

## Editorial

by Rosa Maria Paniccia\*

This journal intends to promote a new area of research and intervention in clinical psychology: reporting. This is a new and old tradition at the same time. It is new since it is a process that is not formalised in the literature: doing a search with a key word such as “resoconto” in Italian or the English “report”, which seems close to what we mean, we will find that these words do not lead us to what we are working on, and that at the same time it is difficult to find others to replace or complete them. It is an ancient tradition because while it is true that the key words and a habit of studying and researching this issue are lacking, at the same time we can see that the practice we intend to highlight in talking about reporting has always been a daily practice in clinical psychology. It is a practice imbued with theory with which clinical psychologists integrate models and professional action, general categories for interpreting events and the specific clinical act they are engaged in.

It is a practice imbued with theory in all the breadth of meanings and conceptual and pragmatic implications entailed in the word ‘theory’. This range of meanings goes from formalised paradigms with their related conceptual stability and social legitimation, to the re-examination of their epistemological foundation, full of contradictions and alternatives, temporarily solved by formalisation, until the next paradigm shift. But it also involves considering the emotional roots extending into one’s experience and history, which is the implication for clinicians when they espouse a theory. It also involves attention to the political meaning of choosing a specific social function, which embracing that particular world view implies for them.

Perhaps reporting, so central in clinical psychology, has undergone a deficit of conceptualisation thanks to the separation between theory and practice which we notice in the history of clinical psychology. This separation is made so obvious that it becomes a very expensive and problematic split in clinical psychology training processes and in the scientific literature.

Today this split is coming clearly to light not only because from many sides there is the emphasis on the problems of separating theory and clinical practice and the call for a recomposition, but also because of the contrasting tendency to get rid of intellectual reflection on scientific production in the name of an objectivity that eliminates the connection between subjectivity and research, the substance and the prerequisite of scientific production itself. This means that this split is coming to light not only accompanied by the desire to heal it, but also by a conflict between the parties wanting to deal with it and others who would like to eliminate the question once and for all, without discussing it, declaring it illegitimate, or at least irrelevant to the scientific field. Among the attempts to solve the problem without thinking about it, we also include “moderating” interventions that basically state that there is no difference between the parties involved. To make it clear what we are talking about, we will give an example. Remember that we suggested viewing the differences in clinical psychology as the psychology dealing with relations and development on the one hand, and the psychology that deals with the individual and the correction of deficits, on the other. The two viewpoints, in our opinion, entail differences compared to all the fronts mentioned earlier: the conceptual paradigms of reference, the emotional implications for clinical activity, its position in the intervention relationship, and its social function. We think it is fruitless to solve these important problems by stating, for instance, that essentially all clinicians deal with relating, including those seeking to eliminate a deficit. We on the other hand are more interested in formalising this conflict, making it explicit and stating its boundaries, so that the differences can be discussed in depth and there can be a

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transformation of a conflict that tends to be presented as a struggle between social agencies fighting over the “possession” of clinical psychology. This conflict is between the various viewpoints present in the professional and scientific context of clinical psychology, leading to the development of the latter.

Reporting has a clinical specificity of which we will mention some characteristics, which can be summed up thus: reporting in clinical psychology means producing an emotional thinking about experience, it means thinking of the emotions involved in the reported relationship, and at the same time of reorganising it, and of redefining it. We are therefore focusing on the definition of the clinical specificity of reporting; to study it better, we have decided on a debate with other disciplines, asking them about the issue. Last summer we had several seminar days during which some clinical psychologists held discussions, also with an anthropologist and several historians. We shall begin this issue of the journal by publishing the contributions of some psychologists who have dealt with reporting in the field of university education. We shall continue in the next issue with the contributions of the anthropologist and the historian, and we also intend to involve other disciplines in the debate.

Reporting involves identifying clues, through an interpretative process, in the states of the world. This work of reorganising evidence to get a relative meaning to be shared in reorganising and orienting an intervention relationship, is constantly underway. Reporting periodically takes on the most varied forms in the history of an intervention, due to the fact that it can be addressed to the scientific community, to oneself, to the staff one works with, or to the client. The interest in such a process and the emphasis on its continuity is the reason that led us to adopt the term ‘reporting’, alongside the word ‘report’. The latter seems to underline more the precise moment of writing, when the momentary conclusion moves on to the written word. These are essential but not conclusive stages in the process of reporting. In reporting, in fact, it is not only the process but also the product that is based on evidence: in the Study Days on reporting just mentioned, there was repeated insistence on the structural opening of the report, and on its non conclusive nature. In our view, it is precisely this openness that makes it a specific methodology and not an anodyne procedure, a protocol that can be adopted in a possible variety of methodologies, adapting itself to their varied requirements.