

## INTERVENTIONS IN HUMANISTIC-PHENOMENOLOGICAL PSYCHOLOGICAL DUTY: RESEARCH IN SCHOOL-CLINICS

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**ABSTRACT.** Psychological duty is a modality of clinical attention in psychology that makes available immediate appointments without restriction of requests. In addition, the specialized work offered by the psychologist is able to identify the personal resources of the client in order to deal with their request, and to promote their health without the need for intensive care. For the balance of the other cases, referral reports and guidance enable the activation of other appropriate services. This work aimed to identify and to understand the interventions employed by a psychologist on duty. Starting from the content analysis of records of six cases attended by the psychological duty schedule performed in a school-clinic, and by the use of the humanistic-phenomenological approach in psychology, three categories were identified and discussed regarding the interventions employed, namely reflections, care, and explanation. Thus, it was possible to relate the actions to a facilitator of the therapeutic process and help the attended person, leading them to a more personal and aware position. There is a setting of an empathic environment, and of unconditional positive regard in which the affections could be received by the psychologist on duty from a coherent and sensible posture. Added to this, it was possible to develop a proximity relationship between the attended person and their life experiences, favoring resignifications and a greater awareness of their ways of being in the world, so, a more autonomous and authentic condition of existence. Finally, some contributions were presented, and some core topics problematised in order to embody and give movement to the research about the psychological duty.

**Keywords:** Psychological duty; humanistic psychology; phenomenological psychology.

## INTERVENÇÕES EM PLANTÃO PSICOLÓGICO HUMANISTA- FENOMENOLÓGICO: PESQUISA EM SERVIÇO-ESCOLA

**RESUMO.** O plantão psicológico é uma modalidade de atenção clínica em psicologia que disponibiliza atendimentos imediatos sem restrição de demanda. Ainda, o trabalho especializado oferecido pelo psicólogo consegue identificar os recursos pessoais do cliente para lidar com sua demanda e promover sua saúde sem necessidade de assistência intensiva. Para os demais casos, encaminhamentos e orientações permitem acionar outros serviços apropriados. Este trabalho teve como objetivo identificar e compreender as intervenções empregadas por um plantonista. A partir de análise de conteúdo de registros documentais de seis casos atendidos na modalidade de plantão psicológico realizado em uma clínica-escola e

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utilizando as matrizes teóricas da psicologia humanista-fenomenológica, foram identificadas e discutidas três unidades significativas a respeito das intervenções empregadas, nomeadas de reflexão, cuidado e explicação. Foi possível, então, relacionar as intervenções a uma facilitação de processo terapêutico e de ajuda ao cliente, encaminhando-o para um posicionamento mais pessoal e consciente. Houve a configuração de um ambiente de empatia e de aceitação incondicional em que os afetos puderam ser recebidos pelo plantonista com uma postura coerente e sensível. Somado a isso, foi possível desenvolver uma relação de aproximação entre o cliente e suas experiências, favorecendo ressignificações e maior consciência sobre seus modos de estar no mundo, logo uma condição mais autônoma e autêntica de existência. Por fim, algumas contribuições foram apresentadas e alguns temas centrais problematizados para dar corpo e movimento às pesquisas acerca do plantão psicológico.

**Palavras-chave:** Plantão psicológico; psicologia humanista; psicologia fenomenológica.

## **CONDUCTAS TERAPÉUTICAS EN GUARDIA PSICOLÓGICA HUMANISTA-FENOMENOLÓGICA: INVESTIGACIÓN EN ESCUELA CLÍNICA**

**RESUMEN.** La guardia psicológica es una modalidad de atención clínica en psicología que ofrece atendimientos inmediatos sin restricción de demanda. Además, el trabajo especializado ofrecido por el psicólogo logra identificar los recursos personales del cliente para lidiar con su demanda y promover su salud sin necesidad de asistencia intensiva. Para los demás casos, las remisiones y las orientaciones permiten accionar otros servicios apropiados. En esta investigación se tuvo como objetivo identificar y entender las intervenciones empleadas por un psicólogo de guardia. A partir de análisis de contenido de registros documentales de seis casos atendidos en la modalidad de guardia psicológica realizado en una escuela clínica y utilizando el enfoque de la psicología humanista-fenomenológica, fueron identificadas y discutidas tres unidades significativas respecto de las intervenciones empleadas, denominadas de reflexión, cuidado y explicación. Es posible, entonces, relacionar las conductas a una facilitación de proceso terapéutico y de ayuda al cliente, encaminándolo hacia un posicionamiento más personal y consciente. Hubo la configuración de un ambiente de empatía y de consideración positiva incondicional en que los afectos pudieron ser recibidos por el psicólogo de guardia con una postura coherente y sensible. Al sumado a ello, fue posible desarrollar una relación de acercamiento entre el cliente y sus experiencias, favoreciendo resignificaciones y mayor conciencia sobre sus modos del estar en el mundo, luego una condición más automática y auténtica de existencia. Por último, algunas contribuciones fueron presentadas y algunos temas centrales problematizados para dar cuerpo y movimiento a las investigaciones acerca de la guardia psicológica.

**Palabras clave:** Guardia psicológica; psicología humanista; psicología fenomenológica.

### **Introduction**

Psychology is currently being called upon to develop a socially committed clinical practice (Rebouças & Dutra, 2010). Thus, the proposal of modalities of psychological

attention that favor the population's access to mental health care become relevant, promoting the understanding of mankind from their experiences and the context in which they are inserted. Psychological duty (PD) is a type of psychological care, originally Brazilian, which can potentially respond to different needs of the population in different institutional contexts (Mozena & Cury, 2010). It is constituted by the provision of psychological care in specific places and times to people looking for help (Bezerra, 2014; Mahfoud, 1987; Morato, 2006). This ensures the provision of instant care in psychology with the possibility of people being seen immediately (Cury, 1999), thus being able to receive them at the moment when they are in need and serving as a reference for future moments (Palmieri & Cury, 2007). Still, it is intended that each service offers some immediate interventions (Paparelli & Nogueira-Martins, 2007), understood as meaningful, pertinent actions regarding the story that the client brings, enabling new ways of coping (Rebouças & Dutra, 2010).

The person who seeks help is often intimidated and unsuccessful in the face of their problems (Braga, Mosqueira, & Morato, 2012; Breschigliari & Jafelice, 2015; Souza & Souza, 2011) or, otherwise, has difficulties in realizing clearly what happens to them and how their suffering is linked to the situation they live in (Dutra, 2008; Perches & Cury, 2013). In view of this, the psychologist on duty proposes to receive the person's experience related to the request brought. Nonetheless, there is no aim to solve a particular problem with appropriate solutions, but to offer a moment of understanding the pain, and a better comprehension of how the problem is experienced (Bezerra, 2014; Rebouças & Dutra, 2010). As Rogers highlights (1997, p. 28), if you [the client] can reach a sufficient integration in order to face a problem in a more independent way, more responsible, less confusing, and much better organized, you will also be able to handle new problems that may show up the same way. In this sense, the objective is to help the individual to reach a greater personal integration, allowing them to be capable of facing the present and future problems. This characteristic, in short, reminds us of the origin and later predominance of PD experiences in Brazil that are mostly guided by humanistic-phenomenological psychology (Scorsolini-Comin, 2015; Souza & Souza, 2011). The benefits of care in PD are also highlighted by the flexibility of clinical intervention practices (Cury, 1999) and because it is possible to reformulate and clarify the request in a single appointment (Breschigliari & Jafelice, 2015; Mozena & Cury, 2010; Pan, Zonta, & Tovar, 2015; Rebouças & Dutra, 2010; Scorsolini-Comin, 2014).

In the field of humanistic-phenomenological psychology, the PD is thus constituted as a space for welcoming and listening, valuing the meeting in order to facilitate the elaboration of meanings based on the lived experience (Dantas et al., 2016). Souza, Callou and Moreira (2013) point out that phenomenology and the person-centered approach are not interested in explaining and classifying the experience, but in understanding it through a primarily descriptive path. The authors add that the primary interest "[...] is for the phenomenon that sets the global experience of illness, not being restricted to the symptom" (Souza et al., 2013, p. 194). Associated with this, Moreira (2009, 2016) shows us that the experience takes place in the intertwining of its objective and subjective aspects, constituting the lived world and this, in turn, only presents itself intersubjectively and crossed by historicity. In turn, AmatuZZi (2010) argues that speech carries not only meaning, understood as abstract and conceptual content, it does not fulfil only our instrumental needs, but is also immersed in feelings, values, desires and intentions; the more this immersion reaches, the more expressive the speech is, therefore, the more authentic. Because of that, for the author, the

psychotherapeutic work intends to overcome this ordinary speech, trying to reach the speech that performs an authentic experience.

Therefore, we see that these theoretical approaches bring to light an understanding of human reality that was retrieved by the PD to found its unique clinical modality. Thereafter, following this understanding, the PD prioritizes establishing a therapeutic relationship that aims to give visibility to the authentic experience of the attended person, that is, in a way that the various ambiguous dimensions that are immersed in the relationship among the human being and the world shows up, and for that, it is necessary an intersubjective effort in the midst of historical crossings. With this, the therapeutic work of PD aims to investigate the experience, so the person can recover the autonomous perception of themselves, being able to amplify their understanding of what had happened, locating what they want, and considering clearly the closures that are available for them, giving a new meaning to their suffering (Rebouças & Dutra, 2010). This way, the psychologist on duty follows them, aiming to favor the awareness and reorganization of the lived experience felt as confusing and stagnated.

In this perspective, from an experience of implementing PD in a school-clinic of a psychology course, occur an interest in investigating psychologist on duty interventions in this modality of psychological care. Thus, this work aimed to identify and to understand the interventions employed by one of the psychologists on duty.

## **Method**

Between 2015 and 2016 were offered appointments in PD at a school-clinic of the psychology course of a public university in the State of Minas Gerais to the population. Performed exclusively by students of psychology, the appointments were offered without restriction of requests or age group, with a regular weekly offer, on a first-come, first-served basis and with no pre-defined duration of sessions. The returns were not scheduled and depended on the spontaneous search of the attended person, also without a limit number of returns.

A documented exploratory and qualitative study was performed, starting from records of appointments in PD. The corpus of the research was composed of records of six cases out of 59 cases treated. The records consist of reports of appointments performed, and elaborated from memory by the psychologist on duty, preserving the meaning of the speeches, even without transcribing them literally in the oral language, seeking to portray with the maximum loyalty possible the history narrated, and chronology of the narration, describing both the speech of the attended person and the psychologist. In these records, the psychologist's impressions of body posture, facial expression, and affective tonus of the attended person were also registered, as well as the variation of these signals throughout the session.

As advocated by Minayo (2008) regarding the construction of samples in qualitative research, the selection of the records was performed by the identification of some attributes that the researchers believe offer conditions which respond to the aim of the study, specifically: the attended person's testimonials about the perception of changes in their capacity to deal with the request brought and/or reformulated; the attended person's statement about their own subjective well-being at the end of the session; indicative signals of psychological transformation, such as alterations in the affective tonus, new

apprehensions and resignifications of experiences lived; more elaborated descriptions of the speech and the psychologist's interventions.

The interventions named were the speeches performed by the psychologist on duty, which were also followed by an affective tonus, tone of voice, and even facial expressions and body posture, which represented the technical repertoire used to facilitate the therapeutic relationship with the attended person and perform a psychotherapeutic function. It is also valid to highlight that they have not been arbitrary interventions, as they always keep the intention of the psychologist on duty focused towards the goals of the program, related to the context brought by the attended person, and using humanistic-phenomenological psychology.

For analysis of the records, the clinical-qualitative method with content analysis was used recalling the technique as it was proposed by Turato (2008). content analysis is a procedure for analyzing and treating data that aims to select and organize the material according to topics identified by relevance or frequency after a thorough reading, followed by a stage in which interpretations will be performed from this set of data. These interpretations were made from the theoretical approach chosen by the researcher, considering the aims to be answered and the context of obtaining the data, in order to increase the inferential quality of the results.

So, a free floating reading a number of times (enough to permeate by its content) was carried out, without focusing the attention on specific aspects aiming to reach the latent content present in the records. Following that, categories were identified as a result of the understanding of contents found considering the context of content production and the theoretical approach of humanistic-phenomenological psychology.

The study was approved by the Research Ethics Committee with register number CAAE 59830916.5.0000.5154. As defined in the Term of Agreement, whilst the researchers are committed to protecting the clients' identity, their participation in the study has not interfered in the use of any service available at this or any other institution.

## **Results and discussion**

The selected cases are presented by clinical sketches, aiming to illustrate the essential reason for searching for psychological treatment, and the development of the sessions. The intention was to bring the reader closer to this context, something fundamental for understanding the identified categories that will then be presented and discussed below. In other words, which interventions were identified and how we can understand them from the framework of humanistic-phenomenological psychology.

### **Clinical sketches**

#### **Anita, 15 years old**

She arrived at the clinic accompanied by her grandmother, with a doctor's referral for neuropsychological assessment, with the goal of setting a different diagnostic for dyslexia. Initially, the intention was to understand the symptoms attributed to dyslexia, the reason for sending her to this treatment, and her experiences, having concluded from these that the family and Anita did not know what dyslexia was. Two other appointments were provided, in which Anita came with her father. These appointments clarified the manifestation of the

aforementioned dyslexia, the importance of assessments and specialized support to follow, and the lack of these services at this institution. Other matters were broached during the sessions, such as emotional repercussions of the difficulty in learning, classmates' offensive behaviour, and the lack of family support due misunderstanding of important aspects for Anita. From this information and the experiences lived, specialized services available were identified in the city, and ways for the family to organize to perform a specialized referral effectively discussed. It was concluded that even though the initial request had not been fulfilled, other aspects that were related to the problem were cared for, and all these considered with Anita and her father. The psychologist on duty highlighted that the search for specialized services would be their task, but that they could count on PD for necessary support in this or other matters.

### **Flora, 78 years old**

Flora asked to be accompanied in the appointment by her neighbor Helena, 44 years old. Flora sought the service because of her symptoms after a murder in their neighborhood. It was noted by the psychologist on duty that Helena was also distressed by the event, although she declared being well. Thus, only this session was carried out articulating and caring for the anguish of both of them regarding the occurrence. Topics such as death, fear, insecurity, concerns and fears for close people, diverse body symptoms, and catastrophic thoughts were discussed; ways to find resources to use when coping with the unpredictable, and to be safe were also discussed. Helena understood her hidden distress. Both presented as relieved, and have found another perspective to understand this episode. The PD was signaled as a space available in case they wanted to treat this matter again, or a different matter, offering individual or joint appointments again.

### **Rodrigo, 43 years old**

He presented with anxiety, irritation, insomnia, and difficulty writing (blurry writing caused by shaking hands related to nervousness) these having affected his daily activities and work. He reports that after a recent divorce he started dating again, and consequently experienced conflicts and difficulties with this new relationship. Two appointments were provided in which questions about himself and the new relationship could be better understood. The topics approached relating to the relationship were considered sufficiently discussed by him and the psychologist on duty, and alterations in the affective experiences and perspectives for understanding the events observed. However, the matter of writing was still unresolved, signaling a greater need for further investigation of it, and availability of PD as a space for care.

### **Lucas, 34 years old**

He reported feeling sad, miserable, a lack of motivation, and the presence of morbid thoughts. He related his symptoms to a recent divorce despite reuniting right afterwards, as the relationship had not yet come back to normal. Lucas presented with confusion related to the events lived, and could not find reasons for the divorce or the existence of any problem in the couple. In this single appointment, it was possible to think about the relationship, and reveal important aspects that were involved in the present condition lived, having repercussions in his emotional state. He declared feeling reinvigorated and equipped with

resources to cope with his difficulties, besides not presenting a sad facial expression at the beginning of the appointment. Lucas and the psychologist on duty considered the request fulfilled, but the psychologist offered the service as available in case of a future issue still unnoticed.

### **Vitória, 57 years old**

She reported suicidal ideation (with some attempts in her history) and significant social isolation mentioning that she does not like to touch or to be touched by others. She has a long history of suffering, also with situations of diminished self-worth and absence of affective bonds from her family and social group. The psychologist on duty offered space for narration of such events through empathic listening that allowed the blooming of affective experiences. It also had an impact on her while identifying her own history of suffering. She reported great relief in being able to share stories never told before. In the end, the psychologist pointed out the importance of sharing these stories, suggesting a referral to a psychotherapist as a possibility, and also stating that a follow up would be available.

### **Renata, 22 years old**

She looked for the service after a doctor's referral, requiring aid for her four-year son's diet due heart disease. She reported that her son presented with anxiety, nervousness, irritation, undisciplined behavior, and a dieting disorder. She described family situations that involved the kid's problems, and she also talked about her difficulties with parenting. Throughout the appointment, they thought about how to parent in an autonomous and assertive way, dealing with hurtful interference from third-parties and being strict with her son. Both considered the request fulfilled, but the PD was presented as available in case of further necessity.

## **Interventions identified and comprehended**

The content analysis of the selected records allowed the identification of three categories of differentiated interventions of different qualities performed by the psychologist on duty. They were named reflection, care, and explanation, and will be discussed below, with the aid of some parts of the cases in study.

### **Reflection**

The reflective interventions were those in which the psychologist on duty expressed an aspect of what was being expressed by the attended person in order to unveil and underline this aspect of his experience. For this, based on listening attentively to the verbal content as well as to the affective and bodily intonation, the psychologist on duty sought to lead the person to a greater understanding of what they were experiencing. In the following sections some examples are discussed.

Lucas reported his malaise and a recent separation requested by his partner. However, this initial manifestation regarding his request showed that Lucas was in a confused situation – the couple was functioning well yet regardless the relationship ended abruptly and he began to perceive himself differently. From that first aspect that was

manifested in the session, the psychologist said: "It seems to me that you were caught by surprise, and did not expect that to happen, [. . .] I imagine you are confused by everything that has happened". It is possible to see that Lucas lived an incoherent story from his perspective, in which one cannot find elements that link one situation to another, that is, that connect the moment they are doing well to the end of it. So, if things are good, you do not expect the separation. The psychologist's speech seeks to give visibility to this experience that points to a discontinuity created by surprise and confusion. Thus, the psychologist on duty directed the attended person to a discursive route in which it was possible for the person to reconstruct the narration of his life reformulating the discontinuous and confusing elements of the experience. This is a reflective intervention because it leads the attended person to contemplate an aspect of the experience that is not given a priori.

In another case, Helena interrupted all interventions aimed at Flora, speaking in her place. Helena leaned over the table, with staring attentive eyes, talking impatiently and effusively. In her interruptions she reported the impact of the crime on Flora and the neighborhood. However, she did not mention herself as impacted, reiterating that she was well. Then, the psychologist on duty, who until then directed the interventions to Flora, goes to Helena and says: "It seems to me that you have been very worried since the episode, like other people, and maybe you have been through a lot of things in your head". This speech presented her own condition to Helena in a way that, although it had not been stated verbally, was able to be identified from other methods of expression. This way, Helena was included in another intervention which she was already part of, receiving words to help her translate an aspect of her experience that she was not able to elaborate by herself. Thus, the psychologist helped the attended person to recognize a hidden aspect of her own experience, leading her to an understanding of herself that gave flow to affections blocked previously, and not verbalized. There was, then, the comprehension which led to a first-person report and later organization of the lived world.

Anita spoke little and showed herself as timid during the session. After investigating her request and receiving very restricted answers, the psychologist on duty said: "I imagine that maybe some colleagues can be mocking you at school [...]" and Anita immediately cried out discretely.

Although Anita did not verbalize the issue of social embarrassment, it was possible for the psychologist to grasp a sense of this, from being interested in and attentive to Anita's manner, and by being present and in contact, combined with his theoretical and experiential knowledge. In this context, the statement of this apprehension invited Anita to examine experiences that related to the reason that made her search for the PD, allowing her to gain visibility of the dimension of the suffering associated with them. Such a movement affirmed the empathic quality of the meeting and the establishment of a dialogue that is directed towards an understanding of Anita as a person. So, the psychologist's intervention is permeated with empathy, because what constitutes something of the subjectivity of both the psychologist on duty and the attended person can intertwine and reveal something of an experience that was not evident. In this sense, as Amatuzzi (2001, p. 43) declares, this type of understanding implies an operational reciprocity in which the interlocutors confirm themselves in their significant intentions. The understanding of something that has been experienced by the attended person, and supported by the psychologist, opened ways to gain visibility of other important experiences in her context later on: criticisms from peers and the feeling of being powerless in relation to them. So, putting the attended person closer to their own experience has revealed meanings that resulted in enlarging and clarifying the



request, this being one of the recognized potentialities of the PD (Pan et al., 2015; Scorsolini-Comin, 2014).

Based on these excerpts, we can observe that reflection corresponds to a process of putting the attended person closer to their experiences, because the psychologist on duty returns what seems to him closest to the authentic experiences of the person. This way, approaching the hidden meanings present in the expressions of the attended person implies active and attentive work from the psychologist that only takes shape as they are conditioned by the hearing of one another that at that moment can share the lived world that presents itself.

In the same sense, Souza et al. (2013) discuss the making-up of phenomenological clinical practices that seek to comprehend the request as an expression of the lived world, that is, expressed individually, but always immersed in historicity and culture, in which subjectivity is always given as intersubjectivity. In the same vein, Moreira (2009) states that it is at the intersection between the experienced worlds of the attended person and the therapist that psychotherapeutic work takes place. The authors are discussing something that allows us to think about the quality of the psychotherapist's presence in which his own subjectivity creates the possibility of supplementing the attended person's subjectivity, because subjectivity can only originate from intersubjectivity.

In view of this, any comprehension that is being attempted as an investigation of the request of the attended person or any comprehension that, when carried out, brings about an effect that can be said to be therapeutic, is only processed intersubjectively. Thus, it is through the complete reunification of the explicit and the implicit contained in the person's subjective experience and even what is underlying manifest affections, but which takes shape from the intersection of subjectivities put there, that they will increase the possibility of unveiling a meaning that concerns the lived world and that puts the person in a process of reframing the experience. This stance is also supported by Rogers (1997, p. 128) when he says that

[...] if the client obtains sufficient understanding to clarify their relationship with the real situation with the aid of the therapeutic experience, they can choose which method best adapts to their reality and has a greater value for them. They will be then able to face the problems that may come in the future better equipped, due to their increased understanding and increased experience while solving their problems independently.

In addition to this understanding of reflection based on concepts of humanistic-phenomenological Psychology, we find this discussion within the understanding of listening performed in the PD care. The gesture of listening is understood as allowing oneself to be truly challenged by the universe of meanings of the other, thus assisting the person listened to in the construction and/or reconstruction of the meanings that really relate to his existence and human condition (Braga et al., 2012; Morato, 2006; Schmidt, 2015). Still, one of the objectives of the PD is to produce a re-elaboration of the request and a greater understanding of oneself (Farinha & Souza, 2016; Perches & Cury, 2013; Mahfoud, 1987), in this way, through reflection of oneself, the client can find himself free to choose his possibilities (Gonçalves, Farina e Goto, 2016, p. 227). It makes it possible to elaborate and arrange the experience, resulting in a more coherent and lucid narration of their own life by the attended person. Although the requests presented by these attended people are naturally more complex than those broached during the PD, it is possible to highlight features that paralyzed and threatened each attended person, triggering a process of change toward the new possibilities (Bezerra, 2014; Dutra, 2008; Palmieri & Cury, 2007; Perches & Cury, 2013).

## Care

Care interventions consisted of affirming the interest and care for the attended person and favoring a cordial bond. Consequently, the psychologist on duty speaks in ways that seek to emphasize the established helping relationship and offer a welcoming and coherent expression of the affections shown by the person, thus establishing an appropriate and necessary affective connection to facilitate a therapeutic process. This intervention implies recognizing the client as a whole person. In this regard, we find in phenomenological psychology a paradigm of understanding that overcomes the subject-object dichotomy and the criticism of the practices of objective and instrumental biases in clinic originates from this paradigm. Therefore, the person seeking help never presents symptoms or pure requests as objective facts, as they are always intertwined with all aspects of their life, making up the global experience of illness (Souza et al., 2013; Braga et al., 2012; Rebouças & Dutra, 2010). In the same way, this is also an aspect that we find in the humanistic psychologist, in which attention is not focused on the problem or the illness, but on the person: based on the theoretical development of the facilitating conditions by the psychotherapist, Rogers emphasizes the abandonment of diagnostic interest, always prioritizing the development of inherent people's capacity (Moreira, 2010, p. 539).

Following the development of the cases in this study, we can find such care interventions. Rodrigo, who started the session anxious and perplexed, after getting to explore his experiences and reaching a greater proximity to comprehension of his request, reported at the end of the session (and by laying his hand on the chest) that he was able to take a deep breath and felt more relaxed. From this, taking into consideration the context in which the session was developed, the psychologist on duty says: "[...] we can keep talking about what has been happening with a proposed action plan to help you find yourself in everything that is going on, thinking more clearly and perhaps finding ways to help". The psychologist on duty then attends the person in a process to facilitate a better understanding of their intimate matters, to the benefit of his own well-being and personal growth.

Still another example, Anita, who presented with difficulties in stating her position toward her family, found in the PD a support to defend her statements. Thus, in a session with her father present, who had not been giving proper importance to his daughter's dyslexia, the psychologist on duty talk to her father, as previously agreed with Anita as she was not comfortable to talk herself: "Anita complains about her difficulties in learning. Learning is something very important to her and that is why it is important to get some help". The psychologist on duty helps to highlight the importance of learning that Anita was not able to do on her own. This way, a partnership relationship is established between the psychologist and Anita, strengthening a necessity for care of subjects important to her.

Care intervention does not express itself solely in speeches like these, and although this example was something spoken at the end of the session, since the beginning of it the psychologist on duty has performed care intervention through listening, his smooth tone of voice, and empathic expression. The development of the session was essential in order to create a space in which the attended person was able to feel that their experiences would be received with humanity and vivacity. Thus, it is a whole act that constitutes a care intervention.

Another example may help the expansion of these considerations. At the end of the session, Vitória confesses never having talked to anyone about it while expressively raising her head showing her throat, where she puts her hand, saying that she could feel a great relief there, and with tears in her eyes, lays her hands on the table, asking if she could hold

the psychologist's hands. She grabs them and silently they cry together, then she also asks for a hug. In the context of this session, it is relevant to remember that body proximity and touch were uncomfortable for Vitória. However, it is possible to think that from the respectful openness, the affective closeness and the sensitivity of the psychologist on duty to the experiences lived in this meeting, Vitória felt supported, presenting herself in a whole and unprecedented way and finding comfort in the company of another human being.

Such events do not refer to an excess of affection that could distort the helping relationship, as they maintained and respected her well-being and they are an expression of a transformative experience lived in the session. These interventions, thus understood, constitute a framework that confer human existence on both psychologist and attended person by sharing a therapeutic relationship that enables growth and transformation for both.

Based on this, it is important to highlight what Rogers take into consideration regarding the atmosphere within a psychological appointment:

It is about a clearly controlled relationship, an affective bond with its limits defined, and it is expressed through an authentic interest in the client and their acceptance as a person. The therapist recognizes sincerely that he is, at a certain level, affectively involved in it, and that he is sufficiently sensible to the client's needs, however, controlling his own identification in order to serve them better. It will be better for the therapist to confess openly the fact that he is affectively implicated until a certain point, but this involvement is strictly limited for the client's sake (1997, p. 87).

Consequently, the PD offers conditions for the attended person to express themselves fully and truly, even if for a short moment, and they are able to find through the difficulty and pain in this space how to get stronger and later move on (Rebouças & Dutra, 2010). This becomes possible not only because it offers an open space for the person to understand their own request, but also because it is possible to notice themselves while talking about their request (Amatuzzi, 2010; Bleschigliari & Jafelice, 2015; Scorsolini-Comin, 2014) and, in this sense, the person is accompanied as a sufferer who must still make choices and give meaning to life (Braga et al., 2012; Dutra, 2008). An authentic affective availability, together with attitudes of unconditional positive regard, empathy, and congruency are part of what engages the therapeutic effects during the short appointment in PD, as discussed in the literature (Perches & Cury, 2013; Scorsolini-Comin, 2015).

This category of interventions has implications for the way the person feels and perceives the psychological care that is offered to them. Vieira, Ribeiro, Souza, Moreira and Oliveira (2014) state that the person's perception of the therapeutic relationship with the PD is one of the determining factors for therapeutic success. Therefore, not only interventions regarding the request and its comprehension, which implies construction of the lived world as discussed in reflection, but also interventions that aim to build the very relationship between psychologist on duty and the attended person are of fundamental importance to achieve success. The author above also points out that in order to be able to explore their experiences in depth and build meaning it is necessary that the person feels truly heard. In this way, it is important to consider the totality of the context and of the established therapeutic relationship and, consequently, reflective interventions only make sense associated with care interventions. These elements configure the therapeutic care of the psychologist on duty, who offers a safe atmosphere for the person's well-being, making it easier for the person to get closer to his authentic experiences, and thus the natural growth process can be unlocked (Amatuzzi, 2001).

## Explanation

The category explanation consists of interventions that aim to inform the attended person about procedures of institutions, bureaucratic matters, and comprehension of procedures from other health or educational areas. These interventions increase the participation of the person in the process of self-care, offering important information, but health professionals often neglect these; it is not rare to find people who do not understand results of tests or even diagnoses, even after being supported by specialists for years.

In this sense, Anita shows a test and a medical report, however she does not know how to explain the reason of the doctor's referral. The psychologist on duty reads it and explains the content: "The medical report does not show problems, and maybe that is why the doctor is asking for psychological help, in which we can assess other things". At another moment, the psychologist states: "Here in the clinic we do not offer specific services for dyslexia, but there are other two places in town that do". Even if a specific request is not met, the session does not end with a referral, because the psychologist realizes that there are other subjects to be tackled. This way, it was also possible to explain to them what dyslexia is, considering that neither Anita nor her father knew, and it helped them in evaluating and considering the new ways of organizing of their lives that would be necessary to follow up the specialized services as they intended. Finally, the following was highlighted:

This service was intended to help in finding specific services, discussing possibilities that were presented, and understanding some important things, which I think can help very much, even though not offering the service you originally sought. Now, after the considerations we have done, some decisions must be taken, but this is up to you. Anyway, new doubts or other situations may come up, about this or other subjects, so you can come back. There will not be a scheduled appointment, but the service will be available, so you can come anytime you need it.

Similarly, Renata had received a doctor's referral to seek psychological help, however she did not understand the specific reasons or the purpose. Starting from the speech about her life experience and the medical service provided, it was possible to explain that the execution of a multi-professional work model could take care of the complexity of the request. Thus, the psychologist on duty reframed the matters presented by her, and clarified the scope of the work to be done:

[...] we can notice that it is difficult to follow a diet, because the child will keep asking for more food or just asking for unhealthy ones, or because there is much interference from other people. Considering these difficulties in completing a successful diet, the doctors tend to ask for psychological help, so they can take care of the organic and nutrition side, and the psychologists helps to follow the diet properly.

Thus we can see that it is an intervention that invites the attended person to be informed about the processes that involve institutional connections, making it possible for important clarifications while directing situations that they experience in a participative and effective way – it favors their protagonism. Besides that, it reinforces PD as a resource available to the attended person. For that reason, this intervention is part of the repertoire of care given during PD, informing, guiding, and opening possibilities regarding the resources available in the community, as corroborated by Cury (1999) and Scorsolini-Comin (2015). However, the information is not an end, because such a position contributes to deconstructing the heterogeneous relationship of power in which the psychologist is the one who exclusively owns the knowledge of the attended person's condition or of the necessary means to fulfill a complex request. Likewise, PD is organized as an informative space without lacking a psychological care posture, guiding the person to reflect on their possible choices

within a social web in which their existence makes sense (Farinha & Souza, 2016; Rebouças & Dutra, 2010; Schmidt, 2015). In line with this Dantas et al. (2016) emphasize the importance of PD's contribution to the construction of a clinic committed to new meanings, that is, the importance of rescuing the social and political dimension by facilitating people to take an active position leading what they live.

## Final considerations

This study identified three categories of interventions, reflection, care and explanation, which were understood within the humanist-phenomenological approach. The discussion allowed us to consider that the interventions found an echo in this theoretical approach and also in the scientific literature about PD. The categories found are conceptual divisions that, observed in their entirety, show us that the interventions bring aspects that lead clinical action to focus on the experience in question comprehensively in a way that aims to re-elaborate the experiences, permeated and facilitated by the very quality of the therapeutic relationship, which can culminate in a more conscious personal position.

The present study is possibly limited as it is based on the records of only one psychologist on duty. However, this model allowed a thorough analysis of the services provided, highlighting in outline the characteristics of the identified and operationalized actions, and indicating openings for new studies in this field. Thus, new empirical studies are suggested, based on consultations carried out by different psychologists on duty, in addition to interviews with people seen at later stages in the clinical process, after attending PD, to possibly deepen the understanding of the therapeutic potential of the discussed interventions, as well as to discuss the possible differences between clinical interventions in PD and other clinical modalities in psychology.

It is also considered that the psychologist's interventions discussed here were part of PD as a specific clinical modality, defined by specific objectives and settings, and supported by the humanistic-phenomenological approach. The scientific literature is not homogeneous in relation to the ways in which PD is operated. Still, some authors (Bezerra, 2014; Braga et al., 2012; Coin-Carvalho & Ostronoff, 2014; Dutra, 2008; Morato, 2006; Mozena & Cury, 2010) have discussed that the setting redefinition is one of the main characteristics of the PD. This can only be considered because any clinical effect is inseparable from the therapeutic setting. In this sense, we consider it important to further discuss the setting of PD related to the different theoretical approaches that support it.

We believe it is important to further investigate the different theoretical frameworks in PD, something that we think has correlations with the issues around setting as pointed out above, since the theoretical frameworks create the whole that makes up the psychological clinic. We agree with Scorsolini-Comin (2015) and Souza and Souza (2011) that the dialogue between different theoretical approaches is pointed out as a research gap. However, we observe that PD originates from the theoretical approach of humanistic-phenomenological psychology, implying the need to discuss the specifics and limits of each conceptual framework in the operationalization of PD.

Finally, we consider that the study offers contributions to critical scientific development on the subject, instigating reflections and new perspectives on practices in PD. We can point out that PD offered an environment to the attended person that invited them to position themselves in the face of events, not being restricted to interventions aimed at changing or eliminating what is presented. The appointments were oriented in order to make

it easier for the person to approach their questions, with interventions that offered significant aspects to be worked on in their own time and always with the certainty of having a place to return as soon as they feel necessary.

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