

## **The verification of university training: a research methodology.**

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*What kind of verification for what kind of psychology?*

### *Introduction*

The research we are presenting contributes to the debate over university training for the clinical psychology profession, taking verification as its standpoint. Issues of professional training in the clinical area of psychology are dealt with in debates, at times harsh, that can be found in the American and European literature<sup>1</sup>. The recurrent theme, which is particularly critical, is the separation, if not the outright split, of theory from clinical practice. Even more problematic appears the coexistence of profoundly different theories and practices of intervention that tend to ignore each other, as we see happening in the Italian situation. This helps to weaken the credibility of our profession, which has difficulty defining the specificity of its models of intervention and copies models of other disciplines, like the medical model in the psychiatric area. To this can be added the employment problems the profession is currently experiencing in Italy, which can in part be attributed to the problems of university training which seems to refrain from training professional clinical psychologists, since there are no shared theories and training models for this task. The issues of the scission between theory and practice, the coexistence of approaches that at the same time avoid debate and are conflictual, have a central place in our training strategy, so as to enable students to face and discuss these questions.

The article is made up of three parts. In the first we explain our vision of clinical psychology and the verification methodology used in the research we are presenting. In the second we look in detail at the training methodology we call “emotional lessons” with a report on the experience verified in the research. In the third we present the data on the verification of the lessons.

### *Diagnosis or relationship*

We define clinical psychology as the psychology of the relationship. The problems that people, groups and organizations bring to the psychologist originate in the relationship and it is in a relationship, the one between the person presenting the demand and the psychologist, that problems can be known and treated.

This definition has various implications.

- The problems the psychologist handles do not concern the individual but the relationship between the individual and his contexts of living with others.
- The context we are talking about is a symbolic context; we deal with experiences and not with behavior.
- The psychologist gets to know the problems of the person who asks for his intervention by analysing the relational proposal that is enacted in the relationship between himself and the client; in this relationship the client's models of co-existence, no longer serving for the achievement of his desires, are actualized.

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<sup>1</sup> For more details on the European and American debate on clinical psychology training, see Pagano (2007) and Potì (2007). On the Italian situation, see Grasso (2006), Carli (2006a), Imbasciati (2007).

- In the relational proposal reproduced by the person asking for the intervention it is possible, using a symbolic affective code, to trace the process of signification of the reality of which the person is part.
- The emotion experienced by the psychologist in relating to the person asking for his intervention is connected to the process of affective symbolization of the demand enacted by the client<sup>2</sup>.

In view of our premises, 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. It needs to be underlined that there is no "normal" symbolization of the context to aim for. The aim of the work is to acquire a method of knowing one's own way of emotionally symbolizing reality, which does not set out to conform to reality, but to explore it. This means knowing one's own modality of affective symbolization, one's own relational theory, to be able to construct others that are more useful for achieving new aims of co-existence. These new modes of relating make those used up to that moment obsolete, not wrong or pathological.

We are talking about a process of knowledge-getting that is closely tied to the specific objectives, the achieving desires of the person making the demand. These are objectives to discover and to construct, and cannot be linked to development paths already envisaged in theories of personality and of psychopathology, combined with models of predicted social adaptation. We are talking about an intervention that presupposes a client, that is, an interlocutor with interests, at least potential development aims and resources, with whom an agreement is reached about the meaning of the work that will be done together. We should also clarify that reference to the unconscious enables us to include the ambiguous emotional reality and its complex and often conflictual elaboration within complex processes such as bargaining over the aims of the intervention in the relationship between the psychologist and the person making the demand, or defining the client's development aims.

This vision of clinical psychology entails assuming a critical position towards another way of regarding this discipline, which identifies the profession with a model we call diagnostic. These are radically different ways of viewing the psychologist's intervention. The diagnostic model assumes that knowledge of the other person is gained by using tools – tests, scales, interviews – that see valid knowledge-getting as being objective. The reference to the medical model is obvious. This model appeared at the end of the 1700s when thought returned to "the effective modesty of what is perceived" (Foucault, 1963, p. 6). Knowledge is entrusted to the gaze and assured by the completeness of the data observed: seeing is understanding. It is a model that economizes thought, making it coincide with perception: the meaning is outside of me and I record it. Working backwards, there is that paradigm shift in contemporary scientific thought that M. Grasso and S. Salvatore (1997) identify in the passage from an "essentialist hypothesis" to a "constructivist hypothesis". From thinking that knowledge-getting does not consist of the representation of the real, but is the result of an operation of categorization that the subject carries out within models that are part of the specific observation position chosen (constructivist hypothesis), one goes back to thinking that the properties of objects lie in the objects themselves and the natural world has its own rules that can be described in terms of universal, a-historical laws (essentialist hypothesis).

We are in a historical period when clinical psychology tends to assume "models and ways of operating that base the power of the clinical psychologist, like that of the psychiatrist, on the knowledge of the other person [...]" (Carli & Paniccia, 2007, p. 40). Knowing the other person means placing him within definitions and disease descriptions, thanks to the classification-oriented logic that, to quote M. Foucault again, "tames variability and the infinite" (1963, p. 52). Knowing the other person means exerting a power conferred to the psychologist by the need to name and separate the normal and the different, the same and the other. This need is not natural but

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<sup>2</sup> In our definition of clinical psychology we are referring to the theory of analysis of the demand, in which the construct of collusion as an unconscious emotional modality organizing social relations was elaborated; see Carli & Paniccia (2003), Carli & Paniccia (2005).

culturally defined, associated with precise historical contingencies. R. Carli and R.M. Paniccia (2007) write: "Summing up in general but sufficiently correct terms, it can be said that psychiatry tends to make divisions on the basis of precise and scientifically grounded stereotypes between normality and pathology when the historical right-wing is in power; on the other hand, it tends to deny these differences and sustain the strength of the different, of marginalization, when the political wind is blowing from the left" (p.40).

Presenting clinical psychology as the psychology of the relationship entails proposing a different way of getting knowledge, which involves giving up the fantasy of gaining power over the other person through a profession. It also entails giving up a professional model that presupposes a relationship already established by the social mandate, before the first contact between psychologist and client, and one that does not work at constructing relationships. Such a relationship sees the "ignorant" client depending on the unshareable knowledge of the technical expert. Viewing clinical psychology as the psychology of the relationship means on the other hand placing great emphasis on the process that establishes the relationship itself, a relationship that is legitimated by the social mandate but which does not finish there. The intervention based on the relationship needs the demand made by the client. Working through the relationship entails one living the confusion experienced when one comes into contact with one's own emotional reality and that of others. In this case there is no need for a-historical models of knowledge, emphasizing the univocal generalization of data rather than the variability of contingency. But this does not mean working without models of intervention and of verification; it means thinking of methods that are suited to the object that one wants to know, as we argue in this article.

#### *The emotional lesson*

In accordance with this vision of clinical psychology, we construct a setting within university training that enables emotions to be thought about. We propose to the students the use of psychological categories to think about the emotions experienced in the relationship with the teacher and with their colleagues, closely connected to the specific context and with its aim of providing university training for the clinical psychology profession. The two fundamental elements underlying the training proposal are closely connected to each other: emotional involvement in the relationship and the use of categories to think of the emotional relationship.

With so-called "frontal" lessons, the training objective is the one-way transfer of contents from the teacher to the student. In this case one acts as if the subject to be known were the "content" of the lessons, while what is split off and called "process", namely the relational dynamics, is enacted without being thought about. The hypothesis is that learning can be produced regardless of the meaning the actors taking part in the lesson attribute to their relationship. One acts as if the emotional representation of the lesson, shared by the teachers and students, were both useful for the purpose of learning and useless as a subject to be known. When training is conceived in this way, while nothing is said about the emotional meaning attributed by the teachers to the training context, that attributed by the students can be subject to separate interventions, we would say split from the teaching activity. This is so in the services of tutoring or mentoring that try to recuperate reflection on the university experience. But what also springs to mind is the use in this direction of so-called "windows" of psychological counselling in the university context.

When there is an emotional lesson, the "content" of learning and the "process" coincide, so the split is healed. The training methodology is that of the psychological intervention, and the relationship is both the subject to be known and the method. The transmission of theoretical knowledge is made comprehensible because it is tried out. The training experience is analysed using clinical psychology categories. It is clear that without a reasoned use of such categories the emotional implication alone would not produce any knowledge. University organization, as we argued and illustrated in a recent work (Carli, Grasso, & Paniccia, 2007), can be a context in which to try out dynamics of emotional symbolization. The psychotherapy setting is in fact not the only one where one can gain experience of the process of symbolic affective signification going on in our mind.

This process of symbolic affective signification constructs what R. Carli (2001) calls the collusive myth of a context that serves to organize the sense of belonging but does not necessarily serve to achieve the objective of the context itself. The objective in our case is the acquisition of competences to treat the problems of another person, i.e. of the person commissioning a psychological intervention. The students can become competent commissioners of university training, if this third party is kept in mind.

#### *Local culture as an indicator in verification*

The issue is the verification of a training experience the aim of which is not to transmit theories underlying techniques that can be applied independently of the context<sup>3</sup>. Instead, it aims to achieve learning of the skill of using clinical psychology categories to think about the specific symbolic emotional context in which the intervention is carried out. This starts from the skill of thinking of the training relationship one is experiencing. This learning to think of the context is fundamental for the skill of intervening in a clinical psychology sense. The tools to be used will verify the changes in affective symbolizations of training and of the profession in the course of the intervention. Like R. Carli and R.M. Paniccia (2002), we will call the set of collusive symbolizations that characterize a context and organize the relationships "local culture".

For a few years, in order to find and monitor the students' local culture for the purposes of testing and verification of learning, we have been using Emotional Textual Analysis (*Analisi Emozionale del Testo* - AET)<sup>4</sup>. For details of this methodology, see the manual (Carli & Paniccia, 2002); here we will confine ourselves to giving some basic information both on the methodology and on the way it has been used over the years to verify students' clinical training. To collect the fantasies organizing the training experience, we ask the students at the beginning and the end of the course to write whatever comes to mind about their professional future. We ask them about their professional future and not directly about the course since we want them to think of their training in terms of professional utility. The discourse on the professional future, presented within the course, includes a comment on the course itself. As regards the text produced, we are interested in its emotional dimensions, through which we can discover the affective symbolization of the profession, believed to be the factor motivating training, as well as that of the training context shared by the students.

We should specify that the course is not seen as a variable intervening among independent and dependent variables. With the research hypothesis we are discussing, one does not measure the outcome of the course seen as a cause with the effect of producing knowledge in the students. A change in the emotional symbolization of the profession will be, from our viewpoint, the indicator of a new culture that has come about through the interaction between students and teachers.

One last comment. The collection of the texts for analysis occurs in the first phase in a relationship that is already underway between teachers and students. The students who are responding to the stimulus question are doing so within a relationship with the teachers, experiencing the meaning they attribute to the relationship as it has been constructed with the teachers interviewing them. There is not, and there never is in psychology research in the approach we adopt, the possibility of collecting objective information, that is, independent of the context in which the information is being collected, since there is never a moment when we stop affectively signifying what we are doing. Before presenting the research, we will give a report of the lessons verified by the research itself.

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<sup>3</sup> We use the term 'technicality' for the specific collusive modality underlying the relationship in which a technical expert applies his knowledge in favor of a layman regardless of the context, that is, of the relationship itself. In terms of analysis of the demand, "regardless of the relationship" means that the relationship is enacted and not analysed.

<sup>4</sup> A report of these experiences, concerning both lessons and laboratory, is given in Carli & Giovagnoli (2007).

How can the hypotheses outlined so far be translated into training strategies? If the goal of the training is neither to train the students to apply a technique regardless of the context of intervention, nor to transmit knowledge (perhaps about the relationship, for example the construct of transference), independently of the ways the relationship through which the teaching occurs is enacted, then the problem becomes more complex. We are thinking of the training strategy that has no scale of contents to follow, but is based on a proposed relationship that is under constant negotiation, being continually conceived and redefined in its modalities and its aims, in a training setting set up for this purpose. In this case every course has a different history, corresponding to the group that each time happens to be constructing it. In common there is a methodology that integrates the knowledge of clinical psychology models with the use of such models, in the relationship entailed in training. We are thinking of the relationship with teachers and with fellow-students, but also that with the broader university context. It is a relationship organized by the training goals and the collusive process that underlie the students' participation in the university context itself.

We will now present the report of a training experience designed and carried out starting from this vision. This is the experience that was verified by the research reported in the present article. By means of this experience we will explore the way our methodological proposal is put into practice, the tools used and the testing and verification criteria adopted; these are the criteria that underlie and organize the research into verification.

The course we are referring to is that of the second-last year of a degree course in clinical psychology<sup>5</sup>. This specialist degree is offered in a psychology faculty in which the issues of the split between theory and practice, of the diversity between a psychological intervention dealing with deficits and an intervention that promotes relationships and growth are strongly felt. From when it began four years ago, the specialist degree in question has, through a great variety of contributions, encouraged a psychology of intervention and of relating.

The course is organized in 25 meetings, spread over two months in the academic year 2007/08. The students attending are a group of about 35 people. As we find in the first encounter, they are mostly students who attend regularly – attendance at the degree course is not compulsory – who have already taken part in previous lessons organized with the methodology we are proposing, but also in lessons structured on a different logic, closer to the one-way transmission of knowledge. They have also had the opportunity to discuss and experiment with the difference between the two methodologies. They have encountered different clinical psychology models and different viewpoints on the intervention, and they have been able to try out their background training in various intervention contexts, in public and private services, in their practical traineeship experience<sup>6</sup>.

What aims do we set ourselves in these lessons? We aim for the integration of the emotional symbolizations with which the students regard the relationship, with the theories adopted and the intervention practices tried out or planned. To this end we are interested in understanding, with the students, how to use and integrate the differences they met during their university experience; also how they relate theories and experimental models in their training experience with the problems and questions from the intervention contexts encountered in their practical traineeship. Lastly, we

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<sup>5</sup> This is the specialist degree course "Dynamic and clinical psychology of the person, of organizations and of the community" at the Faculty of Psychology 1, "La Sapienza" University of Rome; the students who attend it have already completed the three-year degree, and are in their fourth year of study.

<sup>6</sup> In the 2001/02 academic year, the university reform introduced a three-year degree which includes a period of practical traineeship, followed by a two-year specialist degree which also includes a final practical traineeship. The students in question have already done their first practical traineeship as part of the three-year degree.

want to verify with them the organization of expectations and skills regarding their professional future.

The work of integrating theory and practice, amidst models studied and training and practical experience offered to the students, is based on the premise that there are angles from which the reality is constructed. Moreover, the fact that such viewpoints have a variety of forms along a continuum ranging from the confusing, ambiguous emotional polysemy with which one regards the states of the world, to the reduced polysemy made possible by the adoption of categories of interpretation of the relationship between ourselves and the context (Carli, 2007b). It is suggested to students that the theories and models that they encounter during their training experience originate in viewpoints: they do not describe states of reality, but they are constructs that organize intervention relations and settings. Lastly, it is suggested that these theories are connected to the way we emotionally symbolize relationships and reality. Although it has already been encountered and discussed by many of them, this is not at all a position to be taken for granted in the complex universe of theories and psychological techniques, also considering those present in the degree course. The students are therefore in the middle of a journey of elaboration, begun but certainly not finished, concerning this complex issue. Remember that in current Italian clinical psychology there are positions we would call neo-positivist. These positions make reference to a given reality, which the psychological and above all psychiatric sciences gradually get to know in its existence, independent of models of knowledge. Moreover, in a less reflective way, there is a short-circuit between facts and constructs which tends to reify the constructs themselves, to make them states of reality in an unnoticed mental operation, with the result that the value of the theoretical and emotional premises organizing the practice is ignored (Salvatore, 2006).

It is for these reasons that we decided not to organize the clinical psychology lessons by presenting the students with a series of theoretical ideas which would have to be applied elsewhere. We suggest they try out the integrative processes we are talking about, during the lessons themselves, we refer to clinical psychology categories the students work with during the lessons, understanding their facets in the practice of intervention, and learning to use them.

#### *The initial stage of the course: constructing a training setting where one can think*

The initial phase is the basis of the journey, in which the relationship between teachers and students is organized on the one hand, and on the other, that between the students themselves. Remember that the students present, having already attended other courses using this methodology, are not new to the issues involved. However, every time, as some of them say, we “start all over again”. It seems to be the first time they have been asked to suspend the collusive acting out based on which one behaves as if everybody knows what they are doing in the course without having to say so, within obvious, well-known roles of teaching and learning that make it superfluous to express previous experiences, expectations, and goals. The teacher wants to start from their training experience, to share it, explore the directions taken, the criteria, expectations, and relations with their future profession.

Through these requests we are testing the possibility of constructing, in the lessons, a setting that enables collusive acting out to be suspended so as to make it something to know. The students’ response takes the form of defensive closure, silent and passive on the one hand, clearly angry on the other, of most of the group attending. At this point one of them expresses the feeling, half impatient and half bewildered, that they start all over again each time. While many of them have already started to experience the disavowal of the fantasy of being able to appropriate knowledge regardless of their own emotional involvement in the learning relationship, what they discover this time is the sense of the experience of “starting all over again”. A setting, namely the specific modality of relating addressed to thinking about the emotional foundations of the relationship itself, has to be reconstructed every time. The relations each time are new, each time they have to be reorganized, each time they first of all refer, in their defensive, repetitive, or shall we say “conformist” component, to the acted out emotional dimensions of the culture present in the shared context. In this case, it is the university culture based on duties. This happens even though these

collusive dimensions have been shown, analysed and criticised previously in other contexts. This is “learning” that one does not lose, but that at the same time cannot be repeated automatically, or by referring, as we would say, to the theory of collusion, through acting out. This would be paradoxical, in terms of the same theory. Each time is “starting all over again”. In other words, each time, if a clinical psychology product is being pursued, the specific relationship being organized has to be suspended in acting out that should eliminate the ambiguity without having to resort to thinking. Each time one must find a collusive modality that is consistent with the intention of analysing the emotions that are shared instead of being acted out. This start to the lessons serves to underline the contrast between the clinical psychology viewpoint proposed, centred on the relationship, and the student’s fantasy of putting knowledge in a bag to take it with him, having acquired it forever, regardless of the relational context he is in and of the use made of it in that context. Learning to construct a setting involves discovering that each time is a “starting all over again”. The setting is not a fixed technical fact that can be filed away for the next use.

This is an example of how one can gain experience, in the lesson context, of a clinical psychology construct. The students can discover the difference between intervening on the basis of an intervention theory and therefore on a theory of the relationship, and intervening on the basis of applying techniques and procedures. In the latter case, the relationship is not thought of, but is acted out in support of the application of the technique. Let us think, for instance, of “trust” and “respect” for the psychologist, or, if you like, of the good therapeutic alliance, as prerequisites of the successful intervention. In this kind of experience the students can see the methodological and conceptual difference between the intervention theory and the application of techniques, and at the same time find out how different the symbolization of the relationship is in the two cases. The emotional ambiguity entailed in a relationship is immediately eliminated in the case of application, by the psychologist being given the role of technical expert and the client that of layman; in the second case, it is given a central focus, through the establishment of a setting that enables the ambiguity itself to be explored.

In order to proceed in giving the students experience of the connection between the intervention’s emotional symbolizations, theory and practice, during the second lesson they are invited to work on the analysis of the report of a clinical case. In this case the initial conditions are reported, since we are interested in looking closely at the establishment of the relationship between psychologist and client. In this specific case, of which we will simply mention some elements here that enable the reader to understand the students’ reaction, a thirty-year-old woman who works apathetically in the small business owned by her father, whom she sees as possessive and prying, contacts the psychologist because she is distressed about her love life (she is unable to have a relationship), her job (which she sees as a stop-gap), her future, as she feels passive and incapable of taking the initiative and making plans.

The students are affected by a collusive experience that they did not expect. Remember that these students are generally those who attend lessons, study hard and have already done one practical traineeship. Many of them therefore feel relatively confident with the model of analysis of the demand, which they have already worked with several times, and would be able explain its main conceptual aspects. For instance, it seems clear to them that it is a model in which the relationship is central, as well as the fact that it is experiences that are of interest, and not behaviors. Actually, the categories used by the students in analysing a case are usually quite remote from these prerequisites. Many of them, forgetting every other component of the case, only see the father-daughter relationship, and take the side of either the daughter or the father. For example, the first argue that the woman should free herself from such a dependent relationship by finding another job, and she should be encouraged to do this. The second state that this parent has been too tolerant of his daughter’s apathy and that she should face her responsibilities. Some say that in order to get a better understanding of the problem, the father should be called in. Only a few wonder about the woman’s experience of passivity and also treat the possessive father as an experience and not as an unquestionable fact. Analysing these categories, one sees that they often refer to a psychology that intervenes on behaviors with a corrective purpose, often referring to conformist codes. It can also be seen that the relationship they talk about is that of the *there and*

*then* of the client's story, and not the one between the client and the psychologist. Again, one notices that this relationship is considered in its enactments, that is, as a fact and not as an experience.

The models used by the students in the analysis of the case are considered from different angles, in the discussion that follows. The fact that they are enactments without models is contrasted with models of clinical psychology intervention, on the one hand that of analysis of the demand, based on the relationship seen as a symbolic collusive dynamic, and on the other hand those of individualistic theories interested in behavior, more consistent with what the students suggested. These different modalities of intervention are also compared and contrasted with the issues they encountered in their practical traineeship. What competences were required of them? The students in their practical experience came up against the fact that psychologists are not asked for tasks. Psychologists are often faced with problems without a commission, in other words, without anyone asking them clearly and positively to deal with them. Instead one has to identify problems and make an offer to ambivalent interlocutors not particularly willing to place themselves in a subordinate position, not only with young apprentices but also with the whole psychology discipline itself. Coming down from university expecting to find figures that commission clearly competent technical experts to apply techniques to solve clearly defined problems exposes them to a high risk of failure. Instead, one has to learn to identify the problems that psychology can deal with and to construct the commissioning figures, who are often anything but certain.

#### *Verification as interaction with ongoing change*

We are now up to the fourth lesson. It is in the last part of this meeting that the students are invited to write a text that will undergo AET. They will write another at the end of the course. The intention is to acquire in this way a tool to verify what is being done together.

Why is the drafting of the first text proposed in the fourth lesson? Some students say that this invalidates the reliability of the text itself, strongly "influenced" by what has happened up to then. This allows us to discuss with them the difference between research practices that interact with the process underway so as to identify its dynamics, and those that presuppose a "zero" point where nothing has happened before the researcher intervenes; as well as the difference between intervention-oriented research practices based on a setting-up phase of the research in which the aims are agreed with the "subjects", and research practices in which the subjects are asked to provide the researcher with information, where the restitution of data is a deontological component but is not essential to the research itself. In the first case what is specified and what must be kept in mind are the modes of interaction between the researcher and the process being verified, in the second such interaction is kept to a minimum and controlled. These are two different theories of change. In the first case one interacts with a change that is underway, in the second one causes the change. We are back to the crucial importance of theories. When one presupposes that a change will be caused one adopts one viewpoint, when one interacts with an on-going change one chooses a different angle. With the students one can also discuss how such different theories of change affect the clinical psychology intervention, profoundly different depending on whether the idea is to interact with change underway or to cause change. Analysis of the demand is part of the first hypothesis; theories of deficit correction are probably more consistent with the second.

#### *The progress of emotional lessons and their conclusion*

We will give a brief update on what happened after the drafting of the first research text. In the following days the teaching staff presented the students with reports on cases produced in a cognitive-behavioral perspective on the one hand, and from a systemic-relational standpoint on the other. In these two perspectives the intervention on behaviors, the adoption of a corrective purpose, the calling in of members of the family of the person who had contacted the psychologist were conceptualized and expressed. The teachers invited the students to see the difference



between the acting out of conformist common sense, devoid of psychological reference models, which was proposed by the students in reaction to the case, and the formalization of a viewpoint.

It becomes clear that in many students there is the value-oriented adoption of a model. It serves to construct an experience of belonging: “we are those of the analysis of the demand”, but it is no use for the purposes of acquiring competence in intervening. The students discover that they are more inclined to demonize the systemic-relational or cognitive-behavioral models, rather than make a true critical examination of them. Surprisingly, they discover that these models are more acceptable to them than analysis of the demand when they react emotionally to a clinical case. They also discover that their identification with the passive young woman uncertain about the future, was “fatal”. The dominance of emotional acting out over critical reflection is also connected to this identification, which was not understood, but acted out through reaction. Another point for reflection is that they again ask themselves which type of intervention they want to examine in depth. Nothing “prescribes” that they must deal with relationships. But if they want to choose other models of psychological intervention, this should be done in full awareness.

It is also interesting to see that the intervention to correct deficits and behaviors is consistent with the culture of common sense that the students have acted out by reacting to the case while what promotes development involves reflecting critically on common sense itself. This strongly challenges the students. They question themselves about the feeling of loneliness to which they are exposed by their decision to train in intervention. It is at this moment that they see it is essential to construct a fellowship to which they can refer in order to support this position. They find that such fellowship is something they are not at all used to experiencing in their university life.

The students find that the mediator between experience and theory is the understanding of their own emotional involvement. By means of this process, they can discover the difference between models with a coherence that is totally outside their own experience, based on following correctly applied procedures, and models whose coherence is expressed in constantly keeping up the relation between theoretical premises, emotional implication and intervention contexts. It is the latter route that the teachers propose. It is a difficult path and not at all linear, since it involves the capacity to recognize and think of one’s own emotional involvement in cultures in which one can be deeply immersed.

This is a non linear path, which is monitored right from the start through continual reporting<sup>7</sup>. The teachers report, that is they organize the process underway using psychological categories, and summarize, record and analyse the various steps, sharing and checking it with the students. Throughout the emotional lessons this work is used along with a written report handled by the trainee assisting the teacher and the students themselves. The latter present reports both of the lessons, and of the practical traineeship experience felt to be relevant to the in-depth examination of the issues being dealt with. By means of reporting the students have the chance to identify with a pathway. They find themselves acting out to eliminate the emotional ambiguity experienced in the lesson relationship and in considering the clinical cases presented. An example of this is the claim that analysis of the demand should be transformed into a ‘club’, membership of which confers a reassuring sense of identity. Or in the immediate adoption of a judgemental attitude towards the potential client in the cases. But they also discover how interesting it can be to explore ambiguity instead of excluding it; similarly, to enter a relationship in order to get knowledge and not to liquidate it with a rapid categorization in classifications. They work hard at learning to construct psychological functions in the problem-contexts in which the psychologist has to intervene.

The case analyses then carried out by the students show less use of facts, common sense, behavior-correcting intervention, and more ability to explore experiences, both their own and those of the potential client. This potential client is also interpreted in role playing. The first meeting between a psychologist and his client are role played. Here we underline some of the aspects that emerged, showing that the students are making progress in their understanding of the meaning of

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<sup>7</sup> On the role of the report in clinical psychology, see Carli (2007a).

their emotional involvement in the intervention. They are still afraid of some aspects. One can see that they are diffident about the utility of suspending the acting out of the emotions organizing their own identity as students, to go and face the fantasies experienced concerning the profession. One collusive modality used to defend oneself is the fantasy of being evaluated and being exposed in an incapacity to learn. This fantasy “justifies” silence and the adoption of an attitude of invisible people, who are there but who communicate through their body posture and facial expression that it would be surprising if someone spoke to them or expected them to participate. With difficulty it is understood that this fantasy gets rid of the interlocutor. It is also understood that the client does not evaluate; the client has a problem, has difficulty facing it and needs an interlocutor. As for the experience of catastrophic incapacity, it is understood, again with difficulty, that this concerns the negation of the possibility of living in a curious incompetence that explores and learns, to entrench oneself in one’s fantasies, protected by incapacity as if by a solid town wall. Along with these fantasies there is the desire to try to stay in the relationship, to use the tools offered by the teachers to think out one’s own fantasies. They feel stimulated, motivated, amused; this creates the possibility of tolerating disorder and confusion by exploring it, or in other words, of tolerating thought.

The students “put the pieces back together”: the expectations about the lessons, the teachers’ proposals, the fantasies acted out in relating to the teachers and to colleagues, the attempt to keep a distance, and then approaching again. They *realise* that through the process they have participated in, they have encountered and experienced an intervention methodology, its premises, the constructs through which it is expressed, the tools it uses. They realize that in their attempt to suspend emotional acting out so as to think it out, they have used the same methodology, the same constructs, the same psychological categories that during the lessons we have covered in their formalized definition.

#### *The research*

#### *The stimulus question*

In this last section we will present the data related to the verification process of the course of lessons reported above, carried out using the Emotional Textual Analysis methodology. For the purpose of monitoring and evaluating the developments of the training relationship, we ask the students, at the beginning and end of the course, to write whatever comes to mind about the stimulus question: “*Think of your professional future: what activity do you think you will do, as an expert in clinical psychology intervention? In what contexts do you think you will be able to work, what clients do you expect to meet, and what kind of demands do you think the clients will make upon you?*”

In this way we evoke the area of emotional symbolizations inherent to the profession, that is, the representation of that *there and then* that justifies and organizes the *here and now* of the training relationship. We therefore hypothesize, in accordance with the methodology proposed, that, in responding to this stimulus question, the students will talk about the way they are symbolizing and using the training relationship. Exploring these aspects at the beginning and end of a university course means understanding how the representation of clinical psychology and of its professional and methodological characterizations change during the training relationship, within the student group. In other words, it means understanding if the collusive component motivating the training is thought out or acted out in the training itself.

Altogether we collected 67 written texts: 42 at the beginning of the course and 25 at the end in the last lesson. There were on average 35 students attending the course. The first text was produced in the fourth lesson, the second during the last.

After looking more closely at some methodological questions regarding AET, we will present the cultural space that emerged from the analysis.

### *Emotional Textual Analysis*

The Emotional Textual Analysis (AET) was created within clinical psychology starting from the need to have a research methodology in the domain of the individual-context relationship. It enables us to explore the local culture of a context, that is, the collusive dynamic that organizes it<sup>8</sup>. According to the AET hypothesis, this collusive dynamic can be traced in the texts produced by those who share the context that is to be analysed. On the one hand a construction of the intentional sense is produced, and on the other, contexts of emotionally dense words are expressed, which can be related to the collusive dynamic. To capture and explore the latter aspect, the sequences and the intentional sense of the discourse are deconstructed and the analysis focuses on the structure underlying the intentional sequences, that is, on the meetings in the text of what are called *dense words*. Dense words are words characterised by maximum polysemy and minimum ambiguity. Polysemy refers to the infinite association of meanings attributable to a word; if the word is taken out of its context the polysemy is reduced. It is emotional polysemy, which is transformed into the cognitively understood meaning of the word in question, when this word is part of the linguistic context. Non dense words are words in which emotional ambiguity dominates. To have a meaning in spoken or written language, these words need to be part of a linguistic context. This is why we will select the dense words from the students' text and confine the analysis<sup>9</sup> in the subsequent stages to this selection.

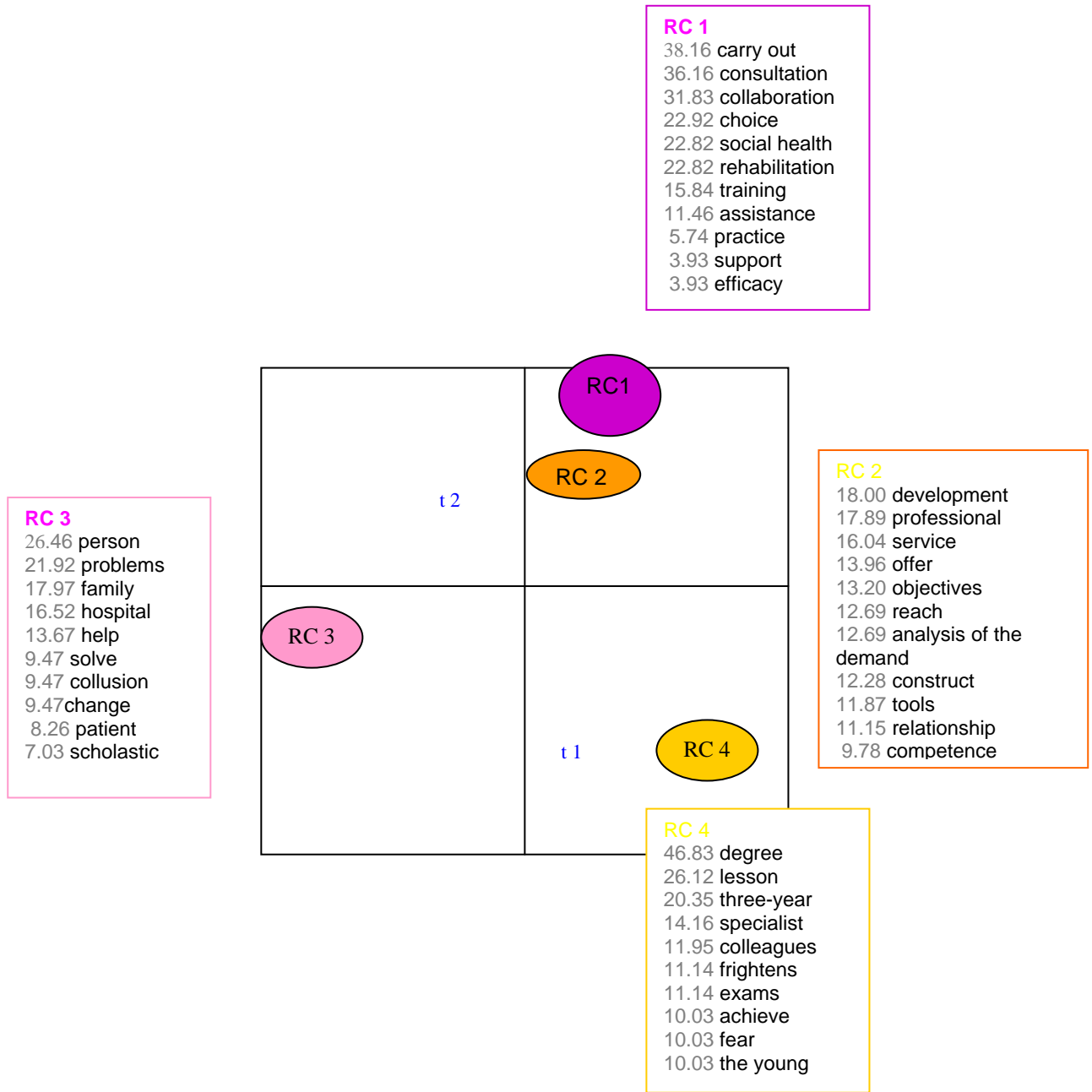
The first stage of the analysis produces clusters of dense words, which we call Cultural Repertoires (RCs). For each cluster we indicate the dense words in decreasing Chi2 order. In a later step through factorial analysis, it is possible to identify the factors capable of explaining the relation between RCs. We will graphically represent the factorial plane, and in the terms of the model adopted by AET we will call it 'cultural space'. The first two factors are represented by the horizontal and vertical axes. We can imagine the third as being perpendicular to the plane and it is not shown graphically. The RCs represent specific cultural orientations; their contents and their position within the factorial plane allow a description to be made of the whole as local culture, or of the set of collusive models with which the students represent the relationship with their own training and with the profession.

Remember that the written texts were collected at two different times: in the fourth lesson and at the end of the course. The variables "first text" (t1) and "second text" (t2) enter the analysis as illustrative variables.

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<sup>8</sup> On the experimental premises of the construct of collusion, see Carli (2006b).

<sup>9</sup> For the statistical steps, we use specific computer programmes for textual analysis. In this case the software used is Alceste (Analyse des L x mes Cooccurents dans les Enonc s Simples d'un Texte) by Max Reinert.



Relations between RCs and factors.

	I F	II F	III F
RC 1	.477	<b>.817</b>	<b>- 1.027</b>
RC 2	.331	.341	<b>.494</b>
RC 3	<b>-.621</b>	-.127	-.068
RC 4	<b>.779</b>	<b>-1.053</b>	-.197

Relations between illustrative variables and RCs.

	t 1	t 2
RC 1	-	-
RC 2	-	<b>14.52</b>
RC 3	-	-
RC 4	<b>3.85</b>	-

The analysis produced 4 RCs, distributed thus in a three-dimensional space.

RC 1 is related both to the positive polarity of the second factor, shown on the vertical axis, and to the negative polarity of the third, which should be imagined as being perpendicular to the plane marked off by the first two factors;  
RC 2 is related to the positive polarity of the third factor;  
RC 3 is related to the negative polarity of the second factor;  
RC 4 is related to the positive polarity of the first factor, shown on the horizontal axis, and to the negative one of the second factor.

As regards the illustrative variable “collection time”, we notice an interesting connection between the first collection (t1) and RC 4, and a weak connection between the second collection (t2) and RC 2. We can hypothesize that RC 4 expresses an affective symbolization of the context in relation to the first production of texts, which occurred during the fourth lesson. Similarly the connection between t2 and RC 2 tells us that there is a specific collusive modality linked exclusively to the conclusion of the training process.

After deconstructing the intentional sequences and identifying clusters of dense words on a factorial plane, we go on to reduce the polysemy of the individual dense words by identifying the underlying structure that is alternative to the intentional sequences. This process of interpretation considers the co-occurrences of the words in a cluster, and within the clusters the sequences in decreasing Chi2 order, then the position of the clusters on the plane, and lastly the relation between the data obtained and the intervention aims.

*Cultural Repertoire 4. Degree, lesson, three-year, specialist, colleagues, frighten, exams, achieve, fear, young people.*

Let us start the analysis of the cultural plane from RC 4, which is related to the first data collection time (t1). The dense words that organize this RC, starting from the one with the greatest statistical weight, are: degree, lesson, three-year, specialist, colleagues, frighten, exams, achieve, fear, the young. The first dense words of the RC, **degree**, leads us to the end of the training experience and its result in the form of a legitimizing qualification. Remember that these are students near the end of their course, and that the first four meetings which took place before the drafting of the first text and that are in connected to this RC, presented the students with the relation between training and the profession. This relation is reiterated by the stimulus question. RC 4 is organized around the conclusion of the course. This conclusion is often denied and postponed in the students' lives. It is anchored to a qualification that is hoped will give recognition and which reminds us of a laurel crown, from the Latin *laure(m)*, which was worn as a sign of victory by poets and triumphant generals. The qualification defines a professional identity which confers legitimacy on entry to the world of work. In imagining themselves as professional psychologists and thinking of their working future, the first solid anchorage is the degree, which gives a seal of legitimacy to the profession and indicates a victory over others, the non-graduates. It is useful to point out that a very low percentage of these students enrolled in the faculty of Psychology in Rome have parents who are graduates. Their degree is often the first in the family. In this sense, it is in itself already a “victory” both for them and for the whole family group. In the RC there is no mention of a professional role, a product, a client. The second dense word, **lesson**, evokes a modality of relating that, if we consider the etymology, goes back to reading and envisages a public listening to someone reading. The lesson is based on a one-way relationship and on the listening to a written text, produced outside the relationship between the teacher and the listener. This context suggests a radically different context from that found in the first four meetings, when the students had the chance to get involved in a relationship in which they were invited to discuss issues with each other and with the teachers. This underlines the need to envisage a learning relationship in which emotionality remains split and not explored, in which it is not necessary to construct relationships but only to prepare oneself individually to accumulate ideas that are transmitted from the teacher to the listener. The next words, **three-year** and **specialist**, represent the training in its temporal sequence, without evoking any purpose; time passes with no connection to learning, not to mention with the world of work. The pathway followed is that laid down in the steps from the three-

year degree to the specialist degree, one listens to lessons without getting involved in a relationship either with teachers or fellow-students. The next word, however, is in fact **colleagues**. This word introduces a major break in the emotionality of the RC. It is not a word normally used by the students, who call each other “guys”. It is a word introduced by the teachers during the first four lessons. It suggests a context that is very different from that of a group of “guys”, young individuals who casually come together, and brings in the idea of being together in pursuit of a product. A new dimension enters the scene, suggesting a different way of thinking of oneself as a student and a professional. Before the entry of “colleagues” in the sequence of dense words, the student proceeded alone and self-focused, in his individual climb towards the degree that assures him a legitimate identity, and the context was taken for granted as being that of the degree course. Now there is recognition of a context that has to be constructed of relationships in which one’s own professional competence will be brought into play. University is no longer closed to the possibility of finding job opportunities, and it is presented as the springboard for professional productivity. The next co-occurrences are the words **frighten** and **exams** (with the same Chi2 value). It is no surprise to find, immediately after the experience of fellowship, that of testing along with a reaction of fear. If one is no longer a student closed in the university shell, but colleagues in a productive professional process, it is frightening. The next words are **fear**, **the young** and **achieve** (with the same Chi2 value). The sense of fear is repeated. But while at first the testing is connected to the well-known exam, now fear emerges in connection to the more challenging idea of achieving (Italian ‘riuscire’ from the Latin *ri*, *ex* and *ire*, come out again from), which entails escaping from a non-productive ‘belonging’ to look outside, to the contexts of intervention. Faced with this outside world, one feels young and inexperienced, but also full of resources for growth. This RC tells us that at the beginning of the lessons the students make a break in the routine of belonging made up of duties to be carried out, and recognizing a fellowship, the possibility of being together to construct products, are intensely conscious of the fear of leaving a routine that is reassuring but without a future, to come face to face with a critical view of their training and of their professional future.

*Cultural Repertoire 3. Person, problems, family, hospital, help, solve, collusion, change, school patient.*

The first co-occurrence of the dense words, **person** and **problem**, is a reference to the question of identity. In relation to the stimulus question asking them to think of themselves in a professional future, the students seem to have a problem to face: “who am I?”. As we know, ‘persona’ (from the Latin *per-sonar*, echo through) in the ancient world indicated the mask worn by actors. This mask had exaggerated features so that the character being played would be recognised even at a distance. It seems to refer to the necessity to adopt an identity that is above all recognisable for others looking on. At the same time this calls to mind a value-oriented dimension: one thinks of the “value of the person”, recalling that “first of all one is a person”, and of the “defence of the person”. The person must be defended from the prevarications of techniques, roles, powers, however they are incarnated. From a value point of view, the person comes “before” the context. This means raising the individual split from his context to the status of a value. Identity, which seems to be the central question of this RC, seems to refer to a more “personal” identity coming before the context, than a professional identity that serves the context. This “personal” identity is at the same time easily recognised by others and independent of the context. It is an identity expressed more within the dimension of values rather than in the professional dimension. This value-oriented dimension is also where the meeting with the client occurs. The psychologist deals with persons and this gives value to his activity. As for the word **problem**, its root from the Greek *pro-ballein*, ‘throw, put, place in front’, evoke the idea that there is something to overcome between oneself and one’s future. The obstacle seems to be eliminated when one takes on a mask, a legitimating identity that justifies one’s way of acting. The dense words that follow indicate the contexts with which one associates this psychologist who deals with persons: **family** and **hospital**. Family and hospital represent “closed” contexts, apparently stable in their basic characteristics, within which the relationships are organized according to well-known scripts, based on repetitive collusive dynamics. The first is the context in which the relationship can aim mainly to keep “the family united”, to encourage loyal membership of the system itself. It is a context without growth, or rather, that tends to present itself

as being outside of change and history. In Italian culture there are many references to the family as the “natural” reality that has to be defended from change insofar as the latter could attack and destroy it. In hospital the collusive dynamic is organized around one purpose, providing care for the sick body, based on the medical model which has made the hospital one of the organizations that have been least subject to change over the years from the point of view of organizational and relational dynamics. These two contexts are characterized by the repetitiveness, at least apparent, of relational dynamics. These are therefore two contexts in which organizational competences, those dealing with maintaining relations undergoing change, are valued and demanded least. The psychologist of this RC sees himself with an identity guaranteed by dedicating himself to the person as a value, in contexts that do not require him to have organizational competence because of the repetitive nature of their dynamics. Along with the unquestionable nature of roles (father, mother, children, doctor, patient) there emerges the value of the person. The person is to be defended when the roles go too far in acting out their power. **Help**, the next dense word we find, again refers to value dimensions. Help does not refer to a methodology, but nobody will challenge the fact that it is good to give help, defence, protection to another person in need. Helping legitimizes the a-symmetry of the relationship between someone who can, who is strong, and someone who cannot, who is weak. The psychologist who protects the values of the person, can legitimately adopt an a-symmetrical position towards the person who needs help. This is a position in which the value-oriented aspect makes it irrelevant to talk about the method. The dense words that follow are **solve**, **collusion** and **change**, with the same Chi2 value. While collusion and change refer to problems which the psychologist has to confront, and for which he has models of intervention, the verb ‘solve’, the only verb in the RC and therefore its characteristic, suggests instead that such problems must be faced and solved. Solve is verb of great emotional importance in psychological culture. Solving refers to an intervention that seeks to eliminate and not to understand the problem. Think of “solve it once and for all”. Once a problem is solved, a definitive break is made with it; the Latin *ex* (separation) and *solvere* refer to the Sanskrit root *lû*, cut. Change is seen as a precise, conclusive event for an equally precise problem, which is followed by a return to the state of normality. To understand the specificity of change hypothesised in this way, think of the diversity of change seen as a process constantly underway with which the psychology intervention interacts, promoting growth. In this case the intervention will never be conclusive, but may promote the potentiality for change already underway before the intervention. In this RC we have a psychologist whose identity is assured by the values underlying his professional action, intervening in mainly repetitive contexts with no development aims, and solving problems. This is a different psychologist from the image presented during the lessons through the analysis of the demand model. **Patient** and **scholastic** close the RC, confirming the evocation of relational models organized around the a-symmetry of the relationships. The patient is the one who *suffers* from his own passivity; he is the laymen who needs the technical expertise of the professional for relief from his suffering. Similarly, the scholastic context evokes asymmetry of power justified by the age and the knowledge possessed by somebody (the adult teacher) and that somebody else does not possess (the child or teenage pupil). What happens in this RC? The main issue seems to be that of acquiring a professional identity. The problem is solved by imagining oneself in contexts characterized by a membership so closed in its collusive dynamics, apparently protected from change, that it requires adhesion to and conformist protection of the existing situation rather than promotion of development. What guarantees the legitimacy of one’s activity is the espousal of intervention models that evoke values associated with the social mandate, like helping and problem solving, while there are no psychological competences based on methods.

*Cultural Repertoire 1. Perform, consultation, collaboration, choice, health, rehabilitation, training, assistance, practice, support, efficacy.*

In this RC the representation of the future is enriched by some professional actions, consultations, rehabilitation, training, assistance, support, and by contexts like that of social health services. Let us look at them in order, starting from the co-occurrence of the first words. The first is **carry out**. A task is carried out along predefined lines. One carries out a role by doing one’s duty. One carries out a job according to its specifications. The second word is **consultation**, from the Latin

*consulente(m)*, present participle of *consulere*, interrogate, take advice. In consultation one seeks an authoritative person to contact in order to get advice, one depends on an authority considered competent. One envisages a path already mapped out, known, pre-established, within which to position oneself with an experience of control, predictability and order. The competence is equivalent to carrying out an activity supported by an authority endowed with appropriate power. As a psychologist one refers to an authoritative knowledge, one expects others to depend on the psychologist, who is acknowledged to have well-trying experience and practical expertise. The next word is **collaboration**. Collaborate derives from the Latin *cum*, with, and *laborare*, work; its meaning is working with others, participating, contributing to the common work. This recalls a context of relations within which one takes a different position from dependence on a knowledgeable authority. Reassured by the latter, the students seem to take the risk of collaborating, attributing a productive function. The next word, **choice**, (the Italian 'scegliere' derives from the Latin *ex*, from, with the sense of separation, and *eligere*, choose, and means separate the best part of a thing, select what seems best). To collaborate by choosing; the limits of productivity are accepted as regards the relationship, working together, and one prepares for the choice, indicating that one selects one part at the expense of the other, thus involving a sacrifice. The experience of the RC is organized within some limits. It seems that a relationship with reality is being elaborated. The next co-occurrence is the term **social health**. This is a traditional place for the psychologist's work. One chooses and collaborates in a context that does not deny the experience of being in a pre-established order that opened this RC. The next words are **rehabilitation, assistance, support**. One experiences a feeling of lack and privation that calls for support; this feeling can be attributed to the students turning to an authority that will support them, but also alluding to a client who is dependent, being weak, lacking capacities that would enable him to stand on his own two feet. The response to weakness is in the following words, **practice** (ease of doing something, gained by doing it often) and **efficacy** (having power, the strength to achieve the desired effect). Power is recuperated through doing, with action one becomes expert thanks to repetition. Practice is what the students ask for in the context of university training seen as "theoretical". They thus write off theory, separating it from practice. Practising, learning to do, in the hope that this is enough to acquire competence. This brings to mind the technique, like knowing how to do something, which does not require thought but only constant practice through which to gain familiarity with the use of a procedure. If practice is successful, this is enough to establish its worth. Various dimensions are present in RC 1. In thinking of themselves outside the university context, they do not seek value-oriented aspects in order to ensure a legitimate professional identity as in RC 3, but instead they rely on the possibility of gaining competences. These are reassuring competences, based on authoritative knowledge and in turn are authoritative themselves, acquired and applied in orderly, predictable situations. This RC also contemplates the expectation of coming into possession of practice split from theory (and from reflection on the practice) which would save them from having to think and develop.

*Cultural Repertoire 2. Development, professional, service, offer, objectives, achieve, analysis of the demand, construct, tools, relationship, competence, resources.*

Remember that this RC is connected to the final phase of the lessons. The first word is **development**. Develop means remove from entanglement. In Italian, 'sviluppo' is composed from 's' and 'viluppo', the term literally means break free from the tangle. The "viluppo", from the late Latin *faluppa*, fine pieces of straw or twigs, indicates strands wrapped together in a confused, intricate way; develop is the equivalent of unravelling a tangle. Let us compare it to the term 'carry out' which is the first in RC 1. In that case the action follows a predefined pathway; in contrast, developing brings order to disorder. Hence the idea of treating a complex argument in an orderly way, but also ordering the body and the mind in growth; up-dating and ordering a potential, confused departure point. There is not the need for order and predictability evoked by RC1, since in this case order is connected to confusion and does not follow a path already mapped out. The second word is **professional**. Profession comes from the Latin *professus*, past participle of *profiteri*, that is, make public confession, composed of *pro*, before, and *fateri*, confess, acknowledge. The profession is a public manifestation, a commitment to face confusion and bring



order to it. The hypothesis of a professional future seen as a declaration, a promise or commitment begins to be accepted. In the profession there is a public recognition, and therefore a legitimation, but there is above all the assumption of responsibility: by professing, one declares oneself publicly. The following word is **service**, from the Latin *servu(m)*, slave. 'Serve' means working for a master in exchange for a reward, but also intervening without self interest or utility. It is clear that the declaration and the commitment are oriented towards the other person. The psychologist commits himself to intervene in what is confused to bring order; all this in the service of another person. The next word encountered is **offer**, from the Latin *offerire* composed of *ob*, before *ferre*, bring, meaning present, proffer, dedicate. The representation is reinforced of a profession strongly connected to the problems that another person can bring. The next words are **objectives** and **reach**. Objective: what belongs to the object and not to the thinking subject. But also purpose, goal one aims at. Reach: unite again, go towards someone or something that is ahead. The RC expresses leaning and movement towards others, towards what is other than self. Next come the term **analysis of the demand**. Remember that this is the name given to the psychological intervention model proposed by the teachers and developed during the lessons. The experience of this RC expresses an involvement in the training relationship put forward during the lessons, there is interchange with analysis of the demand and with the teachers. The next dense words, **construct, tools, relationship, competence, resources** seem to support the hypothesis of a way of representing the work centred on acquiring a method that can respond to the needs of a client. This RC talks about tools, methodologies, and ways of relating with them. These ways differ from those of the previous RC for two reasons. While in RC 1 there was the desire to take possession of the tools to use in a relationship marked by asymmetry in the psychologist's favor, here the psychological intervention is in continual construction in the relationship with the client. If the students get involved with the teachers, they can also consider getting involved with a client. There is not the fantasy of a predefined pathway, found in RC 1. Competences and resources replace practice, and development replaces performance; while in RC 1 there is the fantasy of applying one's professionalism in predictable directions in training and the profession, here one assumes the function of constructing and experimenting with it in intervention contexts. The competences are the product of continuous work on one's involvement in relationships. In the previous RCs there was the desire to acquire a professional status that was recognised before it was put to the test, either through value-oriented references as in RC 3, or by being founded on authoritative premises, as in RC 1. Here the focus is on the intervention contexts and on the client role. Remember that the RC is related to the final phase of the course. During the lessons the students were able to experience how emotionally demanding, and in certain respects frightening, but at the same time stimulating and motivating it is, to refer to the client. Remember that in the lessons they have gotten to know their fantasies on the intervention, and how such fantasies are acted out, what models are intentionally adopted, if they are not analysed. They have therefore been able to discover the possibilities of intervention that open when an exploratory, knowledge-getting role is adopted. We must underline that this does not concern a capacity that these fourth-year students lacked at the beginning of the lessons. But nor is it a capacity acquired once and for all, just as the learning pursued through the lessons will not be acquired once and for all. This, too, was something to learn proposed in the lessons; the intervention, the possibility that it takes place, have to be constantly reconstructed in relationships that are changing and developing.

#### *Overall comments on the culture under analysis*

Proceeding with the interpretation of the data, we will now consider the relation of the RCs to each other and, at the same time, the relation between identified local culture and the aims of the lessons. In the fourth lesson the students responded to the question proposed – their professional future – with a feeling of breaking out of the repetitive continuity of university life, made up of one duty after another in obvious succession, until graduation. Breaking out of the routine causes fear. But remember that they are young, perhaps with little experience but full of resources and strength; that they can work together and acknowledge each other as colleagues. One may give in to fear, but also succeed, achieve the goal, successfully complete what one has started. This is RC 4. The feeling of breaking out of a routine, of fear, is answered by RC 1, which is opposed to it on the

factorial plane. Here one feels reassured in identifying with a solid, authoritative source of knowledge that trains reliable professional figures armed with equally solid practice and knowledge. One becomes the master of effective expertise through repeated practice. This seems to be the RC of stability entrusted to repetition and to the exclusion of critical change which may change things conflictually and unpredictably. In this sense it is an RC that valorizes conformism as an adequate reference for intervention. It would seem that the fear of breaking the routine is answered by valorizing repetitiveness, confirming its validity. But RC 1 is also opposed to RC 2, the RC of the final stage of the lessons. Here the students have arrived “at the very end”. Notice that we started with a group of 42 students in the first text and we reach the end with 25 students writing the final text. During the lessons there are some drop-outs. There are some that discuss what is proposed, they disagree, they debate, they elaborate their position in the relationship with teachers and colleagues, and there are some that give up the course. Disagreement, or fear, are acted out. Remember that one of the objectives of the course was to pose the question of choice to the students. It was suggested to them that there is not one single clinical psychology, that it is necessary to make a choice, and that the choice already concerns them now, it is not in their vague professional future, since they already convey options, intentions, emotions about intervention. They know something about these positions, but not enough. And if they do not know enough, what will be acted out in the intervention will be what they do not know but live out emotionally, replacing all the formal models they think they are adopting. The experience of not knowing enough is what is frightening at the beginning of the course. In response, it is valorized as an opportunity and the risk is faced of relating to otherness (RC2); otherwise one refers to a protective and authoritative body of knowledge that excludes the relationship with what is unknown and unfamiliar (RC1). In both cases however, investment is made in competences, though in very different forms. RC 3 is a different case. In RC 3 we find the culture of the psychologist referring not to competences but to values, to helping and to helping people. The problem in this culture is the bypassing of competences and of reflection about the profession, which such an approach, considered complete unto itself, can involve. In RC 3 there is also the major fantasy of solving and eliminating the problem: the client’s problem, but also one’s own problem of making a critical choice among the clinical psychology perspectives. More than to these perspectives, one thinks of the fantasy that values like ‘helping’ and ‘the person’ will “make” the psychologist. Remember that RC 3 and RC 1 are not connected at the beginning or at the end of the course. They are transversal dimensions, equally present right through all the lessons. These are cultures that are well-known in the context of clinical psychology training and in the image of the profession. Competence is on the one hand shown in the promotion of values like help and support, and on the other in a technicalism that protects one from having to face one’s own emotional involvement. In both cases we see the search for legitimation of the psychological intervention that comes before the identification of its function and objectives in the meeting between psychologist and client, defining the positions of psychologist and client, specifically the latter’s dependence on the former, before the intervention is set up.

One last comment. Comparing the data from this research with that of the verification carried out in previous years (Carli & Giovagnoli, 2007), we notice the absence this time of the word psychotherapy, constantly present in the tests of past years. This word always organized some RCs, showing the presence of psychotherapy in the expectations of students towards clinical psychology. It must be added, so as to make the data comprehensible, that in the Italian situation for historical reasons (see other works for an analysis), clinical psychology tends to be reduced to the psychotherapy intervention (Carli & Paniccia, 2007), specifically to the various forms of psychotherapy linked to different schools of psychotherapy techniques. It thus loses its reference to general psychology, and at times, due to an identification with the medical profession, by-passes psychology as such ; thus giving up the broader picture of issues and resources that such a link involves. The absence of the word psychotherapy is certainly consistent with the training aim of the degree course that these students are part of. In this degree course, interest in psychotherapy is certainly not lacking – remember after all that the cases presented in the course of lessons were psychotherapy cases – but it is not put forward as the only practice of the clinical psychology profession and is constantly repositioned in the domain of general psychology. We feel this fact is

consistent with the intention, in the degree course and in lessons, to highlight the theoretical and practical value of psychology in the clinical psychology intervention.

### References

- Carli, R. (1990). Il processo di collusione nelle rappresentazioni sociali [The process of collusion in the social representations]. *Rivista di Psicologia Clinica*, 4, 282-296.
- Carli, R. (1995). Il rapporto individuo/contesto [The relation individual/context]. *Psicologia Clinica*, 2, 5-20.
- Carli, R. (Ed.). (2001). *Culture giovanili: Proposte per un intervento psicologico nella scuola*. [Youthful cultures. Proposals for a psychological Intervention within the school]. Milano: FrancoAngeli.
- Carli, R. (2006a). Psicologia Clinical psychology: profession and research. *Rivista di Psicologia Clinica*, 1, 48-60. Consulted on 2 April 2008 at <http://www.rivistadipsicologiaclinica.it/english/number1/Carli.htm>
- Carli, R. (2006b). Collusion and its experimental basis. *Rivista di Psicologia Clinica*, 2-3, 179-189. Consulted on 2 April 2008 at <http://www.rivistadipsicologiaclinica.it/english/number2/Carli.htm>
- Carli, R. (2007a). Notes on the report. *Rivista di Psicologia Clinica*, 2, 181-200. Consulted on 2 April 2008 at [http://www.rivistadipsicologiaclinica.it/english/number2\\_07/Carli.htm](http://www.rivistadipsicologiaclinica.it/english/number2_07/Carli.htm)
- Carli, R. (2007b). Punctinello or 'on ambiguity'. *Rivista di Psicologia Clinica*, 3, 376-389. Consulted on 2 April 2008 at [http://www.rivistadipsicologiaclinica.it/english/number3\\_07/Carli.htm](http://www.rivistadipsicologiaclinica.it/english/number3_07/Carli.htm)
- Carli, R., & Giovagnoli, F. (2007). La verifica della formazione [Training verification]. In R. Carli, M. Grasso & R.M. Paniccia (Eds.), *La formazione alla psicologia clinica: Pensare emozioni* (pp. 159 –194). Milano: FrancoAngeli.
- Carli, R., Grasso, M., & Paniccia, R.M. (Eds.). (2007). *La formazione alla psicologia clinica: Pensare emozioni [The training to clinical psychology: thinking emotions]*. Milano: FrancoAngeli.
- Carli, R., & Paniccia, R.M. (2002). *L'Analisi Emozionale del Testo: Uno strumento psicologico per leggere testi e discorsi* [Emotional text analysis: an instrument for reading texts and discourses]. Milano: FrancoAngeli.
- Carli, R., & Paniccia, R.M. (2003). *L'Analisi della Domanda: Teoria e tecnica dell'intervento in psicologia clinica* [Analysis of demand: Theory and technique of psychological clinical intervention]. Bologna: il Mulino.
- Carli, R., & Paniccia, R.M. (2005). *Casi Clinici. Il resoconto in psicologia clinica* [Clinical cases: the report in clinical psychology]. Bologna: il Mulino.
- Carli, R., & Paniccia, R.M. (2007). Integrare teoria, pratica e implicazione personale nella formazione: una sfida possibile [Integrating theory, practice and personal involving within the training: a possibile challenge]. In R. Carli, M. Grasso & R.M. Paniccia (Eds.), *La formazione alla psicologia clinica: Pensare emozioni* (pp. 31-107). Milano: FrancoAngeli.
- Foucault, M. (1963). *Naissance de la clinique: Une archéologie du regard médica..* Paris: Presses Universitaires de France [English translation: The birth of the clinic. An Archaeology of medical perception. Vintage book edition].
- Grasso, M. (2006). Nails, (finger) nails and hammers: scattered notes on Clinical Psychology today. *Rivista di Psicologia Clinica*, 1, 3-18. Consulted on 2 April 2008 at <http://www.rivistadipsicologiaclinica.it/english/number1/Grasso.htm>
- Grasso, M., & Salvatore, S. (1997). *Pensiero e decisionalità: Contributo alla critica della prospettiva individualista in psicologia*. [Thought and decisionality. Contribution to the critique of the individualistic view in psychology]. Milano: FrancoAngeli.

Imbasciati, A. (2007). Clinical Psychology trainers and professional helpers.. *Rivista di Psicologia Clinica*, 3, 222-225. Consulted on 2 aprile 2008 at [http://www.rivistadipsicologiaclinica.it/english/number3\\_07/Imbasciati.htm](http://www.rivistadipsicologiaclinica.it/english/number3_07/Imbasciati.htm)

Pagano, P. (2007). La formazione in psicologia clinica nella letteratura americana e canadese [Clinical psychology training in the US and Canadian literature]. In R. Carli, M. Grasso & R.M. Paniccia (Eds.), *La formazione alla psicologia clinica: Pensare emozioni* (pp. 350-381). Milano: FrancoAngeli.

Potì, S. (2007). La formazione in psicologia clinica in Italia e in Europa [Clinical psychology training in Italy and Europe]. In R. Carli, M. Grasso & R.M. Paniccia (Eds.), *La formazione alla psicologia clinica: Pensare emozioni* (pp. 320-350). Milano: FrancoAngeli.

Salvatore, S. (2006). Modelli della conoscenza ed agire psicologico [Models of knowledge and psychological action]. *Rivista di Psicologia Clinica*, 2-3, 121-134. Consulted on 2 April 2008 at <http://www.rivistadipsicologiaclinica.it/english/number2/Salvatore.htm>