



## The first steps in the process of becoming a psychotherapist under the reference of The Person-Centered Approach<sup>a</sup>

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### **Abstract**

The process of becoming a psychotherapist, according to the principles of the People-Centered Approach (PCA) is not something that occurs during graduate studies, demanding a lot more practice than what is offered during this course, it is in the school clinics that the students begin to mark their path. The present work aimed to understand how the process of becoming a psychotherapist was experienced by students in the last year of a Psychology course in a private university in the state of São Paulo, Brazil, describing part of their experience and its meanings, and recognizing the feelings lived during the process. The study material was the written register of the meaning of each of the sessions that occurred, named Versions of Meaning (VM). The texts of the VMs were analyzed according to phenomenological methodology. It was noted that the moment lived by these students encompassed four distinct phases: anguish, understanding, regression and separation; being each of them full of specifics and fostering the questioning of whether these would be “phases of a novice psychotherapist” or “phases of a novice client.”

**Keywords:** Psychotherapy, Teaching, Practice (Psychology), Humanism, Learning.

<sup>a</sup> Parts of this study were presented at the I Encontro de Psicologia Humanista do Interior Paulista in April 16 1999 and at the III Fórum Brasileiro da ACP – September 10-16 1999.

## Introduction

The activity of psychotherapy is practiced in Brazil mainly by psychologists and physicians. The activities of the first group are inspected and disciplined by the Federal Council of Psychology,<sup>1</sup> a public autarchy, which has specified and qualified psychotherapy as a practice of Psychology only in 2000.<sup>2</sup> However, this activity had been taught in Psychology graduate courses and specialization courses for those already graduated even before this resolution. Up to the first half of the 1990's the teaching of the activity of psychotherapy and the clinical care in Psychology courses contemplated only the psychoanalytic and behavioral references. Since 1992, the movement started by the Federal Psychology Council and Regional Councils for the opening of theory systems, lacking until then in the classrooms,<sup>3</sup> resulted in the Serra Negra Letter<sup>4</sup> and in 1999 new proposals for curriculum guidelines were published, showing a change in direction was evidenced. The 'three forces' of psychology became equally taught in institutions of higher learning, fostering theoretical and methodological diversity in the study of psychological phenomena.<sup>5</sup>

In accordance with these new guidelines, many Psychology courses introduced in their curriculums the discipline of Humanistic Psychology – a third force in psychology.<sup>3</sup> By the rule, this theory began to be taught in the first four years of the course, before the exercise of clinical practice in the fourth or fifth, and last, year of the course. The different schools of Humanistic Psychology were presented to Brazilian students, such as the People-Centered Approach (PCA), Gestalt therapy, Psychodrama, among others, providing principles to clinical practice activities (including psychotherapy) as well as supervision in the next to the last or last year of the course.<sup>3</sup>

The People-Centered Approach was instituted by the North-American psychologist Carl Rogers in the early 1940's based on views that defied the theoretical approaches in psychology in effect up to then. Central to it is the notion of a person as an indivisible unit that incorporates all in its surroundings and that possesses its own internal resources for developing.<sup>6</sup> Some of its concepts are essential to understand his theory of personality and consequently the meaning of his therapeutic process. *Organism* is how the totality of the individual is denominated, understood as a bio-psycho-social unit; *self* is the image or idea that an individual has of himself, as a photograph of his identity; and *experience* is the moment of immediate contact with any type of phenomena and the feelings awakened in this experience, even before its awareness (represented, symbolized).<sup>7,8</sup> The *present tendency*, internal tendency to development, is the theory's central concept and concerns the inherent tendency that moves all living organisms, including human beings,

in the direction to totality, to the fulfillment of its potentialities, in the way to favor its conservation and enrichment.<sup>7,9</sup>

The mobilization that makes an individual look for a psychotherapist's help is invariably caused by the incongruent state they are found in, where self and experience are in disharmony. In the first relationships, when it is often conditionally evaluated, the individual learns that not all that is felt can be expressed, which makes one act and react in determined moments in disagreement with one's own experiences.<sup>7</sup> The neurotic behavior is, for example, a manifestation of this state of incongruence.<sup>10</sup> In order for an individual to function in a wholesome manner, the ability to update himself is necessary in a broad and comprehensive way and that his self be in harmony with his experience. This is what is expected to be restored in a process of psychotherapy.

The aim of psychotherapy in this view is to create an environment in with a favorable climate for the potential development of the individual's internal growth, which depends on the therapist's attitude in relation to the client. Such attitudes, namely, *congruency*, *empathic comprehension*, and *unconditional positive acceptance*, should jointly stand out for the establishment of an atmosphere where no threatening tensions exist to the client's self and he can freely express himself, facilitating the exploration of areas of his experience that are unacceptable to the notion he has of himself.<sup>11,12</sup> The state of agreement between experience and self thus starts to be established, and the client starts to function in an authentic, congruent manner.

Becoming a psychotherapist, especially within this approach, takes more than an undergraduate course, where the practice is sometimes confined to one year and the treatment of only one client. Nevertheless, this is the first time that psychology students can develop a clinical procedural task. And it is here that they begin to follow the path to become psychotherapists. The present work sprang from a moment of curriculum transition in psychology course which introduced PCA as a theoretical discipline as well as an internship option in clinical psychology, as well as supervision in this referral. Its objective was to understand how was the process of the students to become psycho-therapists, describing part of their experience and its meanings and recognizing the feelings experienced during the process.

## Method

### The Learning Context

During the graduate period the students treat patients in the clinics of the university. Children, adults and adolescents are treated in these spaces, in group or individually, and these treatments are supervised by professors

assigned to this task, normally in weekly classes with groups of students. The dynamic of this supervision varies according to the professor's theoretical reference, the conditions of the university and the student's choices. The consultations are reported by the students, notes are made by their colleagues and corrections by the supervisor about the conduct of student/psychotherapist and also about the understanding of the emotional functioning of the client.

The data presented here was produced by eight students of the fifth year of the Psychology course in a private university in the state of São Paulo, Brazil. Students that in the initial series of the course had known the psychoanalytical and behavioral references, and that arriving at the fifth year could, with a new curriculum, learn the theory of Humanistic Psychology and on this groundwork start the practical learning activity of the psychotherapist.

In the face of curricular change, the first supervised classes – before starting client care – were centered in broad discussions about the form of care, contract and other specific questions related to this context. The knowledge and the postures that existed and the posture that would be part of a care under the reference of PCA were widely debated. The information about the theory and practice of this approach was new knowledge for them, because the concepts were administrated in a discipline of three class hours/week, parallel to supervision.

In this initial preparation in supervision, a major difference was pointed out between what the students had done in former treatments and what would be solicited in this new stage of clinical psychology: they would turn themselves much more to the understanding of the case, the functioning of the client than to the establishment of a relationship with the same. The experience of these students in client care, at the time, could be summed up to screening, which usually took no more than one session, with the client and a fourth year student and a co-therapist (a classmate), according to the psychoanalytical reference. However, for the fifth year, these students opted for care and supervision within the Humanistic referral – PCA – to “get to know it” as they would say.

### **Study Material**

In this study the phenomenological instrument of research was the “Versions of Meaning” (VMs).<sup>13,14</sup> At first, they were not the research instrument, but a register of the sessions conducted by the students. The VMs were born within a group of psychologists that in studying their treatments, came faced with the fact that the notes of the session did not make any sense as a form of study and that questioning themselves then about what made sense to write, concluded that it would be that thing that

came to mind right after the client left, as something that expressed the immediate experience.<sup>13</sup>

The description of this experience can be understood here as a road to articulation between the theory and the practice of psychotherapy in supervision.<sup>15</sup> From the understanding that the essence is in existence,<sup>16</sup> the object of description is the return to the things themselves, the starting point of the process to realize and to hold themselves responsible existentially.<sup>17</sup>

In this way, the sense of VMs for the PCA practitioners is related to one of the conditions for therapeutic change of personality, already mentioned in the introduction of this work, suggested by Rogers<sup>12</sup>: consistency or authenticity of the therapist in his relation with the client. It is important, in this case, that the therapist would be himself in the relationship, with his experience precisely represented in his self. For the novices in PCA, the expression of feelings in itself already represents a potential cure: for the client, that uses the therapeutic setting with this end; and also for the therapist, who, without consciously denying the feelings awakened in the relationship, is able to exercise his professional potential with greater efficiency. What is felt by the psychotherapist is not necessarily expressed to his client, but his register can be used as precious material to be worked on in supervisions or as a research object.

The VMs were registered, then, in a free and spontaneous report, expressing the immediate experience of the students, which were read and discussed in supervision. The students sometimes addressed these reports to themselves and to the relationship with the client, and sometimes to the client, "to understand the case" (according to the difference already reported). At the end of each of the two semesters they handed in the writings of all their VMs, which were read together as an interesting study material, with all in agreement, for understanding the practical learning of the psychotherapist.<sup>2</sup>

### The Analysis Procedure

The analysis of each of the VM texts was done according to the steps of phenomenological analysis suggested by the creator of the instrument,<sup>13,14,18</sup> as well as by the authors that work with the analysis of the depositions.<sup>19</sup>

1. The VMs were grouped by student, in the sequence they were written, from the first to the last session.
2. All the VMs of each student were read to capture the overall experience of the process experienced by the student in question in his relationship with his client.

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<sup>b</sup> The written authorization of each one was duly signed.

3. On the side of each VM text the meanings understood from what was expressed by the student were appointed.
4. The reading of these meanings was done (3<sup>rd</sup> step) in order to understand what was the process experienced by this student with his client.  
Steps 1-4 were repeated with the VMs of the 8 students. After achieving an understanding of the processes of all, the next step was:
5. Description of the four phases comprised in the process of these students to become psychotherapists.

## Results

The VMs of each student registered a process with beginning, middle and end. The perception of the same was clearer with the VMs whose texts expressed more meanings of the student and his relationship with the client than those that expressed the "case," even though it could also be perceived. Four phases were perceived together with passages from the VMs (identified by VM followed by the number of the session it belongs to and the letter T followed by the number indicating from which therapist is the VM) in order to illustrate the understanding of the process lived by students in their first psychotherapeutic care.

**First Phase** – This is a phase of **anguish** for the psychotherapist with feelings of powerlessness in face of a complaint, at the solicitation of the client: *I felt impotent. She transmits to me at the same time a lot of hate, and a lot of suffering... While she spoke, I thought: what could I do for her?* (VM1/T1). Besides the feeling of confusion and the hope that the same would be resolved during the supervision: *At the end of this session I'm feeling totally confused, I wasn't able to make a contract with the client. I don't have any words, only that I am very scared, I hope that in the supervision I can be consoled, that I have a direction to follow* (VM1/T2).

Anguish and anxiety mix themselves to a self-perception of an availability to be with a client, although a certain dread on facing him: [...] *I felt anguish with her story and a necessity to be able to help her* (VM1/T3) and *I am very anxious and the tardiness of my client makes me more anxious and unquiet. Even with the anxiety I'm betting a lot on this case.* (VM1/T8).

**Second Phase** – A phase of building a **comprehension** of the psychotherapist in which a feeling of relief is present for the understanding obtained: *I perceive a path to understanding that gave me relief, I feel the difficulty of the client, but I don't feel incapable; on the contrary, this motivates me to help him* (VM6/T3) and *I feel completely alleviated in being able to understand what the client brought, and the meaning that this has in his life*

(VM8/T3). The relief provokes in the psychotherapist a feeling of well-being making him more available: *I was in good humor in this session, understanding the client, which made me feel good* (VM7/T3).

By the tranquility and well-being reached it is possible for this psychotherapist to “receive” or learn something with her client :[...] *A feeling that made me reflect, that all of us have our own answers and that many times we need someone (therapist) to perceive them* (VM2/T4 – 2<sup>nd</sup> client).

The respect for the client also appears to increase as the fruit of this same tranquility and availability: *I felt really good with the session today; by the simple fact of knowing that it is difficult to talk, but that he wants to be able to* (VM4/T6). And the role of the psychotherapist is also more clearly perceived, being less difficult for the student to be a facilitator: *I felt very calm during the session, able to listen to the client* (VM4/T7) and *Even though it is difficult, I feel good with the case, it will be a very interesting challenge...* (VM3/T2).

**Third Phase** – This is the phase in which psychotherapist senses a process of **retrocession**. The psychotherapist seems disappointed that the client does not “evolve linearly” and various feelings at each one of the obstacles lived become present. Facing the absences of the client elicits sadness in the psychotherapist: *I was so sad, because the patient didn't come, I wanted to take care of him so much and know how he is and how he got on without the sessions* (VM7/T8). Then the fear that the client interrupts the process emerges: *I hope not to be abandoned again, now that it was getting good* (VM7/T1).

The feelings of confusion and anguish return to devastate the psychotherapist faced with the fear that the client “regresses instead of progressing,” and that the retrocession will be dual: *At the start of the session I was feeling very good. Then when the client started to speak I felt confused, because I thought we had progressed in the previous session [...] in this session she brought the initial complaint, and this made me think that instead of progressing, we regressed* (VM3/T7).

At this moment a wish to understand the client becomes imperative: *The client is not well and this worries me, I wanted to be able to understand him better at this moment* (VM12/T3) and *I'm distressed, don't know what to say to the client and I feel that he's asking me something* (VM13/T3) and *I'm not able to understand. Today [the client] remained silent, it's been a long time that this hadn't happened...* (VS8/T6). This desire is followed by a new fear: the evaluation of the client as to the therapist's capacity to help him: [...] *I also feel questioned about my competence...*(VM4/T1) and *Today a session left me tired, but worried, because I felt that I had a lot to say, but wasn't able to* (VM10/T6).

**Fourth Phase** – It is the phase of **separation**. There is, in the case of psychotherapist/students, an imminent disconnection. The final process of both occurs by the end of the course. There is a feeling of happiness in reporting improvements and the growth of the client: *I feel very calm and secure. The client wasn't able to get me off balance, I was able to understand and respect his feelings without losing my calm* (VM5/T7). In addition, there is the sadness of separation that is accompanied by the realization of their own progress in learning: *In this session I felt calm and secure, but a little sad for it being the next to last* (VM8/T7) and *I'm feeling distressed, not wanting a farewell, but I managed to be fine during the session* (VM9/T7) and *It was a session with a spontaneous beginning, as it always was, until I realized, this was difficult, I became really emotional, at the same time that I felt my importance. I lived my impotence of separation, I'm still shaken* (VM20/T3).

The psychotherapist also realizes that which the client conquered: *I was happy to see that he became conscious of certain attitudes he had to flee from other people, it's a progress* (VM15/T6) and fearful of what awaits: *This session touched me deeply, I became anxious by the possibilities that could be arising about the manner of thinking of the client* (VM16/T3).

It is a phase marked by the evaluation of the process with the client and the very process of life: *The client is feeling that he's going to be alone, without a psychologist, maybe it's because of this that [the theme of] "death" would be so intense. I finally feel that I was important for her. She also was important for me; the separation is mutual, in all ways I am also going to separate from all my colleagues, professors, the anguish of exams, of grades, happy times, sad times. I'm going to start a new moment, in the middle of racing around, we don't stop to think, to think of this separation. I hope that the client will be treated next year, I hope that someone takes interest in her* (VM18/T2) and marked by growth: *[...] I know that I fulfilled my part in his growth and he in my professional growth. It was a great lesson...Today I understand very well their silences* (VM16/T6).

## Discussion

The reactions of fear and powerlessness that permeate the first phase establish themselves in a climate of anguish and threat once they point to the "uncertainty of satisfaction in a meeting with the unknown" (p.14)<sup>20</sup>. These feelings can equally be connected to the loss of an ideal present in the imagination of the psychotherapist, under the form of a meeting between a suffering patient looking for help and a psychologist that will know how to help him and accompany him in this suffering<sup>21</sup> – a meeting of success that will not confirm itself in these first sessions; therefore, the therapist has to confront



the real lived experience, different from what was imagined. It is the moment in which the psychotherapist is displaced from a secure situation and exposes himself to the frustrations at the same time showing himself available for the new,<sup>20</sup> because he counts with the security of a supervision (supervisor and colleagues).

Simultaneously, these reactions can be connected to the belief that the theory obtained until then will be the supreme habilitation, and that the psychotherapist will have a theoretical knowledge to be told to the client which will eventually materialize in a speech for a still supposed cliente.<sup>21</sup>

The second phase appears to characterize the development of empathy. It occurs when the student starts to listen to the client, which allows him to put himself in his place, "as if he were" the client, as pointed out by Rogers.<sup>22</sup> The psychotherapist can then go back to the client's world. This does not occur integrally, but it is the beginning; for the psychotherapist involvement with the client is stronger, which is of vital importance for his growth, as stated by Rogers (p186)<sup>10</sup>: "the more a therapist perceives the client as a person the more a client learns about himself as a person and not as an object."

It is possible that the understanding the psychotherapist perceives to construct in the relationship with her client also pervades the intellectual knowledge. In other words, this may be a moment in which theoretical aspects learned during the course overlap in an experiential understanding of the functioning of the person, a unique experience that the activity of psychotherapy provides.<sup>23</sup>

In the third phase, marked by the sensation of retrocession, a break of the illusion of a linear progress occurs. It is as if the psychotherapist considered that, since he understands his client better (second phase), all should go along better and the absence of the client or the report that his complaint still persists, not having vanished like magic, is considered as retrocession by the psychotherapists. He feels disappointed with himself or with the client or with both. The psychotherapist goes from "the belief of total possibility to the doubt of any possibility" (p.114)<sup>21</sup>.

The retrocession felt here can be understood also in relation to that reported in the second phase. The learning was seen there as circular, interlinking theory and life experience. But this learning is still very recent in the face of sadness and, because of the fear of losing the client, it recedes and returns to linear thought, so present in the former years of the course: the safety of the familiar place that, again by the availability of this psychotherapist, yields space and permits it to move forward a little more.

The fourth phase is characterized not only by separation of the fact that is happening between psychotherapist and client, but also by the separation – differentiation – between the two. The client's malaise is not perceived

as a "flaw" of the psychotherapist anymore, it does not anguish him so much now, *"doesn't get him off balance,"* even though it mobilizes him to keep available to the client. There is a perception of two people in envelopment, being that they are not indifferent anymore, which makes it possible to see improvements in the client that could have occurred in the third phase, but were not perceived by the psychotherapist. He shows that he has overcome or minimized in this phase his insecurity and seems to accept it as a "real but painful factor" (p.13).<sup>23</sup> It is in this phase that the student perceives his work, his growth. This life experience is contemplated with the experience of a therapeutic process as an experiential flow, which indeed it is.<sup>10</sup>

## Final Considerations

The first phase, marked by confusion and powerlessness and full of habitual feelings to face new things in everyday life,<sup>24</sup> appears to increase the novice psychotherapist's focus on his own person, in his necessities more than those of the client, as if the client did not still exist for him as a person, only as an enigma. So, in the beginning there is not an installation of a true therapeutic relationship, a factor that can bring about the damages that this reaction can cause to the process of the client. Nevertheless, it is the supposition for the activity of a psychotherapist in any referential, and also in PCA, that this will not be harmful if it is perceived, made conscious and elaborated by the psychotherapist and accordingly corrected, which in turn would allow him to be conscious of himself as a person and professional with his fears and anguishes.<sup>8,23,25</sup> So this could facilitate his perceiving the person of the other also with their fears and anguishes.<sup>23</sup> In this study these reactions appear not to have interfered in the listening of the psychotherapists, since they went forward to the following phases. The often referred problem of a therapist, in dealing with his client's problems, facing problems that are familiar to his own<sup>23</sup> was also absent from the reports.

The study raises still other questionings as to the phases of a psychotherapist's development. The short time of students' practice as psychotherapists (one year, the fourth and final year), may have limited the findings of the study, and it is possible that in longer processes, more phases would emerge. Further research could provide a wider contribution to this question and perhaps answer if the phases registered here are exclusive to novice psychotherapists or if they are present in the process of all psychotherapists in contact with a new client. In this case they would be less "phases of a novice psychotherapist", and more "phases with a novice client."

Finally, the importance of theoretical knowledge is noteworthy as well as the implications of the person of the psychotherapist for this activity. The

learning of the three great theoretical references in Psychology, an opening arrived at after almost fifty years of the profession in Brazil, ought to provide students with a greater range of views and tools to deal with their clients. The theories taught ought to enable students to recognize their own conception of human being and understand it in terms of psychological currents with an according choice of theoretical framework. Psychotherapists could then build their professional paths in their own way. An equally necessary experience is the therapist's own psychotherapy, of absolute importance in constructing the tripod for the forming of a psychotherapist: theoretical knowledge, technical management (including supervision) and self-understanding.<sup>26</sup> In the end, to be a psychologist is to have the freedom in sustaining one's own feelings at the same time that one becomes a professional: "it is a proposal of a life style, of ways to be" (p.163).<sup>27</sup>

## Collaborators

VL Alves is responsible for conception, protraction, analysis of data and drawing up of the article. DD Lima is responsible for the drawing up and critical revision of the article.

## Acknowledgements

We would like to thank Prof. Dr. Nilton Julio de Faria for his generous information about the accuracy of the data of the different curriculum guidelines of the courses of psychology.

## References

1. Conselho Federal de Psicologia. Histórico. Acessível em [http://www.pol.org.br/pol/cms/pol/sistema\\_conselhos/historico.html](http://www.pol.org.br/pol/cms/pol/sistema_conselhos/historico.html)
2. Conselho Federal de Psicologia. Resolução CFP nº 010/2000. Acessível em <http://www.pol.org.br/pol/cms/pol/legislacao/resolucao/>
3. Faria NJ. O ensino da Gestalt-terapia em cursos de graduação em psicologia. Trabalho apresentado no Encontro Nacional de Gestalt-Terapia e X Congresso Brasileiro da Abordagem Gestáltica. 2011; set 7-10; São Pedro, SP.
4. Associação Brasileira de Ensino de Psicologia. Formação. Acessível em <http://www.abepsi.org.br/portal/wp-content/uploads/2011/07/1992-cartadeserranegra.pdf>

5. Associação Brasileira de Ensino de Psicologia. Formação. Acessível em <http://www.abepsi.org.br/portal/wp-content/uploads/2011/07/1999-diretrizescurricularesparaoscursosdepsicologia2versao.pdf>
6. Moreira V. Psicoterapia centrada na pessoa e fenomenologia. *Psicologia Teoria e Pesquisa*. 1993; 9(1):157-72.
7. Rogers CR. *Psicoterapia e relações humanas*. Belo Horizonte: Interlivros; 1977. Vol.1.
8. Rogers CR. *Terapia centrada no cliente*. São Paulo: Martins Fontes; 1992.
9. Rogers CR. *Um jeito de ser*. São Paulo: EPU; 1983.
10. Rogers, CR. *Tornar-se Pessoa*. São Paulo: Martins Fontes; 1985.
11. Porto PJJ. Tendência atualizante, funcionamento ótimo e filosofia da vontade. Trabalho apresentado no 1º Fórum Brasileiro da ACP; 1996; 28 de abril a 05 de maio; Rio de Janeiro – RJ.
12. Wood JK. *Abordagem centrada na pessoa*. Vitória: EDUFES; 1997.
13. Amatuzzi MM. et al. O Sentido que faz Sentido: Uma Pesquisa Fenomenológica no Processo Terapêutico. *Psicologia: Teoria e Pesquisa*. 1991;7(1):1-12.
14. Amatuzzi MM. O uso da Versão de Sentido na Formação e Pesquisa em Psicologia. In Carvalho, RM. *Repensando a Formação do Psicólogo: Da Informação à Descoberta*. Coletâneas da ANPEPP; 1996a;1(9):11-24.
15. Moreira V. Supervisión en psicoterapia: un enfoque fenomenológico existencial. *Revista Terapia Psicológica*. 1997;6(4):93-9.
16. Merleau-Ponty M. *Phénoménologie de La percepción*. Paris: Gallimard; 1945.
17. Moreira V, Sabóia A, Beco L, Soares S. Psicoterapia fenomenológico-existencial: aspectos de la práctica clínica con base en las competencias. *Psykhé*. 1995;(4):121-9.
18. Amatuzzi MM. Apontamentos Acerca da Pesquisa Fenomenológica. *Estudos de Psicologia, Campinas*. 1996b;13(1):5-10.
19. Forghieri Y C. *Psicologia Fenomenológica. Fundamentos, método e Pesquisas*. São Paulo: Pioneira; 1993.
20. Trigo SN. Características psicológicas do professor de psicologia e a formação de psicólogos [dissertação] São Paulo, Universidade Paulista; 1997.
21. Taralli I. O baile da angústia [Dissertação]. São Paulo, Universidade Paulista; 1997.
22. Rogers CR, Rosemberg R. *A pessoa como centro*. São Paulo: EPU; 1977.

23. Cardoso ER. A Formação Profissional do Psicoterapeuta. São Paulo: Summus; 1985.
24. Oliveira MH. Mobilização emocional em supervisionandos de psicoterapia no curso de graduação em Psicologia [dissertação]. São Paulo; Universidade de São Paulo; 1986.
25. Calligaris C. Cartas a um jovem terapeuta. Rio de Janeiro: Alegro; 2004.
26. Aguirre AM, et al. A formação da atitude clínica no estagiário de psicologia. *Psicologia USP*. 2000;11(1):49-62
27. Vilela AM. Formar-se psicólogo: como ser “livre como um pássaro” [Tese]. São Paulo; Universidade de São Paulo; 1996.

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