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# *Psychological consultation as a transformative first clinical experience.* Authors' response

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We would like to thank our fellow colleagues very much for the wonderful dialogue that has been established and which we are sure will continue in other forms as well. The criticisms received are placed within a positive consideration, sharing the basic perspective of our proposal, and receiving this feedback (which we believe to be sincere and not simply a courtesy) from our different esteemed colleagues is no small thing, and we want to emphasize this with gratitude and appreciation.

The work by Annarita Viarengo, Simona Montali, and that of Linda Alfieri, Maria Carmela Abbruzzese, and Enrico Vincenti go far beyond a general *endorsement* to emphasize in a more accurate language and with 'connections of meaning' the many shared passages.

Keeping in mind that our conviction is that consultation does not have the consideration and dignity that it deserves within clinical practice and training, as we have stated in our work, finding this timely appreciation gives us hope that something can evolve in the consciousness of the professional groups and teams in the sense of a greater analysis of the consultation phase, its links with psychotherapy and its relationship with diagnosis, etc.

The familiarity that our colleagues have with the world of families, children, adolescents and 'severity' also tells us perhaps of some of the reasons why they might appreciate an attempt like ours to develop a thought on this clinical step that has a general scope and that informs all psychoanalytic and psychotherapeutic clinical practice of the acquisitions that developmental and adolescent clinical practice has developed over time, as well as clinical practice in serious psychological suffering, among others.

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We would now like to look at some of the ideas that our colleagues have given us in more detail. Obviously, we have chosen only some of the ones that stimulated us more than others.

Simona Montali takes us into a world, that of very young children, which naturally has important specificities and therefore it is even more valuable to be able to grasp the affinities between her clinical proposal and ours, affinities that are evident and numerous and that Simona illustrates with the humanity we know she has.

The emphasis on welcoming, which is far from widespread in the world of care that seems to be hindering the relationship rather than helping it, the issue of continuity, the formulation of hypotheses and thoughts in consultation – not apodictic, a suggestion resulting from one's own fantasy about experience, with Ferro we could say 'What I dreamed of you' – seem to us to be important points. The issue of continuity in particular, which is so important in the initial phase of the relationship, a continuity that can only allow others to enter, to make space in the system, highlights an issue that is as important as it is unfortunately neglected. We are so accustomed to navigating between specialisms where synthesis is left to the patient that thinking of the fact that someone is dedicated to accompanying that 'situation' in exposing oneself; in showing one's wounds and suffering seems to us a dream, while it should be the norm. Of course, sometimes a different viewpoint helps, and Simona reminds us of this, but it is good that someone takes care of the whole, the 'situation' and how everyone, the parents, the child, is inside it and that we gradually arrive at the discontinuities, at the steps that are sometimes necessary. In our proposal, too, there is this focus on limiting therapeutic fragmentation as much as possible, and where it is useful – for example, in introducing different skills, in examining other levels – there is a need to think of ourselves as a 'clinical system' that then connects and functions not only in parallel but with moments and spaces for sharing, exchange and comparison. Consultation, in our opinion too, needs a direction that will accompany the process from start to finish.

Annarita Viarengo also offers us various points and connections with authors that we appreciate. Let us look at two considerations in her contribution. The first, which we had perhaps taken for granted but which we should not have, is the view of the consultation as a moment for 'building meaning' rather than a 'revelation'. Thinking of the consultation field as an opportunity to initiate a process of co-construction of new meanings that can then proceed in the subsequent psychotherapeutic path directs the consultation itself in a very different direction from that which we could easily trace in the 'reconstructive' or 'archaeological' tradition. How much of psychological and psychiatric (and unfortunately also psychotherapeutic) clinical practice is oriented on trying to identify what really happened in the past of the subject and his/her family? So how much of the initial phase of the clinical encounter is not

already dedicated to listening to the richness of what is brought, as to the deviation on what it would have determined today? Of course, the content of a consultation can also include the narrative of a personal and family history, and it can certainly provide very useful insights, but what we are talking about here is something else, not the content but the use made of it in the two perspectives that we feel are genuinely different, as our colleague implicitly reminds us. We would have liked her to have made a brief reflection on diagnosis more explicitly, which in our view is thought to be integrated into a vision that is consistent with the rest, but which perhaps we ourselves have dealt with too succinctly, given the complexity of the subject and the brevity that our text was constrained by. We will certainly have the opportunity to talk about it again…

The contribution by Alfieri, Abbruzzese and Vincenti solicits other thoughts, both for the broad ethical and theoretical shared ideas and for the communion of views on what are the key concepts for us too, such as singularity, respect for becoming, the centrality of the subject and the references, to beloved and extensively well-known authors.

In order to continue this rich dialogue, we would like to focus on two points where perhaps there are differences or where dialogue can lead us to better understand even of our own thinking.

"It is difficult for us, but perhaps it is only a linguistic issue, to think that the suffering lies in the disconfirmation of one's identity that events or relationships produce," the colleagues write. They continue: "we would not put the emphasis on the relationship, but on the individual subject's willingness to accept and deal with what life proposes."

And we agree. Simple disconfirmation can be an opportunity to learn about oneself and the world, not suffering. However, we believe that it is appropriate to consider both aspects.

Let us try to clarify a few sections in more detail: the new experience, in order to be considered 'new' and stimulating, and not threatening, for example, requires a 'willingness to learn' that cannot be the responsibility of the relationship, but only of that subject. In addition, the experience may take place in direct relation to a relationship, for example in relation to a criticality present in a specific encounter, or for a crossing of consciousness that takes place via thinking or the body and therefore on a level other than the relationship, more internal to the relationship of the subject with himself/herself. Under no circumstances, however, will this stimulus automatically result in a change in the subject[1]. However, it depends, as we believe our colleagues also understand, on how the subject treats experience, on the ability that he/she will have to take on the work of integration, complexification and a sense of 'new' experience.

[1] We could, to be precise, place this case in the category of the Batesonian 'Learning 0'.

A second clarification should be made on the concept of 'transformation'. Our colleagues write: "we have reservations about considering the consultation as a taste of a possible transformative clinical practice for two reasons: on the one hand, because we believe that the intention is not to transform, but to welcome what one has and what one is; on the other hand, we fear that we may run the risk of indicating a direction of solution for crisis and suffering."

However, if we do not play with words, the intention toward ourselves and toward the patient is that the stresses that we experience – from inside and outside as we said – can be welcomed – to use a common word in our language – and integrated and not expunged, not manipulated, not denied, etc. Is that not transformative intent? We would say that it is a specific type of transformative intent because it is not to be understood as a change of behaviour or as a correction of dysfunctional mental states, but rather as a possible outcome of the experience of a respectful but also necessarily 'different' movement from the experience of the subject-patient.

It would be interesting to go into more detail on this, because we think it is absolutely acceptable that no human being can set himself/herself up as a 'modifier' of another human being, for obvious ethical reasons, and fortunately even if he/she wanted to, he/she would not be able to. The living cannot be educated. However, one can stand, at their request, in a relationship with them that, in the exploration of identifying with them, offers the opportunity of another point of view. The final word, however, on the effect of being in their presence belongs to each subject. It may not be appropriate to remove the relationship as one of the stimuli of this movement, provided that we do not regard it as the only perturbing idea and provided that we do not give it a causal power, while leaving the recipient the honour and burden of interpreting this request.

We believe that it is particularly important to continue to reflect on 'subject' and 'relationship' because we often find that not giving both concepts the right mutual weight risks setting up positions that diminish or even undermine one of the two concepts. Thinking of the subject, on the other hand, as 'relational' puts the burden on the subject and his/her relative autonomy from relationality, being 'with himself/herself'.

The solicitation of subjective experience of non-confirmation seems to us to constitute a possible disturbance of identitary and relational automatism that can be treated in various ways by the subject but which, perhaps, provides many human beings with greater perturbative stimuli than confirmation.

We might think that human subjects may not only feel that unconfirmed experiences are threatening, but even seek them out to become more whole. This is probably the experience of many of us, but it is certainly not without experience of the opposite.

We could perhaps say in other words that in different relational experiences the subject "carries" his/her own intrapsychical organization; relational experiences are instrapsychically crystallized into an internalized relationship organization.

The relational experience with the therapist, who welcomes the patient's suffering and avoids "reacting" but "feels", can allow a new way of "being-in-the-relationship", which takes on a transformative meaning for the patient.

Of course, our proposal is only a way of organising our clinical and human experience, which has found important opportunities for being reconsidered and updated here, in dialogue with you.



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