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## The roles of psychological intervention: institutional imprint and common logic<sup>1</sup>

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There is a wide diversity of roles that the institutional field defines for our professional practice. Different activities reserved for psychologists, either in mental health institutions as well as in educational, labor, hospital, sports, judicial institutions, among others, in which psychologists deploy their technical knowledge and, at the same time, where they articulate their practice with institutional objectives and discourses, like organizational discourse and the discourses of the other disciplines, that structure a given institutional environment.

From our research on professional ethics<sup>2</sup>, we have perceived the need to formalize a distinction –in principle, it is a terminological difference–, to refer to what we prefer to treat as differentiated aspects of our practices, namely: *role* and *function*<sup>3</sup>. This conceptual pair collaborates in the identification and definition of some ethical questions raised in field studies, which could be attributed to the difficulties that the differentiation and articulation of those concepts entail. At the same time, the coexistence of these two aspects clearly delineates one of the particularities of the mental health practices that we propose to analyze in this work.

Beyond the variety of roles, which will not be analyzed in detail on this occasion, we are interested in highlighting a common logic that defines them –linked to the institutional imprint of their definition–, which has allowed us to locate some of the most frequent ethical questions.<sup>4</sup>

In general terms, we refer to the roles that are performed in different contexts of professional practice, based on the knowledge from the field of mental health, and articulated with the requirements, procedures, objectives, even with conceptual frameworks of the various fields. This general characteristic configures a common logic that defines psychologists' roles, and that we have analyzed from four different factors.

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<sup>1</sup> This work is part of the article published in the *Research Yearbook 2020*, School of Psychology, UBA, under the title: *Role and function in psychological intervention. Some ethical considerations about their articulation in the testimonial statement of children and adolescents in cases of sexual abuse* (in Spanish). Cf. Salomone, G. Z. (2020). Rol y función en la intervención psicológica. Algunas consideraciones éticas sobre su articulación en la declaración testimonial de niños, niñas y adolescentes en casos de abuso sexual. *Anuario de Investigaciones, Volumen XXVII, 2020*. Facultad de Psicología, Universidad de Buenos Aires. pp. 437-443.

It has also been exposed in a Conference given in the *2nd. Patagonian Virtual Congress of Forensic Psychology*, organized by Inst. De Est. E Inv. in Legal Psychology and Human Rights, Center for Psychological Studies and Treatments. Argentine, April 2020.

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<sup>2</sup> For further information, visit [www.proyectoetica.org](http://www.proyectoetica.org)

<sup>3</sup> The first approaches to this conceptualization emerged in the Research Project: "Legal variables in psychological practice: systematization of ethical, clinical and deontological issues through a descriptive exploratory study". (University of Buenos Aires, Secretary of Science and Technology, UBACyT 2008-2010. Dir. Gabriela Z. Salomone). From there, subsequent projects advanced in greater precision and empirical findings.

<sup>4</sup> In another place, we have analyzed a particular role that psychologists play in the legal field, linked to the testimonial statement of children and / or adolescents who have been sexually abused.



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In the first place, let us point out that the institutional discourse itself –even in very diverse institutions– establishes a certain *ideal of efficacy*, which determines in a general and standardized way the objectives of the role and the goals to be achieved through our intervention. Many times, this ideal of efficacy –as we have named it– is not stated in an explicit way, but is implicit in the organizational discourse and in those others that go through it. The *ideal of efficacy* refers to the effect that the institution expects to occur from the psychological intervention.

Likewise, psychologists must develop their practice according to the parameters established by the *institutional norms* that, on the one hand, establish guidelines for institutional functioning and, on the other, also determine the modalities of the roles. It means that they define to a certain degree the psychological intervention, which can operate –to a greater or lesser extent– as a conditioning. Related to this, it is important to note that the institutional requirements do not always agree with the basic guidelines of our professional function<sup>5</sup>.

From our field studies, we verified that this conditioning of practice does not necessarily arise from explicit normative statements, but is imperceptibly imposed by institutional discourses and naturalizes peculiar modalities of concrete practices. In this regard, we've taken the concept of *discourse* defined by Jacques Lacan: "I distinguished discourse as a necessary structure that goes well beyond words, which are always more or less occasional. What I prefer, I said, and even wrote one day on the board, is *a discourse without words*. The fact is that, in all truth, it is well able to subsist without words. It subsists in certain fundamental relations that literally could not subsist without language. Through the instrument of language a number of stable relations are established within which there can be inscribed something that is much larger, that goes much further than actual utterances. There is no need for these utterances, for our conduct, for our acts, to be inscribed within the framework of certain primordial statements" (Lacan, 1969-1970).

It is fundamentally about certain positions, objectives and places that the institutional pattern defines and determines our actions even imperceptibly. In this way, we end up accepting the expectations that the institutional discourse supports, without realizing the places and roles it assigns. "And the biggest problem is that the meaning and effectiveness of psychological practices in these spaces cannot be understood only by considering psychologists' ideas about what they think they do, but what they actually do" (Vezzetti, 2007).

The *Interdiscursiveness*, the encounter with other disciplinary discourses, is also a factor that affects the roles we play and their particular configuration. As we have been able to reveal, these discursive intersections often condition the application of professional criteria, creating ethical dilemmas, both in terms of clinical decisions and in terms of the regulatory guidelines of the profession.

We have found that the *combination of role, scope and problem* on which it operates generates different configurations. For example, the ethical, clinical and normative variables in psychological assessment in school settings are different from those in the same practice –the

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<sup>5</sup> Research Project *Ethics and norms: the relationship of the psychologist with the deontological, legal and institutional field in practices with children and adolescents. Descriptive exploratory study based on qualitative-quantitative research.* (University of Buenos Aires, Secretary of Science and Technology, UBACyT 2018-2020. Dir. Gabriela Z. Salomone).



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psychological evaluation– in the forensic setting. Even within the forensic field, different ethical, clinical and regulatory issues will arise in the different jurisdictions, for example, the intervention in child sexual abuse or in the determination of mental damage in a traffic accident. In the study of the ethical problems in psychological practice, we saw the utility of partially focus on the different roles and the conflicting points that they entail.

Naturally, the acceptance of these roles implies the acceptance of the guidelines and requirements that they involve, even in institutions whose purpose is not associated with the field of mental health, such as the legal, labor, and educational fields, among others. However, there is a noticeable difference between the necessary acceptance of institutional guidelines, and the total and full adaptation to those coordinates, which generates some ethical questions that we are interested in analyzing.

We will try to show how a practice that is reduced exclusively to the coordinates of the role, defined from institutional parameters, excludes what is proper to it, incurring an ethical problem. This opens a question about the ethical positioning in the face of the demands that the various roles entail, and for its articulation with the *function* of our practice.

The four factors mentioned above, and the institutional imprint that they impress on the definition and delimitation of the roles, seem to work as an “instruction manual”: protocols, predetermined procedures, operating rules, intervention goals, etc. From a general logic, which commands the institutional field, the adaptation of practices to established and agreed parameters is required. On the other hand, the ethical dimension does not offer so many references, as it unfolds at the point where prior knowledge shows its inconsistency. It is played in an act of decision bound to the logic of singularity that, by definition, supplements the established references.

It is in the dimension of singularity where we locate the specificity of our *function*, that should be articulated with the occasional roles. The *function* imposes the need to read the emerging singularity of the situation, even within the general logic of institutional discourses and their procedures. In this way we will be able to address the subjectivity involved and subject’s singularity through a clinical reading.

Articulating *role* and *function* –which includes a clinical reading– supposes interventions that contemplate a subjective dimension beyond the scope of the role institutionally adjudicated, as well as the guidelines and procedures that the institutions establish, be they judicial, educational, hospital or other.

Together with the *role*, our *function* will aim to articulate the institutional discourses and their norms –both supported by a logic of the general– with the unique vicissitudes that a case presents. Clinical reading knots, in the *act* of reading, the singular dimension, providing a space to operate on the suffering. This singular logic entails at the same time, on the professional's side, an ethical position in the field of responsibility, differentiated from mere obedience.