

Characterization of the clientele that seek couple and family psychoanalytic psychotherapy

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Abstract: This study aimed to characterize the clientele that sought a couple and family psychoanalytic psychotherapy service offered in a university's psychology clinic. It is a descriptive research, outlined as a retrospective documentary. Data on family composition, religion, income, concomitance with medical treatments, route of referral, and categorization of complaints by couples and families were analyzed. The results pointed to a greater presence of women, families with children under 12 years of age, with adults in the 30 to 39 years of age, with high school, salary range of 2 to 4 minimum salaries, Catholics, with residence in the city in which the service is allocated and concomitance with other medical treatments. They searched the service on their own initiative and complained about the emotional problems of one of their relatives. It is hoped that such results may foster the supply and improvement of similar services.

Keywords: client's profile; couple psychotherapy; family psychotherapy; university's psychology clinics; psychoanalysis.

CARACTERIZAÇÃO DA CLIENTELA QUE BUSCA A PSICOTERAPIA PSICANALÍTICA DE CASAIS E FAMÍLIAS

Resumo: Este estudo objetivou caracterizar a clientela que buscou a psicoterapia psicanalítica conjugal e familiar, atendimento ofertado em um serviço-escola de Psicologia. Trata-se de uma pesquisa descritiva, delineada como retrospectiva documental. Foram analisados dados referentes à composição familiar, religião, renda, concomitância com tratamentos médicos e via de encaminhamento, além da categorização das queixas elencadas pelos casais e famílias. Os resultados apontaram para uma presença maior de mulheres, famílias com filhos menores de 12 anos, com adultos na faixa dos 30 a 39 anos de idade, com ensino médio, faixa salarial de 2 a 4 salários mínimos, católicos, com residência na própria cidade na qual o serviço está alocado e concomitância com outros tratamentos médicos. A maioria buscou o serviço por iniciativa própria e com queixa relativa a problemas emocionais de um dos familiares. Espera-se que tais resultados contribuam para o aprimoramento de serviços similares.

Palavras-chave: caracterização da clientela; psicoterapia conjugal; psicoterapia de família; serviço-escola de Psicologia; psicanálise.

CARACTERIZACIÓN DE LA CLIENTELA QUE BUSCA LA PSICOTERAPIA PSICOANALÍTICA DE PAREJA E FAMILIA

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Resumen: Este estudio tuvo como objetivo caracterizar a la clientela que buscó un servicio de psicoterapia psicoanalítica de pareja y de la familia que se ofrece en un servicio-escuela de psicología. Se trata de un estudio descriptivo, diseñado como documental retrospectivo. Se analizaron los datos sobre la composición de la familia, la religión, el ingreso, concomitante con el tratamiento médico, fuente de referencia, y la categorización de las quejas enumerados por parejas y familias. Los resultados mostraron una mayor presencia de las mujeres, familias con niños menores de 12 años, adultos entre las edades de 30 a 39 años, con la escuela secundaria, rango de salario de 2 a 4 salarios mínimos, católicos, que residen en la misma ciudad en la que se asigna el servicio, con la concurrencia con otros tratamientos médicos. Buscaron el servicio por su propia iniciativa y queja sobre los problemas emocionales de los miembros de la familia. Se espera que estos resultados pueden fomentar la oferta y el mejoramiento de servicios similares.

Palabras clave: características de los clientes; psicoterapia de pareja; psicoterapia de familia; servicio-escuela de psicología; psicoanálisis.

Introduction

Couple and family psychoanalytic psychotherapy is a subject that is scarcely present in the undergraduate curricula in Psychology and, consequently, is a little-offered practice in the Psychology school-services. In Brazil, there is an influence of Argentinean, English, and French couple and family psychoanalysts (Gomes & Levy, 2009), with all these perspectives agreeing on the importance of the displacement of the complaint usually located in a family member, the identified patient (Machado, Féres-Carneiro, & Magalhães, 2008), for an observation of the dynamics of the family as a whole.

Some studies deal with the processes of psychic transmission between generations, termed intergenerational and transgenerational transmission, referring respectively to the known and reproducible material transmitted between ages, and to the inert material crudely carried through the generations (Scorsolini-Comin & Santos, 2016), and its relation to the formation of symptoms within the family group. Others highlight the influence of unconscious alliances and denigrating pacts in the establishment of the family bonds (Kaës, 2014) and the perception of these in the family care (Melo, Magalhães, & Féres-Carneiro, 2014).

This psychotherapeutic modality can be considered a group service, with the difference of having a group with relationships and history before entering the therapeutic process, increasing the complexity of this type of intervention (Kwiatkowska, 2001). This fact, coupled with the presence of unconscious contents transmitted through the generations, of secrets established in the current generation and displacement of the problem onto one of the members highlights the resistance to entering or remaining in psychotherapy and the problematic attachment to the care, emphasized in the literature (Gomes, 2003; Sei, 2009; Pires et al., 2016). Hence the relevance of constructing a shared family demand (Machado, Féres-Carneiro, & Magalhães, 2011).

Despite the importance of couple and family psychotherapy, there is still a limitation on clientele characterization seeking this type of service in the national setting. In general, the majority of the studies refer to the context of the Psychology school-

services, focusing mainly on the characteristics of the population involved and not necessarily the choice for a given service. Oliveira, Lucena-Santos, & Bortolon, 2013 focused on the adult population, Vivian, Timm, & Souza (2013) on children while others performed a general characterization (Porto, Valente, & Rosa, 2014) of individuals seeking this type of institution.

In the case of the public attended in couple and/or family psychotherapy, Pires et al. (2016) investigated the profile of couples and families who sought a psychoanalytic psychotherapy service. It was a retrospective study, carried out by consulting the medical records of patients attending a mental health clinic. Most of the families sought care on their initiative, with a desire for guidance about parenting. It was possible to note, however, that the majority of the couples and family members were not attached to the psychotherapy.

Through a different methodological framework, Neumann and Wagner (2015) also sought to characterize the clientele attended in the family therapy of a Psychology school-service. After an initial screening interview and referral to family psychotherapy, invited patients to participate in the study, a participation that occurred before the beginning of the care. As a result, we considered the individual view of the family participants about the issues presented by the whole family group. There were 41 interviews, with representatives from 28 different families. The results showed that the women were the protagonists in the search for care, after an extended period of living with family problems. The complaints centered on the children and the difficulty of the parental exercise, similar to the findings of Pires et al. (2016).

From this perspective, it is considered pertinent to perform studies aimed at characterizing the search for couple and family psychotherapy, especially in the Psychology school-services, which are configured as spaces of interlocution between teaching, research, and extension (Amaral et al., 2012), contributing to the development of the practice in this context.

Method

This article derives from a postdoctoral study in Clinical Psychology, with a detailed character regarding its objectives and a retrospective documentary framework (Campezatto & Nunes, 2007; Louzada, 2003; Romaro & Capitão, 2003). It was part of an extension project aimed at offering psychoanalytic psychotherapy for couples and families in a Psychology school-service.

Participants

Participants included 87 couples and family members that underwent screening for couple and family psychoanalytic psychotherapy during 43 months, from April/2012 to October/2016.

Instruments

For data collection, the Family Screening Form was used, designed for exclusive use in couple and family psychotherapy. In the delineation of this instrument, the socio-demographic data adopted by the Psychology school-service screening form were maintained, with modifications in the identification field, with the removal of the identification of only one family member that was followed by a family composition chart, holding just the family identification chart. The aim was to displace the view from a specific individual to the couple and family as a whole. This instrument records the following data about the public attended: family composition, address, religion, income, concomitance with medical treatments, route of referral, information about the complaint and expectation regarding the care.

Procedures

The couple and family psychoanalytic psychotherapy occurred in a Psychology school-service of a public university through an extension project. The public interested or referred to this care are enrolled on a specific waiting list and called for the screening interview when there are therapists available to conduct the psychotherapy. The consultations, with weekly frequency and duration of 1h30, are mainly carried out by Psychology students/trainees or by psychologists linked to the project. Expressive resources are used in the sessions to facilitate patient communication and access to unconscious contents (Kwiatkowska, 2001; Sei, 2009). There is a link between the extension project and a broader research project that aims to investigate processes and phenomena arising from psychoanalytic psychotherapy carried out in the institutional context.

For this study, all the screening forms with a characterization of the couples and families that were referred to or requested psychotherapy were collected and consulted, based on the objective data present in these records, namely: family composition, address, religion, income, concomitance with medical treatments, referral, and complaint. Regarding income, there was a social class distribution for minimum wage bands proposed by the IBGE, transforming the gross income into the number of minimum wages, according to the value in force at the time of each screening. Complaints were classified based on an adaptation of the proposals developed by Neumann and Wagner (2015) and Pires et al. (2016), with the definition of new categories based on the data collected from the screening sheets consulted.

Results

The results provide data about all the couples and families that participated in the screening interview from the beginning of the offer of couple and family psychotherapy in the Psychology school-service of the study university, dated

April/2012. No distinction was made between couples and families, such as in the study carried out by Pires et al. (2016), because the interview itself had the function of redirecting the view of the participants taking into consideration the aspects presented at this meeting. That is, a couple could request the care and perceive that an intervention with the family group as a whole would be more pertinent, with it being common for family psychotherapy to become care for the couple. Such a redirection could already take place after the screening interview or after some meetings with the couple or the family.

Sociodemographic characteristics

There was a mapping of the age and educational level of the family members as a whole, as well as income, religion, city, and concomitance with medical treatments. A family composition with a more substantial number of women (Table 1 – 53.29%) was observed, with 27.39% having children under 12 years of age and 21.79% of the adults being in the 30 to 39 age group (Table 2). We observed older adult patients in some consultations (2.64%), for both family and couple psychotherapy.

Table 1. Participants' of couple and family psychoanalytic psychotherapy gender.

Sex	n	%
Female	162	53.29%
Male	142	46.71%

Source: The authors.

Table 2. Participants' of couple and family psychoanalytic psychotherapy age.

Age	n	%
Up to 5	32	10.56%
6 to 9	34	11.22%
10 to 11	17	5.61%
12 to 17	35	11.55%

(to be continued)

Table 2. Participants' of couple and family psychoanalytic psychotherapy age.

Age	n	%
18 to 19	4	1.32%
20 to 29	28	9.24%
30 to 39	66	21.79%
40 to 49	50	16.50%
50 to 59	26	8.58%
60 to 69	5	1.65%
More than 70	3	0.99%
Did not answer	3	0.99%

Source: The authors.

About the level of education of the adults, the majority of the participants had high school education (35.68%) followed by people with higher education (24.86%). However, several individuals did not have a complete elementary education (12.97%), and one of the family members was not literate (Table 3).

Table 3. Participants' of couple and family psychoanalytic psychotherapy education.

Level of education of the adults	n	%
Illiterate	1	0.54%
Incomplete elementary education	24	12.97%
Complete elementary education	12	6.49%
Incomplete high school	15	8.11%
Complete high school	66	35.68%
Higher education	46	24.86%

(to be continued)

Table 3. Participants' of couple and family psychoanalytic psychotherapy education.

Level of education of the adults	n	%
Specialization	5	2.70%
Master's degree	3	1.62%
Doctoral degree	2	1.08%
Did not answer	11	5.95%

Source: The authors.

Regarding income, the majority of the population attended was in class D (43.68%), followed by members of class C (29.89%) and E (Table 4 – 13.79%).

Table 4. Participants' of couple and family psychoanalytic psychotherapy social class.

Social Classes by Minimum-Salary Bands (IBGE)	n	%
Up to 2 MW	12	13.79%
From 2 to 4 MW	38	43.68%
From 4 to 10 MW	26	29.89%
From 10 to 20 MW	2	2.30%
More than 20 MW	1	1.15%
Did not answer	8	9.19%

Source: The authors.

Concerning religion, the majority of the public interviewed reported being Catholic (33.33%) followed by the Evangelical religion (32.18%); 4.60% mentioning the Catholic and Evangelical faiths, with each member of the couple belonging to one of these two beliefs (Table 5).

Table 5. Participants' of couple and family psychoanalytic psychotherapy religion.

Religion	n	%
Catholic	29	33.33%
Evangelical	28	32.18%
Did not answer	7	8.05%
Jehovah's Witness	7	8.05%
Catholic / Evangelical	4	4.60%
Protestant	4	4.60%
Spiritist	2	2.29%
Adventist	1	1.15%
Agnostic / Christian	1	1.15%
Buddhism	1	1.15%
Christian	1	1.15%
Seicho-no-le	1	1.15%
Without	1	1.15%

Source: The authors.

The majority of the public attended resided in Londrina (83.91%), the city that provides the service. There were, however, people from other towns in the region (Table 6).

Table 6. Participants' of couple and family psychoanalytic psychotherapy city.

City	n	%
Londrina	73	83.91%
Cambé	7	8.05%

(to be continued)

Table 6. Participants' of couple and family psychoanalytic psychotherapy city.

City	n	%
Did not answer	3	3.45%
Rolândia	2	2.29%
Jaguapitã	1	1.15%
Porecatu	1	1.15%

Source: The authors.

The concomitance with other health treatments was present in 54.02% of the public interviewed, with treatments for chronic diseases, such as hypertension and diabetes including in this category, as well as emotional disorders, with people who were being followed at the CAPS or the Psychiatric Outpatient Clinic of the Clinical Hospital (Table 7).

Table 7. Participants' of couple and family psychoanalytic psychotherapy treatment concomitancy.

Concomitance with health treatments	n	%
Yes	47	54.02%
No	35	40.23%
Did not answer	5	5.75%

Source: The authors.

Referral

Seeking psychotherapy on their initiative was the main route of arrival at the service (25.88% of the cases), with couples and families mentioning the institutional site and the local media as ways of knowing about the project. The referral through health professionals and psychologists was 17.65% and 16.47%, respectively. Judiciary professionals made another type of referral and they also requested reports of the consultations performed (Table 8).

Table 8. Access to couple and family psychoanalytic psychotherapy.

Referral	n	%
Own initiative	22	25.88%
Health professionals	15	17.65%
Psychologist	14	16.47%
Friend / Colleague	13	15.29%
Did not answer	9	10.59%
Professional of the Judiciary	7	8.24%
Family	2	2.35%
Professional of the Social Services	2	2.35%
School	1	1.18%

Source: The authors.

Complaint

We categorized the complaints from the Neumann and Wagner (2015) and Pires et al. (2016) studies, as relationship problems in the various connecting segments – between the couple (21.84%), parents and children (12.64 %) and between siblings (1.15%), as well as relationship problems in the family as a whole (4.60%). It is important to note that the relationship problems added up totaled 79.31% of the complaints indicated by the public interviewed. Other categories were delineated, such as marital violence (3.44%) and recovery of the family bond (4.60%), in the cases indicated by professionals of the Judiciary, and issues arising from adoption (1.15% – Table 9).

The category of emotional problems of one of the family members, indicated by 26.44% of the sample, ranged from simple issues, such as inhibition and excessive shyness, to more severe emotional disorders, such as schizophrenia. This category, as well as the category of behavior problems of one of the children, presents a defined focus for one of the family members.

Table 9. Complaints presented by couples and families.

Complaint	n	%
Emotional problems of one of the family members	23	26.44%
Relationship problems between the couple	19	21.84%
Relationship problems between the parents and children	11	12.64%
Seeking guidance on parenting	10	11.49%
Illness or death of a family member	7	8.05%
Behavior problems of one of the children	4	4.60%
Relationship problems in general	4	4.60%
Recovery of family bond	4	4.60%
Marital violence	3	3.44%
Relationship problems between siblings	1	1.15%
Issues arising from adoption	1	1.15%

Source: The authors.

Discussion

Through the results of this investigation, it was possible to observe that the distribution of family members concerning sex was consistent with the distribution observed in the city of Londrina, considering that approximately 53% of the populations are composed of women, both in the care and in the municipality. Concerning the age of the family members, Neumann and Wagner (2015) classified families by life cycle stage and found that 48.8% of the families had adolescent children and 43.9% of the families were in the phase of small children. In the case of this investigation, 27% had children and 11.55% adolescents. Thus, there was a lower presence of children and adolescents in the family composition described in the screening charts when compared to the studies cited.

Similar studies in Brazilian services for couples and families did not record the level of schooling of the adults attended (Neumann & Wagner, 2015; Pires et al., 2016). However, as far as income was concerned, it was noted that the majority of the population attended was in social class D, with incomes between 2 and 4 minimum

wages, in line with Neumann and Wagner (2015), who reported that the mean income was of 2.9 minimum wages, and similar to Pires et al. (2016), who indicated that approximately 25% of the couples and families had incomes between 2 and 3 minimum wages. Accordingly, it can be understood that it is pertinent to adopt a specific system of categorization of income for researchers of the area, with the purpose of facilitating the comparison between results, indicating the proposal adopted by the IBGE, which also allows a comparison with the general population.

Regarding religion, more than 60% of the residents of the city of Londrina consider themselves Catholics and 29% consider themselves Evangelical (IBGE, 2010), while approximately 35% of the couple and family psychotherapy applicants considered themselves Catholic and a percentage close to 35% Evangelical, up from 29% of the general population of the municipality. In this sense, the study of Ciscon-Evangelista and Menandro (2011), with Pentecostal evangelical couples, showed that, because of the understanding of marriage as indissoluble, there was greater availability for the management of conflicts, forgiveness, and renunciation in favor of the conjugal relationship, a fact that could motivate seeking couple and family psychotherapy.

Residents of cities in the Londrina region were responsible for some of the requests for couple and family psychotherapy, a fact that highlights the absence of similar services in these places and the lack of provision of care to this population in the other Psychology school-services of the municipality, which includes six higher education institutions that offer Psychology degrees. However, the majority of the public attended presented concomitance with other treatments, which may also motivate seeking couple and family psychotherapy. In agreement with this argument, it was noticed that, although almost 26% of the population sought care through their initiative, with a significant amount of referrals by health professionals (17.65%) or specifically by psychologists (16.47%). Similarly, in the study by Neumann and Wagner (2015), 26.8% specifically sought family therapy, noting that the others had sought the institution expecting another type of referral. In the research by Pires et al. (2016), it was found that 34.5% of the couples and 16.9% of the families sought the service on their initiative, noting that it was easier to seek couple psychotherapy spontaneously than the family care.

Concerning the complaint, there was a persistent indication of relationship problems in general between the couple, parents and children or between siblings, totaling more than 40% of the complaints, which can be considered as a relevant demand for couple or family psychotherapy. However, the focus was on one of the family members, whether for emotional or behavioral problems, in more than 30% of the cases. Therefore, the election of an identified patient as the reason for seeking care was observed, without recognition of the issue as a problem of the family group as a whole, something broadly portrayed in the literature (Sei, 2009).

It is possible to understand that there is an acknowledgment of the work developed by this type of clinical intervention in the cases of indication of couple and family

psychotherapy by professionals of the Judiciary (8.24% of the cases), in the referrals for the recovery of the family bond after institutionalization (4.60%), in the situations of violence (3.44%) or those of adoption (1.15%). There is a belief that couple and family psychotherapy can play an essential role in the care and promotion of health of these families. However, it is important to note that in these cases the demand does not come from the couple or the family, but from an external source, which dictates the laws and at the same time observes the importance of this type of care. This fact can provoke resistance and abandonment of the treatment.

The construction of shared demand is something that must be addressed in these situations (Machado, Féres-Carneiro, & Magalhães, 2011), since some couples and families attend the service, knowing the request by the Judiciary. However, they are not effectively attached, without opening for interventions or without actually reporting their experiences for fear of material exposed in the reports requested by the judge. This recognition is an addition for couple and family psychotherapists, given the possibility of inserting them into spaces such as the Family and Child Courts, however, it is presented as something to be explored by researchers in the area. The limits and possibilities of couple and family psychotherapy (Gomes, 2003) need to be examined concerning mandatory referrals since these can increase the already natural resistance in the scenario of this type of clinic (Sei, 2009).

We should consider that, through this characterization, the profile and the demand for couple and family psychotherapy performed in an academic and institutional environment, something still scarcely studied in the national scene, could be identified more clearly. We recommend the undertaking of other similar studies, as well as a uniformity sought in the criteria adopted among the investigations, with the aim of favoring the comparison among the users of this type of service.

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