v. 4, n. 22, 2024

International Journal of Human Sciences Research

PSYCHOLOGICAL DUTY AT THE UNIVERSITY: POSSIBLE APPROACHES BETWEEN PHENOMENOLOGICAL-EXISTENTIAL PSYCHOLOGY AND WINNICOTTIAN PSYCHOANALYSIS

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PRESENTATION

To write this article about the experience lived in the Psychological Duty proposal is necessarily linked to our human restlessness. The existential questions that crossed us at each meeting mobilized us, and so as an intern and guiding teacher (supervision) we launched ourselves in search of possible revelations.

The Psychological Care Service under the perspective of Psychological Duty carried out in a teaching clinic of a private university through attention and care is configured as a psychological practice that breaks with the traditional clinic model, and is constituted through very brief consultations. It is worth pointing out that this psychological practice is based on two basic attitudes, which are welcoming and listening, aiming to develop critical and reflective thinking about any phenomena shared in the therapeutic setting.

It must be considered that the search for possible unveilings, in particular, regarding one of the cases that will be discussed in this article, had as its theoretical foundation contributions coming from both the theoretical assumptions of existentialist-phenomenology and psychoanalytic theoretical assumptions under the bias of the approach winnicottian.

INTRODUCTION

The present case study aims to demonstrate a possible rapprochement between two theoretical contributions, namely: existential-phenomenology and Winnicott's psychoanalysis, which supported a clinical experience in the psychological on-call modality. This way, it is understood that despite the methodological differences regarding the conception of the human, it is clear that it is possible for these two paths to meet at certain times.

Figueiredo (2012) proposed the concept of psychological matrices to designate the various existing models that form psychology. According to the author, each of these matrices has its specificities, they are the result of the cultural context of the time in which they were developed, sometimes they oppose each other methodologically and at other times they articulate and complement each other.

Faced with so many theories and specific ways of looking at the subject, it is essential to revisit methods and foundations so that, critically/reflexively, we observe whether we really meet the current/existential demands that arise during psychological care, specifically during the psychological on-call proposal.

Morin (apud Carvalho, 2009) can help in this process of complexifying the human perspective. This way, the author explains how science specialized, leaving the holistic view, the global view, aside. This process also caused theories to move away from each other like enemy cults that could never be seen together, hindering the development of critical-reflective views that try hard to develop bridges between knowledge to better understand, study and propose interventions for the human condition.

Considering the above, it is imperative to differentiate between rationality and rationalization proposed by Morin (2000). According to the aforementioned author, **rationalization** would be a perversion of rationality, it is when a dogma is installed, an irrefutable, uncritical theory/thought, a system closed in itself. **Rationality** would be an open system, which argues with different knowledge and ways of knowing the world, it helps humanity not to make mistakes, illusions or beliefs, always being self-critical.

This way, we will present aspects of each of the theoretical contributions, existential-phenomenology and Winnicott's psychoanalysis and later, we will discuss the practice experienced. Firstly, some phenomenological-existential contributions

will be highlighted and then some Winnicotian contributions will be highlighted. It is understood that in psychological practice; psychological duty; both contributions support an expanded clinic and, therefore, committed to ethics.

PHENOMENOLOGICAL-EXISTENTIAL CONTRIBUTIONS

Initially, psychological duty was offered at USP, through the Psychological Counseling Service (SAP) discipline in 1969, with Oswaldo de Barros and Rachel Rosenberg as precursors, as explained by Morato (2022), enabling the inclusion of the humanistic approach in the course of psychology.

According to Morato (2022), the service became intensely requested by the community, resulting in long waiting lines, thus there was a need to rethink the practice of on-call duty with a view to resolving the aforementioned problem. One of the possibilities found was the insertion of brief therapy developed by Fiorini, as a new modality to reduce queues, however this new practice only offered a new service and did not resolve the theoretical-methodological issue that the psychological on-call encountered: offering an emergency and quality care.

In this context, Morato (2022), who actively participated and supervised undergraduate psychology students, came to realize that Rogers' Counseling led to traditional therapy, that is, the author identified that the shift was restricted to a traditional clinical modality psychological and this must change, as the psychologist would need to act in different ways and in different contexts to help care for the human condition.

Added to this situation, in 1990 some buildings at USP, where SAP was offered, were closed due to imminent collapse. Thus, the practice of the shift was, little by little, being modified, as students needed to borrow rooms from other teachers to carry out the service. The difficulty of space led to ideas of holding a limited number of sessions, however the high demand for the service prevented the patient from returning with the same therapist. Finally, it was realized that the shift could be carried out in a single meeting.

This way, the essence of the shift began to be revealed, as presented by Morato (2022): for the shift to occur, the person on duty had to be available to listen attentively to the experiences lived and narrated by the patient, regardless of the space in which this reception took place, The psychologist on duty also has the responsibility to critically examine the content presented to him, taking into consideration, the different dimensions of the subject, understood as biopsychosocial.

Barreto and Santos (2016) corroborate in this sense the need to transcend traditional clinical practice and develop a holistic view of the subject using psychological services. The authors suggest a phenomenological-existential analysis for this problem, since this theory would allow an opening to understand the ways in which each subject exists/inhabits the world and, this way, the psychologist would listen to the other. Such listening does not depend on the context of the clinic, as the psychologist's interest is to understand how the subject inhabits the space in which he lives, offering reflections for resignifications.

Dwelling according to Heidegger (2001, apud Barreto; Santos, 2016) is experiencing each action in the world and critically reflecting on reality and thus allowing oneself to be free to choose and renounce, as well as living with the consequences of that choice, therefore, dwelling is also allowing the people of the world to be their own essence and exist in whatever way is possible for them. Therefore, a person may or may not inhabit the space in which they live, work, practice leisure activities, meeting places, etc. For Barreto and

Santos (2016), it would be important, then, to listen to people in the places where they live, and not in the institutional context of the clinic, which may not have meanings for them.

This way, the clinical phenomenological perspective, as exposed by the authors mentioned above, does not intend to present itself as an absolute truth, but rather to meet others and understand their meanings in order to help them understand their form of existence. Thus, it is possible to draw a similarity between existential-phenomenology and the clinic: both welcome, listen and try to understand the subject, in order to care for them, help them in their suffering: "Thus, care, from Heideggerian understanding, it leads us to think about the clinical action involved in accompanying the client in the task of taking ownership of their existence" (Barreto; Santos, 2016, p. 6).

During the meeting with the other, the psychologist must not start from unquestionable assumptions and unshakable theories, he must meet the other without his previous knowledge, so that he can understand the meanings that he brings. In view of this, Heidegger (2001 apud Barreto; Santos, 2016, p. 7) describes that technique is a means to achieve an end, and its essence "as a privileged way of unveiling, can overshadow all other modes of unconcealment", closing the horizons of reflection and freedom that human beings possess.

Thus, Heidegger (apud Barreto; Santos, 2016) exposes the two types of **thoughts: calculating thinking**, which is related to the great importance that modernity gives to knowledge strictly linked to method and rational in order to produce unquestionable truths, It is; **thinking that meditates**, the act of questioning everything, including existence, not passively accepting conjectures imposed from the outside, a critical-reflexive act present in every psychotherapeutic encounter, such as psychological duty.

With this in mind, the on-call can also be experienced as an atypical form of the traditional psychotherapy clinic, as explained by Evangelista (2016), the psychologist may not be walking along the streets with the suffering subject, but can, in a meeting, bring important reflections for both (psychologist and patient). In other words, it is not only the time-limited psychotherapy of 45/50 minutes per session, once a week, for a few years that will have beneficial effects for the patient, but also the quality of that meeting.

Taking into consideration, that during the shift the patient may go a few times, may be referred to psychotherapy, or he may go once and never return, the important thing is the quality of this meeting, the welcoming and active listening of the psychologist. To this end, the professional psychologist cannot use his or her prior knowledge to analyze a situation that the patient wants to finish reporting, much less judge a certain action as normal or abnormal, as such action has a specific context in which it occurred and that only It may come to the psychologist's attention if he lets the patient narrate his story.

Therefore, thinking about a critical and reflective shift, a meeting in which the most diverse situations of human existence are meditated on, the shift worker must always be concerned with contextualizing the patient's complaint, that is, listening to what the patient has to say. and where he speaks from. Miranda and Félix-Silva (2022) propose the concept of peripheral subjectivities, to discuss the importance of taking into consideration, the situation of the patient seeking psychological assistance, as historical-social markers can play an active role in the suffering of which the patient complains.

Therefore, markers such as homoaffectivity, black, woman, poor, among many others, exert

influence on the subject's way of existing. Not taking this into consideration is promoting, according to the aforementioned authors, a deaf listening.

WINNICOTIAN CONTRIBUTIONS

Corroborating the above points based on the phenomenological-existential perspective, we resort to Winnicotian contributions as a possible articulation for existential questions. For Winnicott (apud Dias, 2003) it is extremely important to analyze and understand the impacts of the environment on the subject from the beginning of his life. In line with the author, the adaptation of the mother to the baby is essential for his maturational development, initially she becomes the environment (world) of the nursing mother, since the satisfaction of the child's needs helps him to structure himself psychically. Therefore, if a healthy bond is not established between caregiver and baby, the baby's development will suffer.

Thus, the author develops the concept of a **good enough mother**: the caregiver who, through the bond with the baby, feels and effectively meets the child's needs, however this does not mean that the caregiver has not failed. The gradual and bearable failure of the good-enough mother is even an essential part of the child's maturational development. Through this health care, the child overcomes the phase of **absolute dependence** and moves towards **relative dependence** in which he will develop enough to move **towards independence.**

When the environmental failure is beyond what is bearable by the nursing mother, she feels extremely distressed, resulting in trauma, as the child feels that she is rejected by the environment. It is clear that the concept of trauma for Winnicott (1961) and Shepherd; Davis (1994) has a particular meaning: trauma would be a failure of the environment during the baby's phase of absolute dependence, capable of making him break with the idealization of respect for the caregiver, so this environment, unable to perform its function, is internalized as a dangerous object, full of hatred against the baby, so he reacts with hatred against his caregivers.

With this in mind, the importance of the therapeutic setting is highlighted for the redefinition of the subject's first experiences. In other words, it is in the meeting with the therapist that the patient will be able to relive the phase of absolute dependence, now having the therapist as a good enough mother, who will therefore have an essential role in offering an environment conducive to the patient's maturational development, helping him to overcome the failures previously experienced.

Therefore, thinking about the therapeutic setting within the Psychological On-call proposal is necessarily breaking with the traditional clinical model. And it is exactly with this in mind that we intend to present the clinical case covered in the psychological on-call proposal. It is essential to emphasize that there was initially a human encounter between intern and patient sustained in a destination community (Safra, 2004). By making sure that we share this Community of destiny, it is understood that space is created to face a clinical practice that is urgent and necessary. After all, as Guimarães Rosa (p.448, 1994) told us: "The flow of life wraps everything up, life is like this: it heats up and cools down, tightens and then loosens, calms down and then become restless. What she wants from us is courage".

CLINICAL CASE

The clinical case attended to in the psychological shift proposal presented below depicts the care of a teenager, hereinafter called "L", aged 17. A total of three consultations were carried out, two of which were attended by the mother.

The mother, Mrs. "E", reported that her daughter could fail at school due to the amount of absences, as the teenager was unable to attend the institution, as she was being bullied, a situation that ended up intensifying her depressive and anxious symptoms. L is the eldest daughter of the triplets, she and her mother moved to a city in the interior of São Paulo after the teenager's parents separated, while her sisters stayed with their father. The young woman missed her father and sisters, however the latter, according to her speech, did not like her and physically attacked her.

A brief interview was carried out with the teenager's guardian. As it was explained by Donatelli (2013), this is the moment when the complaint brought will be explored, as well as the motivations that led those responsible to seek the service. In line with the author, after contextualizing the complaint, the way of working was explained: how the meetings would be held, the time and place, the establishment of the therapeutic contract.

During meetings with the teenager, both mother and daughter talked about the bullying that the teenager suffered at school, as well as the lack of action on the part of the institution to minimize the problem.

When the teenager discussed her former relationship with her virtual ex-boyfriend, themes of sadness, emptiness and manipulation were expressed. And as she shared her difficulties experienced at school, she became willing to get in touch with the school and do work to compensate for absences, as well as showing interest in looking for an arts institution, as she liked this area.

In line with Bilbao (2013), during speech the subject experiences situations from the past and aspects of the future that arouse feelings that the subject did not expect. Therefore, for the aforementioned author, it is through speech that thought is fulfilled and meanings are given, as speaking is finding the experience in the moment, as it appears before the other and before the speaker himself.

It can be pointed out that during the patient's speech, she relived some of the events reported and brought new meanings to it, including inserting herself as responsible for her own life, that is, starring in her story based on more authentic choices.

The last meeting was marked by the narrative about the end of the relationship with the friend and feelings of betrayal. She showed interest in the future: finishing school, going to college and working. It was observed that when narrating her story and beginning the process of starring in her life, the shift provided a space for unveiling that brought to light certain issues that had not yet been reflected on or discussed by the patient.

Thus, this narrative and protagonism can be understood as a historiobiography, explained by Critelli (2012) as: understanding (comprehensive thinking) the narrative (senses/meanings) of the history of a being, with the objective of enabling the authorship of existence for that subject, a singular being who is in the world with others, thus historiobiography aims to give the subject back their autonomy.

During the shift process, it was possible to observe the development of the patient who initially was unable to inhabit the spaces, and thus experienced an inhospitable world with no prospect of the future. However, during the sessions, L was able to take ownership of his existence and his life story.

By offering a therapeutic setting capable of offering holding and handling for the patient, with the analyst representing the mother/main caregiver, it was observed that during the few sessions the patient felt understood and authorized to continue developing your individuality.

It is important for every patient to begin

the process of inhabiting the spaces in which they live, in order to give meaning to their own life. Living according to Heidegger (2001, apud Barreto; Santos, 2016) is being able to experience each action in the world, it is reflecting critically on reality and thus allowing oneself to be free to choose and renounce, as well as living with the consequences of that choice, therefore, dwelling is also allowing the things and people of the world to be your own essence. Until the sessions took place, the young woman would be in a state of homelessness, restricting the ways in which her Dasein could express itself.

In this sense, historiobiography, as proposed by Critelli (2012), would be characterized by the understanding of the narrative (senses/meanings) of the history of a being, with the objective of enabling the authorship of existence for this subject, a singular being that is in the world with others, thus historiobiography has the objective of giving the subject his autonomy back. Or, in other words, it could be pointed out that the patient was gaining new insights during the meetings.

For Merleau-Ponty (1964 apud Moreira, 2011) all perception is an unconscious perception, as it takes place in the invisible: the figure is manifested (visible) in a latent background (invisible/unconscious). Thus, for the author, the body (flesh) is the space in which the dialectic of visible and invisible is present, it is in the body that it is possible to feel, however, in order to feel something, something needs to be revealed from the unconscious, that is, the body is in relationship with the environment and depends on it to bring out the senses. And for this unveiling to occur, we understand that speech and thought are inseparable in human existence. Speech is what makes the presence of thought in the world, it is from it that thought takes place and the meanings that are shown in the relationship with others occur.

This is a peculiar way of observing what psychoanalysts called transference. Transference is, in line with Zimerman (2004), the repetition of the patient's behavior (acting) towards the analyst, as well as the representation of fantasies, resistances, feelings that are expressed in all the subject's relationships, but which have a strict bond with the content that is unconscious, which is exactly why the subject unconsciously behaves/transfers/repeats all these experiences, from a forgotten past and now updated in the figure of the analyst.

This way, the analyst can interpret the repetitions that occur during the transference, exposing and explaining the forms of resistance that they represent so that there is, through the understanding of these resistances on the part of the patient, a reduction in the mechanisms of resistance (defense), providing the patient time to elaborate this new information, senses and meanings, from this it will be possible to bring to light the lost memories that constituted the core of the repetition (Freud, 1969 [1914]).

This way, the therapeutic meetings with young L took place in such a way that the therapist intern sought to reveal some senses that were latent in the patient and precisely because they were latent (unconscious) they could be felt by the intern in his own body and in his own unconscious. An example of this dialectic was when the intern noticed possible feelings of death in the teenager, even though physically the patient appeared in a laughing and relaxed manner. From this, the intern questioned about the presence of suicidal thoughts, obtaining the answer that L had already attempted suicide a few times and in different ways.

During the conversation with the mother, it was possible to observe that she also carried marks of the aggression she suffered and that she also inflicted on her loved ones. Thus,

it was clear that the mother was possibly confusing her personal issues with her daughter's issues. In line with Bilbao (2013), the interview is much more than a rational process of explanation, during speech the subject experiences situations from the past and aspects of the future that arouse feelings that the subject did not expect. Therefore, the author calls this style of discourse narrative.

We understand that during the mother's speech she relived feelings and experiences that belonged to her, possibly the fear that her daughter would also go through unpleasant situations, contributed to Mrs. And put her daughter in a vulnerable position. Furthermore, the patient was able to feel relieved when talking about her feelings and expressing her thoughts.

The authors Winnicott (apud Dias, 2003) and Mahler (1982) corroborate the process of symbiosis that occurs between mother and baby, since the latter needs all the physical and emotional and also maternal care to survive. This symbiotic relationship may not be satisfactory, causing several obstacles to the child's development and the mother's well-being.

Furthermore, in the symbiotic process the baby loses itself in the mother, taking her as an extension of his own body, however it is the mother, the most mature and developed part of the relationship, who gradually offers the possibility of establishing differentiation and individuation between them.

In view of this, it can be observed that the mother's unconscious is also part of the baby's environment, since she can come to relate to the breastfeeding child in a way in which she takes him as an object of pleasures or displeasures from her own unconscious, starting to act not in favor of the little one, but with the aim of meeting their unconscious personal demands, their narcissistic desires (Mahler, 1982).

Mrs. And, it seems to have mixed with her daughter's experiences, unable to separate what was hers and what belonged to the teenager, perhaps that is why in her moments of rage she attacked L, both verbally and physically, instead of providing a safe environment for her. better understand your daughter. Perhaps, in her psychic life, the mother already had this difficulty in understanding that her daughter was not an extension of her body, but rather a subject endowed with particular desires and needs. In other words, according to Winnicott (apud Dias, 2003), the mother was unable to adapt to her daughter's needs, a relationship was established in which L's signs: verbal and non-verbal language were, at some levels, incomprehensible to the mother.

From a more phenomenological perspective, this maternal experience could contribute to care that does not promote the satisfaction of the adolescent's needs. Caring for children is understood by Cytrynowicz (2000) as distancing from everything that could impede the child's development, therefore, there is a relationship of dependence between the child, who needs care because they do not yet know the world, and the adult that glimpses possibilities that the child cannot yet understand. When the adult sees and decides on these possibilities that are not yet within the child's reach, he represents the child, making decisions that he thinks are best for him, that is, care occurs in the mode of substitutive concern.

Finally, it was possible to affirm that the reception and qualified listening in the proposal of the psychological shift promoted a space for reflection that unfolded into a stance of liberating care, as the teenager demonstrated that she was capable of making more authentic choices.

FINAL CONSIDERATIONS

It is understood that through the clinical case analyzed throughout this article, it was undoubtedly evident that it is possible to make a theoretical articulation based on a critical-comprehensive analysis by resorting to aspects arising from both phenomenological-existential contributions and Winnicottian contributions.

It was observed that more important than the theory used to analyze information and propose interventions is qualified listening. This listening can only happen when the professional and the patient are present, both committed to the process of the therapeutic encounter, and it is especially up to the psychologist, a qualified professional to propose reflections that consider the entire context experienced by the patient, thus producing a hermeneutic committed to understanding the condition of suffering, the human condition of which the patient is narrating/feeling.

Furthermore, the present work demonstrated the possibility of apparently antagonistic theories being able to articulate themselves, and thus developing a more careful, more integrative and perhaps more humane analysis to deal with the practice of professional psychologists.

At the end of this chapter, it is worth pointing out that our psychological practice represented here by Psychological Duty that will inevitably be based on a psychological clinic in addition to traditional practice. Or, in other words, the clinic we believe in and operate in is an expanded clinic that highlights the importance of transdisciplinarity and the understanding that mental health translates into physical, psychological, social, political, economic and ecological well-being.

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