



# Towards a Semiotic Cultural Clinical Psychology: Contributions for the Discussion

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Received: 19 June 2023 / Revised: 21 June 2023 / Accepted: 23 October 2023  
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## Abstract

This article outlines the basic premises of the proposal for a semiotic cultural clinical psychology and presents how these premises could be translated in the approaching to a concrete situation. For this purpose, the work of some contemporary authors is identified, elucidating the possible bridges between cultural psychology and a form of clinical practice interested in the singular expression of suffering that privileges an idiographic approach. A typical scenario of applied intervention is examined to illustrate how the situation could be interpreted from the perspective of a semiotic cultural clinical psychology and to indicate the distance taken with respect to other ways of approaching it in psychology. It is concluded that this proposal conceives the phenomena of human suffering as transitions, elucidating the interactions between the singular and the cultural, and is characterized by a reflective perspective on its practice, considering social and historical dimensions that constantly question its theoretical frameworks, thus allowing, in theory and application, to emphasize changes rather than the description of norms.

**Keywords** Semiotic cultural psychology · Clinical psychology · Idiographic · Transitions · Culture

## Introduction

Semiotic cultural psychology has been an interdisciplinary theoretical perspective that, since its emergence in the late 90 s, has achieved significant developments in the form of research, collaboration networks, articles, research lines, master's and doctoral theses, books, and countless academic productions (Modugno, 2022; Salvatore et al.,

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2019; Valsiner, 2012), which have also resulted in a wide wealth of theoretical, epistemological, and methodological contributions. Some of its distinguishing characteristics include an approach to human experience as a whole, considering cognition and affect as a unity, and proposing that the (active) subject and culture mutually constitute each other in a bidirectional relationship (Valsiner, 2007; Valsiner et al., 2021). Researchers from different countries have contributed their academic efforts to build new knowledge on the basis of a theoretical project that places human psyche at the center, with which semiotic-cultural psychology is increasingly consolidated as a fruitful scenario for the construction of psychological knowledge (Lopes de Oliveira, 2021).

However, it could be argued that the achievements in the academic disciplinary field contrast with the relative scarcity of applications of semiotic-cultural psychology in technical-professional fields. Although some researchers have recently attempted to bridge this perspective and the clinical setting (De Luca Picione & Freda, 2016, 2022; Nogueira & Bizerril, 2021; Salvatore & Gennaro, 2015; Salvatore et al., 2022, among others), the academic recognition of articulations to psychotherapeutic applications is still in the process of consolidation.

An example of the articulation between the semiotic cultural perspective and the clinical field can be observed in the work of Salvatore and Zittoun (2011), who find a common focus on the centrality of meaning-making processes in both perspectives. These processes occur through signs that construct and are constructed in cultural and psychological phenomena: “the idea of the centrality of sense-making in human activity, which demands attention to semiotic processes—the processes by which signs (or symbols) are both constructing and constituted by cultural phenomena and psychological processes” (Salvatore & Zittoun, 2011, p. xiii).

Similarly, in other developments, Salvatore and Gennaro (2015) explain that psychoanalytic theory has developed the notion of the therapeutic field as the capacity of the clinical relationship to be experienced as a psychological object capable of affecting the mental processes of those involved in the therapeutic exchange and that semiotic cultural psychology has expanded this idea in terms of generalized and polysemic meanings. The authors propose a dynamic model for the psychotherapeutic process in which psychotherapy is conceived as a semiotically mediated communicative exchange. The psychotherapeutic context provides the possibilities for constructing and reconstructing meanings, negotiating, and projecting oneself into the future.

From a decolonial perspective, Nogueira and Bizerril (2021) take stance from a polyphonic clinic that considers the inseparability of psyche and culture in the context of psychotherapy. In this epistemic framework, cultural contexts and social relations are more than mere settings for subjectivity; they form the basis for subjective processes. Therefore, they emphasize the need to be sensitive to cultural particularities and foster interdisciplinary dialogue to develop psychological knowledge and clinical practice. In their analysis, they argue that the lack of consideration of cultural specificities may lead to the inefficacy or epistemic violence in psychological intervention. Thus, the authors’ work presents metatheoretical reflections on the clinic as a symbolic cultural instrument.

Finally, the work of De Luca Picione et al. (2019) constitutes an important reference for the semiotic cultural clinical psychology outlined here since it proposes an approach to the clinic and health that allows for an understanding of the construction of personal meanings when facing an organic illness, highlighting the implications of work that articulates the psychological aspects of the process of becoming ill, which is usually approached from a predominantly biological perspective.

So far, some references have been presented whose contributions allow outlining the project of semiotic cultural clinical psychology. Our interest is to open borders to a dialogue that allows perspectives, such as narrative, to contribute to the understanding of the human experience in its dynamic, systemic, and dialogical nature (White & Epston, 1993). Similarly, another perspective like Dialogical Self Theory which in recent years has enriched the field of clinical studies by advocating for an integration of conceptual elements from semiotic cultural psychology into its developments in psychotherapy (Hermans, 2022; Konopka et al., 2018). This approach considers that the self and culture mutually constitute each other and proposes a model to understand the multiplicity of voices that shape the self as a polyphonic system (Hermans, 2001).

In the context of this paper, we proceed analytically by explaining what we understand by clinical and semiotic cultural dimensions, in such a manner that a counterpoint dialogue between these dimensions may reveal our clinical stance.

The proposal presented here distinguishes itself from some models of clinical psychology that view meanings as static and invariant entities, or as predefined and discrete properties that apply to objects (Salvatore & Gennaro, 2015) as it understands that research and clinical practice occur within the framework of socio-symbolic processes, which involve the interrogation of the invariant clinical value of signs, as these signs are in a constant dynamic process of transformation. In this way, it is argued that clinical practice is characterized by a vast number of elements, far more than research could even take into consideration, and that their interaction, as part of a whole, is what should be taken into account.

In this sense, our proposal is of a hermeneutic interpretive type, based on theory, whose purpose is the understanding of intentions, aims, and purposes, understood as a “form of empathy or recreation in the mind of the scholar of the spiritual atmosphere, thoughts, feelings, and motives of their objects of study”... “The goals and purposes of an agent, the meaning of a sign or symbol, the sense of social institution or religious ritual are understood” (von Wright, 1979, p. 24). We emphasize that the type of knowledge is generalizable through analytical rather than descriptive means, allowing to restore the richness of the singular and the involved process of semiotic mediation. Therefore, in the following sections, we will present a synthesis of ideas coming from a semiotic cultural psychology linked to other disciplines and theoretical models, which can offer a productive vision for psychotherapeutic action.

## Addressing Human Suffering

One of the diverse fields of application in which clinical psychology is possible—perhaps one of the most socially recognized—is that of individual therapy in the consulting room. It involves an encounter between a subject—afflicted by their unique modes of suffering or tension, some beyond conscious reasoning—who would like to discover certain aspects of themselves and the world of interpersonal relationships in order to find guidance, questions, or interpretations that allow them to live in a less distressing manner or stabilize their suffering (Santos-Morocho, 2016). Many individuals have found possibilities in psychological therapy to reflect on themselves and restore some sense of relative continuity when they feel deeply destabilized (Miranda & Félix-Silva, 2022).

This way of approaching human suffering, which is close to the original meaning of the clinical, with Greek roots in “Kliniké”—a medical practice of attending patients in the “Kline” bed—indicates the concern of the clinical psychologists to help those who suffer, in a context of

individual attention (Bernstein & Nietzel, 1988; Ellenberger, 1994). However, certain difficulties have been raised regarding this way of practicing psychology, in terms of appreciating the social meanings involved in psychic suffering or tension, as well as the cultural practices that play a role in its genesis, exacerbation, reception, or social processing. This is where the need arises for clinical psychology to engage in a fruitful dialogue with semiotic-cultural psychology in order to establish the foundations of a field called semiotic-cultural clinical psychology.

We maintained that clinical psychology is enriched by interpreting human suffering within the framework of its historical, cultural, and social coordinates because it can rely on broader repertoires in its methodological, analytical, and applied tools. This would allow the therapist to be attentive to the risk of blaming, over-interrogating, or holding the subject responsible by promoting the search for reasons that are solely individual, when the situations that cause conflicts in individuals involve dimensions intertwined with social or interindividual motives that are difficult to perceive when the predominant axiologies in clinical practice are implicit in the image of the modern western individual (Nogueira & Bizerril, 2021).

But semiotic-cultural psychology can also be enriched, in turn, by understanding through the clinic the extent to which culture fulfills its crucial functions of preserving and circumscribing individuals' inner system, facilitating their passage through extremely sensitive developmental milestones, and providing them with some responses and practices that allow them to create meaning (Nathan, 1994). These understandings from the ethnopsychiatric perspective provide insights into the relationship between collective culture and individual psyche.

Now, other current clinical practices have various technologies that have attempted to objectively capture the reality of human affairs. Different experts agree in identifying a reduction in methodological options, possibilities for theorizing, and innovations in analysis and intervention in the applied field (Sampson, 2000; Tarnas, 2011; Valsiner, 2022). Given this panorama, semiotic-cultural clinical psychology proposes mediation and the construction of meanings as central concepts to explain that there is no immediate transition between objective and subjective reality, but rather a transition facilitated by a semiotic order (Sampson, 2000). Thus, the study of this transition can be achieved through interpretative means, through a continuous and complex relationship with the object of study in which it is possible to cross, in a reflexive, educated, (Branco & Valsiner, 1998), critical, and flexible manner, the boundaries that were previously placed by the research in a position of sterility and neutrality.

In the face of the role of interpretation as a method for producing scientific knowledge, we question ourselves in the manner of Valsiner (2019a, b), where would the soul of psychology be if we dedicated ourselves to producing knowledge based on automated efforts and anchored exclusively in evidence. The soul of psychology is a metaphor that, for us, refers to interpretation and its capacity to innovate and produce generalizable knowledge that does not overlook situated singularity and idiographic resources for understanding its fundamental questions. This point will be further illustrated in the section on the possibilities for applying the semiotic-cultural clinical proposal.

## **Interpretation or (Multi)causal Explanation: Analogies for Thinking About Clinical Work**

There have been many discussions throughout history among the theoretical-methodological system of psychology in order to respond to the challenges posed by the attempt to establish relevant disciplinary practices with scientific status. In search of transcending a stagnant and purist position of supposed objectivity, it is worth considering how we (in this case

clinicians) use analogies to make sense of science, to represent ourselves, and to approach interventions or inventions in the world.

According to Goffman (1974), analogies are the lenses through which we filter and configure our objects-subjects of study; they are, in the author's words, interpretive frameworks. Some approaches and perspectives of research and intervention in clinical psychology align with analogies from the natural sciences that seek to explain phenomena through the analysis of unidimensional or multidimensional causal relationships. Others operate within more humanistic and social realms, where the essential method is interpretive, in other words, their approach to formulating problems postulates meanings, and their exercise of action on reality operates within that semantic space, considering the complexity of the human psyche.

We have already mentioned that in their eagerness to establish the scientific status and relevance of their clinical work, the various approaches in psychology, which have not been immune to the traditional struggle of the mind-body dichotomy, rely on analogies that seek an understanding or explanation of the human experience and mental health. Clinical problems and the ways of responding to requests at the social, institutional, familial, or personal levels are also an expected consequence of these analogical resources.

Regarding this epistemological exploration, White and Epston (1993) state that one of the most used analogies among clinicians is drawn from the positive physical sciences and refers to a mechanistic model. The logic of explanation proposes that when a system malfunctions, the clinician's work consists of managing the inadequacy or fixing the fault. Under this lens, someone experiencing an acute mental health crisis would be seen as experiencing a collapse or regression. Clinicians will try to translate the person's experience into a precise diagnosis based on specific classification systems and seek to identify a cause that fits the model. They will then apply different procedures, such as investigating the history of the condition and reviewing the past according to the principles of the model, with the aim of recovering the individual and returning them to a previous optimal level of functioning. The positivist analogy seeks to establish a coherent and causal narrative that justifies mental illness. This unicausal explanatory framework can simplify and reduce the complexity of the individual's experience in crisis, limiting their capacity to explore their own history and co-construct meanings.

In contrast, if the intervention is based on analogies developed with reference to the biological sciences, it suggests that human development is teleological and essentially seeks progress for human beings as living organisms, in a time marked by stages and that the mental health problems in question reflect deeper processes of dysfunction and psychopathology that contradict the balance of a final state that needs to be achieved. Applying the biological analogy implies that clinical psychologists identify the underlying biological causes of mental disorders (White & Epston, 1993).

As for the theoretical framework and practical elements of intervention that animate and support our work as clinical psychologists, it adopts interpretive analogies of the social sciences that allow us to approach the treatment of crisis and transitions in human suffering, focusing on the unique expressions of subjectivity. These analogies are connected by the notions of movement and time in the interpretive work of phenomena and situated processes in which agents act and are transformed by the events to be interpreted.

## Modalities of Suffering and Semiotic-Cultural Clinical Psychology

As it is widely known, psychopathology as the field of study of mental disorders can be approached from multiple perspectives. However, for clarification purposes, two perspectives can be identified. The first is known as the “pathology of the psychological” and the second as the “psychology of the pathological” (Álvarez, 2020). The first describes alterations in reference to a norm and is usually limited to a description of the alterations on the basis of fine semiological distinctions. This perspective is reflected in a clinic of observation that abounds in details, categories, and classifications and contributes to maintaining a certain ignorance with respect to the patient’s intimate experience. The second tries to explain, based on listening to the experiences reported by the subject, the psychic mechanisms that determine and shape them. These are the two planes on which the study of psychic suffering has traditionally been divided: the objective and the subjective, the descriptive and the functional, and the semiological and the unique experiences (Álvarez, 2020).

For its part, semiotic-cultural clinical psychology asks how human beings construct their worlds, with different modalities of creation, suffering, and tension, thereby questioning a generalized perspective of what is considered normal and pathological (Canguilhem, 1971). Therefore, it does not aim for a definition of the clinical field confined to the classification of diseases or mental disorders. This clinic assumes that the understanding of human psychic suffering should be fostered, provoked, and produced through a continuous and complex relationship with the clients, within the framework of observation and listening. The relationship with the other, in this sense, can transcend boundaries in a reflective, critical, and flexible manner.

In this way, it is necessary to take a reverse path from certain readings that have been made of the positivist stance in order to understand, observe, employ, and make use of the place of interpersonal relationships (Gutiérrez, 2004; Packer, 2018; Willig, 2013). The dimension of relationship is not omitted or displaced. Instead, it is observed, analyzed, and utilized to enable openness in the other, with the purpose of building a relationship that allows them to speak about intimate aspects and to sustain processes of exploration where something is being elaborated, created, or discovered.

However, the singular meanings are not immediately apparent to sight and hearing. It is necessary to interpret and elucidate them in a hermeneutic way, through the relationship of meanings and by resorting to dimensions that include, but are not limited to, verbal enunciation or rational thought. In the same line, significance is given to affective and emotional indicators of the nonverbal and paralinguistic aspects that comprise the communication and interactional setting. Such interpretation involves, on one hand, paying attention to the narrated history—because significant experiences in subjectivity can be located within it—but also dimensions related to the unique ways in which individuals relate to their bodies, and the universe of objects, people, and social situations that surround them (Martín & Colina, 2019).

## Bridging the Gap Between a Clinical Approach and Semiotic Cultural Psychology

We are interested in discussing in these lines a clinical approach in dialogue with semiotic cultural psychology, as an approach to human experience in its singular and culturally situated nature. The individual actively constructs meanings about oneself, through

processes of interaction with others in a constant dynamic of transformation throughout their life trajectory (Branco & Valsiner, 2010). Culture is conceived as a semiotic entity and is not understood as a separate entity but rather as an affective-semiotic, dynamic, and relational character that exists between the “active minds” of individuals who are considered carriers of culture and the “context” (Valsiner, 2014).

In the subject-culture relationship, meanings, tools, and symbols emerge and have a bidirectional influence. Constructing meanings is composed as the core of human activity, and these meanings themselves transform along the life trajectory, combining both affective intensity and cognitive organization of the subject. To consider the subject from a semiotic cultural perspective implies recognizing the unity of cognition-affect, as it is acknowledged that affective processes are semiotically organized and vice versa, these processes are constructed in the interactional scenarios in which the individual is immersed, that is, in a microgenetic time (Branco & Valsiner, 2010).

Additionally, we could affirm that in the encounter with the clinician, scenarios of interaction or fields of affective-semiotic transformation are created in which certain types of psychological clinical interventions are made possible, in other words, an arena is generated in which new meanings can emerge from the constant dynamic confrontation between what happened in the past and the uncertainty of what will happen in the future. Proposing a psychology that intertwines the clinical perspective with the cultural semiotic perspective allows us to understand psychological phenomena in an open, dynamic, dialogical, and systemic way as a fundamental basis for thinking about psychological intervention.

The proposed semiotic cultural clinical psychology adopts an analogy that considers change and development by taking into account the dynamic temporal dimension found in certain formulations of the social sciences. From our standpoint, the previous approaches imply that the subject can construct meaning for their lives through the use of their subjective and cultural resources, giving rise to a state in which something new or unprecedented emerges. We consider this proposal to be consistent with Zittoun et al. (2021) perspective on ruptures and transitions, which express favorable scenarios for self-reconfiguration.

## Possibilities of Applying a Semiotic Cultural Clinical Psychology

Although it is not possible here to thoroughly explore the varied range of situations in which semiotic-cultural clinical psychology is applicable, now we present a vignette by considering its suitability for illustrating the distance we take with respect to other perspectives in clinical psychology, but also the interweaving of singular and cultural dimensions that allow us to interpret certain aspects of the described situation.

*Miss V is 19 years old at the time of the consultation. She is of Colombian origin and begins her studies in industrial design in Canada, where she lives in a building with people from different nationalities. Her studies and living expenses are covered by her aunt and mother, who work, respectively, as a public school principal and lawyer in Colombia.*

*In the first session, she reports having gained thirteen kilograms in weight, feeling very anxious, and being very afraid of failing her exams now that she is in the evaluation period. On the other hand, she indicates that she wants to change her paternal*

last name to put her maternal last name first.<sup>1</sup> At the time of traveling to Canada, Miss V is bilingual in English, but her studies are conducted in French. Furthermore, the measurement system used in Canada has inches as its unit, unlike the metric system in which she was educated.

The aunt facilitates the psychological care of Miss V from Colombia with her consent. The aunt's expectations are for Miss V to control her emotions, focus on her studies, and give up her dance and rescue classes. On the other hand, Miss V describes herself as someone who enjoys participating in various activities since her school days, having a high level of self-demand, being the top student, and admiring her aunt and grandmother for their professional achievements. She mentions feeling "down" during Latin dance classes and also indicates that she gets distracted during rescue classes, for which she will also have proficiency evaluations.

One way of approach that certain theoretical systems would provide regarding the case of Miss V would involve the evaluation of predisposing factors towards problematic situations, maintenance factors, symptomatology triggers, and personal and environmental strengths. There would be criteria that could indicate different disorders in comorbidity which involve an alteration in functioning in different areas of adjustment.

Insecure attachment styles, early experiences of high demands, modeling of anxiety responses by the nuclear family, patterns of self-demand, rigid thinking and standards, cognitive distortions based on ideas of imperfection, irrational beliefs of self-demand, anxiety due to worry and dependence, and early maladaptive abandonment schemas could be identified.

Compulsive eating behaviors and physiological responses with emotions of frustration could also be found in the situation. Positive reinforcement from the family environment and the use of coping strategies of avoidance, perfectionism, and self-demand that generate discomfort could be found as maintenance factors. On the other hand, triggering factors would point to various situations or stimuli perceived as stressful or dangerous, mostly associated with periods of evaluation and obtaining results below expectations and criticism perceived by significant adults. Finally, the intellectual level of Miss V, her commitment to the therapeutic process, physical health, and family support would be identified as her strengths.

Other theoretical systems in psychology may identify elements of chronic and multiple stress that trigger regression to infantile aspects within a framework of temporal and spatial displacement. In this context, regression would involve an attempt to be cared for by others, articulated with significant changes in identity that manifest symptomatically in episodes of depersonalization, in the light of which anguish about the body and the need for nourishment would acquire meaning.

However, a semiotic cultural clinical approach analyzes the interactions between individual and collective meanings, assuming the unity of cognition, affect, and belief, in order to understand the processes of transition. These ideas are developed below.

In the case of Miss V, semiotic-cultural clinical psychology would propose that there is a transition characterized by a known state of affairs that provides clear meanings, which, when confronted with a new scenario, would require the need for an accompaniment that would not focus on symptoms but rather on personal and social meanings and how they are maintained, changed, or can be changed through a process of negotiation meanings facilitated by the professional.

<sup>1</sup> The Colombian cultural and legal tradition, at the time of birth of Young V, prescribed registering children with the father's last name in the first place.



The notion of transition is interested in accounting for the adjustment between the individual and their cultural environment by explicitly elucidating what occurs in the process of assuming a new situation. In this transition, indeterminate outcomes would be taken into account, not necessarily associated with age periods in the course of the life trajectory, nor with identity processes. The emphasis of the intervention would be placed on the fact that something is changing from one state to another, and the richness of the idea of transition is appreciated when it is able to account for the process experienced (Zittoun, 2006).

With reference to the notion of transition, it is necessary to mention that it has been used to account for a movement from one stage or social role (A) to another (B), for example, the transition from home to school, from primary education to secondary education, from secondary education to higher education, from adolescence to adulthood, and from university to the working world. However, the proposal outlined here identifies that these ideas can easily slide into considering that “state B” should replace or is better than “state A” and that both states are clearly identifiable and locatable (Zittoun, 2006).

In this regard, the case of Miss V allows us to observe two essential transitions, one in the entrance to university life and another in the temporal and spatial displacement to a foreign country that implies a position of knowledge about the world and of reconstitution, reconfiguration, and establishment of resistances that arise in the new situation, in which the imbrication of the cognitive and affective would be appreciated. From the perspective of semiotic cultural clinical psychology, it would not assumed, in advance, that it is necessary to strengthen Miss V to assume her new role as a university student or to explore the host culture, assuming that both states are preferable (assuming that “state B” is better than “state A”).

If the analysis were to continue, it could be seen, in turn, that change in the use of the measurement system in the new educational system affects the possibility of representation and understanding of the world in order to position oneself within it, in cognitive terms, but also imbricated affective dimensions strong enough to question elements she felt she had mastered, implying personal inquiries about her future projection. It would also be thought that there would be a partial loss of Miss V’s self-history due to her relative mastery of language, which is not only limited to understanding linguistic codes but also to the metaphorical dimension that prevents from the construction of personal history and social participation in the host culture.

In the encounter with the professional, in accordance with the postulates upheld here, the aim would be to generate conditions for the construction of fields of meaning-making, where the situation can be jointly and differently interpreted and experienced. The work would be oriented towards the construction of meaning so that something new emerges, reclaiming those fundamental aspects for Miss V in her singularity and allowing the emergence and construction of alternative narratives that are more powerful for change and transition.

Interpreted from the ideas of the modern western individual, and taking symptomatic expressions as a starting point, the case of Miss V could be thought of in a stigmatizing manner as inadequacies in terms of individual self-definition. She could be urged to consider that her role is not limited to being a student, that being a good or bad student should not define her, and she would be accompanied in the conquest of anatomy, so that she can distance herself from certain situations and develop in new challenges, leaving behind what limits her essence, understood as permanent and constant. There could also be considerations of resistances that conceal a psychic conflict in terms of not being ready to conceive or admit certain personal aspects or not wanting to assume new actions with reference to the new circumstances surrounding the change. However, her case allows us to consider that being the best student is associated with an ideal of being a woman that responds to a family expectation: As long as she is the best, Miss V fulfills a family demand regarding

the idea of how to be a woman in her family, therefore, failing and ceasing to be a good student means ceasing to be like the women in her family.

Moreover, the appreciable changes in her body in the case are not solely related to overeating due to new living conditions or changes in eating patterns, but with meanings speaking through the body and with the inability of Miss V to recognize the meaning behind the message being conveyed. What can be appreciated, then, are specific actions that allow her to maintain a sense of continuity or stability, actions that, when observed from an external logic, would suggest that the situation only causes her distress.

## Outlining Some Conclusions

The present article started from the authors' question about what is necessary for the construction of a semiotic-cultural clinical psychology, what contributions it can bring to the practice of clinical psychology, and with the intention of sharing with the academic community the proposal that has been developed, in order to promote discussions regarding the need for clinical psychology to provide novel ways of interpreting situations of psychological distress (Valsiner, 2019a, b).

Semiotic-cultural psychology is not a marginal theory in psychological theory. Our purpose is to provide arguments to defend the possibility and necessity of a semiotic cultural clinic, promoting dialogue with the scientific community on this topic. The first element that arises from having assumed the previous question is the evident condition before us that cultural psychology has the possibility of situating itself from a reflexive, historical-cultural perspective on its theoretical frameworks and interventions, with the purpose of understanding the individual's relationship with personal tools and cultural devices.

Semiotic-cultural clinical psychology constantly questions the changes in a given social space, assuming the multiplicity of individual life trajectories. Its way of interpreting situations and postulating modes of approaching them, based on analogies from the social sciences, posits the constant construction of meanings. It works based on questions that arise from the encounter with cases, attempting to elucidate the ways in which "A" becomes "B," how "B" emerges from "A," or how "A" emerges in "B," in an interpretative manner.

Working on the basis of normative changes that can be observed through the deductive application of theoretical postulates that describe a series of behaviors, desirable behaviors, and typical conflicts assumes the stability of the social environment. However, contemporary social spaces are in constant and rapid evolution. Therefore, the emphasis of this proposal is not on studying stability and norms, but on explaining changes, shifts, and transformations. It is also understood that a change in a complex system usually involves a series of related adjustments that are not fully understood by the nominal labeling of a transition. Thus, it is understood that intervention is not just a matter of assuming that there is something in advance, in terms of well-being, that must be achieved.

Additionally, it is assumed that subjects construct meanings and beliefs that guide their decisions and behaviors, which is why it is necessary to listen to them and interpret them carefully. Although several psychological systems claim this position, assuming that they give voice to the patient, they consider that there would be a scientific truth in contrast to popular frameworks of meaning and that the purpose of intervention is to correct what is considered an error of judgment. From the proposal presented here, the above would imply the impossibility of understanding when the transition and the specific resistance of the

subject is not merely a desire to maintain a state of suffering, as certain forms of psychology may suggest.

In semiotic-cultural clinical psychology, the subject is assisted in co-constructing the necessary meanings to navigate the transition and understand the cultural tools and individual resources at play, without considering them as something that needs to be straightened out, accommodated, or abandoned. From the proposal presented, it is crucial to understand that individuals do not necessarily have to conform to the collective, or agree with the life goals that culture has for them, because it encompasses the dynamic, constructive, singular, and co-constructed nature of both culture and individuals. From this, it is derived that they are not kept in the center as if they were museum pieces and considers that the current globality involves the continuous construction of changes and exchanges.

Finally, we consider that from this perspective there is both the capacity and the need to develop a clinical proposal as a viable and relevant endeavor. Therefore, we propose the following:

1. Recognize that, as human subjects, we are continuously constructing and reconstructing meanings.
2. Highlight and promote agency for active decision-making.
3. The subject, situated historically and socially, shapes psychological resources and is configured by culture to cope with diverse situations in their life cycle.
4. Human beings undergo multiple developmental experiences involving transitions in the life course. Through the co-construction of meanings, these constitute opportunities for self-change.
5. Each subject configures culturally constructed psychological resources to cope with various situations in their life cycle.

**Acknowledgements** We are grateful for the very useful input from Pina Marsico and Angela Branco.

**Author Contribution** Author A, Author B and Author C wrote the main manuscript text, edit, reviewed, and approved it to submit it.

**Funding** Open Access funding provided by Colombia Consortium

**Availability of Data and Materials** All the materials are owned by the authors, and no permissions are required.

## Declarations

**Competing Interests** The authors declare no competing interests.

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