

EMOTIONS EXPERIENCED BY APPRENTICE PSYCHOTHERAPISTS AT SCHOOL-CLINICS: A PSYCHOANALYTIC READING

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ABSTRACT. The psychotherapeutic clinic services in the school-clinics are permeated by a series of emotional experiences lived by the apprentice psychotherapist/patient dyad. In the light of the various nuances of the psychoanalytic practice, the apprentice psychotherapist goes through experiences that reflect on his subjectivity. This study aimed to investigate the emotional experiences of undergraduate psychology students during their stages in school-clinics and to analyze the emotions perceived in themselves in the attendance in psychoanalytic psychotherapy. This is a clinical-qualitative study using the psychoanalytic theoretical framework. Twenty-seven psychology students participated in this study who attended the school-clinics of four Higher Education Institutions. Data collection was carried out through semi-structured interviews, which were submitted to content analysis. The results showed the presence of anxiety, fear, insecurity and nervousness feelings in the psychotherapeutic process. Identification with the emotional experiences of patients and doubts regarding the perception of their own emotions were essential aspects found in this study. Such results may contribute to the reflection on the experience of the apprentice psychotherapist to better prepare him for the challenges of psychoanalytic clinical practice.

Keywords: Psychoanalysis; psychotherapist education; school-clinics.

EMOÇÕES VIVENCIADAS PELOS PSICOTERAPEUTAS- APRENDIZES NOS SERVIÇOS-ESCOLAS: UMA LEITURA PSICANALÍTICA

RESUMO. Os atendimentos clínicos realizados nos serviços-escolas são permeados por uma série de experiências emocionais vivenciadas pela díade psicoterapeuta-aprendiz/paciente. Diante das diversas nuances da clínica psicanalítica, o psicoterapeuta-aprendiz vivencia experiências que refletem em sua subjetividade. Este estudo teve como objetivo investigar as vivências emocionais dos estudantes de graduação em psicologia durante os estágios em clínica psicanalítica e analisar as emoções percebidas em si mesmos pelos psicoterapeutas-aprendizes nos atendimentos em psicoterapia psicanalítica. Trata-se de um estudo clínico-qualitativo, utilizando-se o referencial teórico psicanalítico. Participaram 27 estudantes de psicologia, que realizavam atendimentos nos serviços-

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escolas de quatro Instituições de Ensino Superior. A coleta de dados foi realizada através de entrevistas semidirigidas, as quais foram submetidas à análise de conteúdo. Nos resultados observou-se a presença das vivências de ansiedade, medo, insegurança e nervosismo, presentes no processo psicoterapêutico. A identificação com as vivências emocionais dos pacientes e as dúvidas referentes à percepção das próprias emoções, foram importantes aspectos encontrados neste estudo. Tais resultados podem contribuir para a reflexão sobre a vivência desta experiência para o psicoterapeuta-aprendiz, a fim de melhor prepará-lo para os desafios da prática clínica psicanalítica.

Palavras-chave: Psicanálise; formação do psicoterapeuta; clínicas-escola.

EMOCIONES VIVENCIADAS POR LOS PSICOTERAPEUTAS- APRENDICES EM LAS ESCUELAS-CLÍNICAS: UNA LECTURA PSICANALÍTICA

RESUMEN. Los atendimientos clínicos realizados en las escuelas clínicas están impregnados por una serie de experiencias emocionales vivenciadas por la díada psicoterapeuta-aprendiz / paciente. Ante los diversos matices de la clínica psicoanalítica, el psicoterapeuta-aprendiz vivencia experiencias que reflejan en su subjetividad. Este estudio tuvo como objetivo investigar las vivencias emocionales de los estudiantes de graduación en psicología durante las etapas en clínica psicoanalítica y analizar las emociones percibidas en sí mismos por los psicoterapeutas-aprendices en las atenciones en psicoterapia psicoanalítica. Se trata de un estudio clínico-cualitativo, utilizando el referencial teórico psicoanalítico. Participaron veintisiete estudiantes de psicología, que realizaban atendimientos en las escuelas clínicas de cuatro Instituciones de Enseñanza Superior. La recolección de datos fue realizada a través de entrevistas semidirigidas las cuales fueron sometidas a análisis de contenido. En los resultados se observó la presencia de las vivencias de ansiedad, miedo, inseguridad y nerviosismo, presentes en el proceso psicoterapêutico. La identificación con las vivencias emocionales de los pacientes y las dudas referentes a la percepción de las propias emociones, fueron importantes aspectos encontrados en este estudio. Tales resultados pueden contribuir a la reflexión sobre la vivencia de esta experiencia para el psicoterapeuta-aprendiz, a fin de prepararlo mejor para los desafíos de la práctica clínica psicoanalítica.

Palabras clave: Psicoanálisis; formación del psicoterapeuta; escuela clínica.

Introduction

Since the regulation of Psychology as a profession in 1962 until nowadays, a series of challenges and difficulties related to academic training have guided some changes regarding clinical practice (Rudá, Coutinho, & Almeida Filho, 2015). In line with the advances obtained by psychology within a historical, political and social panorama (Rudá et al., 2015), stages in school services have also changed, encompassing the diversity of the psychologist's performance in different settings. This fact allowed the student to go through experiences from different perspectives, both theoretically and practically (Silva, Coelho, & Pontes, 2017), thus promoting the integration of skills and competencies in practice consistent with the academic training process (Andrade et al., 2016).

In clinical services, the student faces the beginning of his professional development and, considering the psychoanalytical approach one of the care modalities, in this context that the future psychologist will be able to exercise in practice a part of his training which, in the academic scope, differs from classical Freudian psychoanalysis and training in the Psychoanalytic Institutions or Societies (Kern & Luz, 2017). The latter ones privilege the psychoanalytic tripod, characterized by personal analysis, theoretical study and practice supervised by a psychoanalyst (Brandt, 2017; Kern & Luz, 2017; Silva et al., 2017). Although the last two mentioned aspects are included in the curricular activities, personal psychotherapy is not a mandatory attribute (Pereira & Kessler, 2016; Lopes & De Castro, 2018; Silva et al., 2017).

In this sense, the psychoanalysis that is inevitably inserted in the university (Fonteles, Coutinho, & Hoffmann, 2018) includes knowledge guided by the truth of the unconscious, from which, *a priori*, little is known and is far from a purely cognitive or rational logic (Pereira & Kessler, 2016). In clinical practice, a series of conscious and unconscious phenomena experienced by the psychotherapist-patient dyad emerge (Freud, 1915-2017; Iwashima, Reis, & Santiago, 2019; Parth, Datz, Seidman, & Löffler-Stastka, 2017), whose resonances include emotional experiences of both, which manifest themselves in the transferential and countertransferential relationship.

Since Freud, later going through contemporary authors such as Ferenczi, Klein, Heimann, Racker, Winnicott, we have observed an evolution related to the theoretical and methodological construct formulated by the creator of psychoanalysis (Moreira, 2018; Yakeley, 2018), even though the principles concerning the unconscious, transference and countertransference remain essential to the present time (Yakeley, 2018). The emotions experienced by the psychotherapist, called countertransference phenomena, seen by Freud as an obstacle to the treatment, start to acquire an instrument character by those who have succeeded him, redimensioning the psychotherapist's position.

In referring to the intensity of affections present in the transference relationship, Ferenczi (1928-1992) brings modifications related to the countertransference notion, innovating when discussing the elasticity of the psychoanalytic technique. He adds stating that the elasticity of the technique redimensions the analyst's position, in which he participates in the experience of analyzing, acting as an elastic strap, yielding to the patient's unconscious manifestations, promoting a relaxation so that "[...] the encounter with the unconscious experience may occur" (Moreira, 2018, p. 90).

Building on Klein's understanding of primordial object relations, she has held that transference originates in the same processes that determine the object relations internalized in the early development, "[...] operates throughout life and influences all human relationships" (Klein, 1952-1991, p. 71). The author also emphasizes the understanding of transference in terms of total situations, characterized by what is transferred "[...] from the past to the present, as well as in terms of emotions, defences and object relations" (Klein, 1952-1991, p. 78). Regarding countertransference, Klein, like Freud, considered it as an obstacle to analysis.

Winnicott (1954-2000) distances himself from Klein when reflecting on the place occupied by the analyst in the transference, considering three clinical varieties, in which the author proposes different managements, according to the individual's maturational process. The first clinic refers to patients "[...] who function in terms of an entire person, whose difficulties are located in the realm of interpersonal relationships" (Winnicott, 1954-2000, p. 375). The technique, in this case, would consist of the classical psychoanalysis proposed by Freud. The second one concerns patients in whom personality integration began to occur

without reaching maturational stability. In this case, given the difficulties inherent in this process, the analyst's survival is relevant, even though the technique is analogous to the circumstances of the first clinic (Winnicott, 1954-2000). The clinical management in the third clinic is extremely important. By providing an environment good enough for the patient's needs, the analyst allows for a gradual experience of resuming the process of emotional maturation. Regarding countertransference, Winnicott (1947-2000) postulates the need for the analyst to be aware of it, as the experience of intense emotional charges, including love and hate, would represent, in some moments, the central elements of the analysis.

Heimann (1950) and Racker (1958-1982) emerge in the psychoanalytic context significantly, as their collaborations on countertransference highlight the importance of reflection on this controversial theme. Heimann conceptualizes countertransference as "[...] the totality of feelings that the analyst experiences to his patient" (Heimann, 1950, p. 172) and its attribute as an essential instrument for psychoanalytic work is emphasized. Heimann's (1950) emphasis on the importance of the relational/bidirectional character present in the analytic situation deviates the focus from a work preponderantly centered on the patient, extending it to the mutuality of a relationship, in which the feelings of the analysand and the analyst are present. Starting from the premise that "[...] the analyst's unconscious understands that of his patient", Heimann (1950, p. 173) points out that certain violent emotions, such as love, hate, and anger, drive the analyst towards an emotional response close to an acting, hindering his reasoning. In this case, the emotions felt by the analyst would approach the core of the analysand's issues, and it would be up to the analyst to subordinate them to the analytic task.

Considering the intertwining of transference and countertransference phenomena, Racker (1957-1982) addresses the topic of countertransference, mentioning that it can help in the perception of the patient's unconscious aspects, as well as hinder his understanding, as the analyst can react countertransferentially, while an object of the patient's impulses, so that his reactions interfere with his conduct and with the patient's transference. Countertransference would guide the analyst's practice, which would depend on the intensity of understanding the countertransference phenomena themselves, that is, "[...] on his conscious contact with himself" (Racker, 1957-1982, p. 124) even helping in clinical management. The normally predominant tendency of the analyst to understand what is going on with the patient creates a predisposition to identify himself with the patient, in which the analyst identifies parts of his personality with those of the patient, called concordant identification, or he can identify with the patient's internal objects, experiencing them as his own, corresponding to the complementary identification. Thus, although such countertransferential situations may be repressed and blocked, they are inherent to the therapeutic work and should not be avoided since understanding them will help the analyst not to "[...] merge into the countertransference" (Racker, 1957-1982, p. 129).

In this brief historical path, we observe the expansion of Freudian theories, making it possible to reflect on the convergences and divergences developed since then. It is pertinent to situate the consequences of these constructs in clinical psychotherapeutic practice. The conscious and unconscious emotional experiences that emerge in this encounter produce mutual emotional impacts, indistinctly called emotions and/or feelings.

The neuropsychanalysis contributions are essential, launching new perspectives on clinical care experiences and emotional states and inviting reflection on the psychoanalytic clinic's affections, emotions, and feelings. Thus, "[...] emotions are signals of the state of the body, as a result of a multiplicity of organic phenomena that occur in its intimacy, automatically, programmed by nature, and, therefore, unconsciously, to maintain the optimal

state of functioning” (Soussumi, 2003, p. 578). On the other hand, feelings presuppose a capacity for introspection and symbolization (Cézar & Jucá-Vasconcelos, 2017) at the expense of sensory maps of the body (Soussumi, 2003). They are complex phenomena, involve understanding and integration that, based on life experiences, may be signified and interpreted (Cézar & Jucá-Vasconcelos, 2017).

In the context of clinical care in school-clinics, apprentice psychotherapists go through the experience of the first clinical care, representing a crucial moment in the process of building their professional identity (Aguirre, 2000; Lopes & De Castro, 2018). The emotions present in the *setting* can come from countertransference reactions aroused, from the transference relationship between those involved, which reveal the need for reflection due to its unconscious attribute. Although most studies portray the experience of clinical care, emphasizing the need to discuss transference/countertransference phenomena, and others consider the transformative nature of the use of emotional involvement for both therapist and patient (Cunha & Vandenberghe, 2019), few types of research in psychoanalysis have investigated in greater depth the emotions experienced by the apprentice psychotherapist, evidencing him as the protagonist. Therefore, placing him as the main character in the subtle unconscious choreography that unfolds throughout the psychoanalytic clinical practice becomes pertinent.

Given this, this study aimed to investigate the emotional experiences of undergraduate psychology students during their stages in psychoanalytic clinics and to analyze the emotions perceived in themselves in the attendance in psychoanalytic psychotherapy.

Method

Twenty-seven psychology students participated in this study who attended the school-clinics of four Higher Education Institutions in the north of Paraná. They were at the first term of the last year of graduation, and among them, twenty-three students were female, and four were male, aged from 21 to 39 years.

This research was carried out using the clinical-qualitative method, which encompasses a set of techniques and procedures suitable for understanding and describing the senses and meanings relationships of human phenomena, in which conscious and unconscious aspects are considered, as well as the subjective implication of the researcher, with his active involvement (Turato, 2003).

The sample was characterized by being intentional, considering that the choice came from the direct dependence on the research objectives, also characterized by the researcher's deliberation about which subjects can compose his study (Turato, 2003). The inclusion criteria adopted consisted of being students of the ninth semester of graduation in psychology who were doing a stage in clinical psychology based on psychoanalysis. The final sample size was defined by closure by saturation, so all participants willing to participate in the research were considered eligible (Fontanella et al., 2011).

The recruitment of participants proceeded through a classroom approach, after authorization from the responsible teacher-supervisor, not exceeding the limit of 15 minutes to explain the research. Those interested in participating were asked for their names and telephone contacts. Subsequently, the interview was scheduled according to each student's availability.

Data collection occurred from April to August 2018, through semi-directed interviews, with triggering questions about the study topic, performed in the respective Education

Institutions of the participants, outside the hours of the curricular activities. This type of interview also allows the respondent flexibility in taking charge. Thus, both relationship members have moments to direct, enabling the researcher to gather data for the proposed objectives (Turato, 2003). Before the interview, each participant signed the Informed Consent Form. The research aims were highlighted, its contributions to scientific knowledge, and its benefits and risks. The interviews were audio-recorded and transcribed in full.

This research followed the standards recommended by the Resolution of the National Health Council (Resolução do Conselho Nacional de Saúde [CNS 466/2012]). Concerning ethical care, it was approved by the Ethics Committee on Research with Human Beings (Comitê de Ética em Pesquisa com Seres Humanos [Opinion: 2.469,346]) of the institution where it was developed, also having the Certificate of Presentation for Ethical Appreciation (Certificado de Apresentação para Apreciação Ética [CAAE: 81825717.7.0000.5231]). In the process of transcription and selection of vignettes, all the names of the participants and the Higher Education Institutions were identified by letters and numbers to preserve the anonymity of both.

Data were analyzed using the assumptions of content analysis (Bardin, 1977-2016) and categorized, undergoing external validation among peers. In the categorization stage, specific criteria were considered for the elaboration of good categories: mutual exclusion, in which each element cannot exist in another category; homogeneity, in which the principle of mutual exclusion depends on the categories being homogeneous; pertinence, where each category is considered relevant when it is adapted to the chosen material and belongs to the defined theoretical framework; the criterion of objectivity and fidelity, whose attention to the accuracy of the coding indexes, must be applied in the same way in the categories and the criterion of productivity (Bardin, 1977-2016).

Results and discussion

For the present study, three categories of analysis were selected: emotions experienced during clinical care, identification with the patient's emotional experiences and perception of their own emotions.

Emotions experienced during clinical care

It was observed in this category that apprentice psychotherapists lived a series of emotions in the experience of clinical care, in which the presence of anxiety, fear, insecurity and nervousness were mentioned, according to the following vignettes, "During the first (care)... I felt lost, kind of like that, how I sit down, how I behave, how I stay, if I were doing a lot of astonishment face, really anxious like that" (E10).

And it's not just a silence... he passes a little of that therapeutic silence. He passes on, like, in the sense that "I don't know what to say to her"! So this gives me a particular fear of happening during the appointments (E8).

We don't know what to do, how to act, the nervousness... all the things that must be filled (the reports)... You're so nervous that you can't pay much attention to what the patient says to you...you're worried about your anguish there and not with his anguish, right? (E10).

The interviewees' statements portrayed concerns, doubts, and difficulties related to clinical management, bureaucratic issues about the clinical routine, and their way of

behaving "bodily". Challenges are expected in the first clinical appointments since this stage is part of the beginning of a gradual process in which the student transitions to a professional (Aguirre, 2000; Lopes & De Castro, 2018). In addition to the learner's internal movements, the expectation in the practice's opening moments seems to signal aspects related to the patients themselves, in an interplay that can even influence the psychotherapeutic process, both in the sense of opening and closing for an encounter. Besides, the experience of this encounter with the other can mobilize emotions in apprentice psychotherapists, as illustrated in the following vignettes:

And a patient I'm attending now... he does a lot of things that conflicts with what I consider right and wrong because I judge everything wrong, but sometimes I leave the session kind of thinking about it, afraid, sometimes I don't know what he's expecting from me, I don't know what his intention with me is... (E7).

Then I got into a crisis like this; I cried a lot, I was... I was terrified of her killing herself, and I said, 'brother, if she kills herself, it's going to be my fault...' you know, I got that in my head a lot. And then I would go to bed to sleep and wake up thinking about her, sleep and wake up thinking about her (E20).

Respondents emphasize how much they feel distressed, how uncomfortable and insecure they feel. Thus, the emotions present in the *setting* are experienced so that the apprentice psychotherapists disconcert themselves, merging in the experience with the patient, reacting countertransferentially (Racker, 1957-1982), as if the conflicts experienced by the other were directed to the psychotherapists themselves. The fact that they are apprentices certainly influences how they manage the clinical experience in a way that resembles a *folie à deux*. Thus, there is a need to consider transference and countertransference movements in the analytic scene, whose noises converge in the psychotherapeutic relation.

Although classical authors of psychoanalysis (Ferenczi, 1928-1992; Freud, 1915-2017; Heimann, 1950; Racker, 1958-1982; Winnicott, 1947-2000, 1954-2000), as well as current research (Iwashima et al., 2019; Moreira, 2018; Parth et al., 2017), have highlighted the dangers in the psychotherapeutic relation, it was observed in this study that apprentice psychotherapists are guided by emotional disharmonies experienced in the relationship with the patient, as if this contact represented something to be seen, predominantly, through the intra-subjective vertex. One can ask: what would be the factors that would influence this positioning? In the university context, the student will have the possibility of integrating skills and competencies for clinical practice, and, for this, theoretical study and supervised practice are mandatory aspects of this path. In this regard, aspects related to theoretical orthodoxies, to the detriment of psychoanalytic theoretical diversity, are essential points to be considered since it is in this context that the future professional will have his first contacts with psychoanalytic readings.

On the other hand, analysis or personal psychotherapy, an important element in the psychoanalytic tripod, is not instituted as mandatory; then, learners may be more vulnerable to the vicissitudes inherent to clinical care. Would they be ready for this experience? These points deserve to be highlighted, as they signal difficulties, gaps and possible reflections on aspects that should be widely discussed, especially at the beginning of the professional training process. From the perspective of this process, it is observed that the emotions experienced in clinical practice also promote questions regarding the process of construction of professional identity, demonstrating the difficult path for the exercise of the role of psychologist:

It's hard to find a word for that, but..... for the person to understand that you are a student, that you are there learning, but that... what you say is not disregarded, you know, as it comes from the teacher, who is extremely capable of helping you and that you are not a basic thing like that, that there is knowledge there, so I think the most challenging thing is for the patient to look at you as a professional there. (E5)

In the passage through the psychoanalytic clinic, the apprentice psychotherapists feel pressured in the initial care, relating their emotional experiences to theoretical-methodological attributes, presenting doubts, insecurities and fears associated with the exercise of the function in the clinical context, "Oh, I was afraid to care, it was such a challenge... that, that I... and then she asked me to be a person in psychoanalysis. Then I thought, Gosh, and if I don't know anything about psychoanalysis!!" (E9).

At first, we get nervous, right? Normal feeling, as we don't know if... whether we'll manage or not....because no matter how much we have the theoretical part, then at the time you're experiencing it, you're a little in doubt, right, whether you...are prepared, or not, if you're really going to get it (E19).

It is observed that the stage experience calls them to occupy a new role as future professionals (Lopes & De Castro, 2018). Doubts related to theoretical knowledge acquired over the years, difficulties regarding management and clinical attitude represented the main concerns for the interviewees. The recurrence of theoretical-methodological justifications (Aguirre, 2000; Lopes & De Castro, 2018) seems to be the north by which apprentice psychotherapists sustain themselves, given the emotional experiences that emerge from the clinical practice. The mastery of certain extrinsic aspects somehow works as a support, a way of maintaining or even as defenses before the unpredictable that emerges in the encounter with the other. Perhaps these are necessary resources at a specific moment to be integrated and elaborated later on.

The narratives of the reports presented allow us to consider that, at first, the main characters that emerge in the clinical encounter are the very apprentice psychotherapists, demonstrating that the difficulties faced in this path show emotional experiences predominantly related to themselves. Considering that psychoanalytic clinical practice does not correspond to intellectual, formal, rational or cognitive learning (Pereira & Kessler, 2016), the emotional experiences of apprentice psychotherapists, in their nuances and unfoldings, are essential aspects for understanding what emerges in the attendance, especially when it comes to the psychoanalytic clinic.

Identification with the patient's emotional experiences

When discussing the emotional experiences present in clinical care, the apprentice psychotherapists referred to identifying aspects of the patient with some characteristics of themselves and, also, identification with the patients' parental figures, such as, "[...] as I care a child... I see, I see myself in her sometimes. So, there are many things like... oh, they make me think, they mobilize me, like things from my childhood, which I sometimes see in her a little" (E9).

I think that during the clinic sessions we make a lot of....comparison like that, sometimes with your life, you know... Then you go... internalizing that: wow... in my life, or... making a comparison: wow, her mother looks like my mother. For example, there are some cases like that from my colleagues that... oh, I think that my mother is the same... or my father is the same as hers (E26).

In these examples, it can be seen that when listening to the stories of their patients, the apprentice psychotherapists remember their stories as a son/daughter or the

child/adolescent they were. In the present time, they relive experiences similar to their own, where the past returns, generating confusion and ambiguities in the psychotherapeutic relationship. From the transference relation, they perceive aspects of themselves, relating the emotional experiences of patients “[...] to their very person” (Racker, 1958-1982, p. 56), corresponding to the concordant or homologous identification, as well as the presence of complementary markers, as they sometimes identify with the patients' internal objects, which refer them to their parental figures. Both attributes correspond to countertransference phenomena, which interfere in the analyst's understanding, interpretation, and conduct (Racker 1958-1982). The bidirectionality of the experience between psychotherapist and patient (Heimann, 1950), considering the degree of emerging emotions in the psychotherapeutic relationship, hinders the therapist's reasoning, as mentioned by the interviewees, “It is... and also about a girl, that she only came in a session, and her story was very similar to mine! And that... me, left me inculcated for weeks!!” (E7). Participant E6 reports, “She started talking, and I was trying to maintain my posture. She talks and talks... And me, guys... that's me talking, it's me!! And really, there's a lot in her speech, brother, and I'm thinking... X, calm down, don't countertransfer [...]”.

There was even another attendance in the second appointment that I came to see her, that I got to the point that I vomited before the session. And it was a really...unpleasant feeling, well, awful. I knew that it was something internal to me, that I felt about the service (E22).

Respondents recognize that they feel affected by the content brought by patients in the transference relation. Bodily reactions, such as body pain and willingness to vomit, were words used by apprentice psychotherapists to refer to how they felt mobilized in the relationship, which correspond to unconscious elements, called emotions, according to the neuropsychanalytic perspective (Soussumi, 2003). The perception of these aspects comes, predominantly, *a posteriori*, that is, through the discussions of cases in supervision or personal therapy (Aguirre, 2000; Lopes & De Castro, 2018; Racker, 1958-1982), as illustrated in the following vignettes, “With him too, I'm in the tenth session. Today is the tenth session, and it was only in the last supervision that I was able to see things of mine in this care” (E13).

In practice, some days I find it very tiring, you know, because....until these days I told my supervisor, 'Oh teacher, I'm... I got bored, you know, hearing that same story...'. But then I started taking it to my analysis, right. So that's when things make a complete movement, right, then you receive it from the clinic and I take it to my analysis, then I identified it like this, they're things that I overlooked on my own, and it was my analyst who helped me to perceive like this(E18).

The way interviewees consider it adequate to protect themselves from the effects of the emotional turmoil experienced during the sessions is related to the need for separation between the emotional aspects of the patient and the apprentice psychotherapist. In these cases, the emotional distance between the experience of the duo was referred to as a prerogative, as mentioned by interviewee E2, “I see myself a little in her story, do you understand? But I try... to differentiate that... she's her, I'm me, I don't let things mix, but I don't... I stay, I try to keep calm”.

In this category, it was observed how the emotions experienced by apprentice psychotherapists are related to countertransference elements. It is pertinent to emphasize that only three interviewees used the term countertransference throughout all twenty-seven interviews. The way they demonstrate their reactions from the transference relationship of patients is manifested through the identification via, considered a “less compromising” via, to talk about what emerges from them in the psychotherapeutic relations. But why would this

via be more acceptable? Possibly, based on the identification, the apprentice psychotherapists approach their subjective questions, whose effect would allow questions about themselves that can either reverberate towards an opening to the unconscious (self and/or the patient) or toward a closing, through rationalizations or an attempt to control the situation.

Perception of their own emotions

When asked about the emotions perceived in themselves, the apprentice psychotherapists showed doubts and confusion about their feelings, explained in the fragments, "How so? At the moment of the service?... But in what sense?... in... in general? Do I have any emotions when the person is saying something? Is that it?" (E21). Interviewee E27 reports, "I'm very focused at that moment, so... nev... I had never stopped to think about what I feel there at that time... at that moment, because it seems I'm very connected to what he's bringing so [...]".

The emotions that I feel...? The feelings I perceive in myself... Look... this question that... I find it a little difficult to answer because... I hadn't stopped to think about it, the emotions I might be feeling at the clinic... ..but... ..sometimes... I guess I get no reaction; I think I feel... I don't know if I can notice it... I think... I think this question doesn't work... I can't manage to answer you (E14).

The interviewees' questions lead to reflection on other questions: how to explain this 'emotional blindness'? What would be the reasons given by apprentice psychotherapists for their surprise before this question? In their justifications, respondents claim to be focused only on the patient, to the detriment of themselves or never having stopped to think about their own emotions present in clinical care. This fact demonstrates the preponderance of the intrasubjective focus to the detriment of the intersubjective perspective inherent in the psychotherapeutic relationship (Racker, 1958-1982). At the same time, the issue of academic training, including the variety of approaches, is mentioned as an element that influences the look on emotional experiences in the psychoanalytic clinic:

Ah, I don't think there's any specific emotion like that because... it's... some approaches are a little more different regarding it... But I don't know, I, I try to share these emotions like that. .. but what comes from the patient, not something that arises in me, because... if you allow yourself to feel for the other at the moment as his/her therapist will not help in the case(E5).

In the exercise of clinical care, students also experience the repercussions of theoretical and practical dimensions (Silva et al., 2017), and the look on emotions emerges as a decontextualized attribute (Andrade et al., 2016), depending on the psychoanalytic approach (Kern & Light, 2017). On the other hand, respondents who named the emotions perceived in themselves show difficulties in discerning between the emotional experiences inherent to them or the patients, as illustrated in the following vignettes, "Sometimes I get angry, then sometimes I don't I know if it's the patient's anger or if, if he's angry and he's transmitting it to me [...]" (E10).

[...] Oh... I... I think like that, it's like..., yeah, I've already talked about... a little bit of this irritability... But I get, yeah... I get I feel sorry for him, you know. I don't know if, if there is another name to use, I get... I feel sorry!. I hadn't realized this... that I was being affected, just like I told you. I had some dreams... I had some dreams like that... related to the child, the family, and then I took them to my analysis (E18).

The different types of responses present in this category show interesting movements regarding the perception of their own emotions. The experiences reported by the

interviewees indicate that in the psychotherapeutic relation, what emerges from the apprentice psychotherapist represents something not yet thought out and reflected on or dangerous, as if what emerged from them in the clinical encounter needed to be set apart, isolated and separated, denoting a possible risk of mixing or confusing themselves in the relationship.

These narratives indicate that understanding the emotions experienced in clinical care are elements to be developed (Cézar & Jucá-Vasconcelos, 2017; Soussumi, 2003). The process of personal psychotherapy (Pereira & Kessler, 2016) and clinical supervision (Brandt, 2017; Lopes & De Castro, 2018; Silva et al., 2017) could benefit such understanding.

However, this study revealed that despite these elements permeating the training process, emotional exchanges experienced in the psychoanalytic clinic involve movements, transformations and necessary deconstructions at a theoretical, methodological, personal level, since the encounter with the other, with the unconscious, involves unknown aspects, whose consensus is not imposed as a prerogative. It should be noted that the psychotherapeutic process of the very apprentice psychotherapist is not considered a necessary condition for training in the academic context. Still, the path through the complexity of the mind itself, through its unusual dimensions, would undoubtedly enrich the apprentice psychotherapist, not in the sense of giving him certainties or truths, but to open up to the unknown.

Final considerations

Based on the results of this study, we observe that apprentice psychotherapists also deal with their own emotions when attending the psychoanalytic clinic. Anxiety, fear, insecurity and nervousness emotions demarcate difficulties that emerge from the encounter with the other, from which they hardly leave unscathed: they mix and confuse themselves in the ties of the told and heard stories.

Talking about the perception of one's emotions, when he goes through a whole path during graduation, in which the attentive ear for the other prevails in the teachings, causes amazement and disconcerting. The solid and necessary presence of the supervisor to understand the subtleties and strangeness of the clinical encounter and, above all, the emotions felt by apprentice psychotherapists seem to support the elaboration of these experiences. Thus, the dialogue in the psychoanalytic psychotherapeutic clinic is constituted by communication that involves much more than just two people. The psychotherapeutic experience is amplified by the multiple characters that emerge and make up this relationship. The interweaving of the told and heard stories, at times that are sometimes indeterminate, intricate among past, present and future, where reality and fantasy integrate the paradoxical clinical architecture, summons the apprentice psychotherapist to ask himself about the meanings and senses of his own emotional experiences.

The study also enabled to focus on countertransference and its resonances through the emotions experienced by apprentice psychotherapists. Even though the psychotherapist training in the psychoanalytic clinic is based on a whole theoretical-methodological construct, under the vertex of the main pillars of psychoanalysis designated by the transferential and countertransferential relation, it is observed that these coordinates lack an orientation closely linked to the repercussions of the emotional experience of the apprentice psychotherapist. Not the one that refers to a conceptual construct, but above all

to the sensory experience, the states of the body and mind, which constantly transit in the told and felt truths in clinical practice.

Like any study, this also presents limitations since our protagonists were, each one, at different stages of clinical care. Some experienced psychotherapeutic care for the first time, while others had already gone through it in previous years. Similarly, it is not possible to count on convergence in the psychoanalytic clinic training since the interviewees were undergraduates from four different Educational Institutions. Despite this, the richness of the various reports brought us an overview of the experiences of apprentice psychotherapists, whose heterogeneity enriched the reflections.

At the end of the study, it is convenient to reflect on the transmission of Psychoanalysis in universities, both from theoretical and practical points of view. A delicate aspect, as it concerns a series of factors in the institutional, curricular and teacher education scope. Far from thinking about something on the order of completeness, there is a need to promote research on possible fissures that interfere with the apprentice psychotherapist's training. In this sense, investigations focusing on the experience of apprentice psychotherapists and supervisors and longitudinal studies carried out with graduates of stages in the psychoanalytic clinic could contribute in a unique way to new reflections.

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