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Since its inception a little more than a century ago, the discipline of psychology has made great strides in our understanding of human beings and human behaviour. Psychology has, at the same time, developed beyond abstract questions and reasoning and has focused more and more on applications and interventions across an ever-increasing range of domains of human life. Seemingly, supply has created even more demand for psychological interventions that address the many issues that a human being will face over a lifetime. Consequently, the domains of application of the science of psychology have proliferated in recent decades beyond the traditional clinical domain, to include a diversity of other settings such as couples and families, organisations, educational institutions, correctional facilities, communities, and many others. The international focus on improving health and well-being rather than merely focusing on addressing or correcting cases of 'abnormality' or 'disorder' is both a cause and a consequence of this rise in psychological intervention. As Simon (1996) argues, society itself could be the client for psychological intervention. Although not without its critics (see, for example, the work of David Smail (2005) and other social materialists), this proliferation in itself suggests that psychological intervention has demonstrable utility, especially in the current climate of the need for evidence-based policy. Were it not useful, the discipline would be expected to fall out of favour in both academic and public domains: this would not seem to be the case.

Developments in knowledge of the intricacies of human functioning, however, are accompanied by relative uncertainties in domains of application. These make the precise location of intervention strategies based on psychological principles somewhat obscure. This may seem counter-intuitive at first glance, but if one takes stock of the general framework for human development that the psychological sciences have helped put together over the years (see Vygotsky & Luria, 1993; Jovchelovitch, 2007), the problem of psychological intervention becomes immediately clear.

In our contemporary understanding of how human beings function, we have come to understand a great deal about the biological bases of behaviour. Human behaviour is considered to be influenced, at least in part, by the genetic baggage humankind has inherited from our ancestors over *phylogenetic* time. This accounts for broad behaviours that distinguish us from other species, such as courtship rituals that differ for humans than for other primate species, as well as individual behaviours that set some human beings aside from the rest. For instance, chronic

feelings of sadness experienced by some individuals may be attributed to dysfunctional genetic mutations that endow these individuals with a less than healthy hormonal or neurotransmitter balance for achieving adequate and functional behavioural responses in social life. On the other hand, we also know that environmental conditions influence behavior markedly by shaping and defining a range of legitimate responses for individuals to pursue in given circumstances. In addition, environmental influences can foster or inhibit particular genetic predispositions, as the field of epigenetics shows. Many of the assumptions we have traditionally made about the relationship between biology and environment are problematic. Indeed this very division and the dualisms in which we deal are called into question. For instance, one's level of intelligence is influenced, at least in part, by how intellectually stimulating one's *ontogenetic* environment has been. In tandem, genetic and cultural influences enable human beings to adapt and function in diverse environments. Additionally, we also know that collectively, human beings establish different societal arrangements in the form of different social structures, such as institutions, that condone diverse cultural practices. Consequently, a given behaviour may be functional in one cultural context and dysfunctional in another, depending on the *sociogenetic* environment in which that behaviour is exhibited. This cultural diversity, in turn, creates different adaptive pressures on human beings that go on to shape our species' evolutionary trajectory. For instance, the genes that made our ancestors successful in the environment for evolutionary adaptation (EEA) may not confer similar benefits to humans today, given the cultured environments they inhabit at present. A different genetic structure is likely to confer adaptive advantages relative to the EEA, which will become clear over phylogenetic time.

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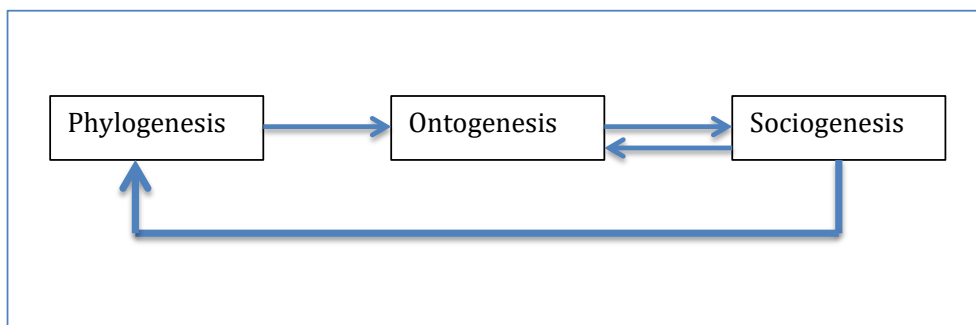


Figure 1: Framework for human psychology (see Vygotsky & Luria, 1993)

The problem that the psychological sciences face in designing interventions is to articulate precisely the location for intervention. Simon (1996) notes that a consequence of the growth of knowledge relating to human conduct is that

psychologists are tasked with making society more fit for human habitation, whilst at the same time they are also tasked with modifying human inhabitants to make them more fit for society (p. 152). This needs to take into account how an intervention remedying a situation at some level may be underpinned by influences emanating from another level. Developments in knowledge, as Simon (1996) notes, enable professionals to become more clearly aware of the remote consequences of their prescriptions (p. 150). Taking this approach to the complexities involved also allows us to understand the unintended consequences that can stem from some interventions which may make them seem less successful, or even potentially harmful.

Whilst the same framework can potentially be applied to other sciences beyond psychology, such as the medical sciences, psychological practitioners face a strong degree of uncertainty in articulating the location for their interventions. For instance, a medical doctor may justifiably proceed to medicate hypertension in an obese individual without necessarily considering the broader picture of culinary preferences in society and phylogenetic tendencies for metabolic activity, aside from the dietary habits of the individual. As Simon (1996) puts it: "The physician need not ask whether society would be better off if the patient were dead" (p. 150). With the exception of certain clinical treatments, most psychological practices do not afford a clear locus for intervention.

By contrast, what often guides psychological practice is the pragmatic consideration of whether something can be done to help achieve a better level of functioning, be it in the case of an individual, institution, community, or an entire society. Given the popularity of the discipline in the public domain, it is evident that psychological interventions have, to some extent, been successful in this enterprise over the years.

This argument, however, begs the simple question: *better* than what? One could argue that a psychological intervention could help the client achieve a better level of functioning than is currently the case. This is a valid answer, and one that requires sufficient knowledge of the particular to determine whether a better level of functioning can indeed be achieved in this case, given the complexity of human psychology as detailed above. However, there are problems within this: firstly, who defines what constitutes better functioning, and what happens in cases where there may be disagreement between client, family, practitioner, wider society and so on? Secondly, without the knowledge of what constitutes better functioning, one risks short-circuiting to the infinite cliché that one could always do better – hence any psychological intervention is warranted for everyone and everything at all times. This would be an absurd conclusion inasmuch as it fails to indicate which intervention, out of the many available, is warranted; however, it may not be too far from some suggestions we currently find within societies. Simon (1996) argues that the heart of the problem for designing interventions is not forecasting some potential outcome,

but analyzing the consequences of constructed alternative scenarios in terms of errors in the theory and the data (p. 148).

So how can one determine whether a better level of functioning is indeed achievable, and, if so, which that is? In answer to this question, one could further argue that psychological interventions can help a client achieve a better level of functioning comparable to that which others with a similar predisposition have achieved in similar circumstances. This requires a sufficient knowledge of the particular to determine situational similarity with others, as well as a sufficient knowledge of the general to determine whether anything comparable is realizable for this case. It may risk writing out the particularities and the specificities of human experience.

In methodological terms, therefore, what psychologists require for the purposes of designing interventions is idiographic knowledge associated with an understanding of the particular, alongside nomothetic knowledge associated with an understanding of the general. The oppositional dichotomy between the two forms of knowledge transpires immediately as redundant, given an interventionist focus, as the two forms are complementary and equally necessary. One therefore wonders why idiographic methods that furnish knowledge of the particular remain chronically underutilized in psychology, and what methods have psychologists instead relied upon to design their interventions?

An example will serve to illustrate the present point. In a recent study published in *Archives of Sexual Behaviour*, McNulty, Wenner & Fisher (2014) report a longitudinal study with 207 married couples that examined the associations between marital satisfaction, sexual satisfaction, and frequency of intercourse. The authors report that marital and sexual satisfaction were positively associated, as well as sexual satisfaction and frequency of sex. However, they reported that marital satisfaction did not directly predict frequency of sex and vice-versa. The authors concluded that marital and sexual satisfaction were intricately intertwined. They recommend that interventions to treat marital distress may benefit by targeting the sexual relationship, whilst interventions to treat the sexual relationship may benefit by targeting the marital relationship. Armed with this kind of knowledge, the practicing psychologist is justified, according to the authors, in treating a different symptom from the one reported by the couple seeking therapy.

Whilst this may indeed prove useful in certain cases, the knowledge required by the practicing psychologist to design an intervention with a particular couple at a particular point in time is incomplete. The difficulty facing the practicing psychologist is that, on the basis of this information alone, there is no way of determining whether the observed associations reported by McNulty, Wenner & Fisher (2014) are applicable to the particular case. This is due to the simple fact that variance for the three variables under study has been regressed for prediction purposes. There is

therefore no way of telling whether the relationships observed between the three variables *across* a range of respondents hold also for any particular case.

What the practicing psychologist lacks, to get back to our central argument, is knowledge of how similar others have fared in similar circumstances to the ones marking the present case. What the psychologist has is knowledge of a central tendency demonstrated by varied, not similar others, which central tendency is associated with another central tendency for another, similarly varied variable. The comparative knowledge required is represented in a linear best-fitting line for two regressed measures. For all the psychologist knows, there might not have been a single case which fell directly on the regression line and for whom knowledge of one variable would have been reasonable grounds for predicting the outcome on another variable. Only in the case of a full relationship accounting for 100% of variance would the practicing psychologist be in a position to know that bringing about a change in one variable (e.g. sexual satisfaction) will lead to a definitive change in another variable (e.g. marital satisfaction) in this particular case (Krahé, 1990). In any other situation, all the psychologist can do on the basis of this knowledge is take a guess and be at peace knowing that *across a range* of varied clients, the guess taken on the basis of these findings will be better than chance.

But to make the argument clear, if we adopt medical terminology we would rest satisfied knowing that the practicing psychologist conducting marital interventions is bound to “over-medicate” about half of his clients and “under-medicate” about the other half. Treatment would be correct across a range of married couples such that the “over-medicated” compensate for the “under-medicated”. But treatment would likely be incorrect for every particular case, that is, every individual case will either be over- or under-treated. It follows then that interventions designed on this type of knowledge are mostly right on aggregate, but mostly wrong for individual cases. This is true also for the contemporary trend to search for moderators and mediators of observed relationships in an aggregate of respondents (Krahé, 1990). Certainly, this is not the kind of nomothetic knowledge required to design effective interventions as detailed above. Knowledge of aggregates and the relationships demonstrated within does not translate readily into knowledge of cases in their particular circumstances. Indeed, this methodological problem has been long-noted in the discipline (Allport, 1937; Epstein, 1980; Valsiner, 1986; Krahé, 1990). At best, therefore, such knowledge serves to take a guess, which from the client’s point of view is most likely to be wrong in one way or another.

There are at least two other problems associated with knowledge of aggregates being applied to individual cases. Firstly, knowledge of a statistical mean may be confounded with a psychological norm where, in reality, there might not be a single case that conforms to an ‘observed’ mean. Means-testing methods are prone to this fallacy, which is particularly insidious due to the fact that human beings, like any other species, differ from each other on various criteria. To illustrate,

one could find statistically significant differences between males and females on some measure comparing the means of both groups, but males are a diversified group in themselves as are females: we see this, for example, in many tests of spatial awareness (Hines, 2010). So statistically significant differences in means between males and females does not mean that Jane and Robert are themselves different on this measure. Jane could lie above the mean for females and Robert below the mean for males, making their scores equivalent and not significantly different despite the overall pattern. Knowledge of statistically significant differences between groups does not tell one anything about significant differences between particular people. It can, however, have far-reaching effects on the assumptions that are made about individuals not only within academia and applied practice but also in the media and amongst the general public. It can even serve to sustain harmful and incorrect stereotypes.

Moreover, knowledge of aggregates often requires general abstractions of psychological concepts that enable diverse subjects to be grouped together for study. This often leads to an over-reliance on domain-general as opposed to domain-specific measures. Given the fact that social cognition is situational (Krahé, 1990), such measures are largely inadequate for understanding some specific case. For instance, the study of closed-mindedness in psychology has largely been translated into a general 'need for cognitive closure' (Kruglanski, 2004). However, in actual life, individuals may demonstrate closed-mindedness relative to one domain and open-mindedness relative to a different domain (Sammut & Gaskell, 2010). Many psychometric measures rely on domain-general abstractions that fail to provide the detail required given the situational circumstances particular individuals face (Lamiell, 2013). At this point one necessarily wonders – what can psychologists do to design more robust interventions?

In this volume, we draw on work using idiographic theory and method to consider interventions in more detail. Much excellent work has been written on the theory behind idiographic science, but moving beyond the theory to application has, arguably, been less of a focus of much of this literature. Our particular interest here was to draw together a collection of authors who take these debates further through i) the elaboration of theoretical detail into a more applied 'toolkit' for psychological intervention, ii) the detailed consideration of the relationship between theory and intervention, with examples from empirical studies, and iii) more expansive discussion of empirical studies employing idiographic approaches in interventions, including consideration of further application. We believe that these nine chapters do much to contribute to these points.

The first chapter (Salvatore) draws heavily on theoretical aspects of idiographic science to develop a General Theory of Psychological Intervention (GTPI). An impassioned call for a closer relationship between theory and intervention, it is almost a manifesto for the application of the field. Salvatore highlights many of the

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theoretical themes that are picked up by later authors, and outlines five concepts that need to be examined in order to fully understand the processes which underlie professional psychological practice: the theory of the request, of the object, of the function, of the change and of the setting. It is a significant contribution to the field of idiographic science, and forms the basis of much of the later discussion.

The next chapter (Van Langenhove) expands on the importance of the speech act within idiographic science, focusing in particular on the contribution of positioning theory to a more dynamic understanding of action and interaction within society. Van Langenhove argues that positioning theory offers an opportunity to consider the discursive nature of the social act, challenging more static assumptions made about interaction within the dominant nomothetic, positivist and quantitative approaches in the social sciences. This close consideration of interaction in intervention, also stressed by Salvatore, is evident in many of the chapters that follow. Indeed, it is a particular theme in the third chapter, written by Freda, which draws on Vygotsky's theory of psychological scaffolding (dividing it into five elements) to consider the interaction between doctor and patient. Again, the potential of this theoretical formulation of the intervention is made clear. Similarly, Venuleo's chapter and then Vetere's (again, both relating to issues of significance within clinical psychology) highlight the value of particular aspects of theoretical significance before drawing on some empirical detail: Venuleo considers the semiotic construction of psychopathology, arguing that a greater consideration of the intrapsychic, the interpersonal and the cultural is needed in the consideration of behaviours and experiences which may be seen as relevant to a diagnosis. Using the example of gambling, Venuleo argues that interventions should be targeted more at considering how individuals, systems, activity and culture interact, and that different definitions of 'problematic' behaviour will exist in different contexts. Vetere considers the particular example of family therapy, and calls for greater consideration of narrative theory, and in particular the joint narrative construction of events and experiences by families in therapy. In common with Venuleo, Vetere maintains that this more systemic approach is likely to be of greater benefit in psychological intervention.

The final section of the book contains chapters which are more explicit in the empirical detail that they provide, although these too pick up on many of the theoretical themes expounded by other authors. Catania argues for the use of repertory grid techniques (also highlighted by Vetere), noting that this is more often associated with a nomothetic method, and examines the issue of ethics within the financial industry. An idiographic approach here not only allows for the statistical analysis of either one single case or an aggregate, but also raises the awareness and reflexivity of the issue of the participant him or herself, rather like a clinical intervention. Harré's fascinating chapter details the approach taken by Pierre de Waele in Belgium to consideration of parole within the Belgian criminal justice

system. Harré argues that decisions regarding parole would be better made on the basis of outcome rather than crime, and that the idiographic approach taken by de Waele in his detailed and time-consuming construction of assisted autobiography with offenders allowed for this. The stages of production of these assisted autobiographies are detailed, and Harré maintains that there is scope for this approach beyond forensic psychology.

The two final chapters (Longobordi and Hviid) both relate to interventions within education: Longobordi details an intervention with two Italian primary school teachers aimed at improving the quality of parent-teacher consultations, drawing on Bronfenbrenner's ecological model, as well as the work of Epstein. Hviid again returns to some of the theoretical arguments made in earlier chapters in her consideration of an intervention that examined management in day care facilities in Denmark, in particular examining the dynamics between the particular and the general. The chapter details the action research-oriented intervention which took place over the course of a year, involving workshops and other activities, aimed at encouraging various stakeholders to consider their own understandings of childhood, their own experiences and their current practices within day care facilities.

The chapters are diverse not only in their subject matter, which crosses clinical, health, education and forensic psychology, but also in the theorists, and particular aspects of theory, on which they draw, and on the methods that they use in doing so. However, common themes are easily discernible, as is the overall commitment to the potential contribution that idiographic science has within a more applied psychological context. We would finish by suggesting certain tenets which should guide the development of interventions drawing on idiographic approaches, all of which thread through the different chapters in this volume. Firstly, every individual exists within a network of relationships, both interpersonal and positional, and within a world of shared meanings and understandings. Indeed, the individual exists precisely because of this, and also contributes to it in a process of mutual co-construction. To target an individual alone with an intervention is to misunderstand the social, societal and cultural nature of human beings. However, this also extends to the problems of assuming that general intervention will be appropriate and effective in particular situations. What an idiographic approach to the design of interventions allows is to maintain an appreciation of the particular within the general and the general within the particular. As such, interventions could be tailored more habitually and their outcomes made more effective. What this approach also argues for is a greater appreciation of the importance of theory within application. Evidence-based approaches are rightly paramount, but too often an acknowledgement of relevant theory is lost within more applied fields. This is perhaps not entirely surprising given that those who carry out interventions are often not those who study the phenomena under consideration in the first place.

However, this can mean that inevitable epistemological assumptions can go unclarified and their implications unrecognized. In conclusion, we would like to claim that to take an idiographic approach to interventions is to move beyond an agnosticism regarding the utility of theory. Instead, it grounds examination of an issue and any intervention related to it firmly and unashamedly in our need to be clear about how we conceptualise human beings and their relationship to their world.