

For a clinical psychology of development. The competence to construct contexts as the outcome of intervention.

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Introduction

In this article we will go back to the definition of development as the product of the clinical psychology intervention oriented by the constructs of collusion and analysis of the demand¹. We will express this outcome as competence in constructing contexts.

To examine this issue we will have to mention some preliminary issues. The first is that of the importance of the conformist tendency in the psychological intervention in general and in the clinical psychology one in particular. This tendency goes in the opposite direction from what we want to put forward and we think it is time to address it. The second concerns the interaction between the conformist aims of the intervention and the conformist acting out found in the various agencies that are responsible for the psychological intervention on different fronts: that of the social mandate, of the clients commissioning the intervention, of the professional community, and the scientific community. The third concerns the need to propose a psychology of development that is not just the inversion of the values of conformism on the one hand, or of the deficit-correction intervention (the pragmatic side of conformist psychology), on the other. What does promoting development mean? It is not transgression², and it is not enough to metaphorically evoke well-being as the foil to dysfunction, maladjustment, and pathology³. It has become necessary to return yet again to a tradition of development within precise psychological models, that can be expressed in specific intervention practices.

We will therefore consider the proposal of a psychological intervention aimed at development and at the construction of contexts, considering how it interacts with the modalities of the scientific discussion. This discussion is carried out through dissertations and research, but also with acting out within the groups involved in it. We wish to underline that scientific discussion should be made up not only of the exchange of contrasting ideas but also of people. In relation to these ideas, these people experience emotions, act them out and at times reflect on them. This question is

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¹ The model of collusion was put forward by Carli and Paniccia at the beginning of the eighties (Carli & Paniccia, 1981) and later refined and extended so as to lay the foundations for analysis of the demand and more generally to propose a psychoanalytical theory of social relations and living together. It is a model with the relationship, not the single individual, as its unit of analysis. The model is based on collusive affective symbolization, that is, on the affective symbolization concerning the same context, which constructs the relationship between those who share that context. We underline that it is a symbolic context and not a structural one. Collusion is a phenomenon found in groups, organizations and cultural dimensions; it is a phenomenon underlying social relations. For an introduction to this model, see the work in which Carli (2006a) recalls the experimental experience, in the domain of clinical and social psychology, which enabled him to lay the foundations. The model has been developed with numerous contributions over the years; for a summary of the proposal, see Carli & Paniccia (2003) and Carli & Paniccia (2005). According to this model, the problems that individuals, groups and organizations bring to the psychologist originate in relationships and it is in the relationship between the person making the demand and the psychologist, that the problems can be understood and treated. The specificity of the clinical psychologist's methodology lies in thinking, with the client, about the emotions experienced in their relationship and using them to construct hypotheses for the client's development.

² Transgression in the sense of going against the rules is a complement of conformism; we think that for a person, a group or an organization, the only real transgression, in the sense of going beyond the limit, is to think, in other words to manage to adopt a meta position in relation to the collusive and enacted conditions organizing their living together.

³ See for instance the regulations of the College of university teachers of clinical psychology, cited by Grasso (2006).

often recalled only to be immediately abandoned. It is as if it can only be generally kept in mind, as if it were something different from the scientific debate, interacting with it but not really intrinsic or inherent to it. We would like to examine it here not as a parallel issue, but as an essential part of scientific rigor and of the attention to methods.

To this end, we will try to achieve an integration between conceptual domains and their emotional sides. We would not like to see the idea prevailing that the emotions have to be kept out when one is seeking scientific intervention methodologies; or that if one wants to remain on the level of the scientific, one has to make a separation between ideas and groups embodying emotions; that it is science that concerns ideas while it is better to leave the task of dealing with groups to anthropologists, sociologists and historians. In such cases, there would be no space for our proposal of a clinical psychology that produces development and competence in constructing contexts.

We will stress that the psychology of deficit correction and that of development not only refer to two conceptually different domains, but also to two emotionally different worlds. When we talk about theories, we are also talking about emotions. These emotional dynamics, collusively shared, are found in the practice of professional psychologists, in the debate over the intervention and – last but not least – in the attitude adopted towards it by the intervention clients. At the same time, we often see that these interlocutors – professionals, scientific community, clients – are ignorant of each other's attitudes and expectations, as we are told both by some research⁴ and by the critical observations of authors commenting on such relations⁵. Ignoring is a specific kind of relationship which impedes knowledge and at the same time encourages acting out within the relationship itself. The presence of these emotional dynamics, the greater or lesser degree to which they can be thought about, characterizes the current situation of clinical psychology. The risk is that the only possible outlet is their enactment in militant actions in favor of or against one viewpoint or the other. In this scenario, there would be a certain advantage for the viewpoints most compatible with emotional acting out.

As can be seen, we do not believe that separation in the clinical domain between those who experiment with it in practice and those who do so through research – for instance by evaluating clinical practice – is appropriate or that the two attitudes are incompatible. Excluding emotional components from the reflection on what is done encourages their enactment both in the practice of intervention and in research. A method must be adopted when one considers the emotional components present in the intervention. It is equally important, for the same purpose of safeguarding the reliability of our criteria and of our activity, to take into account the emotional component present in research and in scientific debate. It is hard to understand why a phenomenon that interests us so much when we work as clinical psychologists, of which we as clinicians recognize the ineluctable relevance and on which we work hard to gain an

⁴ From this angle, interesting research has been done in Lazio and in Tuscany by the respective orders of psychologists on the demand that the population in those areas present to psychologists (Carli, Paniccia & Salvatore, 2004; Carli, Paniccia, Bucci & Dolcetti, 2008; Carli & Salvatore, 2001). The research we are talking about is characterized by being directed at potential clients of psychologists, and asks them to express the expectations they have about the psychology profession. Such research shows that the expectation of deficit correction is far more limited than the debate in the psychology discipline makes us imagine. It also shows that when it is found its presence is connected to strongly anomic experiences with lack of development in the cultures producing them. In other words, it would seem that a demand reacting to an experience of difficulty in living in the situation in which one lives with others, expresses a request to isolate and eliminate the problems. On the other hand, for cultures experienced in development, the demand is for integration between the different contexts of living together. Such research sets out to explore the demand of potential clients of the psychological intervention. More often, in Italy, we see research on psychologists directed at psychologists themselves. This fact has been interpreted as poor interest in the client on the part of the profession.

⁵ Dazzi and De Coro (2007) talk about a dialogue between deaf-mutes, referring to the relation between those who do research into psychotherapy and clinicians who practise it.

understanding, should be totally excluded from an attention guided by a scientifically based method, when it is experienced first hand in the debate on clinical work between professionals and researchers. This attention does not replace the militant stance, but we think it must exist alongside it. This aspect of the debate on the clinical psychology intervention will make us think about the need for us to become capable of constructing settings, also internally. In other words, we become capable of organizing relational contexts in which the emotional dynamics are not just acted out, but also have the chance to be analysed and thought about.

We will present our arguments using the terms of everyday language; in particular, we will refer to common sense. With this we want to underline the transversal nature of the themes addressed and the fact that analysis of the demand is only one of the models for an intervention aiming at development. We would like to direct attention to a specially designed development intervention. We would like to direct attention to the problem and, as far as possible, not towards the model.

Common sense and conformism as a reference point in the clinical psychology intervention.

Various authors underline that in the kind of psychology that intervenes, the prevailing attitude is to refer to common sense and to the viewpoints of the majority. This is recalled in this journal with a critical emphasis on the tendency towards conformism that derives from it, by Salvatore (2006), Grasso & Stampa (2006), Grasso (2006). Imbasciati also wonders whether, when we talk about mental health, “it is really “mental health” or a mental order in keeping with the culture of the majority” (2006, p. 40). If we think of recent history, we see that a combination of various factors is making clinical psychology assume a corrective medicalized physiognomy. This aspect is becoming more and more obvious in its psychotherapeutic form, which tends to adopt a markedly conformist guise and a dominant position in the clinical psychology intervention. This tendency can be explained by the hope of having greater collusive success, responding to the expectations of control typical of a society that, engaged in the difficult task of trying to integrate diversity, seeks reassurance in conformity. As Renzo Carli (2006b) argues, psychotherapy’s anchorage to some form of distress and its individualist orientation entail the implicit assumption of conformist models as intervention goals. “Clinical Psychology, seen in this way, risks becoming the long arm of social power whose interests lie in the control and standardization of behaviors and cognitive systems” (p. 54). These comments are supported by Grasso and Stampa. The two authors, discussing the theoretical and methodological premises of the research into the efficacy of psychotherapy, write: “The feeling of subjective well-being, psychological and/or physical, corresponding to the upholding of current values and life-styles, or to the recognition of one’s own membership of a sector of society, is assumed in an acritical, linear way as the parameter underlying clinical judgement” (2006, p. 7). On the other hand, as Di Maria and Falgares (2006) write, recalling the inescapable political implications entailed in the psychological intervention, the aim of clinical psychology is never the maintaining of the established order. “psychology in general and Clinical Psychology in particular should be primarily conceived as sciences of context, of intervention, of change and of living together, involved in project-building, in conceivability, in achieving transformations of the *status quo* [...]” (p. 1). On the issue of the overlapping of clinical psychology and psychotherapy, various authors have given their views in this journal. As well as Grasso, Carli and Imbasciati, already mentioned, we can recall Cigoli & Margola (2006); Di Blasi & Lo Verso (2006). All agree in underlining the short sightedness of such a reduction in terms of the development of the psychology profession. Let us quote Renzo Carli again: “the individualist approach, closely connected to the different techniques and aiming at problems interpreted autoreferentially, has led to a loss of attention for problems of other kinds and for other types of demand that cannot be dealt with by applying psychotherapy techniques in an orthodox way. In this way, Clinical Psychology has paid and is paying heavily for its a-critical identification with psychotherapy. Think, for instance, [...] the integration of different cultures into the same social context [...]. Think of the adaptation by schools to provide the type of training required in their local area. Think of the families of the mentally ill and the social system they are supposed to re-enter, often abandoned by all, with no help or support, in the difficult task of (above all) living with the mentally ill person and arranging his/her social re-integration.

[...]. The examples could go on; it is obvious that Clinical Psychology is restricted and impoverished if it is confined to a psychotherapeutic function dealing with single individuals [...] (2006, p. 55).

On the relation between the conformist aims of the psychology intervention on the one hand, and the tendency to reify conceptual categories in common sense on the other, an articulate case is argued by Salvatore (2006). Conformism and common sense can be related to the acting out of the collusive processes that organize living together. We are thinking of models of social relations based on the later successive articulation of collusive dynamics in contexts. We are thinking, for instance, of what we have called neo emotions: a construct that is probably as near as one can get to what is called common sense⁶.

We would now like to quote an anthropologist endowed with a strong sense of humour, who defined common sense as “what is known by all those who wear clothes and think straight” (Geertz, 1983/1988, It. trans. p. 93). Geertz notices that thinking based on common sense denies being a relatively organized set of reflections on experience, and instead claims that its principles are the direct product of experience itself. Its assumptions “fuse to form one great sphere of what is undeniable fact, such a commanding catalogue of natural realities that it bursts into any mind that is clear enough to accept it” (p. 94). The words “undeniable” and “commanding” are what strike us, with their unchallengeable nature. Geertz doubles the dose: “no religion is more dogmatic, no science more ambitious, no philosophy more general.” (p. 106). But the most interesting thing pointed out by our anthropologist is that such inflexibility is made possible by inconsistency. Common sense can be commanding since its working is based on the absolutism of each statement and on the split between one statement and another. The inconsistencies and unpredictableness that experience runs up against can be traced back to the known, as long as they are solved one by one and the relations between them are not considered. This is the crucial point. It must be linked to the known and made natural, ignoring the cultural effect, which is constructed and relative. “Men patch up the holes in their most essential beliefs using any mud they can find” (p.100). Geertz reminds us of the useful conformist role – using psychological language we would talk about assimilation processes – of common sense. It is underlined that for it to succeed one must promote the fantasy that it is immediate and natural, not the observation that it is constructed and cultural.

If we look more generally at the social sciences, we see that they are usually better equipped for models of conformism and assimilation than for compromise and innovative change. Starting from these premises, not only does one tend to see psychology as an agent of conformism, but – and this is what interests us more – to attribute to it a particularly marked and active role in this direction. This is why psychology is very rarely called upon to provide answers to the great social questions. More often it is hindered so that it will not intervene with its psychologisms or with an individualist or, even worse, intrapsychic reductionism, to foil the issues being dealt with by removing their social and political implications. If we look at the way the psychological intervention is carried out in the domain of sociology, which is of interest since it is oriented to the critical analysis of the social role of psychology, we find confirmation of this stereotype. The first fact: the

⁶ The concept of neo emotion was proposed by Carli and Paniccia (2002, 2003, 2005). The term refers to known emotional dimensions, often found in daily life, designed to construct collusive social relations, that is, modes of relating shared in a social context, being based on common ways of affectively symbolizing the context itself. The neo emotions are: obliging, expecting, checking, distrusting, provoking, complaining, worrying. Social relations, analysed with neo emotions, can always refer to a process of social legitimation; for instance, it is right that a mother should worry about her children, that a son should complain about a strict father, that a wife should check on a husband suspected of infidelity, that a man should distrust his partner if she does not have a comforting attitude etc. These are always relational modes designed to possess the other person and the relationship of which one is part, aimed to contain it within a set script. This is also due to the conformism evoked, which legitimizes the relationship of possession. As we can see, this concerns emotional processes that do not belong to the individual, to his intrapsychic world, such as emotions of anger, love, joy, fear; instead, they always refer to the social relationship. We can find a reference to neo emotions in this journal in Carli’s article on reporting (2007b, p. 192).

representation of psychology among sociologists not only seems to be limited to the intervention with single individuals, but it overlaps with psychotherapy. The second fact: generally sociology seems to talk about the psychology intervention as a practice that is not organized by the connection to problems, but by reference to the social norm. It is the latter that justifies the psychological intervention and defines its outcome. In other words, the image that sociology has of the practice of psychology is that of an intervention designed to change individual characteristics, based on the parameters of normality and adequacy dictated by society. It is an image in which there is no place for the critical position taken by many psychologists, mentioned earlier, on the conformist function of the intervention and their proposal to intervene on relationships to promote their development⁷. It comes to mind that such a conformist vision of psychology may be symptomatic of a lack of models for innovative change in the social sciences. However, while we can say that sociology itself is better equipped to define processes of assimilation rather than of compromise, we must not forget the prevailing image that psychology offers of itself as well as its strong reference to common sense which coincides with the majority views. Starting from this conformist premise, one part of the sociological literature gives a positive connotation to the deficit correction role attributed to psychology, seeing it as a function of adjusting to social contexts⁸. Another part makes a criticism that is symmetrically opposed to the position just mentioned. Psychology deals with making individuals conform to the requirements of the social system, it manipulates, and re-establishes a normality considered obvious. It is a tool of social control. In viewpoints emphasising the controlling role, there emerges a criticism of the social norm in itself, more than of conformist psychology. Malaise and psychic disorder are the result of the bad functioning of a system that imposes norms and values that conflict with people's successful adjustment to their environment⁹. The individual-context relationship is regarded in a cause and effect relation; the society determines consequences on individuals. The only possible intervention is at an economic and political level. It is best if there is no space for conformist psychology. For other authors the criticism changes radically. A deficit is the expression of categories and intervention models that psychology itself proposes for treating the problems it is called upon to intervene in¹⁰. What is criticised is psychology's decision to propose presumed individualistic and/or intrapsychic dimensions to correct. This decision inevitably brings with it a self-referential and decontextualized perspective¹¹.

And yet, if we go back to the psychological models, we see the rejection of the psychological stereotype that for sociologists, and for much of the social sciences, seems so clearly taken for granted. Psychology is not only not necessarily individualistic but, unlike the other social sciences, has genetic and not only descriptive models of the relationship. And thanks to them it puts forward

⁷ Among the authors explored, the exception is Manoukian, (1998), who presumes the possibility and usefulness of redefining in different terms the object of psychological work; she talks about relations with the context of belonging rather than individual deficits. Remember the psychoanalytical and psychosocial background of Franca Manoukian, who belongs to the Scientific Committee of the RPC.

⁸ Melucci (1991) is, among other things, the founder of a psychotherapy school, Ingrosso (1996, 2000), Cerroni & Rinaldi (2004), a text written by a sociologist and a psychologist.

⁹ Among these authors we can remember Bauman (2004, 2005) who indicates individualization and the loss of political and public competences, of the capacity to create and maintain social bonds, as the problem of the contemporary age. He does not consider that psychology can help to create such competences. In fact, he suggests that it is a factor that accentuates the process of individualization.

¹⁰For instance, McCarthy (1992), Manghi (2000), Furedi (2004a, b). Furedi talks specifically about the medicalization of the psychology intervention and directs his criticism to something he considers even worse, that is, the 'psychologization' of society through the institutions, public and private, that assume the role of promoting people's well-being.

¹¹ We wish to underline that this conformist image is also put forward in the philosophical literature dealing with psychology. Remember also that philosophy sees itself in the field of application, that of philosophical consultation, arguing that the latter aims at making sense of experience and of development, unlike the psychotherapy intervention, which deals exclusively with bringing the individual's deficits back within parameters of normality. Or, in the case of psychoanalysis, with knowing unconscious intrapsychic processes without any connection with the historical and cultural dimensions (Achenbach, 1987; Galimberti, 2005; Lahav, 2004). Criticisms of the kind put forward by Furedi (2004a, b) are used by these authors in support of their thesis.

intervention models. With these models it can make a significant contribution to the issues being debated by the social sciences, thanks to a competence that goes unacknowledged, being buried under the individualist, corrective stereotype. It is precisely in the field of psychology that common sense has been reconnected to a relational role. Heider (1958) gave common sense a role in organizing relations that can be translated in the following way: in naive thought, or common sense, when one thinks of others, they – others, not us – live in the world of relatively stable individualistic characteristics and in the given environment. When one thinks of oneself, one tends instead to live in the world of relations between individual and context, in the world of the constructed context. To this vision we could add the role of the emotions, which would let us understand the origin of the difference between the evaluation of ourselves and that of others. For the psychologist, common sense is not only a repertoire of meanings serving for adjustment, as it is for the anthropologist, but it is above all the organizer of a web of relationships.

Let us now return to the importance of common sense as an anchorage for the psychology intervention, in the scientific debate. What would happen if common sense organized both the demand made upon the psychologist and the response given by the profession and the scientific community? To answer this we need to use formalized language. If the collusive dynamic organizing the demand upon the psychologist coincided with the collusive dynamic organizing the professional response, there would be no possibility of thinking about the relationship and therefore of planning for development. We could say that the dominance of assimilation over compromise would be consecrated.

Psychological intervention and the dynamics of belonging

While the psychology that works with consultation, entering people's daily life to interact with the course of events, tends to aim at shared conformist goals, in the eyes of its clients and of the specialists themselves it appears as a jumble of practices and theories that are difficult to extricate. Massimo Grasso (2006) reminds us of this as regards the varied models that we call clinical psychology, in the first issue of this 'Rivista': for the author, this is one of the questions that the journal should deal with. This is true both for clinical psychology and, more generally, for the psychology of intervention. However, it has often been underlined that the differentiation of the psychology of intervention in fields like psychotherapy, occupational psychology and scholastic psychology is legitimate only in appearance. If one thinks about it, one realizes that it is only descriptive, since in these distinctions there is no reference to specificity of method or of theoretical models. This issue has been taken up, with the usual efficacy, by Sergio Salvatore (2006) in this journal. The distinction into schools, which was accepted for a certain period, has revealed its limits. It was a distinction that did not help to foster integration. At the same time, the confusion of boundaries between schools was reflected in a confusion of constructs which already made it hard to maintain the relation between theory and operative forms. Concepts are reified, they become confused with what common sense tells us, and acquire a false clarity with which many identify, but in a misleading way. Think of the concept of the unconscious, which seemed purely psychoanalytical. Not only has it taken on numerous forms, perhaps not adequately summed up by a critical reading of the psychoanalysts, but today one also talks, in a confused way, about the cognitive unconscious. The cognitive unconscious, according to common sense indicates the aspects of the mind that are not accessible to consciousness. Salvatore (2006) sees a relation between this loss of demarcations and the emergence of renewed interest in general theories, in transversal paradigmatic nodes designed to restructure psychological discourse. While on the one hand the present contribution goes in this direction, proving Salvatore right, we cannot help feeling in a minority in this sense, at least as far as the Italian situation is concerned. In other words we therefore identify with what is claimed by Grasso, who, in the article already cited, talks about a-theoretical convergences where theory is overridden by a sort of empiricism that makes it superfluous. These convergences are seemingly not conflictual, but in actual fact they coexist within aims of gaining supremacy, at least as far as clinical psychology is concerned. Such supremacy would be won without debate, by the viewpoints that enjoy greater social prominence. We would say, in terms of analysis of the demand, that it would be won by the standpoints with the

greatest collusive success. Grasso thus reminds us of an element that further confuses the picture if, as often happens, it is neglected. Theories and methods are embodied in social agencies with their own history, interests to defend, and particular vicissitudes. In the area of the psychological intervention, a far clearer distinction should be made between the history of ideas and that of the social groups representing them, than normally happens. Carli (2006c) recalls that differences have cultural roots, and that to talk about them it is necessary to contextualize them in the history of the groups supporting them, in particular, in the struggle between these groups to gain hegemony and the power associated with it. "Today tolerance seems to prevail, with the idea that there is room for everyone and for all the models of co-living; [...] What tolerance does not permit is development." (p. 119-120).

In other words, membership dynamics supposedly prevail over reflection, the study of problems, debate and research. All these issues seem to us to be of great interest, and the latter particularly so. Suffice it to say that the conflict between the dynamics of belonging based on possession and relations oriented towards exchange, is at the centre of our reflections, as clinical psychologists, on the social reality.

Starting from these premises, we wish to make some comments on the product of the psychological intervention. We will express what is already clear from reading these first few pages. We think that clinical psychology cannot be reduced to psychotherapy. Highlighting the theoretical premises underlying the identification of problems and the methods used to deal with them, we propose a psychology of intervention that contributes to domains that are placed in quite separate areas by the conventional division of disciplines. The experience of some of us, engaged in the psychotherapy field as well as in organizational consultations, bears witness to this intention. We also feel that integration is based on the identification of discordances and not on their confusion, and therefore on the possibility of facing up to them to make them bear fruit, thanks to their diversity.

The given environment and the constructed context

We need to use Ariadne's thread which, passing through such diversities, interprets them transversally. Within the psychology of intervention, we are seeking two spirits, emotional rather than conceptual, and their features.

The first spirit presupposes a world that works well enough, with which the psychological intervention is not concerned. In this world all human emotions, cognitions and activities fulfil the purpose they were designed for, unless there is an error or a dysfunction. In this case, the intervention tends, as far as possible, to restore the lost functionality, so as to solve and eliminate the problem. This problem is seen as an obstacle that has blocked a substantially straight road. Once the intervention has been successful, the broken journey will be taken up again. Individuals, groups and organizations may present dysfunctions in their adjustment; the psychologist will intervene to bring them back, as far as possible, to the straight path. We are in a perspective that values conformity with the existing situation. Individuals, groups and organizations are thought of within a well-functioning environment that is equipped with adequate resources; it is a non-anomic environment, as we would say using sociological terms. It is a world of clear, efficient rules that only have to be known. The psychological intervention addresses these deficits of knowledge so as to correct them. Individuals, groups, and organizations are helped to adjust by psychological counselling, to conform to the environment, learning or re-establishing the proper competences. The environment in which individuals, groups and organizations are positioned, is not involved in the change promoted by psychological consultations. It remains in the background, acting as a frame. In Latin *ambio* means surround; 'ambiente' (environment) is what surrounds us. This environment that is around us is considered a fact, and not at all an inert fact. Its structural and cultural features serve as reference for the intervention, for which the expectations they express act as the premise and guide.

We could say that this is the psychology that corrects deficits. In the intended change promoted by psychological consultation, behaviors are of more interest than experiences. If the latter are considered, they are seen in the form of behaviors that adjust to the environment. For instance, there is the concern that the individual should have adequate self-esteem, so that it will support him in his intentions. In this perspective we will have good behavior and good experiences. The emotions, too, are judged to be positive or negative, depending on whether they help to create good behavior or work against it. Both experiences and behavior are seen as an adequate or inadequate response to a stimulus coming from the outside world, from the environment. Even when we give up thinking of the mind as a black box whose content we cannot know, and we want to look at how it works, what interests us is that the mind responds adequately, perceptively, cognitively, emotionally to the stimulus. We want it to decode stimuli correctly and have appropriate emotional responses. For instance, that it is not frightened by dangers that in fact do not exist. A person who for some reason has not adjusted to his environment cannot avoid suffering from this state of inadequacy. His development, his growth, his adjustment have not followed the expected path for the most varied reasons. Whether they are connected to his relatively stable characteristics or to his history, does not have much relevance. This mind whose capacities for adjusting to the environment we assess and correct, is an individual mind. This is an important point. It is an individual mind insofar as it is separate from the environment. It is a mind that relates with others; but it exists regardless of the others. This important point will not be clear unless we first consider the other spirit of the psychology of intervention, which offers us a social mind, that is, a mind that does not exist without relating, or outside relations. In this perspective, the person who goes to the psychologist is defined by his failed adjustment to an environment taken as a parameter; what characterizes him is that deficit, which can be adequately diagnosed. The more precise the diagnosis of his failed adjustment is, the better one can intervene. The individual who is not well adjusted suffers from this deficit, and because of it he goes to the psychologist. The problem remains of the individualistic viewpoint that defines individuals through their relatively stable characteristics; how can a change be produced in a relatively stable system? This is a question that is found in more or less explicit form in the whole deficit correction approach.

The other spirit of psychology presupposes an environment in constant interaction with individuals, groups, and organizations. The environment changes individuals, and the latter change the environment. Such an environment is not only in a state of constant change but is also not necessarily perfectly oriented or endowed with adequate resources for the purposes of the people living in it. It is an environment that is not established as a premise for adaptation and as a norm to which one must adjust, but as a critical product of human interaction. It is an environment with whose maintenance we must be concerned at all times, since it is the result of our interaction; and whose evolution is not necessarily optimal. It is an environment that cannot be taken as a model to conform to. In this case the environment does not act as the frame of behavior, and of people's experiences, but is itself an integral part of these behaviors and experiences. Individuals cannot be separated from the environment they are part of. In this case we prefer to talk about context. The context is what is interwoven and enlaced together. The context is constructed by the relations of people who, by interacting with each other, are part of it. This second modality of intervention between individuals and context is included in the intervention itself. The object of the intervention is this interaction itself. It deals with people's competence in organizing relationships, in constructing contexts. In this perspective, the context, too, is always subject to change in the psychological intervention. In such a case the aim of the intervention is not the solving of an individual's inability to adapt to the environment, but the development of people's competences in organizing relations in their contexts of reference. Remember gestalt psychology. This psychology underlined that there is no perception without meaning, i.e. split from the construction of sense of the thing perceived, by the person perceiving. In this psychology, the central importance of meaning shifts the psychologist's attention from behaviors to experiences. The latter are not reactions that have more or less adjusted to the environment, but they make it up. Contexts are produced by the social, relational mind. The context we are talking about is an evolving, and therefore critical, vision of the environment. There is no solid frame to refer to, either from the point of view of resources or from that of rules that govern living together. The context is continuously being reorganized and this does not necessarily come about in the best possible way. The variety of worldviews that the client proposes to the psychologist is not considered in a diagnostic

perspective, of the adequate/inadequate kind. It is considered from the angle of an explorative competence that constructs relations of exchange and opportunities for living together. Being part of this approach, we have often said that we deal with a psychology that pursues development. Dealing with development for us means addressing critical, high-risk situations. If there is no environment to act as a parameter, the person who goes to the psychologist is not characterized by a lack of adjustment. In this perspective, the demand is to be understood in terms of the cultural contingency that produces it. It is in this second perspective that relevance is gained by Salvatore's comment, at the end of his already cited work, about promoting the social mandate of psychology. This promotion must necessarily be based on the cultural interpretation of the demand.

Summing up, in the first approach, the aim of the psychological consultation is for the individual to adjust to the environment; in the second it is for the individual to implement his competence to construct contexts. In the first case, checking processes are very important: one checks that what one expects to happen actually happens. The *contre-rôle* is the register to compare to the original register and serves to check the data. In the second, verification systems are prevalent: criteria are used that can give meaning to what happens. The verification is the exploration of the reality, not the check to see that it is proceeding correctly. In the ways of operating, the differences between the two approaches have a great effect. They are two very different modes. They have a significant effect on the aims set, on the methods used and on ascertaining what has been done.

The case of A and the importance of common sense

Let us give an example. A company employee, Mr. A, who has been advised by the company doctor to ask for a psychological consultation because he frequently arrives late for work, goes to the psychologist, in this case a psychotherapist. At work the employee is esteemed, but the fact that he arrives late could endanger his career. What does the deficit-correction psychologist do? He undertakes to make sure the employee arrives at work on time. How will the efficacy of what he is doing be verified? Very simply: the intervention will have been successful if A stops arriving late. This will be visible to all, the psychologist, the employee, the firm, using shared categories to interpret the event. The behavior changes in the expected way, as was foreseen right from the start of the intervention, in which the problem to solve was configured as late arrival¹².

For the psychologist working in this way it is becoming more and more important to draw up the case being treated using protocols that are as formalized as possible. One tends to exclude what cannot be standardized, seen as unwise discretionality for the professional, a source of error and obstacle to the comparability of data. Such protocols should present a diagnosis, define the aims, best if agreed with the client, and indicate procedures to follow, if possible referring to an experimental psychology which will add value to the practice adopted¹³. The whole procedure is

¹² In 2000 in the USA a book (Dumont & Corsini) was published in which, starting from a case treated by a psychotherapist, who reports on the first session, five other psychotherapists hypothesize the treatment, describing the assumptions, methods, and possible progress. The patient is a man whose has been advised by the company doctor to consult a psychologist due to his lateness for work. The six psychotherapists undertake to solve the problem by adopting different psychotherapy methods, but all aiming to stop the man from arriving late, without exploring the man's relationship with the firm and with themselves. In this sense, we consider the book a good example of what we mean by deficit-correction psychology. The work was translated into Italian in 2003 with a preface by Renzo Carli, who proposed the theory of analysis of the demand, related to the type of psychology that promotes development. Those responsible for the Italian translation asked specifically for this preface so that the text could be juxtaposed with a different approach. The book and the preface enable the differences between the two faces of psychology that we are outlining here to be examined in depth.

¹³ A recent survey of the literature on this issue, particularly that produced in the US and Germany, is found in Pagano (2007). It is interesting to underline that the interest of the book cited earlier by Dumont & Corsini, its capacity to communicate what the authors think and do, lies in the fact that the latter use a reporting method that is much closer to the one we associate with the second spirit of psychology, capable of conveying the succession of contingencies that occur in a case, and not a standardized procedure.

designed to make the psychotherapy process and its results demonstrable above all to third parties, outside the psychologist-client pair. When the environment acts as the norm, the results will be considered with reference to the parameters expressed by the environment through its agencies, and it must be possible to check them using these. In this case, the social agency that proposes the parameter to adjust to, is the firm with its need to prevent lateness.

What about the behavior of the psychologist who works keeping in mind the development of competence in constructing relationships? He will ask what relationship there is between A and the firm which has sent him to consultations. He will start by considering, with A, what it means for A that the company doctor advised him to go to a psychologist. A will be asked in whose name he thinks he is there: to what extent he thinks he has something to do with it, with his own plan for life and work, and to what extent he is there because the company sent him. The psychologist and A will then explore the relationship between the company and A, and the resulting one between A and the psychologist. The aim will be for A to acquire greater awareness of how he experiences his position in the firm and more generally what he wants from his work, as well as other aspects of life which at first are not apparent, but that may emerge with the unfolding of the problems.

How will this intervention be verified. As we can understand, the ostensible indicator of no lateness, a behavior that is visible to all and at the same time responds to the expectations of the environment in which the therapeutic pair is positioned, represented by the firm, will cease to exist. In exploring his motivations towards psychological consultation, it may well happen that A will no longer feel the need to express himself symptomatically by being late, and will start to be punctual. It could also happen that there explicitly emerges a conflict with the company, previously manifested symptomatically by being late. A might change jobs. In other words we do not know at the beginning of the intervention which road will be taken by A's greater competence in dealing with his emotions in relation to his life plans. Before the outcome of the psychological consultation, we cannot foresee the destination A should try to reach. Nor can we translate it into a behavior, an event that can be observed by all. The things that change are the experiences, and the new competence that A will acquire may not be in line with the firm's expectations as they appear from the referral, even though the new direction taken by A is totally legitimate in the broader social context.

While for the deficit-correcting psychologist the useful tool is a standardized protocol of the case¹⁴, the psychologist working from this perspective will use the report¹⁵, in the sense of reconstruction of the steps building the relationship between himself and the client. He will start from the way the initial question is reformulated – I have come because the company doctor advised me to – after the exploration of A's attitude to this; and will continue with what happens in the relationship, what is agreed, what is done, how all this evolves over time and why. As we can see, in this case there is no set change to pursue, but a competence to be learnt in constructing change. This is what has been called a methodological aim. What is done is less ostensible, through the report, than happens for deficit-correcting psychology by adopting protocols. We can add, in fact, that the report makes an essential element of the intervention ostensible, which the standardization of the intervention conceals, i.e. what happens in the relationship between client and psychologist¹⁶. Carli writes, concerning the lines of thinking that propose introducing, before the clinical stage, an initial diagnostic phase of "objective" examination of the client's disorders. "These attempts are clearly legitimate and interesting. It seems, though, that they do not take into account how much is lost by going in these directions. This in my opinion is a loss of considerable importance. In the

¹⁴ On the adoption of standardized protocols, see Pagano (2007).

¹⁵ On reporting, the *Rivista di Psicologia Clinica* has set up working groups throughout Italy, in close collaboration with universities and the profession, which are gradually producing reports and reflection on reporting in the section of this journal devoted to the question. In May 2008, two "Days on Reporting as an intervention methodology in Clinical Psychology" were held; the Acts will be published in n. 2, 2008, of the *Rivista*. For an initial theory of the report, see Carli's 2007 work.

¹⁶ As well as the formalized protocols, we also consider the application of client attitude measurement scales like the SWAP, which, in the name of greater empirical validity, replace an understanding of what happens in the client-psychologist relationship, an aim however fulfilled by the report.

approaches just mentioned, one completely loses the sense of the relationship; hence one loses any possible interpretation of the relationship in terms of emotional symbolism. All this seems to be replaced by another symbolic dimension, acted out however, and not thought out: the symbolization of the person who claims to define the patient's "illness", to identify the appropriate treatment for that disorder-illness, to assess the efficacy of the intervention and to demonstrate its validity to the scientific community". (Carli, 2007a, p. 217).

As we can see, in comparing the two intervention modalities there emerge questions of great interest and with them the differences characterizing the two approaches. There is a difference in how a psychological intervention is to be verified. In the case of deficit-correcting psychology, a change is expected in attitudes and behaviors, which can therefore be checked and are to be read using categories that must be able to be immediately shared by the firm, the client and the psychologist. In this case it is preferable for them to be taken from common sense, or at least translatable into common sense terms: for instance "arrive at work on time". Shareable, remember, does not just mean immediately comprehensible, but also accepted. Common sense does not only offer codes that are accessible for everybody, but also expresses the prevailing values, being the expression of the dominant culture. This is an important point that should not be forgotten. When we take it as a parameter, we assume along with it the dominance of one culture, the one we identify most with, over other possible cultures.

The activity of the psychologist that promotes competence in constructing contexts, is instead organized in categories that emerge from challenging common sense. This does not occur in an abstract conceptual debate between psychologist and client, but takes place through a critical emotional experience. Common sense is a powerful and efficient organizer of emotional experiences and at the same time of relationships; in the setting of the intervention, it is challenged. It can be said that, in this perspective, the setting is a specific modality of relating set up between the psychologist and the client with the very intention of being able to challenge the common sense with which, up to that moment, the client has operated. This is because a major component of the construction of contexts is the possibility of critically viewing everything that is dictated by common sense¹⁷.

The immediate understanding of the intervention goals, by means of the reference to common sense present in deficit-correcting psychology – making an employee arrive on time, getting a student to do exams – has two most important consequences. Firstly, it gives the psychologist the impression that it is possible to make a collusive promise to the client and thus to obtain his alliance. Secondly, it enables the intervention to be checked by social agencies different from the scientific and professional community, themselves not safe from collusive dynamics. Remember that there are various social agencies involved in checking and verifying the psychological intervention. There is the scientific community, far from unified internally and divided between the need for checking and verification. There are the various professional communities (whose interests often clash: think of how psychotherapy is contended by doctors and psychologists). There are the social health services (where as well as public facilities there are an increasing number of private facilities, with the results that this brings in terms of decentralization and needs for controls), agencies (governmental or within the national health service) responsible for certification and control of psychology services. There is public opinion, and the courts. The presence of such a complex set of agencies, and their influence, can be clearly seen in the specific area of psychological intervention that is psychotherapy. While in many respects the research into psychotherapy has been implemented thanks to the presence of these agencies¹⁸, shared criteria of verification have not been found, partly because there is a lack of agreement in recognizing the needs of all the subjects involved, and these needs are often not overlapping. The various positions could be integrated only by recognising the diversity of aims and methods. It is important to underline that becoming integrated does not mean losing differences, but adopting a meta-perspective towards them, thanks to the possibility of sharing aims of a higher order than those

¹⁷ On the rejection of common sense as an aim of the clinical psychology intervention, see Paniccia (2003).

¹⁸ In the US, the insurance agencies paying for interventions have had an important role in starting research into the efficacy of psychotherapy.

that each one partially sets. One cannot expect to totally eliminate the conflictuality present in the different positions.

What form do these questions take in the case of our late-comer, Mr A.? When the problem is addressed in the deficit-correction approach, the firm's role is equal to that of A, if not more important, since it is on the firm's mandate – to prevent lateness – that the intervention is arranged: one proceeds as though A's agreement were taken for granted. It is as if the presence of the firm in the referral and the requirement for employees to arrive on time were facts, not to be questioned. In the intervention promoting development it is clear, however, that the agreement between A and the firm is not taken for granted. The psychologist asks A what he thinks of the referral, then what his goals are at work and in his relations with the firm. In the first approach the firm's expectations and those of A are seen as being identical. In the second intervention modality it is presumed that they may differ and even clash. Another relevant issue is that in the first approach, the change expected can be stated right from the outset: to avoid lateness. In the second, it is not possible to define the change expected in the form of a specific goal to be reached, unless it is through statements like: "increase A's competence in organizing his life contexts". Only during the intervention will it be possible to see if and how A acquires greater competence in dealing with the firm and with his contexts of reference, and how he will translate this competence into thoughts and initiatives. This makes the change not immediately visible to others and A and the psychologist are relied on to find specific indicators during the intervention and at its conclusion. The question remains open as to how far A is interested in having his changes made ostensible by the psychologist, to the various control agencies mentioned earlier.

The reporting function

We are proposing a psychology that takes a relational, contextualised, reflective subjectivity as its focus. The reference is to the context, to its collusive dynamics, its organizational functions, its culture and its history. The exploration and the definition of the limits of the environment protects this subjective psychology from petering out in individualistic or intrapsychic dimensions. At the same time it is protected from a relativism that frustrates the possibilities of feedback, of confirmation, of verification in relation to the way the states of the world are represented by this subjectivity¹⁹.

In this approach, scientific rigor is not guaranteed by referring to procedures validated in the laboratory or in scientific domains beyond the place of intervention, before the intervention itself; the intervention would therefore be an opportunity to apply knowledge produced elsewhere.

Rigor is guaranteed, instead, by the constant attention to the relation between theory and practice. To support such attention it is necessary to have a methodology that focuses on the relation between the emotional symbolizations with which the psychologist's subjectivity translates the states of the world, the formalized theories it adopts, and the practice in which they are expressed. Without constant attention to the categories underlying the practice, in the sense of emotional symbolizations of the relationship and the context and their formalized translation, no scientific rigor is conceivable. This is truer than ever if the intervention is one of clinical psychology. The clinician's competence consists of knowing how to give clinical attention to his own formalized categories, grasping the symbolic and emotional foundation on the one hand, and their translation into operative terms on the other. In our opinion, the gaps and the distances between emotional symbolization of events, formalized categories and practice are a fertile terrain for identifying the new features produced by the report, discussed by Carli (2007b) in his article on this question. This entails a constant attention to the relation between ordinary language and formalized language, without dying out in allusions or metaphors on the one hand, or in formalized definition lacking in

¹⁹ On relativism and the criticism of anti-relativism, see Geertz (2000).

emotionality and thought, on the other²⁰. We see what we have proposed as the two souls of psychology. As well as being two theoretical and methodological situations, they are primarily emotional ways of experiencing one's environment, one's role and the relationship with the client.

The relevant method used to help the clinician to monitor the connection between the emotional symbolizations with which he organizes the intervention context and the categories used, is that of reporting. In this methodology, reference is made to the verification and not to checking, to exploration and not to returning to the norm. The clinician's attention to the formalized categories he uses is constant during the intervention, within the circular movement between formalization, exploration of the implicit emotionality, and praxis, made possible by the report.

We will simply mention here a question that we believe is of great interest and without which it would be impossible to understand how this circular exploration is made possible: the knowledge-getting function which the unconscious logic permits with its polysemy of emotional meanings attributed to the object. Without the polysemic exploration of realities, reorganized by categories, dividing and differentiating, which are relative and subject to reformulation, assimilation would not be possible. For this reason we see as fundamental, in our conceptual proposal, a conceptualization of the unconscious as a mode of functioning of the mind.

The case of B The competence to construct contexts

A young patient, B, is not able to do the last exams that would enable him to graduate. When the time comes for the exam, he suffers what the deficit-correcting psychologist calls panic attacks²¹. B says that before an exam he feels totally empty. He cannot find in his mind any of the contents that he should talk about in the exam. He is overcome by an anguish that disappears only when he decides to postpone the exam. These postponements occur endlessly. In the meantime he finds himself lying to those who expect him to follow a regular course. He makes them think everything is going as it should. The anguish comes back, even worse. At this point B goes to the psychologist.

All this happens even though B has a good knowledge of the subjects in which he should be examined to finish his course. In fact, although he has not graduated, he has been working for some time in the field of his discipline, alongside graduates, and knows as much as if not more than they do. This is because he has more experience and a great interest in the subject, which is strongly technical. This competence has led him to have a role as coordinator of a work group made up of graduates; but every time he takes on this role, giving instructions and making corrections, he feels very ill at ease.

We will understand the situation better with an example. A colleague that he coordinates has not completed an important documentation in time; it has to be delivered to a client who needs it to monitor the progress of some work. While checking, B has discovered that the documentation is incomplete and wonders what can be done. He thinks he could tell the colleague to fix the situation by urgently doing the extra work. But then he decides to do it himself, making the sacrifice of working until late at night, after finishing his normal working hours. Talking about it with the psychologist, he realises with some insecurity and surprise that his hesitation about speaking to his

²⁰ To experimentally explore the emotional symbolizations collusively experienced in a specific symbolic context by certain social groups, Carli & Panizza (2002) proposed a methodology of intervention-research, Emotional Textual Analysis (*Analisi Emozionale del Testo*), based on the use of formalized categories referring to clinical psychology, to explore ordinary language seen as conveying collusive emotional meanings. Through formalized models, this methodology reads ordinary language, and derives new formalized models from this analysis.

²¹ If the demand is organized by the culture, the patient who tells the psychologist he has "panic attacks", as may happen today, is not talking exclusively of a symptom concerning the patient himself, but with these words is offering a specific experience of the relationship between himself and the psychologist. This experience will need to be explored starting from what the patient says about what he has learnt, through such terms, not only about himself but also about psychologists and psychotherapy.

colleague was accompanied by a feeling that, at the time, he had not been aware of: he was afraid that the colleague might react with violent, aggressive anger. But he passed over this fear of causing an angry reaction, suffocating it, and got to work thinking that, all in all, this would make things easier and quicker. However, even before noticing this fear, he was not able to feel calm about the event. He is not at all convinced that he did what he wanted to do. He criticises himself for not being able to speak out, to “speak up for himself”; for letting himself be overcome by fear of others that he cannot stand up to “as equals”. He spends a lot of time brooding on what happened and telling himself he should be able to “say it the way it is” especially when, as in this case, he knows what “is right”. But even just imagining himself talking to the colleague, he starts to feel bad again and thinks he will never be able to do it. Then he justifies the distress he feels by thinking that as a non-graduate, he cannot coordinate graduates.

B tries to reorganize his life experience into common sense categories taken, as common sense tells us, as dictates: he should be able to speak up for himself, to say it how it is, to feel equal to the others, base himself on what is right, get his degree. He spends time blaming himself in the name of this apparently unquestionable sense of duty, which should bring him back into the race. But none of these dictates works for him. The deficit-correcting psychologist would set to work to see that B learns to speak up for himself and feel equal to others, and to see that he graduates. He would work to bring about a process of assimilation.

What does the psychologist that promotes development do? He starts, with B, to make hypotheses on his competence in constructing relationships. In the analysis of the demand model, the premise is that B has his own specific experience of relating, and ideas about how things work between people. It is on this experience and on these ideas that B acts and bases himself. B’s model of relating is active when he is afraid to talk to his colleague and supposes she will have an angry reaction. This model is collusive and as such expresses the context in which B had the experience he talks about; but it is also a model that failed in that context. B has retained the experience of inadequacy, of not being syntonized with the situation. We can add that B acts out a collusive model of relating, but he does not think it.

B does not actually think of models of relating at all, but relies on relatively stable individual characteristics. He “is not determined”, “has no self-confidence”. This is an interesting point since it shows that individualistic psychological categories would find immediate correspondence in the experiences of this client²². As for his supposition that his colleague would react angrily, B also bases this on an individualistic hypothesis, based on the colleague’s personality. The colleague is “impulsive” and “irresponsible”, and not interested in work. It would not be surprising if she reacted impatiently and violently to a criticism. We notice that this hypothesis about his own personality and that of the other person is unproductive, and that this is B’s feeling, which is why he has come to the psychologist.

The psychologist suggests that B should look for alternatives. He invites him to ask himself what could have explained his fear of talking and the colleague’s anger, if, instead of thinking of the reciprocal personalities he had made a hypothesis on the model of relating that could justify such behavior. B is invited to ask himself, for instance, if he and his colleague shared the feeling of their interdependence. Whether they felt they were pursuing common aims in their relationship. Whether they could refer to the aims of their work and share the satisfaction of being able correct a mistake. In the latter case they could both feel it was important that the complete documentation should reach the client. If this had been so, B would have gone to talk to his colleague. The colleague,

²² Let us again recall the overlapping of some psychological models and common sense. In its origin, for instance, the five factor personality model began “from the assumption that most individual differences are already encoded in daily language, one can extract from this language a representative, comprehensive and reasonable sample of the terms describing personality” (Ostendorf & Angleitner, 1994, p. 130). It can also be seen that there has been the tendency to look for “universal factors of the language of the personality” (p. 128), with a systematic detachment from all contextual and cultural components. The correspondence of such models to common sense can be linked to the possibility that these models have that “greater social relevance” talked about by Grasso (2006).

who B imagines reacting angrily, seems to live in a totally different emotional context. In the emotional world imagined by B when he thinks of his colleague there is no interdependence between people. The other person can do nothing but attack. Any feedback is a destructive intrusion in the other person's field. In this way the colleague cannot but be gripped by an irretrievable fantasy of the untouchability of her own behavior, whatever it may be; by impatience with reminders, incongruent with work and with any feedback provided by reality. By not speaking about the problem that had emerged, B did not give the latter any possibility of proving herself different from this fantasy he has of her. B's silence nails the colleague to the role of irresponsible, hot-tempered, impervious to reminders. On seeing that his silence forced the colleague to remain in the role of a person who cannot face reality, B discovered the violent side of his apparently prudent silence and of his self-sacrificing promptness in correcting the problem without talking about it. B himself, moreover, is giving himself no alternative in relation to this violent position, because he is not thinking of his emotions. In this way he cannot understand but only act. Think of how he tried to deny the fear that his colleague would get angry with him. If he had asked himself why he was so fearful, he might have connected the fear to a retaliation by the colleague and traced the roots of his aggressiveness towards her. Moreover, without thinking of what he is experiencing, without stopping to understand his emotions and fantasies, if he had spoken to his colleague, B would not have been able to avoid acting out the feeling of criticising her and judging her. And he would not have been able to give his colleague or himself the opportunity to look for a product in the relationship such as following the rules of a job well-done and sharing its successful outcome. He would have attacked the colleague and taken the opportunity to tell her how unreliable she was and how the job suffered from her inappropriate way of acting. This justifies the fear of being attacked back.

Remember B thinking he must be "more sure of himself"? Perhaps now we can see that this would be not at all a good solution to B's problems. For B, it is not a matter of being able to attack without fearing repercussions. This would mean "being more sure of himself" in the fantasies that B has of the relationship. It is instead a matter of analysing these fantasies, for instance, by comparing them with the organizational function his relationship with his colleague might have. This function is not to rebuke or to tell the colleague her imperfections, but to bring the relationship around to recognizing their mutual interdependence. What has to be redirected is the relationship between himself and his colleague; neither he nor the colleague must change independently of each other. This capacity to redirect the relationship is, moreover, closely connected to B's coordinating role. Remember that B coordinates the group of which the colleague is a member.

We can now make a few comments on the fact that B went to the psychologist because he cannot do exams. At the very thought, as we said, he is seized by a feeling of emptiness that paralyzes him. This prevents him from graduating. At the same time, in his work group B plays the role of coordinator, which in his experience places him "above" his graduate colleagues. Let us try to put these elements together, still making hypotheses about the underlying relational models. On the one hand, B is afraid of power, that of the examining professor, of anyone who has the power to judge him. On the other hand, B sweeps the examiner out of his path and renders him useless, by avoiding sitting for exams. But also by taking on a role, that of coordinator, which in his view should be held by a graduate, while he does not have a degree. Let us try to translate into words the emotion that can be glimpsed from this set of clues: "As a non-graduate I do what I would do if I were a graduate. This embarrasses me". But also: "What use is a degree, if I as a non graduate, do what I would do with a degree?". In this latter fantasy the degree is unnecessary, the teachers are unnecessary; they are powerful and threatening, but they can be gotten rid of.

These fantasies tell us that for B, relationships are positioned at two opposite and complementary extremes. On the one hand, there is a power that threatens in its judgements and its expectations, calling for compliance; on the other hand, a silent rebellion that destructures any functional relationship. The interlocutor of the silent rebellion is the threatening power. It escapes from the power, preventing it from acting, and eliminates it. When the psychologist asks B which of these two poles he identifies with, whether with duty or rebellion, B who we might add with his way of behaving appears to be a "good lad that respects authority", recognises himself in the silent

rebellion. He is seeing his problems in doing exams as an opposition to the duties that are imposed on him by a threatening power. We are thinking of the mental blank before the exam. If we think of it in a relationship with the teacher, the blank takes on the sense of “before you nothing comes to my mind to say”. “To you I have absolutely nothing to say”. Or: “I refuse, most firmly, to speak to you”. By telling the psychologist he identifies with the rebellious part, B is saying that this part is present in the psychotherapy relationship, though in tacit form, and that it has to be noticed. But at the same time he is asking the psychologist to valorize this rebellious part, to listen to it as the part nearest to B. One can somehow begin to suppose that B is asking psychotherapy to teach the silent rebellious part to speak, and how it can become effective and competent in the social domain. B and the psychologist start to understand exactly what it is, far removed from common sense, that “learning to speak for himself” means to B.

B starts to glimpse why it is pointless preaching to himself on the need to do one’s duty based on common sense, and therefore on the norm; sermons like: “be more sure of yourself”. As soon as B sees a duty, he boycotts it. So B identifies first of all with rebellious reactions. But after thinking about it for a while, he adds, however, that the side of doing one’s duty is also part of him. When he does his colleague’s work, he recognises himself in the role of the person who is afraid of non-performance of a duty. Basically, both of these things are in his experiences and in his behavior. As for blaming himself for “not being able to speak for himself”, he sees that if speaking for oneself means taking on the role of violent power that aggressively reproaches, perhaps it might be better if he doesn’t succeed: it would place him in dangerously violent relationships.

Now the psychologist and B can realise that the transgressive colleague closely resembles the rebellious part of B. She does not do her duty, she is irresponsible. There is no reason to doubt that this colleague may have these characteristics. However, we are more interested in knowing how B, in his silence, made it impossible for the colleague to have realistic feedback on her behavior. B’s silence deprived the colleague of precious feedback on her work, and prevents her from being different from how B supposes her to be.

We can hypothesize that B had trouble speaking frankly to the psychologist, just as he has trouble speaking frankly to himself. What does speaking frankly to oneself mean? Certainly not preaching. Rather, starting to clarify things, to understand. It means understanding that the thing is to find an alternative to the relationship based on two poles, with duties given by the judging authority, and a rebellious reaction. An alternative could be that of relying on competence in relating, where B recognises his interdependence in the relationship; both in coordinating the group, and doing exams. B finds it easy to share this analysis on the function of coordinating.

To B it is not so clear what the psychologist is suggesting about the exam relationship. He fears being judged, as everyone does. In this case he actually thinks he sees the relationship for what it is. The teacher judges, there is no doubt about that. Nobody likes to be judged, neither is there any doubt about that. How can these obvious points be seen, critically, in another light? The fear of exams is largely shared by those who have to do them. He simply feels it a little more than normal, a little too much. We are again faced with a deficit. Nerves would be alright, but this is exaggerated.

It should be added that B is assisting a professor at his university. Here too he has gained a role as collaborator thanks to his competence. B helps the professor on examination panels. How does B, who avoids exams, feel about his role as examiner? B feels “like them, like the students; one of them”. He is “on the students’ side”. The psychologist and B wonder what it means to “be on the students’ side”. Being on the students’ side gives the idea that there are opposing sides, and therefore a conflict between the students and the teaching staff. Being on the students’ side, one takes a stance in the conflict: for the students, against the teachers. It is taken for granted that teachers and students cannot have a common goal. The way B sees the exam relationship destructures any possibility of it having an educational function. B’s rebellious part is active again. By configuring duties and being opposed to them, this part dismantles any possibility of reciprocity in relationships. All that can be done is to protect the students as far as possible from the power of

the teachers, intent on pursuing their aims at the students' expense. Yet again, assuming these fantasies about relating as facts, B does not facilitate the possibility of exchange, of confirmation, of realistic conflict. The feeling with which B represents the exam situation to himself is that it is a violent, arbitrary judgement, useless, based on the teacher's narcissistic exhibition, from which B protects the students.

In reconstructing these experiences, B starts to think, and intuit the different modalities of relating between teachers and students. There is an interesting corollary. In order to analyse his position as examiner and examinee, B needs to be able to look critically at the collusive context in which he participates in university life. He needs to understand the collusive emotional symbolizations present in the university and the way these give meaning to the exam relationship. To look critically, in other words, at the only seemingly obvious assumption that the teachers who evaluate the students feel they are being evaluated themselves in a threatening relationship. In fact this threat makes sense only in an acting out of evaluation, split from learning and from the professionalizing aims of the latter. Considering these aspects, B manages to see that his experiences are an emotional representation of events and not the observation of facts. This enables him to understand that he could have two alternatives in his way of experiencing exams. For instance, they could be seen in reference to a useful verification in the learning process. We will stop here. The reader may wonder how B and the psychologist dealt with B's affective and family life. They did it by seeing aspects consistent with what we have said so far. Suffice it to think that B is a "good lad, who never upsets his parents", to start to see that in the bond with his family of origin he never addressed a conflict and an individual separation. And that this failure is related to the fantasy of feeling, on the one hand, dutiful towards others, and on the other hand, rebellious. One might also wonder about the relationship between B and the psychologist, and how it is related to everything we have talked about. B goes to sessions regularly and is, if we can use the expression, a "good patient". He works, thinks, takes up what the psychologist tells him with interest. However, now and then he misses sessions, and says nothing about it apart from informing beforehand. For some time B behaved in this way, with a tidy split between the silent rebellious part and the dutiful part. The rebel did not come to sessions and did not talk about it; the dutiful part diligently came and worked. It was only after a particular operation and a certain time that it was possible to think about this acting out with B. What B is experiencing in his relationship with the psychologist was brought into contact with what he experiences in his other reference contexts. B rediscovers an intensely emotional motivation in going to the psychologist: now he thinks that he asked for psychotherapy because he felt his life was going in completely the opposite direction from what he expected. This made him feel desperate. Now B sees that what took him in this "completely opposite direction" was his rebellious part, which has to be saved and not eliminated. It has to be integrated with his dutiful part, which was starting to feel deeply mortified.

What is the psychologist's intention with B? To explain to him how to do things, how to think? To tell him how to collaborate with a colleague, how to carry out coordination, how to do an exam, how to free oneself of one's parents? None of these things. None of the interpretative hypotheses proposed and discussed is designed to say how things are if seen in the right way, and how to adjust to them. They are oriented, instead, to finding out that one can interpret and make sense of the experience, by looking for reference points to this end. For instance, by referring to the patient's different organizational contexts, including the psychotherapy setting, comparing the collusive dynamics with the productive goals. Learning to interpret and at the same time discovering that we already do it, and reflecting on the emotional categories that we use. It is not correct behaviors that are learnt, but a method.

Perhaps now it is clearer what we mean when we say that the intervention that promotes development does not operate in the perspective of correcting deficits. Taking B for tests, without exploring the premises of the problem, would mean eluding the problem B is presenting. It is a

problem of relating, and working with the psychologist can develop B's ability to construct his affective, working, and training contexts²³.

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²³ We would like to be able to explore with the reader how competence in constructing contexts can also be developed in a case of organizational consultation. As we cannot do it here, we refer readers to a case already published by the *Rivista di Psicologia Clinica* concerning an intervention in a Mental Health Centre (Panizza, Di Ninni & Cavalieri, 2006).

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