had made with the therapist. He could then have tried to strengthen the healthy part, recalling the agreements or the obvious functional need of time in order to proceed in their work; or he could have taken a tolerant attitude, responding in supportive terms to the attack. In one way or another, however, the lenses of interpretation of the separation between a healthy and a sick part would lead the therapist to see the sign of an attack in the patient's action, or, in any case, a problematic mode of entering a relationship with the therapist and with the rules of the setting. However, what the therapist saw, without the separating lens of normativity, was a desire-in-act, the plastic representation of an object relationship, a fantasy relationship, which as fantasy by definition does not lend itself to be treated in a normative key. The fantasy of an object loved and feared in his persecutory nature, loved in that it is feared, feared in that it is loved; getting to the session in the last ten minutes was the significant of this tragic desire, due to which the relationship with the other person cannot but be invested, turned into the norm and therefore violated, in an indefinitely self-perpetuating circle. In short, the separation of the client into a healthy and a diseased part would have led the therapist to understand the phenomenology of the patient's position in terms of absence; freed from these lenses, what the therapist was able to see were the signs of desire - signs that show holes and ruptures, like a torn dress; yet holes are not emptiness, but boundaries that outline presences.

What we said above can be extended beyond the clinical relationship and concern the existential meaning of a psychopathology. In particular, the normative vision makes it difficult to grasp the aspect of desiring, the adaptive nature of the solution conveyed by psychopathological signs. On the theoretical plane, this aspect is an accepted fact. The Freudian idea of symptoms as compromises, signals the recognition of their adaptive value. More recently, Bucci (1995) highlighted the need to pay more attention to the constructive function of symbolic elaboration of the symptom.

As a further point, and this is the most important aspect in our opinion, the normative use of psychopathology is reflected in an “orthopedic” conception of the intervention, as a crutch, which limits its exploitation in terms of service for the user. The distinction proposed by Carli and Paniccia (2003) is relevant here, between interventions designed to correct a deficit and interventions aimed at development. If the problem is interpreted in terms of deviation from the norm, the intervention serves to restore this normal state or, in any case, to reduce as much as possible the distance from it. For such a purpose, the existential reality of the patient is secondary – it may help to determine the conditions and constraints within which the intervention can occur, as well as the level at which the aim can be achieved, but the purpose as such lies in the psychopathological category: it consists of overcoming it.

Take a person who has the flu and goes to the doctor: the purpose of the treatment will be recovery from influence – regardless of the meaning that the disease has for that patient. Whether the patient is the president of the United States, a tramp, a Tibetan monk, or a mugger of old ladies, the goal of therapy would still be the same, since this purpose is logically part of the meaning of the nosographic category. Similarly, to consider psychopathology in a normative key implies that the purpose of the intervention is defined in the terms of the psychopathological category, therefore regardless of the specific nature of the problems that motivate the request. This waives the possibility of seeing the psychological intervention as a service in support of the user’s project. This plan is by definition specific, idiosyncratic, contingent to the person’s conditions of existence, an expression of her/his unique, incommensurable way of dealing with the calls for adaptation made by his context.

To illustrate this last point, it is useful to compare two clinical situations.

T. and G. are two patients with a similar clinical picture. Both are diagnosed as suffering from narcissistic personality disorder; both are characterized by a sense of self that is grandiose and at the same time fragile, fueled by the desire to perpetuate a total, perfect relationship with the object, symbolized as the absolute source of life and nourishment. While sharing a similar psychopathological condition and also being quite similar in terms of their psychological profile, T. and G.’s living conditions are very different.

T. is a successful entrepreneur, unrepentant womanizer, a very prominent figure in the town where he lives, envied and admired. He hides, beneath the public figure, his own sense of emptiness, which fuels feelings of hopelessness and helplessness, growing over time in inverse proportion to the worldly successes achieved. He feels he is wasting his life, he would like to stop his pointless race and find a stable partner. At the same time, he would like to step back from the whirlwind of entrepreneurial activity that he has created and that now makes him a slave to his own success.

G. is a thirty-year-old bank clerk. A particularly brilliant student, he had to abandon his advanced studies abroad to return to his small home town after the death of his father, to take care, as an only child, of his elderly mother, to whom he has always been bound by an intense, mute affection. Since then, he has been living immersed in a sense of indifference and estrangement from everything and everyone. He is a kind of automaton with human features: he is able to respond in a fully adequate manner, to the demands of his role – at work, with friends, in the relationship with his mother, with his girlfriend – but without any perception of affective participation. A person with high intellectual qualities, he often finds himself, against his will, achieving results and accolades, not only in the workplace. His reaction in these moments is of intense, widespread and generalized anger, though never expressed, as if success, in drawing attention to his capabilities, were highlighting even more the loss of the prospects of a magnificent life on which he was launched and had to leave to return to his small hometown.

If we put aside for a moment the common psychopathological profile, it is clear that the existential trajectories of T. and G. are very different. T. and G. are powered by the same psychological "engine", but their biographies are configured by clearly different situations, existential tasks, and possible paths of development. Through the work with T., he has been able to recognize that he is struggling with the task of "detoxifying" himself from success, and to weaken his dependence on

his own ability to live up to the response desired by the world. In some ways, G. has developed the opposite demand: to be helped to get back the pleasure of trying, of investing in work, in friendships, in developing the relationship with his partner. In short, T. has used psychotherapy to stop, G. to restart. T. has placed at the center of the clinical work the heady sense of omnipotence that, like an emotional drug, led him to interpret a variety of life situations as the field where he could experience the complete availability of the object. In G.'s psychotherapy, a core moment was exploring of the fantasy of being betrayed, damaged, irreparably emptied of the total object and the related feelings of alienation and anger. The function of psychotherapy, ultimately the *value of the service* provided, for T. was to allow him to tolerate grief: the pain of giving up the object, as a condition to experience how it is possible to remain in relationship with the object despite its absence, and thus to mitigate the absolute necessity to preserve and nourish its presence. The function of psychotherapy for G. was to help him to recognize his own investment in current situations (work, friends, partner), as well as in the decision to return to the small town to take care of his mother.
In short, as we hope these two clinical sketches have shown, if the clinical intervention focuses on the psychopathological category (defined in normative terms) its target is defined invariably by the category itself; if the intervention goes beyond the normative valence of psychopathology, it can have a role of serving, namely as a resource for the user's project.

Psychological intervention as service

The discussion as far has provided theoretical and methodological arguments that lead to dismiss psychopathology in its normative interpretation – namely as the way of interpreting in reified terms the problems and aim of those who ask for the psychologist's intervention. This raises the issue of defining an alternative conceptual framework to be used for designing the function of the psychological intervention (Salvatore & Valsiner, 2014).
In the second part of this chapter we present the proposal of considering the psychological intervention in terms of service. Such a proposal provides a way of recognizing and therefore take care of the user's "gap" (the maladjustment afflicting the individual), yet without reifying it, namely without taking it as a state of fact.

The construction of the hypothesis of service

Taking a contextual view of the mind and, therefore, a view of the intervention as a service, does not entail denying that the forms of behavior and, more generally, the relations with the world, have different gradients of adaptive capacity. Nor does it mean denying that such forms and modes are powered by specific patterns of mental functioning. What the contextual view critiques are two further assumptions: a) the idea according that the gradient of adaptation of a certain pattern of relationship with the world reflects its greater or lesser distance from an ideal, universal model of psychological normality; b) the idea that there is an invariant relationship between a specific pattern of mental functioning and its phenomenal and phenomenological manifestation, that is its expression on the plane of behavior and ways of relating to the world. Compared to assumption *a*, in fact, the contextual view of the mind postulates that the ways of relating to the world depend on the historical-cultural organization of the domains of human activity; as compared to point *b*, the contextual view considers that between the pattern of mental functioning and its phenomenal manifestation there is a contingent and situated relationship so that the same pattern of mental functioning can fuel different phenomenal forms in different contexts and the same phenomenal form can be an expression, in two different contexts, of different patterns of mental functioning (cf. Salvatore & Valsiner, 2010; Toomela, 2008).

The consideration made above helps to outline the parameters of the model of service suggested:

- The user's project
- the model of adaptation
- the pattern of mental functioning
- the utility function of the intervention

The vision of psychological intervention as *service* consists of the situated, personalized definition of the link among the parameters mentioned above. This linkages qualifies – idiographically – the utility that can come from the exercise of the psychological function, because of the unique and unrepeatable state of the user, as conveyed by her/his act of asking for the psychological intervention.

The user's project

The service is rooted in the problem of adaptation that fuels and substantiates the content of the request for a psychologist's intervention. The user asks for the psychologist because he/she wants to deal with a critical condition, with the help of an expert. The design of the service is based on the interpretation of this critical condition in the light of the user's *project*, that is, on the interpretation of the critical condition as a reduction of the user's capacity to pursue his/her project. This means that the critical condition presented by the user does not have a univocal meaning; it acquires its meaning (one that substantiates the service's value of utility), in the context of the user's project. On the other hand, the critical condition is such because it is the unsatisfactory form through which the client interprets and acts out his/her project.

Take, for example, someone struggling with a marital crisis. Many people share a similar situation; however, what "marital crisis" means for the subject varies from case to case: for one person, it means losing an existential reference-point felt to be essential; for someone else, it means recognizing the need for a profound rethinking of the way of being; for others, it means discovering unrecognized aspects of the relationship with one's children, or the inability to invest in career prospects previously strongly desired, and so on. The service offered by the psychologist therefore does not affect the marital crisis in itself, but what it means within and because of the person's project. Depending on the case, this may be to deal with the radical sense of loss, to rethink one's own choices and way of being, to regain the ability to invest and to seek gratification, to readjust the relationship with one's children. Ultimately, the plan of the service is by definition unique and unrepeatable, designed for the existential condition, namely the project of the user who prompted it.

Each user can be seen as a bundle of projectual trajectories, each of them being the expression of a component of the self. Moreover, these components are not necessarily in harmonious relationship with each other; quite the opposite: in part as a reflection of the progressive fragmentation of social reality, in part as an expression of the inherently dialectic nature of human relationships, every person conveys contradictory projects, even conflicting with each other, and – at the same time – often dependent on each other.

The project of the user is thus not the acknowledgment of a state of affairs, but the result of the process of symbolic construction of the user's subjectivity – an integral part of the intervention through which the user develops the quality of intentionality of his/her representation of the self; in other words, provides this representation with a temporal perspective, so as to qualify it in terms of possible development. Ultimately, the character of intentionality lies in this: to see oneself as oriented to the object.

In this sense, the user's project should be understood in a general, abstract sense: not necessarily as an explicit representation of a purpose and the planning of the steps to achieve it, but as what is *other than oneself* (the object), the pursuit of which (*pro-object*) defines the subject itself.

The adaptation model

The definition of the project allows not only existential value but also functional meaning to be given to the critical condition presented by the user. Indeed, the client's project segments a specific dynamic field of developmental exchange between the person and the environment, characterized

by a contingent, idiosyncratic distribution of resources and opportunities, demands and systemic constraints, value options, purposes, value parameters, etc. Once this perimeter is mapped out, it becomes possible to recognize and analyze the person's *adaptation model*, that is to say the way the client interprets his/her project within the contingencies in which it unfolds: *recognizing* it, in the sense of describing it as a particular combination of modes of action, use of resources, objectives pursued and value parameters adopted; *analyzing* it, in the sense of understanding the maladjustment aspect of the model compared to the conditions of the context, in particular in terms of their evolution over time.
This developmental aspect is important, as it allows the identity value of the adaptation model not to be disregarded. It is in fact a model of *adaptation*: a model that, at least up to a certain point of the person's life has fueled forms of engagement with the world the person is identified with, regardless of the costs that this existential identification entailed. From this point of view, the decision to go to the psychologist should be understood as the performative statement of the unacceptability of these costs. Accordingly, the dysfunction of the model must not be analyzed as a feature of the model itself, but as a function of the changes that have occurred in the contextual conditions (new developmental tasks, new constraints); in other words, it is not a matter of criticizing the functionality of the model per se, but of recognizing, in a development key, the circumstances under which the adaptation model results in such existential costs that the person is pushed to ask for the intervention of the psychologist.

The pattern of mental functioning
The third parameter of the construction of the service consists of modeling the psychological factor that determines the pattern of adaptation. In other words, while the model of adaptation is a descriptive representation of the way the person acts in terms of her/his project, the pattern of mental functioning is the interpretation of the user's condition provided in terms of latent psychological processes. In other words, the analysis of the pattern of mental function is the way the adaptation model is rewritten in a psychological key. As a result of this interpretation, the critical condition arising from the maladaptive valence of the model finds a way to be recognized as a result of a psychological determinant- the problem of the user is rewritten as a function of a psychological construct, therefore treatable in a psychological key.

The utility function
The psychological modeling of the maladjustment enables the content and value of the service to be defined. The content consists of the goal (*output*) that the intervention intends to pursue and of the operations to achieve it. The goal is the relationship between psychological process (the pattern of mental functioning) and adaptation model. It therefore consists of the development/adjustment of the adaptation model in terms of enhancement of its adaptive power. The value of the service regards the utility for the user (*outcome*) generated by this enhancement; more precisely, it comes from the improvement of the user's ability to cope with the critical condition that the enhancement generates.

An example
L. addresses the psychologist in a state of intense anguish and despair. She reports not having been able to sleep for several nights, and vomiting systematically when she forces herself to eat. A few days before, she discovered that her husband had been systematically cheating on her for some time with a woman she considered her dear friend. The world fell out from under her from that moment on.
In the first two sessions, L. seems to identify with the experience of betrayal in a totalizing manner. Her utterances, interspersed with silence and tears, are centered around the figure of her husband, his monstrosity and malice, and how he destroyed her. In subsequent sessions, other components of L's self emerge: L. is an established professional, facing a delicate moment of transition in the

institution where she works. She invests intensively in the relationship with her ten year old son who, after a childhood marked by some health problems that slowed down his autonomy, has been gradually gaining independence. She is a woman on the threshold of middle age, aware of her ability to arouse admiration both due to her looks, and to her intellectual and social skills.
L. feels that experience of betrayal sums up in itself, in the most intense and painful way, a wider set of circumstances and contexts that L. has been dealing with – or better suffering, for some time; in one way or another, these circumstances confront L. with the difficulty in maintaining her ability to do well, to successfully manage situations. L. experiences such difficulties as a sign of her weakness, of the loss of her qualities of excellence that she has always felt she possessed, as a reflection of the perception that people around have of her, whether they are friends, family or colleagues.
The psychologist prompts L. to explore a different perspective: many of the circumstances that she associated with such feeling can be interpreted in another way, namely as situations that have evolved, often also thanks to the contribution of L., and that, for this reason, require some kind of adaptation, a redefinition of means and ends by L. From this point of view, the critical condition that L. is confronting, can be reinterpreted from a different perspective, which - without denying L's condition as a betrayed wife - captures the woman in her being confronted with a more general existential passage: to be able to find meaning and gratification despite - or even through - the recognition of the autonomy and distance of the object of emotional investment (son, husband, professional tasks).
Ultimately, the recognition of the autonomy of the object lies in this: in contrast to what was happening until some time ago, L. is having to deal with situations where what she pursues/desires (a certain condition of relationship with the object) cannot be achieved through her own strength and ability, however much effort and commitment she makes. People and situations do not just respond to her initiatives but move, in a more or less extensive degreee, independently from her, not just as a result of how L. relates to them. Obviously, the autonomy of objects is not a new event that has occurred suddenly within the life of L. However, compared to the past, L. is more exposed and dependent on this contextual dimension, so that it is now part of her field experience. Ultimately, it is as if L. had painfully experienced that her qualities are not enough to bridge the gap from the object, because there is the third - the object of the object - that makes this distance non-eliminable.
Betrayal is the emblematic experience of a third party that is present, independent of the ability of L. to gratify the object. L. talks about herself as a wife devoted to her husband, who willingly accepted to take charge of the family, ready to satisfy her husband's every need; she cannot understand what was wrong, how it is possible for a husband to betray a wife like her. On the other hand, the same scenario of adaptation can be found – obviously with different content and experiences – in other areas of L's experience. For example, in regard to the changes in her situation at work. Until some time ago, L. worked according to a professional logic: the organizational structure had allocated her to a niche of technical and professional expertise that she managed individually and autonomously, with the only constraint being the result to achieve. In a way, the context did not exist for L.: there was only the task, which was presented as the arena within which to deploy her ability to do the best. On the other hand, it is precisely as a form of recognition of the quality of her work that the institution offered L. a promotion: she is now called upon to manage and supervise a group of young colleagues. Her work has therefore changed, evolving from a technical function to management: she is not required to operate directly on the basis of their technical and professional expertise, but rather to support and coordinate the operational work of third parties subordinate to her.
This change takes away from L. her arena of self-gratification and presents her with new problems and tasks, which call for adaptation; for example, L. can no longer think of her work as a kind of self-employment, hosted by the institution. She is urged to delegate and, more generally, to finalize the use of her own competence in terms of support and supervision, rather than direct intervention

on problems. And, in so doing, she finds herself exposed to other people, in the form of the irreducible, idiosyncratic ways her subordinates interpret their tasks.
As the next step, the psychologist confronts L. with an element emerging from a plurality of circumstances, as described by L. herself. In important moments, L. tends to interpret her duties and, more generally, her relationships as a test of her capacity, so as to deserve the approval of her interlocutor. This mode is characterized by two specific aspects. On the one hand, the pursuit of excellence and perfection: L. does not accept half measures and when she engages in something, be it a task at work, bringing up her child, the organization of a dinner with friends or the gratification of her husband, she must reach the maximum. Below that there is only the failure. On the other hand, the dependence on acknowledgment: achievements have no value in themselves for L., but only as a way of earning the appreciation of the interlocutor. In the final analysis, L. perceives her own value not through an awareness of what she achieves, but as a reflection of the perception that she fosters in the other.
L. shows she recognizes this redundant mode and the search for perfection and recognition that is her characteristic. On this basis, in the conclusive sessions of the series of encounters designed to analyze L.'s request, the psychologist proposes his view of the psychological configuration underlying L.'s recurring mode of being in the world. By sketching out a possible interpretation, the psychologist introduces the psychological point of view, so as to create the conditions to outline the idea of service which will orient the intervention and make sense of it. Specifically, the psychologist suggests that L. lives the experience in terms of a deep, latent emotional significance that makes her feel dependent on a perfect parent, who in turn wishes for a perfect daughter. The mutual idealization marking the relational scene, outlined by this emotional meaning, represents for L. both what nurtures her own sense of vitality (|I'm alive because I give life to those who love me, I exist as the perfection that I am in the eyes of those who love me, and that gives life to those who love me|), and at the same time it represents a norm, which cannot but be followed (|The imperfection makes me unworthy of the love of those who love me, and therefore destroys them by destroying me|).
This interpretive hypothesis gives meaning, from the psychological point of view, to the need for perfection and recognition that appear to be a constant in the way L. interprets the significant situations of her life. Similarly, it gives psychological meaning to L.'s subjective distress and more generally to the critical state she experiences. As part of the hypothesis, it can be seen that, for L., her husband's betrayal has operated as a kind of generalized sense of her imperfection, as signifying the loss of the idealized and idealizing (inner) parent; ultimately, therefore, as the *event* that sanctions the total and absolute failure, the destruction of all her qualities, including the ability to live and give life to others.
From a complementary point of view, the psychological meaning for L.' of her search for perfection and recognition hinders (when it does not totally impede) the woman's possibility of grasping the fact that in many circumstances the difficulties that she encounters can be interpreted - and thus faced - as indicative of evolving needs and growth, rather than as signs of failure. This inevitably results in a dysfunctional way of relating with such circumstances: L. struggles to understand the demands for adaptation that reality poses, seeing them instead as a kind of sanction of her own inability. This occurs even when the requests for adaptation derive essentially from the quality of her work. On the other hand, as noted above, while until the recent past, circumstances of this kind were somewhat marginal in L's life, they appear to have gradually acquired centrality. This leads to the creation of a vicious circle: the emotional meaning attributed to the problems and difficulties experienced favors their reproduction and generalization across the areas of the woman's expertise (work, family, social life).
Based on the assumption outlined below, the psychologist proposes to L. to develop the consultation in terms of analytical work aimed at deepening the understanding of the emotional meaning that empowers and constrains L.'s way of engaging with the world, the requirements that characterize it and that, in other ways, constrain it. This is based on the assumption that the

understanding of the emotional meaning underpinning the way of interpreting the experience will encourage its elaboration, and therefore weaken the constraints that it exerts on the way she feels, thinks and acts. In this way, L. can expect to gain more flexibility in interpreting situations, and therefore greater ability to review critically her mode of relating with the world, so as to enhance her capacity for adaptation and coping with critical circumstances. Such circumstances are metaphorically represented in terms of starting to relate with autonomous objects (the relationship with the pre-adolescent son, the change of role at work, the conflict within the marital relationship, the reworking of her own identity as a woman ...).

To summarize, the path of constructing the service that has been followed during the cycle of sessions with L. can be outlined as follows.

1) L. has her own vision of what for her is *the critical state* and therefore of what constitutes the exit from this state. When she contacts the psychologist, what for her is critical is her malaise (anguish, despair, anger towards her husband), the experience of destruction and annihilation, caused by the discovery of her husband's betrayal. L. turns to the psychologist to find relief from this condition, to alleviate the pain and despair that she feels.
2) This view is based on and reflects the investment – and the identification with – a *component of the self*, *as a project* organizing the meaning of events and therefore the decision to go to the psychologist. L. goes to the psychologist as a wife struggling with a critical state represented by the breaking of the canon generated by the discovery of the betrayal. The betrayal acquires a critical value due to in the context of L.'s project of maintaining the marriage bond.
3) The psychologist, without denying L.'s vision., explores the possibility of co-construction of a different *project* as interpretive anchorage and framework, within which to develop the consulting work: L. is a woman who has contributed to the development of the objects of her investment and she is now in search of possibilities and ways of gratification in relation to autonomous objects.
4) This project provides a compelling new *scenario of adaptation*, which urges the woman to recognize the limits of her consolidated ways of feeling, thinking and acting. These ways proved to be useful bearers of success and gratification, until the recent past. They should, however, be revised to address new developmental tasks, interpreted in terms of starting to relate with autonomous objects.
5) From a complementary point of view, the anchorage to the project allows a *different perspective on the critical condition* to be developed, obviously without thereby denying the validity of the feelings that accompany and substantiate L.'s experience: the criticality lies not in the deterioration of L.'s qualities, in the loss of her ability to achieve the object, but in the need to develop the symbolic and affective resources which are (broadly speaking) necessary to make the autonomy of the object a source of (or at least a condition which does not hinder) her own gratification. From here, the opportunity to redesign the very meaning of the relationship with the psychologist, from a backward-looking perspective – the deletion of the effects of the traumatic past event – to a forward-looking perspective with the promotion of adaptation to the new conditions of possible gratification (what find in the autonomous object both the source and the condition of possibility).
6) The anchorage of L.'s project. - as reconstructed in the relationship with the psychologist - allows L.'s *pattern of adaptation* to be recognized and its dysfunctional values to be analyzed. The fact that L. is animated by the desire for perfection and recognition is not in itself significant; it emerges as a significant aspect only when one recognizes the role it plays within the woman's project. L. expresses many other redundant forms – for example, she uses Italian to communicate. Yet, this redundancy is not relevant, since it does not produce any element of interest within her project. It would be different if L.'s project involved the systematic use of a language other than Italian. In that case, if L. had spoken only Italian, this element would have acquired the status of a potential critical element.

7) The psychologist interprets the adaptation model from a psychological point of view, that is as an expression of a *pattern of mental functioning*. In this specific case, this operation is performed in terms of a psychodynamic model (the unconscious fantasy of being in a relationship with a parent who is regulatory and idealizing at the same time). Of course, the psychologist could adopt other interpretative models according to a specific theoretical approach.
8) The psychological interpretation of the adaptation model allows *psychological sense* to be given to L.'s subjective condition, while providing a *psychological explanation* of her critical state (the sense of destruction and annihilation results from the affective symbolization of betrayal by her husband as the loss of an idealized parent).
9) Consequently, the psychologist is able to identify the *utility function* of the intervention, and therefore construe it as an idea of service: to elaborate the pattern of mental functioning and to enable the exploration of new possibilities for adaptation, in the direction of empowering L. to configure new relational scenarios in terms of gratification (the relationship with autonomous objects), currently experienced as deadly, being interpreted in terms of loss of the idealized parent.

Summing up and concluding remarks

What we have called the *service* idea is built using four basic parameters: (1) the *project* within which and by which the subjective sense of the critical issue presented by the user is defined; (2) the *model of adaptation* in terms of which the user sets/interprets his/her own project; the critical condition can refer to the dysfunctional value of this model (the existential costs associated with it); (3) the *pattern of mental functioning* according to the model of adaptation, thus the problem it feeds, can be modeled in a psychological key; (4) the *utility function* implemented by the service when it promotes the enhancement of the user's capacity to deal with the crisis and come out of it.

It is worth pointing out what differentiates the view of psychological intervention in terms of service from the psychopathological approach. Both assume that the person can be described in terms of a certain mode of engaging with the world that reproduces itself redundantly throughout situations. Both approaches also assume that the adaptive models may be different in terms of adjustment capacity. Finally, both approaches are focused on the psychological dimension (defined above as pattern of mental functioning), understood as a determinant of the adaptation pattern, and therefore of the critical condition suffered by the user. On the other hand, this is obvious: the psychological intervention makes sense insofar as it works on the components which are recognized as able to determine, or at least to affect, the phenomenon at stake (the critical condition).

The differences between the two approaches are to be found in the links between these different planes. In particular, there are two main points.

Firstly, the model proposed above does not consider the pattern of mental functioning in a normative key. A pattern of mental functioning is neither good nor bad in itself, but can be virtually associated to a (potentially) functional model of adaptation. Therefore, the functional assessment does not depend on whether or not the pattern is normal, but on the adaptive quality of the model of adaptation it fosters. This means that the psychological intervention is justified (it makes sense), not because the pattern of mental functioning is critical in itself, but because the model of adaption that it fuels places constraints on the person's project, given the specific circumstances and conditions of the context. In this sense, the psychological intervention is more similar to the acquisition of a new language than to the repairing of a dysfunction; a person learns a new language not because he has to correct language that he/she already speaks – as if the latter were suffering from a form of malfunctioning – , but to promote his/her ability to pursue his/her project (i.e. to travel and know people from different countries).

Secondly, the mental functioning does not have an invariant relation with the adaptation model; therefore, it is not possible to give immediate (in the sense of not mediated by contextual

conditions) psychological value to the latter. The psychological value of the adaptation model – that is to say the pattern of mental functioning which fuels, substantiates and adjusts the adaptive model – is context-specific: it varies from situation to situation.

Ultimately, the system of constructing the service outlined above is derived from these two specificities. Because of them, the pattern of mental functioning requires, on the one hand, to be understood locally – as a result of the idiographic analysis of the existential reality of the user (Salvatore, 2014) – and, on the other hand, to be assessed from the functional point of view equally in contingent and functional terms – due to the user's project and the contextual conditions (their variations) within which it unfolds.

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