

Psychoanalysis in Form and Action

Veronica Di Donato, Chiara Di Nunzio,** Beatrice Dionisi,***
Martina Ferrari,**** Maria Guglielmo,***** Alessia Laudati,*****
Camilla Raccosta,***** Arianna Ranauro,*****
Alessia Scano******

ABSTRACT. – The work presents a reflection based on the authors' experiences in training in psychoanalysis. In recent years, the training course has become increasingly complex and requires training in the four fundamental pillars of any training course: theoretical seminars, supervision, personal analysis and internship. In this case, the authors examine their experience as interns, as well as the supervision aspects, and aim to present their critical appraisal of the training course and of its transformation. The section on internship explores the strenuous move from a 'private' psychoanalysis to a 'public' one, and focuses on the lived experience and the questions raised by the intern. The supervision is presented as a learning space and a space for re-elaboration of the student's early analytical experiences during the internship. The contextual nature of the experiences makes the supervision an even more complex process in which it is necessary to combine the internal logic of formative learning with its applicability in the contexts.

Key words: Training; internship; supervision; ideal; real; becoming a psychoanalyst.

*Veronica Di Donato, psychologist, SIPRe intern in Rome, Italy.

E-mail: veronicadidonato@hotmail.it

**Chiara Di Nunzio, psychologist, SIPRe intern in Rome, Italy.

E-mail: chiaradinunzio@hotmail.com

***Beatrice Dionisi, psychologist, SIPRe intern in Rome, Italy.

E-mail: dionisibeatrice1@gmail.com

****Martina Ferrari, psychologist, SIPRe intern in Rome, Italy.

E-mail: ferrarimart@gmail.com

*****Maria Guglielmo, psychologist, SIPRe intern in Rome, Italy.

E-mail: maria.guglielmo@hotmail.it

*****Alessia Laudati, psychologist, SIPRe intern in Rome, Italy.

E-mail: alessialaudati@gmail.com

*****Camilla Raccosta, psychologist, SIPRe intern in Rome, Italy.

E-mail: cam_raccosta@gmail.com

*****Arianna Ranauro, psychologist, SIPRe intern in Rome, Italy.

E-mail: ariran89@gmail.com

*****Alessia Scano, psychologist, SIPRe intern in Rome, Italy.

E-mail: alessiascano@gmail.com

Introductory remarks

In psychoanalysis, the issue of training is a complex dialogue between various voices in various places, because there are, indeed, various voices involved and they are, indeed, found in various places. The voice of the lecturers and supervisors is well represented in the literature in the field, and the voice of operators working in the relevant health institutions, such as the location of the internships, does not fail to make itself heard, albeit addressing the issue tangentially and from a broader point of view; nevertheless, the voice of the students remains fundamentally unheard, in places officially designated for the debate on the issue. And yet, it would be sufficient to walk the corridors of the specialization schools to realize how much the students have to say, but do not say, as if the fact of being interns confines them to a position of passivity from which it is difficult to feel that one has the right to make oneself heard.

As 4th-year students in the specialization school in psychotherapy, course of psychoanalysis of afferent relations in SIPRe in Rome, we have in the course of our years of training spent time talking and relating with our peers in the corridors of our school, probably as much time as that spent in the lecture halls. This article originated from the words that we exchanged and our thoughts, and the benevolent, legitimate look of a lecturer who was willing to listen; it represents the attempt to accompany our voice from the informal milieu of the corridors to the official milieu of the lecture hall. It is not our intention to present a comprehensive panorama of the training process in psychoanalysis from the point of view of the students; nevertheless, it is our wish to be able, in these pages, to present some significant glimpses into what, to our mind, is to be admired, and include them in the wider more comprehensive framework of other perspectives. In psychoanalysis, as in life, the mutual creative integration of glimpses and diverse voices is actually the most difficult and precious lesson to be learnt.

An unfinished revolution?

If one consults Rycroft's *A critical dictionary of psychoanalysis* (1970), the term *Adaptation* is defined as follows: 'adaptation indicates the capacity to distinguish between subjective (fantastic) images and external perceptions, as well as the capacity to effectively interact with the environment' (*ibidem*, pg. 1). A strenuous confrontation is involved between the ideal and the real dimensions in order to create a solid yet flexible bridge between the internal and the external, favouring the passage from form to action, and vice versa. When it emerges in its sacred meaning of 'limit', it is the reality which requires adaptation from the individual; a 'limit' with which one

needs to constantly converse, and which opens up to new possibilities. The adaptation is a central skill for the individual's well-being and for that of the more or less extended social group; it is also essential for the institutions, which by their nature are ill suited to adaptive logic and closer to an instinct of self-preservation rather than renewal. How can this function be combined with the ability to react to the changing times and needs of the individual whom the institutions address?

In this context, the question is addressed to the psychoanalytic training institute. The institute is delegated to preserve and transmit the psychoanalytic knowledge which risks falling into a form of self-referential knowledge, losing sight of its original heuristic purpose, withdrawing from a dialectic relation with the outside world and its contexts in favour of a tautological one between form and action.

Although this risk exists, it is impossible not to underscore the psychoanalyst's remarkable efforts to set up a dialogue between psychoanalysis and the Institution. For instance, in England in the Northfield Military Hospital, W. R. Bion tried, with his 'experiments', a global re-thinking of the institutionalised life, laying down the groundwork for what will become group psychoanalysis; in France, in 1952 J. Oury founded the LaBorde Clinic with the aim of democratising the psychiatric institution and restoring a sense of meaning to folly. Indeed, in J. Oury's view, the institution does not simply belong to psychoanalysis, but 'is' the field of psychoanalysis 'Il, donc' (1974).

In the United States, the Chestnut Lodge Hospital became a well-known laboratory for research, diagnosis and treatment of serious psychiatric disorders, a model for the integration of psychoanalysis and institutional practice (Campoli & Carnaroli, 2014). In Italy, first with Basaglia and later with Correale, the psychopathological discourse started to expand its borders and draw attention to the dynamics of institutions. The institutions are mainly public health institutions which, besides being at the centre of the psychoanalytical debate, have compellingly become part of the training programme, with the introduction of the internship as a fundamental pillar in the psycho-therapeutic preparation. This requirement suggests a change in the manner in which psychoanalysis is considered, from 'inside' the analysis room, to 'outside', in the institutional contexts; yet this is still an unwarranted requirement since the combination of the training institutes and health institutes appears to be supported by a regulatory, ideal framework rather than a framework built with a real convention in mind between the actors involved in the game, taking into account the objectives and purpose of the experience. Having paved the way for a dialogue and integration of worlds which are distant in many ways, one then wonders: Is it truly possible to apply the psychoanalytical method within a Service? (Campoli & Carnaroli, 2014). Or even, is it possible to be a psychoanalyst within that

Service? In order to answer these questions, we should reflect on the suggestion put forward by Racamier, who observed that it is appropriate to use one's personal theories as discretely as possible and keep as close as possible to concrete realities. Indeed, one should not believe that one's work within an institution will change the face of the world (Racamier, 1972).

With respect to the meeting between training institution and public institution, the internship represents therefore a possibility of experimentation to move from form to action: not only, as the etymon reminds us, for young recruits initiated to the art of war (Carli, 2009), but also for the psychoanalysis institution that will then measure up to the outside of private work rooms, inserting itself in wider contexts.

Which reflections have been formulated internally by the psychoanalysis training institution, as regards the new training course? To what extent are they willing to re-think their approach and be more flexible once they leave their private offices and make their way in various contexts, in particular the health sector? The health sector whose offices are public, where time is short, and treatment is free of charge. The health sector where one never works alone.

These missing premises entail two fundamental risks: the first is to use the experience of the internship as a mere pretext to 'hunt' for patients and apply a model of intervention that can only be self-referential; the other is to reify the difference between private psychoanalysis as first class, thanks to the context in which the method is more easily applicable, and public psychoanalysis as second class, because of all those uncomfortable 'background noises'.

In both cases the cost is very high and coincides with the lack of opportunity to grasp the originality of clinical experience within institutional contexts, with the implicit demand that it is the intern, alone, who builds meanings in an institutional vacuum.

An originality that not only has to do with the possibility of thinking about different models of intervention, but also with the possibility of a work that, unlike the one which can be carried out in the analysis rooms, foresees the encounter (and, perhaps, the clash) between different epistemologies, personal and professional, for which a painstaking work of integration is required.

The institution, like the setting, can be defined extremely broadly as a relationship or set of relationships that goes on for a long time, regulated by shared norms (Correale, 1999).

The institution, in fact, forms a whole that must be taken into account and used as such, together with the unconscious projections that operate in it (Racamier, 1972).

How, then, does training link the external time of internship with the internal time of the specialization course? A formative internal time that

psychoanalysis has always marked through participation in theoretical seminars, the pace of personal analysis, and the space of supervision.

The formative pillar of supervision represents a space for learning and re-elaboration of what happens between patient and analyst, sometimes making implicit and explicit reference, almost automatically, to the private practice as the exclusive setting for intervention, as if it were impossible to think of the analytic experience in a different context.

In supervision, different narrative levels mingle, that of the student, the supervisor and the patient himself. Specifically, where supervision refers to practical internship, the narrative plot thickens, and a further narrative voice is added: that of the context in which a particular analytic experience unfolds, and that of the intern placed in a new experiential context.

In this confused unravelling of narratives, metaphors of bonds of belonging, the young trainee analyst risks getting lost - caught between adhering to a training model that is detached from the context, but is the chosen one - and risks coming to terms with the demands and logic of the host institutions, to the point of getting completely lost.

In this sense, both the future analyst and the training institution risk being protagonists of a half-revolution, suspended between past and future.

Method in power, clinic in action

The internship experience can be considered the present time of the training process in psychoanalysis; the intern is, in fact, still a student and already a therapist: this means operating in parallel both within the training context, to complexify his personal theoretical, methodological and technical background, and outside, in the context of the public institution, where the healing relationship will evolve.

The school that trains him provides him with a method based on indispensable technical principles and a conception of care which requires a structural change in the patient; this entails a sufficiently long time and a sufficiently defined space.

In this sense, the therapeutic setting, considered not only as the restraining and normative framework of the treatment relationship, but also as the mental set of approach to psychoanalytic practice, is designed purely to be applied and applicable in simple, controllable contexts, such as the private one. The host public institution, like any complex organizational context, is instead strongly subjected to numerous political, economic and bureaucratic constraints, which determine an approach to care, to taking charge and to relationships with the territory that is decidedly different from the solipsistic practice of the profession. The lack of attention to mental health on the part of the political class results in drastic cuts in public spending, invested in programs

of prevention and promotion of psychological well-being in the aggregative contexts where public health meets users and at-risk groups (schools, youth centres, senior centres, games rooms, hospitals); the absence of these programs, and in general of interventions of a preventive nature, means that the only truly operational services are emergency services, *i.e.* those aimed at users in a phase of acute discomfort. The requests for care, perennially in excess of the limited human and economic resources available, are necessarily managed according to pragmatic criteria of efficiency.

Within this context, it may happen that the basic considerations of a conception of treatment as the acquisition of greater freedom within a shared setting between patient and analyst are missing. In fact, the therapist is not free to manage the timing and focus of psychotherapeutic treatment, nor is the patient's choice, upstream, of the type of therapy to be undertaken unrestricted: often the symptomatic urgency that leads him to turn to the public service is too urgent to leave room for a demand for treatment that is carefully planned. The cure, although partly obscured by the term 'symptomatic', in an attempt to appear less arduous and less expensive, is sometimes replaced by the less ambitious terms 'support and clarification', whose contours are blurred and uncertain, and therefore more suitable to contain the practice of an analyst in training. It follows that the negotiation of the essential parameters of the setting becomes almost impossible: the intern is sometimes required to move with the patient from one room to another according to availability; the total time of the treatment may shrink to just a few weeks, and the sessions may be reduced to merely one meeting per month. Moreover, the absence of any kind of financial commitment on the part of the patient inevitably raises a number of concerns: by lacking one of the main factors of accountability, the public institution seems to perceive the patient as a mere passive user of a service, rather than as an active and decisive subject in the outcome of his course of treatment.

In essence, the methodological and technical tools acquired by the analyst still in training are, at least in their original form, of little effectiveness, if not impossible to implement, because they are incompatible with the practices and procedures used by the host institution.

The training institution and the healthcare institution seem to have difficulty acknowledging the role each one plays in a single supra-system, in which the analyst in training is the link, wedged in the middle between form and action.

The work group: a choral solitude

From its explicit founding considerations, the practical internship experience appears as a space for exchange and inter-relationship between qualita-

tively and quantitatively different clinical experiences, in order to promote the opening from and towards multiple narrative levels of phenomenological data, clinical data and methodology of intervention. From this point of view, it is possible to consider practical internship in a public context as an opportunity for contact and meeting with different starting epistemologies, put into practice not only by the various professional figures involved in taking care of users of our services, but also by the heterogeneity of the group of interns and volunteers present in the structure. On the one hand, it is necessary to emphasize the enriching potential, for the individual and for the entire work group, of a dialogical, permeable and interconnected vision of the formative moment; on the other, the criticalities and limits intrinsically linked to this 'forced encounter' are particularly evident. In the practical implications, in fact, combining operationally different epistemologies and methodologies to make a coherent synthesis that supplies a reading 'of what you do and why', shared and sharable by the entire working group, is often impossible (Telfner, 2011): some models of intervention are in fact deeply incompatible with each other, both in the meaning attributed to the phenomena observed, and in the language used to convey the sense.

The attempt to forcibly start a dialogue which moves on irreconcilable narrative planes entails the risk of a deep impoverishment of meaning, both in the clinical intervention, which might be incongruent, fragmented, and in essence ineffective, and in the subjective experience of the analyst in training: his personal baggage of training experience and technical-clinical knowledge is substantially lacking in useful and expendable operational tools for group work, and the methodological model handed down by the training institution is impractical in any context beyond the private (and solitary) practice of the profession. The defensive position assumed by the training institution seems to reflect the general tendency of the psychoanalytic discipline to avoid meeting and confronting both the contemporary scientific panorama and the real contexts in which the clinical intervention takes shape, and expresses an intrinsic resistance to change typical of rigid and conservative organisations. The difficulty of the neophyte to insert himself effectively in a public health context and in a heterogeneous working group, implies, at least in part, the inability of the psychoanalytic narrative to integrate itself deeply into open, flexible and changing complex systems; the refuge in immanence aimed at preserving the status quo, perpetuated, more or less officially, by a significant part of the psychoanalytic institutional subjects, precludes in fact the mutual self- and hetero-directed influence necessary to create new systems of meaning, and new contexts of intervention and work responsive to the needs of the real environment in which they should be expressed.

Ultimately, the paradox experienced by the trainee analyst in a context of internship in a public facility, is often that of not being alone, but of feel-

ing isolated, a non-integrated voice in a choral context which is usually highly pragmatic, performative and quantitative; the isolation to which he is actively subjected can only be the result and the direct consequence of the historical absence of dialogue between the disciplines - prior to the absence of dialogue between individuals - whose effects heavily affect the personal and subjective experience of the individual, but do not reach the educational institution, the academic establishment or even the policy makers, the real and only possible interlocutors in order to think, or rethink, an interdisciplinary integration and to find a valid and useful place for psychoanalysis within the public health sector.

The sense of discouragement, ineffectiveness and loneliness felt by the individual, and the feeling of resignation that interns have as regards the possibility of thinking about psychoanalysis in contexts other than private practice, is the effect of a dialogue between institutions formally sanctioned but never fully initiated, delegated mostly to the ability of individuals to 'find a personal balance', to adapt, to integrate within themselves the aspects that have never been integrated at the level of the superstructures of reference in training. This delegation, in addition to hindering the training experience of the interns, who are often prevented from experimenting in practice what they have learned academically, and forced to hybridise in a 'do-it-yourself melting pot', risks compromising the very existence of applied psychoanalysis, reified in the lecture halls of specialisation schools, but the equivalent of a dead language in the actual public health contexts.

The chiaroscuro aspects of the internship experience: a game of interweaving

If the young intern finds himself immersed in a 'forced encounter' between different epistemologies and methodologies, grappling with a constant theoretical confrontation on the method, and in a formative relationship with different professional figures, we should ask ourselves what are the experiences that accompany his first practical encounter in the field. What does an analyst want? Does he want to be acknowledged and loved? Does he want to cure? The patient comes to the clinical encounter with the desire to be cured, in a perfect interconnection with the young analyst animated by the desire to offer a cure. The two desires meet in the training context and interweave with the expectations and investment made by the host institution in the intern, and vice versa, generating a critical and complex interplay.

The expectations and fears that animate the young intern often collude with the institutional reality with which the latter comes into contact: the contribution that all interns expect is to learn from the placement experi-

ence, but what fantasies lie behind this experience, and how do they shape the reality of practice?

The interns' experiences find themselves in a continuum that connects different polarities, both on an ideal level and on the level of reality. The experience of frustration because of the discrepancy between what has been learned at the training institution, and what is experienced in the reality of the host institution, is the background to a conflict in which the young analyst finds himself comparing the image of himself as an ideal analyst with the actual analyst in training that he is at the moment. The practical internship represents in fact the first opportunity to experience himself as an analyst: the patient, an expected and feared image, becomes real and tangible, within an unknown context.

The institutional context of internship, in this game of interweaving, plays a fundamental role in promoting or inhibiting the emergence of individual potentials and difficulties; often the expectation is that it acts as a container of anxieties and as a facilitator for the intern; however, the real experience that characterizes the internship is often one of disorientation, loneliness and a sense of exclusion.

The intern feels isolated in the uncertainty caused by not knowing whether to move autonomously or to passively await some indication. In this situation, the young intern's desire might move either in the direction of omnipotence or in that of impotence and inadequacy: sometimes the institutional context may be experienced as persecutory and excessively demanding, especially when the requests far exceed the time limits sanctioned by the 'mandatory' duration of the internship. It may also happen that the host structure is mistrustful towards the intern, who is considered inexperienced and immature with respect to clinical practice; the assignment of clinical work might be delayed, thereby encouraging feelings of inadequacy and frustration in the young analyst.

This experience may be made more burdensome by the fact that the intern is not paid for this obligatory internship. This weighs not only in material terms, but above all in terms of identity, because of a lack of acknowledgement of one's place and value in society. We wish to underscore the notable narcissistic value of these aspects, and at the same time their fragility in terms of the actual internship (Renik, 2007).

What space does the training institution give to these experiences and to the elaboration of the more or less unfulfilled hopes of the young analyst engaged in the field?

It would be useful to think of the training institution not only in terms of its academic role, and its function of transferring intellectual, methodological and practical knowledge, but also as a safe space in which it plays a central role in dealing with the emergence of the subjectivity of the aspiring analyst: dealing with the form, as well as the action.

Between boundary and frontier: supervision as limes

The future analyst experiences the feeling of living in no man's land, caught between being in training and becoming a therapist; he perceives himself as half-formed, as shapeless and unable to understand how to act. It is no coincidence that the 'half-made young man' has a self-image constantly in search of a missing piece. The therapist in training, besides aspiring to become something he has not yet become, looks for a space that will combine the two space-time halves in which he finds himself daily: the school of specialization and the public service.

The training institution offers interns the opportunity to talk, and talk about themselves, through the experience of supervision. Supervision, in this case individual supervision, in addition to being a sum of hours to be carried out for 'institutional' purposes, responds to the intern's need to link theory to clinical practice in order to begin to build his or her own way of inhabiting the room and of wearing the clothes of an analyst. The first individual supervisions begin with working on 'cases' dealt with in a public context, which is that of the internship, where the difficulties of being a beginner are combined with the rules of the host institution, often experienced as constraints.

On the one hand, in fact, the limits and the rules of the public institution contain and direct the work of the future therapist; on the other hand, those very limits are broken, as regards the rules that are gradually acquired in the training process.

The narrated text, initially in a room in a public service (not in a 'comfortable' private room), is subsequently re-read and re-listened to by the supervisor in another room, inside the training institution. To what extent does this re-reading process adapt to the space and time of a session in a public service? Indeed, although the supervisor's subsequent restitutions might seem easily applicable in a private space, they often appear surreal if considered and applied in the space of the internship.

This lack of opportunities for application can be traced back to the tendency to leave 'outside the door' the specific relationship that the student has with the host context: a context with its own rules and narratives, implicit and explicit, with its own way of functioning and relating to the other, which encounters the student's subjectivity. An encounter whose quality is undoubtedly one of the 'variables' brought into play in the analytical process which the supervision aims to understand.

Three protagonists are generally involved in the supervision: the learner, the patient, and the supervisor, each with his own personal structure which is brought into play with the other; to this, a further level should be added - the training context.

The relationship the learner has with that context represents a fourth fac-

tor, which is also involved in the supervision process, no longer a background element, but a figure.

The link between the different relational levels at play in the supervision process, student-patient/student-supervisor, lies in the person of the analyst in supervision; his characteristics and relational strategies emerge in the relationship with the patient, and are repeated punctually in the relationship with the supervisor (Tricoli, 2018), but also, we might add, in the relationship with the internship context.

On the intersubjective nature of the supervision

Having stated our considerations concerning the limits and difficulties encountered in transferring what has been learned from supervision into the internship contexts, it is appropriate to consider the radical change that has affected the concept of the supervisor-candidate relationship within a relational perspective, as an essential variable for a learning that is as complete as possible. While supervision has maintained its learning character, what has changed is the concept of learning itself:

'It is no longer a question of transmitting pre-constituted knowledge, but of constructing knowledge in the student/supervisor relationship. Both candidate and supervisor are searching for the perspective to follow with the patient, co-building a knowledge about him, and simultaneously about themselves' (Tricoli, 2018, pg. 19).

From this perspective, the supervision process could be thought of as a subjective and intersubjective 'construction' that consists of multiple complex narrative levels, unravelling at both intrapsychic and relational levels.

Each protagonist of the supervision process is a complex 'constructed' system that eco- and auto-organises itself in a subjective, unique and unrepeatable way, building up and co-building experiential data in the encounter with its own way of being-in-the-world and with the subjectivity of the other, producing multiple narratives.

The act of narrating to an experienced therapist one's own personal reading of a therapeutic process already experienced and read internally, seems to be a work of 'construction of construction', and supervision a process of narrative meta-construction on previous narrative constructions, both the student's and the supervisor's. In this perspective,

'supervision becomes a highly personal learning process for both the supervisor and the student' (Tricoli, 2018, pg. 55).

A learning that develops from a mutual exchange between student and supervisor, despite the diversity of roles, in which

'the emotional experiences represent the main way to understand the structured meanings at play in the relationship, both in the candidate-patient relationship and in the supervisor-candidate one' (Tricoli, 2018, pg. 55).

In particular, the focus on the experiences that come into play in the process of supervision, represents an acquisition which should not be taken for granted, signalling the transit from a concept of intellectual and content-based learning, to

'one directly dependent on the emotional vicissitudes that determine the quality and type of encounter with the objects of the external world. Learning (...) is born only from experience' (Blandino & Granieri, 1996, pg. 5).

The experience of supervision: the student's voice

The process of supervision can take on many affective guises in the mind of the prospective analyst. It can be experienced as a restraining, reassuring, and protective encounter, but also as a troublesome third party who stands between the analyst-in-training and his or her patient, placing a limit on the student's omnipotent desire to preserve his or her own narrative from being altered by external influences which are other than himself or herself.

It can, finally, be experienced as a valuable transformative possibility in making contact with one's own experiences, desires, ambitions, historical solutions, and limitations, within a technically guided and densely intimate relational matrix.

In any case, it is in the relationship with the supervisor that the student is required to question himself, to get to know himself in the guise of the student/professional.

Idealization and insecurity, frustration and enthusiasm, fantasy of perfection and at the same time of inadequacy, are inevitable and necessary experiences that 'contaminate' the field.

An emotional chaos enters the relational dynamic between student and supervisor, reproducing in the here and now of their meeting the same dialectic of the *there and then* of the session with the patient.

The young professional will therefore experience different states of mind, ranging from an initial bewilderment, to unconditionally indulging the supervisor, or even feeling disconcerted by realizing that the theory not practiced, but only idealized, when put into practice requires skills that have hitherto been unexplored. All this obliges the student to face two fundamental possibilities: on the one hand, to acknowledge his own *limits*, and transform them into a resource; on the other hand, there is the opportunity to bring into play a creativity which initially was undirected, and put it at the service of an oriented and generative clinical action. It is precisely those

limits and those initial instinctive impressions that will be processed, expanded and organized within a process that does not disregard the personality of the student and the encounter that he has with the patient, but that expands the coordinates of development and intervention.

In this sense, supervision provides the young student with a container that educates and refines without stifling his subjectivity, representing an opportunity to refine one's listening and skills, to integrate aspects of oneself with one's professional being, bringing out one's own meanings in order to extend them to one's way of being a therapist.

Within this dynamic, the questioning of one's own personality is essential, with the frustrations that it entails and with the idea that failure is possible but will not determine the image of the future professional. When what is at stake is the fantasy of being a good therapist, performance anxiety takes over, and this is how supervision provides the opportunity to receive a method that brings with it the concept of transformative evolution, both on a personal and technical level.

'Knowledge, to be acquired through supervision, thus comes to coincide with the process of transforming unconscious aspects of one's personality which are immobile and rigid, to become fluid and usable so that the same possibility of transformation can be transmitted to the other' (Tricoli, 2018, pg. 18).

For this to happen, it is important for the young therapist to be an active protagonist in a *meeting - confrontation* with himself, with the patient, and with the supervisor; this is not always easy, and goes through a learning process which involves knowing how to get involved and to be curious about the patient, as well as being aware of the difficulties that the supervisor puts in place; moreover, as the process progresses, one needs to be willing to dispel myths and idealizations with respect to one's mentors, and accept the risk of a 'sincere learning' that lays the foundations to becoming a professional.

Singular and plural: the group in the supervision process

What happens if the encounter-contrast that characterises the dynamics of supervision takes place within a group in which the vertical relationship is complemented by a horizontal relationship in which the confrontation takes place between 'peers'?

Psychoanalytically oriented training has been enriched by sometimes introducing the possibility of carrying out part of the supervision hours in a group. Using the group meetings as a working device, it is possible to produce a complex mosaic of reflections, experiences and thoughts which can make a difference.

The group-subject brings complexity and creativity to the experience of supervision: it is, in fact, a subject that represents the precipitate of the members' personalities, where unrepeatable and dynamic exchanges take place. It is therefore the specific interlocking between 'those' participants that accounts for the dynamics and more or less transformative potentialities that the group may produce in a joint supervision work. However, a group does not inevitably mean creativity: internal dynamics within the training group may hinder the emergence of generative aspects capable of allowing the transit from a monadic vision to an intersubjective dimension. At times, the case brought under supervision risks representing the device used for re-proposing and acting out group dynamics, becoming the case at the service of the group and not vice versa. Within this framework, different movements may occur: for example, competitive experiences, in which the central element is the vindictive desire to emerge individually, in the fear that the contribution of the other may eclipse one's own; or, on the contrary, the reactive need to maintain an idealised perfect harmony as the only source of 'forced' gratification.

But if these are the opposites, equal in their function of limiting the transformative function of the group itself, in between there are infinite possibilities in which the group can tune in to achieve a common goal, such as accompanying and becoming involved in the exploration of the relationship of one of the participants with a particular patient. In order to give itself this possibility, the group must not fear that an individual contribution, more or less out of tune, might shatter the group dynamic. If this happens, the group, as more than the sum of its parts, contributes to the emergence of different and at the same time complementary points of view, offering the possibility to those who present the case, to observe themselves and observe, through different lenses, the analytical process in progress. For this reason, through the group, the young analyst intern is faced with a questioning of his own 'coherence', presented as being faithful to himself, to his own personal style, and therefore to his own structure, in other words, to the eyes with which he observes and acts in the clinical case. In this sense, each participant brings to the group his or her own 'rigid' solution which, in the game of multiple voices, not only finds the possibility of emerging, but also of being rethought. When this occurs, what the group proposes is often the reflection of that dynamic in the making between the patient and the therapist, which, by making the implicit explicit, and therefore thought, allows the individual to perceive himself more clearly in relation to the patient. Thus, the group has a perturbing, but at the same time nourishing, function for the individual, who, by allowing himself space and time for elaboration, can later grasp the richness and level of complexity of the reading that the group makes, using it as a valuable contribution to his own clinical work.

In short, the experience of group supervision represents a transformative

possibility, both on a personal level and in terms of clinical applicability; this happens increasingly when the group itself becomes the custodian of a space in which one can be different, where the individual gaze generates connections of acceptance and enhancement of elements which apparently do not touch. It is the overlapping of different languages that constitutes the engine of the transformative process that widens the view of the specific clinical dynamic.

Fear and desire in the identity transit

In the early training stage, the young person encounters theoretical and human entities that seem to scrutinise, stimulate, intrigue and destabilise him. If every encounter takes place with the Other, during the internship the young person may feel that the otherness is a stranger who, while making himself known, may annoyingly or delicately arouse desires, fears, expectations, touch wounds that have healed or are still open. The internship therefore represents an intense transformative possibility, through contact with oneself and with the other. In order to become a therapist in action, the young person needs to place himself as an active observer of the flow of his own form.

Self-reflecting on one's own becoming might mean being more than one is; it is right to think that the young candidate's first step towards action is to awkwardly contact one's own identity form, to timidly look at its folds and try to smooth them out. At the beginning of the internship, the young person may have the idealised expectation of eliminating his own seams because they are experienced as hindrances, obstacles to the image of himself as an ideal therapist, perfect, without open wounds, sewn and stitched. The aspiring analyst might run the risk of self-preservation in the stiffening of his own structure, of rejecting the transformative effect of a possibility of listening to himself and to the other with whom he enters in relationship, and of experiencing as strongly disturbing anything that disconfirms his internal organisation. The internship and supervision may become a part of this initial frame of the training process, and may be perceived by the young person as tools not only facilitating the identity transit but also destabilizing an identity that tries to know. It may be difficult to develop the ability to reflect on one's personal structure and expose it to an open encounter with the other, the attempt to inhabit one's role and to integrate personal identity with the professional one in a dynamically harmonious relationship may be laborious and full of anxiety and fears.

Just as in the construction of the personal Self, so in the construction of the professional Self a dialectic of opposites is legitimate, in which the desiring part becomes domineering over fear, and therefore also becomes

the driving force in the process that makes one a therapist. It is the desire that leads the intern to the maturation of professionalism, emancipated from the safety net of supervision. While the aspiration to ‘help the other’ is at the top of the training choice, the ability to remain intrigued and fascinated by the patient is the driving force.

It is precisely through and in the analytical relationship that all the personal identities present in the room of analysis, including that of the clinician, are brought into play. The confrontation with the other from oneself requires, in fact, the continuous rebalancing of the intimate and professional structure and the need to remain faithful to it without becoming rigid. It is like the anti-seismic structure of a building: it neutralises earthquakes because it adapts to them and, at the same time, remains standing. If the intern is persuaded to constantly exercise self-reflection, the training, through the unravelling of internship and supervision, can grant such acquisitions: becoming ‘re-employable’.

For this to happen, the young intern must be attracted by the unmasking of the Self in order to conquer egosyntonic and personal ways of interacting with the intrapsychic and relational structure of the patient. So, even if the ‘role of pupil’ may induce him to propose in therapy reassuring, rigid and defensive themes, the aspiration to cure, at the same time, will gradually bring him closer to the uncertain and to the acceptance of the risk of making mistakes. In other words, the therapist will leave the theoretical certainty to approach the ‘personalising’ uncertainty and be what he wants to become.

Conclusions

It is always exciting and at the same time painful to write the words ‘The End’, at least as much as turning the page for the beginning that will follow.

Writing about training in psychoanalysis has been, for those of us who are about to complete it, an individual and group experience with a profound formative value: it has been, in fact, an experience that has required us to go beyond expanding our knowledge of the literature and reference models currently used in the training contexts of psychoanalysis. Our working group has been a space and an instrument of confrontation, re-proposition, implementation and subsequent resolution of the dynamics that, as users of a training course in psychoanalysis, we have acknowledged as being at the basis of the interactions between the institutions involved, the explicit object of this short work. In operational terms, the most functional choice for the drafting of this article was to divide our working group into two subgroups, each dedicated to the discussion of the two training pillars, internship and supervision. The two subgroups initially worked in parallel, maintaining mutual contacts to build links and avoid redundancies. The for-

mal entity of the relationship between the health institution (location of our internships) and the actual training institution (place of supervision), which we have cited as a reason leading to inconsistency and impracticability of the training path as such, gradually began to characterize also the interactions between subgroups and the points of contact between their contributions. We became protagonists in the implementation of what we only wished to narrate: the work of the subgroups was only formally close-knit, but was actually independent. Any attempt to recompose a unity generated frustration and rigidity in the positions of the two subgroups; any modification of their contributions in favour of integration seemed to represent a threat to their identity structure. On an individual level, each of us worked on a single paragraph, guided by the more or less conscious expectation that the overall result would be represented by the sum of the individual contributions without the need for corrections: a personal paragraph in which we could find the distinguishable trace of ourselves perfectly equal to the others in terms of space and importance. The group was initially sustained by the conviction that ‘everything would go well for everyone’; this idealisation allowed us to proceed with the undertaking, but made it very difficult for each member to question their own and others’ contributions. The phase of emotional turbulence that followed was characterised by a sense of frustration and loneliness, typical of when the richness of diversity fades into the loss of having a common language to share it in. These experiences characterized our internship experiences but not the supervision space; therefore, to get out of the impasse, it was essential to ask for and receive support from the lecturer who encouraged us to undertake this adventure, a figure who has represented for us the training context which we have not forsaken, and still feel a part of, and without which we find it hard to legitimize that we still have much to listen to, and something to say. In order to recover the original unity of the system represented by internship, on the one hand, the subject of our discussion, and of the entire working group, the author of that discussion, it was essential to reconsider ourselves and our work at a higher level of complexity. The acquisition of this new perspective has allowed us to look at the whole, represented by our work, free from the fear of distinguishing the individual parts, and letting ourselves be surprised by the result of their interaction, which sometimes mitigates their expression to enhance their presence. Silence is what allows the voice to be heard, and after all, this is the essence of the care which we feel we have trained for: allowing the encounter with the other to be an opportunity to let our divided parts be free to become a whole.

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