

Mediterranean Journal of Clinical Psychology MJCP

ISSN: 2282-1619

VOL 5 N.1 (2017)

Counselling University Students A Psychoanalytic Approach of the Single Case Report

MASSIMILIANO SOMMANTICO¹, BARBARA DE ROSA¹,
SANTA PARRELLO¹

¹ Department of Human Studies ,University of Naples “Federico II” – Italy

Email Corresponding author: sommanti@unina.it

Abstract

The authors describe a psychoanalytic approach to the counselling with university students, as it is proposed at the University of Naples Federico II. On one hand, the focus is on the specific evolution phase of counselling students, which is late adolescence; on the other hand, it is on the specific aspects of the approach at issue. The authors particularly carry out a description of three characteristics of psychoanalytic counselling with university students: the specific space-time of the setting, the functioning through the free association/freely floating attention, the transference/countertransference dynamic. The authors support their theses, by presenting the clinical case of a student, who consulted the Psychological Counselling Centre for University Students (CCPSU).

Clinical excerpts of four counselling sessions are then briefly commented on the basis of the theoretical-clinical paradigm of reference.

Keywords

Brief counselling, psychoanalysis, university students, mourning, developmental impasses

Introduction

In view of the different psychodynamic approaches to counselling (Hetherington, 1999; Giannakoulas & Fizzarotti Selvaggi, 2003; Spurling, 2004; Rana, 2010), in the present essay we wish to propose a reflection on the specific aspects of the psychoanalytic approach, as it is applied at the Psychological Counselling Centre for University Students (CCPSU) of the Division of Humanities of the University of Naples 'Federico II', attended by students of Arts and Humanities (Ferraro & Petrelli, 2000a).

Albeit characterised by many aspects overlapping with the better-known pattern of the London Tavistock Clinic (Colpey, 1976; Salzberger Wittenberg, 1977; Noonan, 1983), the approach at issue has nevertheless specific characteristics that differentiate it from that approach as well as from similar others followed at the University of Naples (Adamo, 1990; Valerio & Adamo, 1995) or in other Italian universities (Fiore, 2001; Ruvolo, 2005; Boni, Luderin, Semi & Tortorella, 2014).

In general terms, the psychoanalytically-oriented intervention aims at facilitating the consulting students' insight process on their own emotional problematics as well as at facilitating their capacity of self-reflection on their defensive mechanisms (Freud, A., 1936; De Rosa, 2003a-2003b).

Sometimes such a brief intervention can represent the preliminary step of a request for psychotherapy, if not of a proper psychoanalytic path. In fact, such a preliminary work may actually help to open up spaces of thought and awareness that can give rise to an authentic request for a long-term and more structured help.

The Consulting Student as Young Adult

University years mark the slow and gradual passage from the end of adolescence to the early adult age. This passage, between the ages of 18 and 25, entails the rearrangement of separation/individualisation processes launched already in the previous developmental phase as well as the personality stabilisation and integration. As is highlighted by several authors (Blos, 1962; Erickson, 1968; Henny, 1985; Petrelli, 2000), the transition to the adulthood develops as a potentially critical time, during which the need to make decisions on one's own future can catalyse impasse processes of different degrees, often due to the incapacity to assume conflicts and to the difficulty of proceeding within a wider temporal perspective with regard to a future planning horizon. (Parrello, 2013a). Such a 'closed future' represents one of the distinctive features of contemporary distress, which is parallel to the transformation of the parental function (Kaës, 2005; Sommantico, 2010).

In fact, one of the difficulties mostly encountered by students requesting the intervention is related to the incapacity to pursue one's one's studies, the often chronic difficulty of sitting for exams. This difficulty often entails emotional and symbolical meanings: success in studies is often related to an unsolved oedipal conflict with with the parental authority and can give rise to sense of guilt and despondency, alongside the relative spheres of dependency, competition, inappropriateness, increase of rage and aggressiveness aggressiveness (Sommantico, Donizzetti, De Rosa, Parrello & Osorio Osorio Guzmán, 2015). This fully conforms to the fact that these young adults are still elaborating dynamics arisen in their early adolescence; their being students seems then to be a sort of suspension suspension of the psychic time, a temporal dilation that seems to push push autonomy and realisation further and further away. In this sense, sense, the crisis, or impasse, can be considered either as a signal of the of the reactivation of specific unsolved issues of the developmental developmental stage or as resulting from older origins. In fact, the

the main developmental task concerning this stage of adolescence is adolescence is related to the capacity to connect inner and outer world, by exploring both of them, dealing with possible traumatic traumatic residues of childhood that cannot be neglected (Parrello, (Parrello, 2013b). However, the crisis can also be a potential element element of development and change, allowing teenagers to become become more aware and able to provide a meaning to their discomfort.

Moreover, as stated by Ferraro and Petrelli (2000b), especially in a university such as that at issue, attended by many students coming from other towns, ‘the processes of separation peculiar to development are accompanied by other concrete separations, experienced within the outer world and tending to stabilise mechanisms of division, often painful and mutilating’ (p. 26). The impasses related to the inner experiences of separation are accompanied by the difficulty of dealing with experiences of separation imposed by the outer world, so that the specialist is required to have a double attentional focus.

The Psychoanalytically-Oriented Brief Counselling

The main elements of the psychoanalytically-oriented brief counselling are: the specific spatio-temporal features of the setting; the free association/freely floating attention functioning; the transference/countertransference dynamic. Synthetically, we might say that here the focus is on the specialist’s capacity of psychoanalytic observation (Sommanico, 2012) and, more generally, his/her inner psychoanalytic organisation. Let us analyse in more detail these three aspects.

The Specific spatio-temporal Features of the Setting

The first characteristic of this psychological intervention is its being brief, as are others. The students are proposed 4 weekly sessions – every week at the same time on the same day – that can be followed a

further cycle of 4 sessions, on the basis of the specialist's careful evaluation. The further cycle, which is to be considered as a follow-up intervention, can be carried out only after an appropriate period of pause – at least two months – after the previous one.

These spatio-temporal specific characters are precisely what qualifies the proposed setting, which is then more than a mere work context; more than a setting/frame (Bleger, 1967), it is a 'transformational agent of the process' (Ferraro & Petrelli, 2000b) and becomes 'the opening of a space of thought and reflection, but also of waiting, able to concretely enhance the importance of the formative path of the emotional aspects beside those merely cognitive related to learning' (id., p. 30).

Such a temporal limitation informs the relationship from the very first encounter and, influencing the expectations of the consulting student as well as of the specialist, leads to 'an elaboration of the problematics related to the separation and the limit as function accompanying the whole path' (id., p. 34).

Therefore, although there is not an extended listening time that could allow the transformational perspectives of a long-term work, nevertheless the proposed intervention 'opens up perspectives of knowledge that, albeit detailed, can however enlighten deep problematics, which are then entrusted to the individual's capacity of re-elaboration' (id., p. 37). In this sense, the objective aimed at allowing the consulting student to live the fundamental experience of being involved arises from the kind of attitude shown by the specialist; a non-directive attitude, not based on interpretative focal strategies aimed at 'archiving' the problem. This leads us to the following specific aspect of the model at issue.

The Free Association/Freely Floating Attention Functioning

Clearly unlike other forms of psychoanalytically-oriented brief psychotherapy, the proposed model of counselling facilitates the free free association functioning in the consulting student, without detecting a specific focus, to which the specialist could direct the

the patient's attention, interrupting the flow of associations. On this basis, the meanings are highlighted more than symptoms. In parallel, as Donadio states (2000), the specialist considers as 'fundamental the possibility... of keeping an attitude of opening and tolerance towards uncertainty, keeping trust in the possibility of establishing a deep contact... with the other and that the student may be capable of integrating his most significant problems into the relationship' (p. 15). In this sense, an attitude that recalls the negative capability proposed by Bion (1967), according to whom the specialist listens to the patient, tolerating doubt and anxiety of knowledge, without relying on what he/she already knows about the patient or on the reference theories. But also a functioning that recalls the freely floating attention peculiar to the psychoanalytic setting; being receptive toward all the material provided by the consulting student has however to be counterbalanced by the necessity – entailed in the setting of counselling – to reach 'in all likelihood at the end of the the first session a focal diagnosis of the situation and to direct the the following sessions according to this' (Ferraro, 2000, p. 65). It is a It is a focalisation that develops at a double level: on one hand the the frame-container, on the other hand the specific aspects arising arising from one's own developmental condition. Synthetically, it is a it is a focalisation that, according to a non-directive attitude, represents the 'maintenance of a fast and insistent rhythm of observation, focusing on the events occurring between one session session and another and employing them as significant clues of a process in progress' (id., p. 71). In this sense, recalling the previous previous point, 'if the non-directiveness of the intervention is aimed at aimed at facilitating the free associations... the precise definition of definition of the temporal limit recalls a principle of reality conform conform and adequate to the institutional tasks' (Ferraro & Petrelli, Petrelli, 2000b, p. 35)

The Transference-Countertransference Dynamic

Lastly, concerning the use of transference and according to what was stated by Salzberger Wittenberg (1990), in this specific kind of clinical intervention, the use of the centrifugal transference is preferred over the centripetal that rather characterises classic analysis. Similarly, rather than resorting to the classic interpretations of transference, the specialist complies with explicit verbalisations that are not aimed at clarifying childhood distress but, 'by insisting on the spatio-temporal borders of experience, at activating the capacity of recovering and restoring a blocked temporality' (Ferraro, 2000, p. 54). Therefore, they are interventions aimed at focusing on the difficulties entailed by the impasse during studies and that, if analysed on the basis of their historical connections, lead to developmental possibilities of unblocking and overcoming. We would like to underline that, in parallel, there is a focus on fantasies and effects that can allow a preliminary approach to the eldest problematic core, which could be tackled in a further long-term intervention.

In the perspective of the countertransference, we would like to underline that precisely the brevity of the intervention may lead the specialist to urgently provide an interpretation or to show an omnipotent therapeutic ambition, which is typical of the brief forms of therapeutic treatment. On the other hand, brevity is precisely what can make us feel experience as illusory, provoking sense of loss and incompleteness. As highlighted by Ferraro & Petrelli (2000b), 'this often entails the necessity of resisting the pressure belonging to this specific field to give rise to a wholly complete form, and of enhancing rather the transitional qualities of this experience' (p. 35). This transitionality, well highlighted by Winnicott (1951), fits perfectly the psychic aspects of late adolescence and young adulthood (Alleon, Morvan & Lebovici, 1985).

Clinical material

We will briefly present and comment a sequence of clinical excerpts concerning four sessions of a psychoanalytically-oriented brief counselling intervention, carried out within the CCPSU on a 24-year-old student, whom we will call Case 1 .

From the First Session

Case 1 (25 years old) is pale and clearly nervous. I immediately notice her way of playing down her feeling nervous through an uncomfortable smile, almost a grimace. She talks about her problems at the University, a periodic impasse with her exams. She talks about episodes that she defines 'panic attacks', when she takes means of transport: subway, bus, train and, recently, also cars. She says that these problems arose during her last year at high school, when her mother passed away. Of course, it is quite normal to experience confusion after one's mother's death, but she kept feeling like this, as if she had lost her protection. Her first year at university, she had moved to town from the village where she used to live with her family. She now realises the great change caused by her moving and I add that this period of her life was actually characterised by a general shake-up: first, her mother's death, then her moving to town, together with the passage from high school to university, which often is not easy. In fact, she says that, alongside the general difficulty of that time, this passage had been complicated; she felt 'somehow bewildered and devoid of any support'. She lives in a flat with a friend of hers, who comes from the same village, and another girl, and she has a good relationship with both of them; apart from them, she basically hangs out with friends at the weekend, when she goes back to her village, also because she did not meet many new people. She tells me that precisely, while she was talking

talking with her friend and thinking about coming to this Centre, she remembered an important episode that happened when she was ten. At the time she had an 'asthma attack' or something similar... 'I felt like I couldn't breathe.. Today I think that it was rather a 'panic attack'. She was admitted to the hospital 'but it was nothing... Then, I couldn't eat for three months'. Her family and she started a six-month family therapy, but everything ended quite quickly, although her relation with food has always been problematic. In fact, recently she lost 5/6 kilos in 5 months. 'I do eat, but I eat very slowly, because I feel like I could suffocate, as if I couldn't swallow. For this reason, I try to never eat out'. I detect her capacity to create associations, so that I propose them back to her: for example, she associated what she said with her mother's distress. Although her mother died of stomach cancer, after a two-year therapy, she tells me: 'Also my mother had this problem with swallowing. She had surgery in order to enlarge her esophagus, otherwise she risked suffocating... do you know what I thought? They are all organs related to food...'. I tell her that these associations sound important to me and that they could tell something more about her relationship with her mother, which had been so intense that it could make her feel what her mother had also felt, which could somehow be a way to keep her mother with her.

From the Second Session

Case 1 says that she thinks a lot, maybe too much, and that for this reason sometimes she cannot sleep. She feels like she makes arbitrary associations between things: 'I am not sure that it is like this, but I happen to think this kind of things... For example, I know that all this is related to my mother's condition... I know that everything started at that very moment'. I tell her that I rather find her associations very important. I think that it is important the fact that she wonders about things and that she can make associations between them, as she did the last time about her and her mother's symptoms. She tells me that she thought about it and that probably she knows when all this began. began. After high school, she had lived in a flat in town, but then she

then she moved back to the village. She had felt bad for a few months, she could barely get up: 'I didn't go out, I couldn't tolerate people, it was like I was angry, but it wasn't against anyone, I was just very angry and everybody bothered me'. I tell her that probably, after a first attempt of reaction for such an important loss, this had been the moment that she had really let herself go. She says that it is so, that it is like she had reacted 'late'. She tells me that she moved back to her village, because she felt guilty towards her father and especially towards her brother who needed her presence. 'He was so young, he was 13 and half years and once he called me and cried on the phone, he told me that he spent so much time alone at home... You know, we are not so communicative, we don't speak so much and my mother was a sort of bridge between us... we talked to her and she talked to my father...'. I tell her that probably she tried to replace her mother, to fill her absence, to become the new 'bridge'. She says that it is exactly so; she felt guilty and she feels that her general impasse is related to the fact that 'I felt I was getting by and then I felt guilty about this'. I told her that this association is also important and that sometimes, when someone passes away, we happen to feel guilty of doing what we used to do, of keeping on living, as if this might mean that we forgot and 'got by'. She tells me that it is so and that, for example, when she had moved back to her village and stayed all the the time at home, she had felt guilty, because she thought that she she could have done more during the two-year period of her mother's mother's illness.

From the Third Session.

Remembering her frequent moving from town to her village and back, she says that, if now she can stay even two weeks in town without going back to the village, during her first two years of university she used to spend three days in her village and three days in town. 'Actually, I didn't feel good either in town nor in my village... I didn't feel good anywhere... Today I think that I was not dealing with the problem. I was here and I thought about home, and when I was

there I thought about my studies here... Probably it would have been better to move one year later, I would have probably faced up to it earlier.. Probably moving was a bit like escaping.. so I had not to experience the loss of my mother every day... Sometimes, when I came to town, I thought that once back home I would see my mother again ... I knew that it was impossible, but sometimes I still had this this fantasy'. I tell her that probably such a magic thought helped her helped her to tolerate the loss on one hand, whereas on the other it did it did not allow her to really deal with it, as if she was kept hanging. hanging. She tells me that she remembers that, in the last days of her her mother's life, after her father told her that there was no more hope hope and that it would happen in a few days, when someone asked her asked her how her mother did, she answered that she felt better: 'In 'In fact, she was really better, as far as possible, but I tried not to realise that she was going to pass away'. She says it with the usual usual smile that she has when she tries to play down her feelings, and feelings, and this makes me sad; I feel I cannot tell her anything, since since what she tells me recalls similar experiences of my own related related to a significant loss. Nevertheless I believe that my silence and silence and my look can express my support, the fact to be at her side. side. She remembers that, during the last week, her mother was under under morphine and couldn't recognise her. The last time she recognised her, she told her: 'What are you doing here? Go to study'. study'. She tells me that this makes her think about what we said about guilt during the last session. Probably she realises that she considers her studies a way 'to get by and to overcome the loss', as as well as that she had felt guilty when she studied for her high school school graduation and couldn't go to visit her mother at the hospital. hospital. 'Probably that surgery on the esophagus was related to the the cancer that was later diagnosed'. She says that all this perfectly perfectly represents the thoughts she had during her early years at at university. She went to her lessons and couldn't stop thinking, she she couldn't follow the lesson. I make an association with her insomnia, saying that probably something similar happens when she she goes to sleep, as if her thoughts took all her mental space. She

She says that it is right, that when she switches the TV off and thinks she is asleep, she suddenly starts thinking for hours, and that that the same occurred when she lived in her village.

From the Fourth Session

I find Case 1 particularly nervous and, not long after, she tells me that her aunt, her mother's eldest sister, to whom she is very close, does not feel well. She suffers from 'fluid effusion in her stomach'. Also for this reason she has been anxious this week. Today her aunt is in town for a MRI and Case 1 is 'nervous about the result'. She makes by herself an association with her mother's disease and I tell her that probably now she is worried about the possibility that her aunt might have a cancer. She says that it is so but also that she has known about it later, as had occurred with her mother. Two weeks ago her aunt decided to undergo further tests and apparently there is some suspicion. Also when it happened to her mother, she had been informed only when the cancer was at an advanced stage. Until yesterday she hadn't talked with anybody about it, then she told it to a friend of hers, but also during this session she was about to forget to mention it; she has known it the last week, but she 'repressed' it. I tell her that this is probably what happened at the time the time of her mother's disease and, before I can finish my sentence, she says: 'it is exactly the same as when during the last week of my mother's life I used to say that she felt better'. I tell her that this is precisely what I was thinking about, her difficulty in saying things, in giving them their real name, and that this difficulty is probably related to her fear of making things happen by uttering them; if you don't say it, maybe it doesn't exist. She nods and she is clearly moved, but she clenches her jaws and holds back tears, assuming that peculiar expression that I had noticed at our first encounter. I can feel her emotion and we both experience a dense silence. Then, she tells me again that she hasn't talked often about herself, also because this makes her cry and she cannot stand crying in front of people. I tell her that this is

is probably a way of not feeling all that pain that, nevertheless, remains, as if it was in a closet. Her face is drawn and she tries to hold to hold back tears and says: 'it is exactly so, and therefore talking now talking now seems to be better...otherwise I suffer more'. After a a silence, she tells me that, for example, when she knew about her her aunt, she wanted to visit her, but she finally thought: 'If I go to to visit her, it means that she's ill, but I don't know yet if she's ill or ill or not, so I won't go'. I tell her that this is precisely what we are are talking about, her difficulty in making real and concrete what she what she worries about, what makes her suffer. Quite emotionally, she emotionally, she says: 'If I find out that my aunt is really ill, I don't don't want to sleep this time, I want to be more active and ready to be to be there'. I tell her that she is probably referring to what happened happened when in her village she stayed in bed for months and that that maybe now she doesn't want to become depressed but she wants wants to try to react. She tells me that it is right, that this time she she feels that reacting is important. And I add that, perhaps, this would be a way of doing what she feels she avoided doing when her her mother was ill. She tells me that it is so, 'although I know that it that it is not the same... but I want to be there this time... I want to be to be more present... at that time I was young, not now'.

Commentary in Short Points

Following Pascale Langer and Petri (2000), we think that we can state that in this specific case university impasse can be interpreted 'as a manifest symptom of a deeper developmental impasse caused by a loss' (p. 217), in which 'the weight of a real trauma, a mourning, seems to be invasive and to occupy the whole mental space' (id.). A situation, in which the grief for a loss impedes the elaboration of suffering, so that it blocks any growth process.

More specifically, the issues, on which we have focused the most with respect to this specific case, are the transference-countertransference dynamic, the melancholic aspect, the narcissistic identification with the mother – through the symptom –, the oedipal dynamic.

As for Case 1's transference, it has been as if I was supposed to be present, living, but never indispensable for her at the same time, in order not to highlight the dependency that, despite her need for support, she definitely refuses. An evidence in this sense is the fact that, in one of the sessions, while she was talking about a boyfriend that she considers important, she says: 'there were moments when I couldn't tolerate him, I used to keep him at a distance, I had no sexual desire towards him... I felt like I was relying too much on him and this made me furious'. Case 1 re-proposes such an ambivalent kind of relationship through the transference. In the perspective of the countertransference, the intimacy I felt towards Case 1 is undoubtedly related to the fact that some of her defensive reactions in front of her mother's death, her struggle to become aware of reality, while her mother's death was about to take place, all this reminded me some of my own defensive reactions in front of my brother's death, which led me to deal again with this issue within my personal psychoanalysis. In fact, in similar clinical situations a particular work of elaboration is required to be carried out by the specialist, who is involved in emotional experiences of countertransference based on impotence and lack of trust in the goodness of his/her intervention.

As for the melancholic-narcissistic aspect (Freud, 1914), we wondered to what degree the identification with the mother – and now also with her aunt, always in female line – can be an identification through the body, within the body, which recalls a more primitive aspect of cannibalistic-embodiment character (brining parts of the object's body into oneself), and to what degree can it be considered rather in a hysterical sense, as an identification through symptoms contamination (Freud, 1921); this contamination seems to occur at a female-line level. Moreover, the self-awareness develops as a form of melancholy, just as seductiveness, albeit transmitted through a humble and demanding attitude, follows the hysterical character. Similar considerations can be applied to that specific characteristic, peculiar to melancholy, consisting in a sort of arrest of time. In this sense, the four sessions helped Case 1 to

approach ‘the elaboration of her mourning, and became an opportunity for a preliminary elaboration of her experience of the loss the loss and for a new placement, thanks to the rhythm and the temporal aspect of the sessions, which have offered a linear temporal flow’ (Pascale Langer & Petri, 2000, p. 218). Furthermore Case 1 appears to be in that typical preliminary phase of phase of mourning, highlighted by Freud and characterised by the fact the fact that the psychic sphere is colonised by the lost object as well well as by the idea that letting it go might mean to abandon it to its its sad fate, so that its existence is actually prolonged: this is one of of the roots of the narcissistic identification with the lost object. Finally, as underlined by M. Klein (1940), since any loss is unconsciously experienced as a consequence of its ambivalence – – mainly of the hate towards the object –, in order that an elaboration elaboration of mourning might be possible, the subject must deal with with this ambivalence; and this seems to be quite complicated for for Case 1.

In conclusion and according to what we have said, in the perspective of the more specifically oedipal dynamic of the patient, we wondered to what degree her mother’s death might have become even more traumatic for Case 1, precisely for its value as ‘actual realisation’ of her desire of ‘throwing her out’, in order to take her place at her father and brother’s side. In other words, we wondered to what degree Case 1’s sense of guilt was related to her phantasmatic issue of having actually ‘thrown out’ the oedipal rival, in order to supplant her. This would confirm the hypothesis of the ambivalent relationship with the lost object, typical of melancholy. Similarly, the lack of sexual desire towards the boy mentioned by Case 1 suggests that her mother’s death might have made ‘stronger the sense of guilt and more dangerous the rivalry towards her mother as well as the sexual desire towards the father. Reactivated at an unconscious level by the relationship with the boy, the erotic fantasies cannot be tackled any longer’ (Pascale Langer & Petri, 2000, p. 227).

Conclusions

We could then state, following Winnicott's considerations (1971), that even in a sphere different from the specifically psychoanalytic, proposing an adequate method and setting can allow the consulting subject to access conflictual emotional aspects that can be elaborated within the relationship with the specialist. In particular, with reference to the case at issue, we can say that, despite the brevity of the intervention, the four sessions allowed an initial elaboration of the loss (Pascale Langer & Petri, 2000).

The emotional contact that develops in similar situations becomes meaningful precisely when it concerns post-adolescence (Chamboredon, 1985), during which the problematics related to the acquisition of adult identity seem to be more binding (Aleni Sestito & Parrello, 2004). In fact, as recalled by Ferraro and Petrelli (2000b), the spatio-temporal characteristics of the setting of the psychoanalytically-oriented brief counselling 'present themselves... as a significant gestalt that interacts with the specific problematics of post-adolescence as well as with the tensions created by the impact with the institutional context of University' (p. 29). The sessions of the psychoanalytically-oriented brief counselling, such as 'space of suspension and waiting... are intended to represent... a crack or a glimmer that, supporting doubt and uncertainty, allows different forms of thinking and maybe of understanding to take place' (id., p. 31).

In conclusion, we can say that the main goal of the brief counselling within university is to facilitate the students' critical self-reflective process, by enhancing aspects related to discovery and surprise, which can produce changes in that self-representation which is often paralysed by the impasse.

References

1. Adamo, S. M. G. (Ed.) (1990). *Un breve viaggio nella propria mente. Consultazioni psicoanalitiche con adolescenti* Napoli: Liguori.
2. Aleni Sestito, L. & Parrello, S. (2004). La transizione all'età adulta. Storie di giovani quasi-adulti *Ricerche di Psicologia*, 4, 57-77.
3. Bergeret, J. (1985). Post-adolescence et violence In A. M., Alleon, O. Morvan. & S. Lebovici (Eds.), *Adolescence terminée, adolescence interminable* (pp. 69-81). Paris: Presses Universitaires de France.
4. Bion, W. R. (1967). Notes on Memory and Desire. *Psychoanalytic Forum*, 2, 271-80.
5. Bleger, J. (1967). Psycho-analysis of the psycho-analytic frame. *International Journal of Psychoanalysis*, 48, 511-519.
6. Blos, P. (1962). *On adolescence: A psychoanalytic interpretation*. New York: Free Press.
7. Boni, M., Luderin, P., Semi, A. A. & Tortorella, A. (2014). *Studenti pazienti. Percorsi di pensiero con studenti universitari*. Milano: Raffaello Cortina.
8. Chamboredon, J. C. (1985). Adolescence et post-adolescence. La "juvénisation": remarques sur les transformations récentes des limites et de la définition sociale de la jeunesse. In A. M., Alleon, O. Morvan. & S. Lebovici (Eds.), *Adolescence terminée, adolescence interminable* (pp. 13-28). Paris: Presses Universitaires de France.
9. Copley, B. (1976). Brief work with adolescents and young adults in a counselling service. *Journal of Child Psychotherapy*, 4, 93-106.

10. De Rosa, B. (2003a). Gli stili difensivi e il percorso di scelta . *Psicologia Scolastica*, 2, 32-47.
11. De Rosa, B. (2003b). Difese in tarda adolescenza e il loro rapporto con l'identità di genere [Defences in late-adolescence and their relation to gender identity]. *Psichiatria dell'Infanzia e dell'Adolescenza*, 70, 351-361.
12. Donadio, M. (2000). Introduzione. In F. Ferraro & D. Petrelli (eds), *Tra desiderio e progetto. Counseling all'Università in una prospettiva psicoanalitica*. (pp. 11-22). Milano: Franco Angeli.
13. Erickson, E. (1968). *Identity: Youth and Crisis*. New York: Norton & Co.
14. Ferraro, F. (2000). Scenari del limite: considerazioni sulla tecnica. In F. Ferraro, D. Petrelli (eds), *Tra desiderio e progetto. Counseling all'Università in una prospettiva psicoanalitica* (pp. 51-76). Milano: Franco Angeli.
15. Ferraro, F. & Petrelli, D. (Eds.) (2000a). *Tra desiderio e progetto. Counseling all'Università in una prospettiva psicoanalitica*. Milano: Franco Angeli.
16. Ferraro, F. & Petrelli, D. (2000b). Lo spazio-tempo del counselling: un intervento liminale [Counselling space-time: a liminal intervention]. In F.
17. Ferraro & D. Petrelli (eds), *Tra desiderio e progetto. Counseling all'Università in una prospettiva psicoanalitica* (pp. 25-37). Milano: Franco Angeli.
18. Fiore, M. (Ed.) (2001). *Studente, Università, Servizio di consultazione psicologica, Identità in fieri* . Roma-Bari: Laterza.
19. Freud, A. (1936). *The Ego and the mechanisms of defence*. London: Hogarth Press.

20. Freud, S. (1917). Mourning and melancholia (Standard ed., Vol. 14, pp. 237-260). London: Hogarth Press.
21. Freud, S. (1921). Group psychology and the analysis of the Ego (Standard ed., vol. 18, pp. 67-143). London: Hogarth Press.
22. Giannakoulas, A. & Fizzarotti Selvaggi, S. (2003). Il counselling psicodinamico. Roma: Borla.
23. Henny R. (1985). L'étudiant entre sa création et son inhibition. In A. M., Alleon, O. Morvan. & S. Lebovici (Eds.), *Adolescence terminée, adolescence interminable* (pp. 99-110). Paris: Presses Universitaires de France.
24. Hetherington, A. (1999). Brief psychodynamic counselling with young adults. *Counselling Psychology Quarterly*, 12, 319-325, doi: 10.1080/09515079908254102.
25. Kaës, R. (2005). Il disagio del mondo moderno e la sofferenza del nostro tempo. Saggio sui garanti metapsichici [The distress of modern world and the suffering of our time. Essay on meta-psychic guarantors]. *Psiche*, 2, 57-67.
26. Klein, M. (1940). Mourning and its relation to manic-depressive states. *International Journal of Psychoanalysis*, 21, 125-153.
27. Noonan, E. (1983). *Counseling young people*. London: Methuen & C.
- Pascale Langer, F. & Petri, F. (2000). Lutto e impasse evolutivo. In F. Ferraro & D. Petrelli (eds), *Tra desiderio e progetto. Counseling all'Università in una prospettiva psicoanalitica* [Between desire and project. Counselling at University in a psychoanalytic perspective] (pp. 217-232). Milano: Franco Angeli.
28. Parrello, S. (2013a). Introduzione. Siamo noi i veri paesi [Introduction. We are the real countries]. In S. Parrello (Ed.), *Verso l'età adulta:*

orientamento scolastico come sostegno al Sé in transizione (pp. 13-27). Roma: Aracne.

29. Parrello, S. (2013b). Conflitti e scelte in adolescenza. La funzione adulta nelle istituzioni formative. In S. Parrello (Ed.), *Verso l'età adulta: orientamento scolastico come sostegno al Sé in transizione* (pp. 31-50). Roma: Aracne.

30. Petrelli, D. (2000). La tarda adolescenza: processi di identificazione e assunzione di responsabilità. In F. Ferraro & D. Petrelli (eds), *Tra desiderio e progetto. Counselling all'Università in una prospettiva psicoanalitica* (pp. 79-119). Milano: Franco Angeli.

31. Rana, R. (2000). *Counselling Students: a psychodynamic perspective*. London: Macmillan Press.

32. Ruvolo, G. (Ed.) (2005). *Domanda e offerta di consultazione psicologica nei contesti universitari. Esperienze e modelli applicativi*. Milano: Franco Angeli.

33. Salzberger Wittenberg, I. (1977). *Counselling young people*. In D. Daws & M. Boston (Eds.), *The child psychotherapist and problems of young people* (136-159). London: Wildwood House. Reprinted London: Karnac Books, 2002.

34. Salzberger Wittenberg, I. (1990). *Transfert e controtransfert nel lavoro breve con i giovani*. In, S. M. G. Adamo (Ed.), *Un breve viaggio nella propria mente. Consultazioni psicoanalitiche con adolescenti* (pp. 49-67). Napoli: Liguori.

35. Sommantico, M. (2010). *La Ciénaga. Ou le malaise dans la famille comme révélateur du Malaise dans la culture*. *Cahiers de Psychologie Clinique*, 34, 205-217, doi: 10.3917/cpc.034.0203.

36. Sommantico, M. (2012). *Feel with the eyes. Notes on infant observation in psychoanalysis between formation, clinical practice, and research*, by V.

Boursier, *The International Journal of Psychoanalysis*, 93, 259-265, doi: 10.1111/j.1745-8315.2011.00519.x.

37. Sommantico, M., Donizzetti, A.R., De Rosa B., Parrello S. & Osorio Guzmán M. (2015). L'invarianza per età nella validazione italiana dell'Aggression Questionnaire (AQ) di Buss e Perry. *Psicologia della salute*, 3, 111-125, doi: 10.3280/PDS2015-003006.

38. Spurling, L. (2004). *An Introduction to Psychodynamic Counselling*. London: Palgrave Macmillan.

39. Valerio, P. & Adamo S. M. G. (1995). Psychodynamic counselling in a university setting. A space for thinking together over emotional problems. *Psychodynamic Counselling*, 1, 576-590, doi: 10.1080/13533339508404155.

40. Winnicott, D. W. (1951). Transitional objects and transitional phenomena. In *Collected Papers* (pp. 229-242). London: Tavistock Publication Ltd., 1958.

41. Winnicott, D. W. (1971). *Therapeutic consultation in child psychiatry*. London: Hogarth Press.

© 2014 by the Author(s); licensee Mediterranean Journal of Clinical Psychology, Messina, Italy. This article is an open access article, licensed under a Creative Commons Attribution 3.0 Unported License.

Mediterranean Journal of Clinical Psychology, Vol. 5, No. 1 (2017).

Doi:10.6092/2282-1619/2017.5.1354