

Comment

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ABSTRACT. – In my commentary I express full agreement with the authors with regard to all the issues they address. In particular, I emphasize the centrality of the first interview and reception to those who seek treatment, in order to build a “space of psychological agency.” My view is that the work we do with our patients from the first meeting and within the analytic process is not a work of revelation but of meaning-making. Dwelling on developmental consultation, I emphasize the importance of fostering parental readiness. Finally, placing the demand for care in a network context, which opens up the possibility of confrontation among clinicians, also assumes great importance in my opinion.

Key words: psychological consultation, specificity, first interview, relationship, reception, feasibility of care and parenthood, family system, team as a network.

The article presented highlights the importance of the encounter with a subject in the context of psychological care, and I agree with all the issues addressed. Psychological consultation encompasses the essential value of the first contact with the subject who requests it, and has critical theoretical and clinical importance. The specificity of this encounter is so in relation to certain fundamental factors illustrated by the authors and which I feel merit attention. The social and cultural context in which the encounter takes place is considered, as well as the characteristics of the professional figures that we, as psychotherapists, represent with our expertise. The article also highlights the importance of the characteristics of the person(s) we will have to relate to, with their specificity and a mindset that has formed over time and that influences every new experience, with the inevitable expectations ‘*of self-confirmation*’ and way of interpreting their life events. The person who requests psychological

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intervention will, therefore, have to deal with the novelty that arises from the first encounter and what may derive from it. I agree that all the points considered are central.

One of the aspects that make a consultation fundamental is that it encompasses the extraordinary meaningfulness of the first encounter in which two people who have never met before meet to tackle subjects that affect the personal life of one of them and immediately engage in an intense exchange of stimuli, information and feelings. The psychotherapist immediately impacts the psychic world of a stranger with his or her own way of expressing him or herself, and their feelings, using different modulations both verbal and implicit, and the psychotherapist will be intent on carefully positioning 'being there' in terms of tuning, integration, adaptability and integrity. Whoever seeks treatment is in the difficult position of having to entrust their suffering and self-perception to a stranger, often not knowing what to ask, what to expect; they may be fearful and diffident or have unrealistic expectations about what can be done for them. This first encounter, as well as subsequent encounters, will lay the groundwork for an introspective and relational journey for both participants where 'two worlds' meet to deal with the unease, sense of disconfirmation, and states of discontinuity of the person(s) who are part of an entire system of care seekers.

The question of reception is fundamental. I agree with the authors that the consultation starts on first contact - a space for meaningful exchange may be created on the first phone call. It is often but not always true that the first interview is conducted by the same people who will follow through the next steps of the journey, but if that cannot be the case, among the professionals who play a role in the various stages of the encounter, there must be a consensus in the approach to the application for care that is brought. In that case, the listening platform, starting with the various professional positions, will necessarily need to focus on the needs of the applicant. The care we take in understanding who we are going to interview, in what order, and how a possible referral will be handled already represents a way of 'being with the other' (Stern, 1987) favouring a relationship built on empathic listening (Kohut, 1982). The way the interview is conducted should take into account the potential patients' requests and their different positions. This, as the authors suggest, applies particularly, but not exclusively, to consultations involving school-age children. On first meetings with parents, the consultation is a conversation aimed at understanding the processes of self-regulation and the interactive regulation of the parent-child/adolescent system (Viarengo, 2017). Concordant with the authors and in the light of the relational matrix (Mitchell, 1993), the consultation involves crucial passages that will guide the direction of the first meetings. In the beginning, the attention given to the applicant's

distress and how it is expressed, will already constitute *a taste of possible care*. The objectives of the consultation are not stated *a priori* but are the result of a negotiation that enables us to develop a way of being together to better understand the needs of the person requesting care. This gives the request for care more meaning and may undergo several changes along the way.

I think the work we do with our patients at the first meeting and during the analytical process is not about revelation but building meaning. We work with the people who require a consultation from the very beginning to help them make sense of the experience of their development that is often stunted, disoriented, disorganised, or just confused. The people we meet in a consultation need to experience guidance, acceptance and reflection. Treatment takes place through the meeting made up of words, looks, emotional tones, implicit aspects, expressed and restrained emotions; the consultation can set the patient on a path that will allow them to deepen their self-knowledge, and must begin with the encounter between people, and the desire to know and be known. The conversations that take place during a consultation, as in the course of psychotherapy, should be an opportunity to foster the growth and mental freedom of the person who requests care. The aim is to build a relationship to understand and guide human action to develop a more harmonious auto and hetero-regulative dialogue and thus promote more adaptive behaviour. The authors make all this very clear when they talk about a sense of *co-building care that is useful for those who require it*. I believe that it is in this sense that *no one should be excluded* among the person(s) who come to us with a request for care, but the care appropriate for that particular person or system must be identified.

With regard to the diagnosis, I believe that it has its own specific place which differs from this method of intervention and the theoretical concepts of the area of application that the authors and I refer to. I believe that, in any clinical approach, the diagnosis should be made through a representation that views the subject in relation to the family and the social system and includes their specific personological characteristics.

The subject of feasibility of psychological care leads us to consider that the subject is autonomous concerning care, and it raises the question of the real possibility of proposing it. This leads me to consider consultations with school-age children which must take into account the willingness of parents to be involved. Considering with the authors that “the mental development of the child is [...] function of the relational matrix”, the psychotherapeutic/psychoanalytic consultation of the child and the adolescent is a fundamental cognitive and relational moment that requires empathic effort on the part of the therapist, and for the parents it means a commitment of considerable emotional and cognitive intensity. The psy-

chotherapist is interested in helping parents regain and reorganise self-regulatory and mutually regulatory aspects (Beebe & Lachmann, 2003), since the former identifies the main therapeutic objective as the recovery and/or establishment of a better relationship between parents and child/adolescent. Through the co-construction of a satisfactory exchange between therapist and parents, it may be possible to witness a change in some aspects of the child's inner world and the relational world of the whole system. Many parents, during the consultation, modify the way they ask questions and the type of questions.

I agree with Vanni and Bertoli that consultations, both for school-age children and for adults, are the first step on a journey that will evolve and will bring with it different perspectives on the issues that arise. Also, in the course of psychotherapeutic work, new information will be added along the way with a possible evolution in care, so the exploratory field typical of consultation remains open even during therapy as the landscape can change and new scenarios may emerge. In this sense, it is a *perspective* that can mean accommodating needs that require other types of intervention.

The interesting clinical case treated in the article illustrates that, as with minors, but not only minors, one comes into contact with a system that must be considered carefully in its particulars, with all the interconnections that may emerge in the application for care, and the need for other professional figures then comes into play.

The placement of a care request in a network context has a central place in the article, where meeting with other clinicians is indispensable if we are to offer patients and ourselves a service which will allow us to hone our responses to the question of care.

The choice of using *the team as a network* proposed by the authors emphasises the need for relational psychotherapists to have 'work partners' with whom to share the clinical experiences that involve us professionally and personally. This choice also aims to provide more targeted interventions and the opportunity to benefit from a more complete and socially usable clinical system for people who approach us with a request for psychological care. The organisation of the Sum Project described in the article is an example of how this is possible and directs us toward a type of psychotherapy which is accessible to many.

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Conflict of interests: the author declares no potential conflict of interests.

Ethics approval and consent to participate: not required.

Received: 22 September 2024.

Accepted: 16 October 2024.

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Ricerca Psicoanalitica 2024; XXXV:949
doi:10.4081/rp.2024.949

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