



Report of the specific internship in clinical psychology (clinical-school services)

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Abstract: In this work we present the Final Report of the Specific Internship in Clinical Psychology, carried out at the School Clinic of the Faculty of Human Sciences of Olinda (FACHO), from August 2020 to June 2021. We report the lively theoretical-practical course lived during this time of the Supervised Specific Internship. The time has also been marked to tell of the time of COVID-19. Challenges and possibilities encountered favored clinical practice, experienced based on psychoanalytic theory and psychotherapy exercise. The report contains the table of visits to seven clients, two adolescents, one young and four adults, welcomed in the "Estação" Project and the Coexist Project, modality of services offered by the School Clinic. We used an active methodology in the supervised internship, based on welcoming, listening, ethics in the therapeutic setting and the "expected relief" of the psychic suffering of the subject, here called the client.

Keywords: Clinical Psychology; Specific Internship; Psychoanalysis.

1. Introduction

This Report describes the realization of the Supervised Specific Internship, required in the formation of the Psychology Course. The choice takes place in the area of Clinical Psychology and was made at the FACHO Psychology School Clinic, from August 2020 to June 2021. Here we present the experiences in the Clinic with the objectives of: a) to score the knowledge acquired in the School Clinic; b) to make a survey and appreciation of the most relevant complaints, brought by clients seeking psychological care; c) to present the clinical process in the therapeutic setting, based on psychoanalysis.

The learning course at the academy, in the Bachelor of Psychology, opportune the practice of what we had seized during the years of the course. The Internship revealed moments of emotions and anxiety; of fear by inexperience and openness to the new in clinical making; insecurity in pandemic times of COVID-19 and, finally, the courage to face this formative process as a unique and unique experience.

During the years of walking in the Course, in the theory-

practice junction in the Internship at the Clinic-school, we found a human space where it was possible to live unpublished forms of this fundamental act of life experience in the encounter with the Other¹.

In clinical care it was possible to contact the subject, in his singularity, here taken as subject of the unconscious – to be desirous who seeks help. In the complaints brought, we listen to past events, coming from childhood and forgotten throughout life, which brought to the present, make it possible to think about the future. A construction with the repressed material, revealed through the mechanisms of condensation and displacement, that is, as a language effect. "Speaking I can be heard," says one customer.

We report remarkable clinical situations that have contributed to further enter into theoretical and practical studies, formulate the defendants and help the client in their resignification process, in order to understand the essential that moves their actions and their psychic life. We use "brief interventions", as an intern-therapist, guided by the supervisor – brief because it is more directly linked to the time of the internship. The objective is to "help" the subject to deal with their anxieties, internal and external conflicts in

their physical, emotional, psychic, relational, behavioral, social or family symptoms.

Psychoanalytic psychotherapy has been our inspiration, helping with its instruments in the differential diagnosis, in a dynamic regarding the functioning of the subject in his process of being in the world.

Time unfolds in the times of the client, internship, trainee-therapist, supervision and elaboration, through speech and listening, supported by transference, namely the place of "supposed knowledge"². This is fundamental in the process of evolution of the analysis, when we lead to "healing" by the word. About the transfer we returned in the item

The pandemic time that accompanies the entire stage will be another point reported later. The challenges and possibilities encountered in the course of the internship also contributed to the new clinical performance.

We know that time varies for each subject, because each one knows of his pain and dissatisfaction. We learned not to consider isolated facts brought by the client, in order not to generalize the subject, such as in the clinical fragment of this anamnesis interview: "I consider myself a person with anxiety disorder". The process takes place when the client seeks to deal, not with modes linked to diagnostics or common sense, but to a truer way with its symptom.

In the period of Stage I and II, we received adolescents and adults with various complaints, according to Item 2.2. More relevant complaints in clinical care; in Item 3. Projects and Activities developed in Stage I and II, we present the work at the Facho School Clinic, developed through the Projects: Come to Be, Recreate, Station, Live and Psychodiagnosis.

Welcoming (when receiving those who seek the Clinic) occurs in the proper sense of welcoming, receiving, accepting and listening in its dimension of subject, with its complaints. The Final Considerations and the Annex are followed with the General Record of Workload, counting at 480:00 hours, required for completion of the Course. We held 538:00 Hours.

2. Theoretical-practical basis

2.1. Theoretical-practical knowledge in the period of internship in the Clinic-school

The experiences contained in this clinical context are made in an articulation with the theory used to support the course of the Internship. And transference, as I said earlier, is the founding concept. We start with the transfer, as Nasio tells us (1995, pp45-46)

"Psychoanalysis is not a closed system, in the manner of an abstract theory. She is obliged to open herself constantly and move forward in a groping way, guided by a single requirement: to engage in listening to the one who suffers and verbalizes her suffering."

The transfer, even if positive, does not prevent the customer from also being able to present resistance to service.

These are associated with unconscious defenses and come into play when we start dealing with repressed content. The phenomenon is "called 'Ego vs. Id' defense mechanisms (cf. BRENNER, 1973, p.94). However, the listening factor is paramount in the clinical process and allows creating an internal space for listening to the Other.

Still, according to Nasio (op.cit):

"Transference can be understood as an expression of drive life. From the most passionate attachment to the most obstinate hostility, the analytical relationship removes all its particularities from the fantasies that sustain and sustained the affective relationships that the analyzing has lived in the past."

Therefore, it is worth understanding that the transfer is not the repetition of an old relationship, plus an update of a fantasy. The management of transference requires from the analyst/therapist not only a skill and experience, but also a constant activity of self-perception. The psychoanalyst's instrument is not only knowledge, but, above all, of the unconscious itself, the only means available to capture the unconscious.

2.2. Most relevant complaints in calls.

The most relevant complaints, brought by the clients, were confirmed in the survey conducted by each supervisory team, from August/2020 to June/2021 at the School Clinic: depression, anxiety, mourning, violence. We felt the need to guide our practice, resuming some contents in Freud and other authors, that could help in listening to clients and to account for the issues that emerged from the practice.

About anguish

According to Mello Neto (2003), it was from 1890 that Freud introduced in his vast field of study the idea of anguish. From the incorporation of this term in his work, Freud begins to explore what would in people the attacks of anguish, and through his clinical investigations, begins to consider the field of sexuality as the provocateur of anguish in individuals. Freud points out in his letter to Fliess (1858-1928), in the draft "E", dated 1894, that sexuality is in the etiology of neuroses and in the anguish of neurotics.

In the etiology of anxiety neurosis, described by Freud (1895/1991), some essential components appear that contribute to its emergence, among which: predisposition, which is similar to heredity; the intensity of somatic sexual arousal without the connection with the psyche and, finally, the auxiliary causes, which do not play a fundamental role in the genesis of neurosis, but are linked to the other characteristics mentioned, thus composing what is called by Freud as the "etiological equation". Auxiliary causes are trivial disorders, such as physical exhaustion, stress at work, among others.

Anguish is a sign, a sign of the real – something of the order of the irreducible. There's the traumatic moment and the moment of the signal. In any of the circumstances the

confrontation with omnipotent otherness invades the subject to the point of destroying in him any form of desire. Now psychoanalysis is a word experience, so the significant dimension is prevalent in it (Function and Field of speech and language [1953]), what is at stake, Lacan will say, is the advent in the subject of the little reality that this desire sustains in relation to conflicts. Our path will then be the intersubjective experience in which the desire is recognized. Anguish is an affection. Notion that is at the origin of the emergence of psychoanalysis and in the constructions that Freud makes in the classification of neuroses. Affection that cannot be read in its immediacy, nor in the raw state. It is also by affection that he exposes the concept of drive. (CORRÊA, 2015, pp 16-17)

According to Gomes (2017, p.252), professor of metapsychology and writer: "Fear/anguish/anxiety is considered as an affective sign of danger, but it is also about the danger of castration, it appears to us as a reaction to a loss, to a separation".

The statement that fear/anguish/anxiety is a reaction to danger leads Freud to discuss traumatic neuroses, which often occur to those who have suffered a life-threatening life. It would then be natural to conceive of them as a direct consequence of fear of death, or fear for life. The author comments that this happens to most observers of the traumatic neuroses of the most recent war. Gomes (op.cit) adds: "fear/anguish/anxiety does not present its greatest intensity immediately after birth, but emerges with the progress of animic development, remaining for a certain period of childhood. When they prolog, we think of a neurotic disorder."

In recent decades, the significant change at all levels of society has started to require from the human being a great capacity for physical, mental and social adaptation. Often, the great demand imposed on people by the changes of modern life and, consequently, the imperative need to adjust to such changes, as we see happens in this time of COVID, end up exposing people to a frequent situation of conflict, anxiety, anguish and emotional destabilization.

When pain and psychic conflict resulting from a source of stress exceed the usual capacity of tolerance, to be recognized and elaborated, they can be discharged into somatic manifestations, referring to a failure in the capacity of symbolization and mental elaboration. Thus, with certain difficulties in facing tensions, falling ill can be considered an attempt to establish a balance for the body, just as the neurotic symptom represents the way out of a psychic conflict. (In: KEHL; BIRMAN, 2010. KUPERMANN; et al, 2017, p.98).

Stress is not part of psychoanalytic terminology, although it has often been very common in the discourse of clients, which refers to it in different contexts of subjective suffering, in particular that of anguish, although they are not very clear what it is that they are referring to. There is a widespread and indiscriminate use of this expression, which is confused with an emotional strain in the face of psychic conflicts that insist, that are repeated and which, in

psychoanalysis, are called compulsion to repetition.

We follow, listening to suffering, attentive to the pitfalls of desire, knowing that we are not safe. The drive motion does not allow escape, as it comes from within the individual himself.

About childhood

Throughout the latency period, the child learns to love others – who help them in their helpless and satisfy their needs. For the child, the treatment with the person who cares for her is a continuous source of sexual arousal and satisfaction of the erogenous zones, which is usually the mother who clearly takes her as a substitute for a complete sexual object. An excess of affection will be detrimental to accelerate sexual maturation and also by "pampering" the child, making it unable, in the future life, to temporarily renounce love or satisfy oneself with a lesser measure of it. One of the best indications of future nervousness occurs when the child is insatiable in demanding affection from parents, and, on the other hand, rightly neuropathic parents, who often lean towards over life, are the first to awaken in the child, with their caresses, the predisposition to neurotic disease. (FREUD, 1901-1905, p. 144-145)

The human being is born sexual and since a baby begins his self-knowledge, naturally and spontaneously, but he needs the help of the environment in which he is inserted to find the answers to the questions that so distress him. According to Freud, sexuality is constructed during the baby's first affective experiences. When born, the perception of the baby is sensory, all contact with their parents or caregivers starts to make up the first sexual sensations and will be the basis for the construction of affective bonds and the desire to learn.

The affective energy Freud called libido, which is synonymous with sexual energy. Libido is the original affective energy that will suffer progressive organizations during development, each of which is supported by a libido organization, supported by an erogenous body zone (FIORI, 1981, p. 33).

In order to understand about child sexuality, it is important to understand the difference between "sex" and "sexuality". While sex is understood from the biological, referring to the idea of gender, female and male, sexuality goes beyond the parts of the body, constituting itself as a characteristic that is established and is present in the culture and history of man. "Sexuality transcends purely biological consideration, centered on reproduction and instinctive abilities" (idem.op.cit).

According to MOS (2018) the child for Freud is not a stage overcome nor a moment of chronological development forever forgotten. The novelty that psychoanalysis introduces is that childhood returns, returns, breaks out, and that our desires drink in it. No insignia linked to adulthood – marriage, work, profession, paternity, etc. – will prevent us from invariably going to these first steps and ending up referring to having been children of ... Lacan will indicate

how the child is constituted from the Other, and Freud will discover child sexuality – which is traumatic, since the infant does not have a psyche that can process it – it endures throughout life.

In *A Children's Remembrance* by Leonardo da Vinci (FREUD, 1910), it goes towards the recognition of identification processes for the constitution of subjectivity. In trying to understand homosexuality, he suggests that the boy tends to resonate his love for his mother and, in doing so, puts himself in his place, identifies with it and ends up taking himself by model for his new objects of love. In this text, there are important formulations on identification and narcissism. But it is in the 1917 text, *Mourning and Melancholy*, that the notion of identification will take shape. What is presented is that due to the loss of an object that can be real or even costumed, the subject begins to live an identification of the lost object with his own ego. (In: KEHL; BIRMAN, 2010. KUPERMANN; et al, 2017, p.108).

About the Resistance

The first time the term resistance appears in Freudian theory is in the account of Ms. Elizabeth von R: "In the course of this difficult work, I began to attach greater importance to the resistance offered by the patient in the reproduction of her memories" (FREUD, 1893-1895, p. 178).

There are four forms of resistance: 1st) is the resistance of repressing; 2) transfer resistance; 3) the resistance that derives from gaining the disease and is based on the inclusion of the symptom in the ego (to the extent that it provides satisfaction or relief); 4) The resistance of the superego. This was the last to be recognized and is the most obscure, but it is not always lighter. It seems to derive from the feeling of guilt or the need for punishment; it opposes all success, and so also to healing by analysis. (GOMES, 2017, p.261)

Resistance appears in the clinic as a force contrary to any attempt to break the isolation established by the "recalque" to a set of representations. That is, whenever the analysis work approaches a relocated representation, resistance manifests itself, trying to prevent this work, as an obstacle to remembering. In this context, Freud recognizes that any change in the state of his patients would require a much more laborious course of treatment, given the time and effort employed in the process of overcoming the obstacle imposed by resistance to free association work (VENTURA, 2009).

Also, according to Gomes (2017, p.98) "it is not impossible for something unconscious to reach consciousness, but a certain effort is necessary for this". If we try to do it on ourselves, we experience a clear sense of repulsion, that must be overcome, and if we take a patient to this, we observe what we call resistance.

Still Gomes (2017, pp.243): denial is harmonized with the fact that, in the analysis, there is no "no" coming from the unconscious, and that the recognition of the unconscious by the self is expressed in a negative way. There is no stronger

proof of the successful discovery of the unconscious than when analyzing it reacts with the phrase: "This I had not thought", or "In this I had not (never) thought".

2.2. Psychoanalytic process and therapeutic setting

Listening is the primary element in the learning exercise for the psychologist. When we listen to what the other has to say, we must be with our 'empty body' in order to receive it and thus be the custodian of his speech. In opposition, 'full body' is a body without space for the other (BRENNER, 1973, p.156.).

Zimmerman (2004), says that always aiming to access the layers of the unconscious that contained repressions, traumas, fantasies and desires, Freud formulated a series of technical resources, which remain in force, and, in addition to the free association of ideas, also the interpretation of dreams, the meaning of symptoms, flawed acts, language lapses and other incidences of the psychopathology of everyday life. Freud considered the emergence of transference as a form of resistance: "the patient transfers so as not to have to remember". It was also he who first described the phenomenon of countertransference.

Gradually, Freud was proposing, formulating and recommending, especially in the period from 1912 to 1915, to physicians who practice psychoanalysis, a necessary obedience to its five 'technical rules': the free association of ideas, abstinence, fluctuating attention, neutrality and love of truth, considering them more a method than a technique.

Levinzon (2010) says that in the exquisite work *Remember, Repeat and Elaborate*, in which he describes phenomena that are the basis of psychoanalytic thinking, Freud (1914/1980) observes that the patient repeats in the relationship with the analyst behaviors and attitudes characteristic of initial experiences. He points out that "the patient does not remember anything he has forgotten or repressed, but expresses it by acting or acting on it. He reproduces it not as a memory, but as an action; repeats it without naturally knowing what it is repeating" (p.196). The analysis allows fantasies and thoughts that have never been conscious can also be recalled, that is, it creates conditions for symbolic representations and understandings of their meanings.

Transference as a privileged stage where repetitions are staged, promotes a permanent meeting point between the individual's past and the present, with its similarities and differences.

3. projects and activities developed in the internship

Here we bring the clippings about the challenges faced in the clinic in this time of pandemic covid-19. The atypical situation in which we are living, approximately a year and three months, we had to "adapt" to what is called "new normal". We modify customs, habits, personal and professional lifestyles. The change has been imposed on us and, in the name

of survival, we accept and move on. We welcomed customers differently, more distantly, we had to decrease human contact to take care of others and ourselves. Thus, in this situation we spent another semester in the desire for better days for all and to be able to promote the therapeutic relationship, with more security, as once, with fewer protocols and reservations and less suffering.

Changes, guided by the HEI, were necessary in this time of COVID. The attendance, in person and in the individual modality, is restricted to adolescents and adults. Control the number of people in the Clinic. Supervision and other support activities take place online. We are not welcoming babies, children and people in comorbidity. We followed the WHO protocol, in the use of mask, alcohol gel and distancing. We suspended the modality of group visits. We are only welcoming adolescents, from 11 years old, and adults, in the individual and face-to-face modality.

3.1. Designs

In 1997 – as a result of reflections and questions arising from the experience gained in the work of training interns and customer service seeking CLIPSI – the Services are offered in the Projects, says the text of the Pedagogical Project of the FACHO School Clinic. "The word project derives from the Latin verb project are, which has the meaning of casting forward. Thus, in carrying out this transformation, we began a way of performing our work by confronting what we did with what we wanted to do, taking into account the commitment to the collective, with the values and the appreciation of citizenship."

The goals expand the possibilities of community access to the services offered by the School Clinic; enable the student-trainee to make a reading of the different demands, leading him to reflect the possible forms of intervention; they expand the dialogue with different institutions from the perspective of the insertion of the clinical psychologist in the various social scenarios. We emphasize the commitment to the social responsibility of the psychologist.

With regard to care at the School Clinic, the first point addressed is the Reception. It is in this space that the client has the opportunity to maintain direct contact with the physical environment and with the practice of supervisors and trainees for the "expected relief" of their psychic suffering.

During the time of Stage I and II at the School Clinic (August to December 2020 and from January to June 2021) it was possible to participate in three teams of different specificities and in therapeutic care in different age groups - 12 to 55 years, whose most relevant complaints were mentioned in subtheme 2.2. of this Report.

3.1.1- Project coexist

Initially called the Adult Care Project (from the age of 18) he received this new appointment due to the importance of the meaning of coexistence, when we face the otherness and conflicts inherent to experiences and the way of being human

(cf. Project Work Plan).

It was possible to start as a participant, in this project, from August/20, through the remote modality, in an elective Clinic in Extension. In the course, half of the class was dedicated to theory (study and debate of texts) and the other half participated in the supervisions in the team of internship trainees of Stage II, graduates who brought clinical clippings of their care. These in face-to-face and individual mode. For Stage I, the visits started in November/2020.

3.1.2- Station design

It serves adolescents from 11 to 17 years old, individually and in groups, welcoming parents and/or guardians who accompany them. It seeks a more specific understanding of adolescence and issues related to the identifications, sexuality and social problems (drugs and violence) that young people have faced.

In this Project we participated from January to June 2021. We welcome students from 12 to 14 years old, mostly brought by their mothers. They are adolescents from poor families who are attending Elementary School II, in the Public and Private Schools of Education.

The clients welcomed in the School Clinic are mostly from a less favored population, coming from Olinda and surrounding cities. The level of education of most clients arriving at the Clinic is elementary school II (complete or incomplete) and high school (complete or incomplete). There are clients who seek the Clinic-school of their own "will", others are referred by medical outpatient clinics, educational institutions, family courts, or indication of people who know the work.

3.1.3-Psychodiagnosis project

It performs psychological evaluation and professional guidance, emphasizing the dynamic aspect of personality and the appreciation of its potentialities. It caters to children, adolescents and adults. With the situation of COVID-19 and the specificity of the care - application of tests - we perform only simulation in the application and group studies and participate in the supervisions. We start on April 6/21, every Friday.

3.2- Activities

3.2.1. Attendance and Supervision

Attendances: We started the visits in Stage I, from December 3rd to December 22nd, 2020, in the Coexist Project.

The pandemic caused by Coronavirus (COVID-19) has been an experience with consequences in our lives: routine adaptations including college and work, social distancing, financial insecurity and greater concerns about physical and mental health. Feeling of expectation to start the care in the clinic, but also feeling of fear, insecurity and concern about the virus, because of the social impacts to which we are subjected.

The visits performed in Stage I and II were given with the reception and listening to the subject, supported by the transfer ence and in place of "supposed knowledge". As we said, the visits were taken weekly to supervise to be discussed with the team. In Stage I, we were accompanied by the Supervisors: Maria Emília Lapa, Mônica Vieira and Verônica Belfort. In Stage II with Supervisor Ana Izabel Corrêa.

In Stage II the visits began on January 21, 2021 and continued until June 30, with return, after the ies vacation (july), for two more weeks in August, with the objective of making the referral of customers in service to our colleagues who follow Stage II or are starting Stage I.

They were rewarding experiences even though they knew how complex the practice is. The exercise of the internship required, in addition to a theoretical basis, to deal with the demands of each client who comes to the clinic to start or continue the therapeutic process. We believe that fear, insecurity and anguish are part of daily life, after all, it is the first experience, facing a service that deals with conflicts and adversities of the subject's universe. The internship II services took place in the Station Project and in the Coexist Project.

We realized that gradually the most assiduous customers to the service showed faster to know how to deal with their issues and conflicts. They even verbalize the importance of that listening and welcoming to alleviate the issues that have been causing them much discomfort. It is understood, as Calligaris (2004, p. 7) says, that "the psychotherapist should not expect the gratitude of his patients". However, being recognized is very valuable, mainly due to the insecurity that permeates the first calls.

3.2.2 Tables

Table 1. Stage I individual calls table

AGE	SEX	START/THEME OF CARE	SESSIONS
33	F	December 3 to December 22, 2020	4

Table 2. Individual stage 2 calls table

AGE	SEX	START/THEME OF CARE	SESSIONS
33	F	January 21 to February 22, 2021	5
40	F	January 28 to February 12, 2021	3
12	m	February 4 to June 30, 2021	17
51	F	February 8 to June 29, 2021	14
26	F	March 4 to March 21, 2021	2
14	F	April 15 to June 30, 2021	3
55	F	May 20 to June 30, 2021	6

Supervisions: In Stage I, they started on August 4, 2020 until December 22, 2020 at 7:00 pm to 10:00 pm. The supervisions took place with activities of studies, debates, lives and listening through clinical cases brought by the teams of trainees (stage II) remotely, due to the pandemic situation.

The supervisions in Stage II, began on January 25, continuing until June 28, 2021, every Monday from 7:00 pm to 10:00 pm. These encourage trainees a space for dialogue, including narratives of experiences, especially in times of pandemic; listening for exchange of experience; withdrawal of doubts about the demands brought by each client in clinical care; to favor moments of study and reflection on clinical cases among trainees; provide feedback on the performance in the care of the intern and this future psychology professional.

3.2.2 -Technical-scientific support activities

Initial Meetings: the first on August 4, 2020 began the activities, from 19:00 to 22:00 for the reception of the interns of the 9th period and presentation of the Internship I Program, for the months of August to December 2020, also contemplating the activities of technical-scientific support, which accompany the Internship (attendance and supervision). They are held in the remote mode, with the expectation of starting the consultations, face-to-face, in October. The meeting took place with the CLIPSI Technical Team and interns from I and II. Participation of the Coordination and Supervisor Ana Izabel Gomes Corrêa. And, Ivania Silva, Maria Emília Lapa, Maria de Fátima Canedo, Mônica Vieira, Tania Toscano and Verônica Belfort, Supervisors of the School Clinic.

In Stage II, the meeting took place on January 20, 2021, from 6:30 p.m. to 8:30 p.m., with a Conversation Wheel, including narratives of stage experiences in pandemic times.

Wednesdays-CLIPSI: Weekly meetings of all interns and supervisors.

In Stage I the participation in this activity takes place from November 4 to December 16, 2020, at 6:30 pm to 8:30 pm, remotely. The reason for the delay of the trainees participating in this activity was the situation of the pandemic and provide the trainees of the II, completing, more specific activities, together with the supervisors of the different Projects.

In Stage II the activities started on January 20 to June 30, 2021 from 6:30 pm to 8:30 pm held every Wednesday remotely. These were moments of learning the contents of pain and psychic suffering brought by the clients in clinical care; exchange of knowledge of the team of supervisors and fellow trainees; clinical case study; presentation of seminars organized by trainees I and II, with diverse themes within the clinical context; participation of some events, such as: Scientific Day, lives provided by the group of supervisors on psychic health in times of pandemic, Art and Psychoanalysis. We were reinventing the meetings, the activities, emphasizing the clinic, encouraging responsibility and commitment, in the function of mediating the learning of all in the new form of clinical practice.

To conclude, a poem presented on Wednesday-CLIPSI of October 21/20, by supervisor Fatima Canedo, leading supervisors and interns to reflection, associated with the context of "atypical life" in the pandemic time that we began to experience in our daily lives.

In this path "braided" "traced", until now, we will "braid" knowledge and do, first, inspired by the sayings of the writer Ana Maria Machado:

All the stories in the world don't get stored in one head, no bigger. They stay, in every head in the world. And you need to touch the wires back and forth, braid what each one goes weaving. If not, no one makes any doe.

And on a loose wire, no one can live. To live, you need a threesome. (1984,p.51)

A braid compresses, narrow and makes it difficult in its braided the direct and transparent vision... Who knows is there in the braided a loop capable of, in a very strange way, untangle the language in what constitutes its own? (HEIDEGGER, 2003, p. 192).

The spider, that spider, was so unique: it kept making webs! He made them of all sizes and shapes. There was, however, a snag: she made them, but it did not give them any use ... for the spider mother that was nothing but bad sense ..., but the young aranha did not listen. And he was alfaiatava, alfaiatava, blinded the knots (...) (COUTO, M). The Infinite Lint In: The Wire of Beads).

4. Conclusion

We emphasize the importance of the experiences of the Supervised Internship in the FACHO School Clinic, in this theory-practice junction, not only adding up, but constantly relating, and it is also necessary to create and adjust to the various variables, due to the unpredictability of the psychosocial life context brought by the COVID-19 pandemic.

We think that our role as trainees should be of connoisseurs, but also of adaptors of the reality of life today, so that both parties can enjoy in a productive way this period and its effects.

In graduation time we plant desire... From the philosopher Nietzsche (1884-1900) a thought that pleases me: good and evil, truth and lies, beauty and ugly, he said, did not exist innately in man, but rather the desire, the will to achieve power. I also planted the hope of a new birth and a new doing based on the ethics of desire and professional ethics. We were able to gather learning, friendship; develop listening, respect for difference and the desire to continue the formative process in the Area of Psychology.

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Notes:

1 - Other (Great Other). Referring to the Symbolic field, J. Lacan wrote with a capital O, to distinguish it from the imaginary partner, 'little other', severity is lowercase, which refers to the other likes

2 – "Supposed to Know", is an expression used by Lacan, which refers to the ICS – reread from the subject's submission to language and also as a foundation.

Attachment

General record of specific stage workload 1 and 2

Projects: Station, Living and Psychodiagnostics Project
Total Stage Period 1 and 2: August to December 2020 (2020.2) and From January to June 2021 (2021.1)

Supervisor: Ana Izabel Gomes Corrêa CRP - 02/0316

Activities	Stage 1	Stage 2	Total
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Practice	63h	200h	263h
Technical-scientific support	94h	155h	249h
Complementary	18h	8h	26h
Total	175h	363h	538h