



The contribution of psychotherapy to Intergenerational Transfer: analysis of the archetypal dynamics *Senex et Puer* – the “In.Tra” project

Casamassima S., Russello C., Lucchese F., Cantiano A., Cuzzocrea G., Franquillo A.C., Guccione C., Berivi S., Grassi A., Caretti V.

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Corresponding author

Casamassima S., Russello C., Lucchese F., Cantiano A., Cuzzocrea G., Franquillo A.C., Guccione C., Berivi S., Grassi A., Caretti V.

Abstract: : Everything “in a nutshell”, which grows and directs at the future, is supported by *Puer*, while everything mature, realized and consolidated, claims the power of *Senex*. The harmonized union between *Senex* and *Puer* activates the creative and nurturing function of the Soul. In this work, the authors highlights the contribution of psychotherapy, offered to participants of the “In.Tra” project - a pilot study on Intergenerational Transfer - in an archetypal Jungian interpretation according to the *Senex et Puer* dynamics. The initial hypothesis was to verify the possibility of neurocognitive rehabilitation through cognitive and emotional stimulation. This is done in order to reactivate certain areas of the right and left cerebral hemispheres involved in the conservation of cognitive functions, favoring flexibility of intelligence and a greater contact with the unconscious.

The pilot study was conducted on a non-clinical normative sample of 8 subjects and lasted for six months. The phases of the project were: the initial evaluation for each participant, the group play sessions, the group psychoeducation sessions and the individual psychotherapy session. The duration of the latter was six months (for a total of twenty-four weekly sessions). Through the narrative transcripts of the sessions, through a computer program, it was possible to identify the most frequently-used words and the related measurements. Now accepted by the scientific community, this particular methodology allowed the authors to extract the relevant information from the participants' narratives about their comments and observations.



From the results, a general positive trend was observed, with the highly significant improvements and others also reaching significance, with values very close to the cut-off of $p=0.05$.

Thanks to the results attained through the emotional-affective stimulation of psychotherapy, it was highlighted that the participants showed greater respect for limits and boundaries, an increase in the ability to manage and control emotions and a better intergenerational integration in the form of the exchange of knowledge in the intrapsychic and interpersonal Senex-Puer perspective by each participant of the study.

Introduction

The most recent demographic data from Istat¹ highlighted how aging has been in an upward trend in Italy in the last 40 years. The population aged 65 and above represents 23.2% of the total population, those less than or equal to 14 years of age account for 13%, those in the 15-64 age group 63.8%, while the average age has approached the milestone of 46 years.

The aging population is the result of various factors that jointly contribute to changing the demographic structure of the population. Among these factors is the increase in life expectancy, which leads to an increase in the number of elderly people. Another important factor is a decrease in fertility, which in turn determines the erosion of the younger age groups, with the joint result of generating a progressive structural imbalance in the population.

On one hand, it is observed that the phenomenon of aging population is reshaping a large part of the social and economic assets, with transversal pervasive consequences that are reflected in production and consumption, the labor market and above all in welfare, referring to health care and the social security system. They are all gradually being forced to deal with a “demographic issue”. On the other hand, this phenomenon requires a profound cultural and innovative change that is capable of stimulating targeted policies, capable of addressing the change in the social structure due to an aging population, transforming it from a burden to a resource for our society. In fact, since the beginning of the new millennium, there has been a progressive attention to the phenomenon of demographic aging at an international level, to the extent that the European Union has dedicated the year 2012 as the European Year of active aging and solidarity between generations.

This change in perspective has triggered the overturning of the outdated idea that aging is associated with a passive phase of existence, marked by social marginalization and the need for assistance, in favor of a vision of the elderly person as a protagonist of social life (Walker, 2011): in other words, from weight to resource.

Active aging is therefore an ongoing process, which substantiates and progressively consolidates with choices and behaviors that can be directed towards areas of life that are previously unexplored or not considered.

According to two important articles published in two of the most prestigious economic newspapers in the world, the *English Economist* and the *American Business Week*, it is a great damage to the economy to put the elderly as well as their skills aside.

¹ ISTAT report 26.11.2021.



A new trend, yet still fragile, which must be strongly supported by pedagogy, is that it is to value all those who intend to continue to offer their contribution of their professionalism and industriousness, regardless of their chronological age. Peter Laslett (1992) accurately defined the elderly as “trustees for the future”. In reality they will be such to the extent that this awareness will become a committed lifestyle for everyone, aimed at providing suitable conditions to guarantee the full satisfaction of their personal and social needs.

On one hand, there are the elderly who represent a resource for our society; on the other hand we find the young generation, whose mandate in modern society is development and change of pre-established standards in comparison to the older generation which is predominantly conservative. Young people can therefore represent the vital instinct, the ability to seek new ways and solutions, never stopping and constantly renewing oneself.

Let us look at the perspective outlined by Allport (1954), and taken up by Fiske (2010) which stated that social psychology is about the social influence of people on others, that is, the way in which knowledge, thoughts, emotions and behaviors are influenced by real or imagined presence of others. In this sense, the concept of social influence is useful for us to understand the intergenerational dynamics between elderly and young people. Just as the elderly can influence young people through their models, norms and behavioral styles, in the same way young people themselves can act as a source of influence by proposing new rules, values and behavioral models for the elderly. Levine and Moreland (1990) in their model of group socialization argued that both individual members of a group, regardless of their role, and the group itself function as agents of mutual influence.

In social psychology, Moscovici's (1976) genetic model of social influence showed that all people can generate change in others, regardless of whether they are in a superior position in terms of status or power.

In light of this assumption, it is possible to argue that the elderly and young people influence each other by exchanging knowledge and values that potentially modify the knowledge of both parties. It is of vital importance at this point that the relationship between the two generations is marked by utmost solidarity and reciprocity, in order to overcome that limited mentality, probably still predominant, which spreads the artificial and inaccurate vision that a pensioner who works “steals” employment opportunities from a young person. In this way, an artificial contrast between fathers and children was generated, in a more or less evident way, fueling an unfounded and useless intergenerational competition (Mead 1970). Overcoming this vision would allow us, according to Mead, to take note of how much the past of adults represents the future for each generation.

Speaking of the past, there is a strong reference to Carl Gustav Jung's archetypes which represent the product of the collective unconscious. In relation to the intergenerational relationship, the archetypes of reference are *Puer et Senex*, archetypes that deepen the relationship between young and old, both on an interpersonal and intrapsychic level.

Puer is the extremely youthful component of every human psyche, man or woman, old or young, which is eternally wandering, eternally full of desire and ultimately and deeply linked to the archetypal mother (Hillman 1967). *Senex* instead is the psychic energy that from the collective unconscious, reflects all values linked to maturity, wisdom, tradition, knowledge, experience. However, this also leads to blocking of initiatives, fear of novelties and changes, authority, order, power.

Hillman (1967) argued that *Senex et Puer* can manifest themselves in the same way in many different



stages of life and can affect any complex. Our Puer attitudes are not linked to youth just as Senex qualities are not prerogative of old age: the psyche has its own individual course that is independent from the biological course of existence.

On the basis of these premises, there forms the project "In.Tra" which has the general objective of "inverting the intergenerational information/training flow" (so far seen essentially almost one-way - the elderly transmitting their knowledge, experience and wisdom to young people who must learn traditions, education and common sense to grow and improve their future), placing the importance on adolescents' technological skills. Our project proposal aims in part to reverse the roles and in part to combine what the elderly can transfer to the youth with the skills that the young can learn from the elderly.

In particular, this pilot research aims for the intergenerational integration of Senex-Puer and recognizes play (self-training, competition, collaboration) as the cultural tool that allowed people over 50 and people under 30 to communicate, thus favoring the generational exchange.

Overall, the starting hypothesis of our pilot research envisaged to verify the possibility of carrying out a neurocognitive rehabilitation through cognitive stimulation (through play in which the subjects were involved) and emotional stimulation (determined by psychotherapy). This is done in order to reactivate the areas of both right and left brain involved in preserving cognitive functions (e.g. memory, information processing speed ...) and to favor the development of the flexibility of intelligence with a greater contact with the unconscious.

The pilot study oversaw a broad structuring and subdivision of the project into phases: the selection of the sample, the initial evaluation for each individual participant, the group play sessions, the group psychoeducation sessions, the individual psychotherapy session and the statistical analysis.

Here we devote our attention to the emotional-affective stimulation carried out through psychotherapy².

Methodology

In parallel with the cognitive stimulation activity, carried out through play and psychoeducation sessions, each research participant underwent an individual psychotherapy course lasting six months for a total of twenty-four weekly sessions.

It should be noted that due to the Covid-19 health emergency, all meetings were carried out online. The orientation was primarily psychoanalytic or based on free expression of the emotional experiences of each participant. These emotional experiences were solicited by the inputs coming from group meetings (psychoeducation and play) and given a space for personal elaboration within the individual psychotherapy setting. For this research, two psychotherapists were selected who respectively adhered to the rules of the setting. This agreement between the operators regarding the framework was intended to ensure its reliability. Each therapist followed 4 participants.

To each participant, all the meetings were scheduled and the rules of the setting were defined.

The framework of the psychotherapeutic work provided these following elements:

1. Place

- It was ensured that the place where connection was carried out for online psychotherapy was a

² For an in-depth look of the theory of the research's references, see the article Grassi et al. 2022.



soundproofed space to protect the privacy of both the therapist and the patient;

- On the therapist's side, a lot of attention was paid to the session's place in order to avoid that any physical object or object-memory could reveal personal aspects, hence interfering with the psychotherapy session.

2. Time, duration and frequency of the sessions

- A day and a pre-established time for all sessions were fixed;

- The session began strictly, as agreed with the patient, with a duration of 40 minutes;

- An established frequency for the sessions which did not include changes in schedule or made up sessions;

3. Responsibility for the session

- The patient had to be present at all the sessions and to be responsible for all scheduled sessions;

- The therapist had the commitment to hold all the planned sessions with the exception of holidays previously communicated.

4. Absence of censorship

- The patient was invited to say everything that came to him, without any censorship limitations (feelings of guilt and feelings of shame).

5. The fundamental role of free association

- Participants were instructed to let their mind wander without a predetermined conscious control;

- Participants were asked to provide during the sessions a transcript of their dreams, indicating the date.

6. Privacy and confidentiality

- Each participant, during the pre-established period for the project was asked not to undertake other treatment paths;

- All participants were guaranteed respect for privacy and in the same way they were asked to maintain privacy by avoiding talking outside the therapeutic space, both about the therapist and what emerged from the session.

7. The relative anonymity of the therapist

- The participant and the therapist had no previous professional or social contact;

- The participant did not know the therapist's personal life;

- The therapist undertook not to provide personal revelations or express opinions, advice or orders;

- There were no revelations about the therapist from third parties.

8. The use of neutral interventions

- The therapist worked exclusively with the material made available by the patient in each individual session;

- The interventions were considered valid only after having been confirmed by the patient's coded communications;

- The coded interpretations of the triggering elements³ were used;

- Interventions such as questions, clarifications and comparisons were excluded, since they do not normally obtain code validation, a fundamental verification tool.

9. The rule of abstinence

- Limiting the participant's satisfaction to a series of suitable conditions for therapy, of a sound

³ According to Langs, the only way to access the deep unconscious of the patient is interactional decoding, which means the translation of the derivatives in light of the interventions's implication of the therapist.



management of the ground rules and coded interpretations of the triggering elements that lead to insight, validated at the level of deep unconscious;

- Limiting the therapist's satisfactions to the gratifying rewards of properly conducted psychotherapy and being able to help provided to the participant in seeking emotional relief.

All these ground rules were established in the first session and have not been changed for any reason.

Research sample

A total of ten people were selected for this pilot study. Subsequently, two people were excluded from the research who, due to work reasons, could no longer participate in the project for its entire duration. The research was conducted on a non-clinical sample. The subjects were recruited through word of mouth within a Roman university.

Finally, the experimental group was made up of eight people, four over 50 and four under 30. The over 50s were altogether two males and two females, as well as the under 30s (aged 19-25 years).

All the under 30s were university students without a first job while among the over 50s there were two retirees, a worker and an unemployed person.

All participants participated in all research activities voluntarily and free of charge.

Statistical analysis

All psychotherapy sessions were fully transcribed and subjected to a statistical analysis. The choice of fully transcribing each session is supported by Grassi's (1999) idea that "the contribution that the recorded protocols offer to the advancement of research on the psychotherapeutic process is fundamental. The use of registered protocols is no longer a choice to be legitimized and defended, but an indispensable tool for the working model".

Although the use of analyzing transcripts is debated - a method that falls within the family of qualitative research, nevertheless it has the great advantage of being able to dissect different psychotherapy orientations and languages and therefore compare the same material from different theoretical perspectives, with subsequent theoretical and phenomenal contributions (De Bei et al. 2006; Salvatore 2007).

Regarding the evaluation of the transcripts, computer applications have been put in place to identify the most frequently used words and the relative measurements through the use of the software WordCloud, indicated for the generation of statistics from the transcripts' content and the observations generated in the various stages of psychotherapy.

The methodology adopted, now shared by the scientific community, allowed the extraction of relevant information from the analysis of the transcripts based on the participants' narratives, aiding the gathering of their comments and observations.

Results

From the statistical analysis conducted on the transcripts of eight psychotherapy courses (for a total of 192 sessions), the following data were highlighted:

A) A session summary

With more and more sessions taking place, these observations have been made:

- A marked increase in the vocabulary used that testifies the increase in awareness and capability



to observe: “when”, “be”, “father”, “mother”, “sister”.

- A parallel increase in the positive evaluation regarding: “well”, “always”, “dream”, “my”
- A reduction in words like “problem”, “problematic”, “fear”.

B) A summary of the therapist’s observation

There has been an increase in words used like “control”, “be”, “person”, “play”, “speak”.

Discussions

Starting from the hypothesis that play, being a means of communication and intergenerational exchange, acts as a stimulus for both the right and left cerebral hemispheres, in this study we believed that through psychotherapy it was possible to achieve greater correlation/integration between the two brain hemispheres of the participants, making it possible to read the *Senex et Puer* archetypal dynamics. The *Senex* archetype represents the history of each individual while the *Puer* archetype represents all the new and innovative existential possibilities that each of us encounters and which are the same for everyone. Through play, a cultural tool, the skills and talents of the under 30s and the stable, solid value system of the over 50s meet.

In the various phases of the research, the participants were subjected to two types of stimulation: cognitive stimulation and emotional stimulation.

First of all, it was taken into consideration that the participants in this pilot study had not personally requested individual psychotherapy. This element, which immediately highlighted the criticality of the lack of intrinsic motivation of the subjects to undertake the path, although present, did not negatively affect the development of the entire path. In fact, there were no dropout and all subjects concluded the psychotherapeutic treatment. In most cases, the subjects initially did not have a real motivation to undertake the psychotherapeutic path, but subsequently they were able to develop the idea that psychotherapy could represent an opportunity for them to confront their own emotional issues.

The therapeutic *setting*, defined by the rules agreed upon by each participant, represented the constant framework⁴ for the entire duration of the course. According to Bleger’s words (1967), in order for the process to develop, it is necessary to have a *setting* that contains it.

To date, it is observed that there is no full agreement between therapists either on which ground rules are essential for a safe therapeutic experience, or on the limits of managing the framework (Langs 1973-74). As far as our work is concerned, we share the methodology that Langs defined as a safe framework *setting*.

Thanks to his numerous clinical contributions, the author found that in all patients there was a congenital unconscious set of stable rules governing the therapeutic relationship. From this, it follows that the inescapable task of the psychotherapist is to establish the rules of the *setting*, to maintain them and to interpret any attempt to cross them.

These rules agreed upon in the initial contract thus determined what Langs defined as a “safe framework” or the only one capable of promoting a curative psychotherapeutic process (Grassi 2012). In light of this finding, Langs (1998) asserted that it was a duty to “once again dispel the fear and doubt that these ground rules are too rigid, too difficult to establish and maintain and too problematic

⁴ See Langs (1973-74, 1980, 1988, 1998).



for patients and therapists. [...] Patients' deep and constant needs for healthy and safe holding and containment require, in fact, a great deal of commitment from everyone involved. Still, failing to satisfy them to the fullest extent possible represents serious harm to both components of the treatment. [...] In this context, another misunderstanding needs to be cleared up. The affirmation of these ideal conditions does not imply that psychotherapy cannot be conducted even in compromised conditions, such as those existing in a clinic. However, we intend to affirm the need for a therapy, which really aims to reach insights, to be organized around the issues of the framework. Implicit in this is the effort of therapists to minimize deviations of the frameworks from their ideal conditions. Fruitful therapeutic work will not be possible until the therapist offers the safest framework for his patient. In conclusion, a deep appreciation of the role played by frameworks and framework interventions makes all forms of psychotherapy much more efficient.”(Langs 1998).

Conversely, the breach of the *setting* represents what abruptly and evidently alters the rules of treatment, and consequently modifies the analytical set-up. This alteration sometimes comes from the patient, thus configuring an acting-out; other times from an error (or an acting-out) of the analyst; finally, others from a fortuitous circumstance, generally from irrelevant information that the patient receives from third parties. In any case, the context in which the process takes place is disturbed (Etchegoyen 1986).

The meanings of the safe framework touch upon the fundamental areas of the human vulnerability of the patient and the therapist and the relief obtained through deviating from one of the basic rules always has a pathological or inappropriate component (Grassi 1999).

In light of this, the importance of maintaining a safe framework *setting* becomes clearer, as it offers the best possible conditions within which a curative psychotherapeutic process can be developed (Langs 1985).

In our work, thanks to maintaining the *setting's* ground rules, it was possible to observe the different reactions of each subject in the various phases of the process.

Initial phase (first eight sessions)

In the initial phase of psychotherapy, the psychotherapist's task was to recognize the existing unknowns and to acknowledge that in each phase, without exception, it is dangerous for the patient to abandon therapy. Anxiety about treatment, resistance and worsening therapeutic relationship are usually very intense in the initial phase. It follows that from the very first session, the therapist must watch out for resistance, fears or thoughts of abandoning the therapy. The aim in this phase is to establish a solid therapeutic working relationship, create a correct therapeutic atmosphere, discover and analyze the initial anxiety and resistance towards therapy (Langs 1973-74).

In this starting phase of the psychotherapeutic path, we were able to actually detect how all the subjects initially showed behaviors, conscious and unconscious, aiming at transgressing the rules of the *setting*.

- Transgressions of the *setting* were mainly represented by:
- absences and late-coming of the participants;
- requests for changing appointments;
- the presence of censorship during communication;



- absence of free association;
- difficulty in reciting dreams.

As Langs (1973-74) argued, the safe *setting* grants the patient a strong feeling of *holding* and containment and promotes healthy functioning of the Self. It gives the patient the image of a healthy therapist and promotes the development of a healthy therapeutic symbiosis. Despite this, due to its restrictive qualities, the safe *setting* mobilizes intense claustrophobic, paranoid and separation anguish as it would seem to be a reminiscence of the fact that life itself has definite limits for which death is the only way out. Consequently, death anguish has a great significance in the therapies of the safe *setting*. This can be explained by the fact that these problems, if properly analyzed, can generate powerful therapeutic effects; at the same time it can cause feelings of danger felt by both patient and therapist. This means that the meanings of the safe *setting* are much more frightening than those of the deviant *setting*, despite their analytic processing leading to the best possible adaptation for the patient.

The patients' deep conscious response towards the framework showed that at a basic psychobiological level, patients and therapists constantly need safe frameworks and well-defined interpersonal boundaries. It is the way in which a therapist addresses and responds to these needs that affect the patient's emotional dysfunctions and their therapeutic resolution. The basic assumption of the safe framework is that it mobilizes the patient's claustrophobic anxiety and death anguish as well as his healthy resources, therefore is necessary to bring about the therapeutic process, rendering the oppressive feelings more tolerable and lessening the neurotic and psychotic defenses (Langs 1980). Deviation from these rules slant psychotherapy of a safe framework towards one with a deviant framework (*Ibidem*). In the latter, the price paid by the patient is stronger neurotic and psychotic defenses, stronger death anguish as well as the feeling of psychic fragmentation, aggravating his illness (Berivi and Grassi 2012).

According to classical psychoanalysis, defenses caused by these anxieties can hinder changes and make instinctual impulses unconscious. Since, as Anna Freud says, "it is the analyst's task to bring to consciousness what is unconscious, to whatever psychic instance it belongs to" (Freud, A., 1936), it is inevitable that analytic work activates these defenses. The Self carries out defensive activities against the possible irruptions of the Id, preventing its access to consciousness and thus imposing resistance to analysis (*ibid*).

In light of this, it was possible to observe how alterations from the safe framework *setting* made by most of the participants were in fact attempts to loosen the claustrophobic grip provided by the *setting* itself.

The intermediate phase (the next 8 sessions)

The intermediate phase of the treatment is defined as a phase that starts from the establishment of a useful therapeutic relationship to the serious beginning of the conclusion. Is a phase dedicated to exploration, analysis, elaboration and solution of the patients' symptoms as well as their emotional and personal issues (Langs 1973-74).

During this phase, we could observe that, as the participants overcome the initial resistance, the



majority of them adhered to the setting's ground rules. In particular, at this phase we are able to gather the most dream recitals from the over 50s and observe the most participation to the psychotherapy sessions from the under 30s (reduced absences).

The therapist's task to safeguard the setting and the participants' adherence to the ground contributed to building a stable therapeutic relationship. As a result, a space dedicated to the emotional aspects was created.

Regarding the increase in dream recounts, we observed the reappearance of dreams in subjects that during the initial phase did not dream, as well as a change in both the dream content and meaning. To further clarify, their dreams acquired a certain emotional depth and vividness that communicate hope, in contrast to their previous dreams, repetitive and monotonous, that showed depressed features.

Regarding the communicative approach, Lang considered dreams as holders of messages rather than ones with elaborative functions. In other words, a dream should be understood as a multilayered reflection of the function of the mind that elaborates feelings, in a way that is conscious as well as deeply unconscious, with the aim to adapt to life events with an emotional impact. This means that a dream is found at the final point in a adaptive phase, not at the beginning. Therefore, our dreams communicate to us messages that are relevant to the intrapsychic conflicts of the patient (Langs 1973-74).

Bion (1962) suggested that our personality is constitutively equipped with the potential of a set of mental functions that operate on a conscious and unconscious psychological work based on the emotive experience. By "psychoanalytic" mental works, Bion indicated that this work was achieved through that form of thought that was constitutive of psychoanalysis, that is, the lived experience simultaneously from the point of view of the conscious mind and the unconscious mind. The psychoanalytic function of personality for Bion was traceable to the experience of dreaming.

Dreaming involves a form of psychological work in which a generative conversation takes place between preconscious aspects of the mind and annoying thoughts, feelings and fantasies that are precluded but pushed towards the conscious awareness (the dynamic unconscious). This happens to anyone who knows how to differentiate the conscious from the unconscious mind.

From this perspective, a dream thought represents an unconscious thought generated in response to a lived emotional experience and constitutes the impact for the work of dreaming, that is the urge to do an unconscious psychological work with unconscious thought derived from the lived emotional experience.

This conception proposed by Bion took a distance from the conception of Freud (1899) who took into consideration that set of mental operations that had the function of camouflaging unconscious thoughts-dreams through condensation and displacement. In this way, the author defined that dream thoughts in a derived-disguised form were made available to consciousness and the secondary thought process. Instead for Bion, the work of dreaming was represented by that set of mental operations that allowed the conscious lived experience to be altered in such a way as to become available to the unconscious for psychological work (dreaming). In short, while Freud's dream work allowed derivatives of the unconscious to become conscious, Bion's dreaming work allowed conscious lived experience to become unconscious, that is, available for psychological work to generate dream



thoughts and for dreaming those thoughts. In this way, according to Bion, dreaming was the main form through which it is possible to do unconscious psychological work with our consciously lived experience (Ogden 2005).

Furthermore, we also observed a change in the communicative style in all the participants. In fact, an initial communication style characterized by superficial narratives, devoid of emotional content slowly transformed into one style full of emotional tones, supported by the increased dream recitals in the participants.

Holt's study (1965) showed that speech variability was positively correlated with the success of therapy. Thoma and Kachele (1985) argued that the ability to diversify language should be interpreted as a sign of the patient's improvement. A further formal measure used in Ulm's studies was redundancy, that is, the number of different words that appeared in a text and their frequency of appearance.

Another change in the participants' communicative style was a greater fluidity of the story. The fluidity of story-telling is considered in the literature an indicator of the process; in fact, most of the psychotherapeutic orientations agree on the fact that rigid and stereotyped narratives are associated with psychopathological states (De Coro A., Andreassi S., 2004).

Several authors agree that improvement can be evaluated with different indicators: the level of coherence and depth, the ability to narrate in details, to recognize the intentions of the protagonists, to resolve apparent logical or emotional contradictions (Fonagy and Target 2001; Habermas 2011; Di May 2006, 2011). From this perspective, the accuracy, truthfulness, coherence and depth of the narratives represent intrinsic indices of psychopathological diagnosis. Other authors, on the other hand, argue that the extrinsic indicators of discursive change are the level of repetitiveness or non-innovativeness in the patient's stories (Goncalves et al. 2011).

In the literature, various research models have emphasized speech change in psychotherapy. Among these we find the Therapeutic Cycle (TCM) by Bucci and Mergenthaler (Mergenthaler 1996, Mergenthaler and Casonato 2009), which identified, through a computerized analysis system, the turning points of a session or of the entire treatment. The hypothesis of this model oversaw that the turning moments of psychotherapy were characterized by the simultaneous presence of emotions and abstractions, as happens for example when in a session the patient recounts an emotional experience and at the same time reflects on it, establishing a connection, characterized by co-presence, a high emotional tone and a high level of abstraction (Mergenthaler 2000).

Angus and Greenberg (2011) proposed a model of narrative analysis based on story-telling. For these authors, the change in therapy was observed when new stories or unexpected outcomes emerge, accompanied by a sense of discovery instead of repetitive, emotionally flat and incoherent stories. From this perspective, it was conceivable that a specific psychotherapeutic goal was represented by the patient's increased ability to tell their story in a way that is detailed, authentic, truthful, coherent and emotionally rich.

In this regard, Langs (1980) defined a communicative style as type A, in which the central role was played by symbolism and illusion. In this case the bipersonal field created (patient-therapist) was characterized by a play space or transitional space in which the patient felt sufficiently free to communicate derivatives of unconscious perceptions, fantasies, memories and introjections. To this



end, the presence of a secure framework and a therapist capable of making correct interpretations and reading the patient's material as a series of coded comments on their behaviors, was indispensable. This represented the therapist's ability to work on the level of symbolic communication. Therefore, type A communication style "is a style characterized by the presence of dreams which in terms of quantity and quality, are used symbolically as references to the therapeutic relationship and with a tendency to insight". (Langs 1973-74).

Final phase (last eight sessions)

The final phase of the psychotherapeutic process is a delicate phase in which the stimulus was its conclusion, and therefore was characterized by the work on its psychological elaboration.

As Langs (1980) argued, the concluding phase was marked by arousing intense anguish of separation and death as well as favoring elaboration of these sentiments: at this point psychotherapy would be considered done and the therapist would no longer meet with the participants. Indeed, at this stage the patients differed from each other in how they actively engaged in the sentiment processing. Some patients managed to, others instead demonstrated defenses on the communicative level. It often happened that at this stage they communicated in code⁵ during very few sessions, even during a final six-month period (Ibidem).

Separation anxiety occurs in all cycles of analysis (between sessions, during holidays and of course at the end of the treatment). As Rickmann (1950) observed at the end of the analysis, separation anxiety appears more connected to depressive anguish, while at the beginning there are more catastrophic, confusional or paranoid anguish.

During the final stage, similar to what Lang mentioned, we too were able to observe the different reactions of the participants to the stimulus event that is the conclusion of psychotherapy.

Specifically, in the four subjects over 50, two of them did not participated in the last sessions; one put in place ego defenses that were very similar to those observed in the initial phase; three of them asked the therapist to continue therapy beyond the project. These reactions could be explained by difficulty that the subjects had in dealing with the theme of separation; in fact, all these actions were implemented by the participants in order to defend themselves from the anguish of separation.

Among the four subjects under 30, one of them spoke about issues concerning death; two subjects reactivated the same ego defenses observed at the beginning; only one subject was able to deal with the themes of separation anxiety and loss related to the conclusion of therapy.

It should be noted that the anguishes of separation and death are universal and are present both in the patient and in the therapist (Langs 1980).

Overall, a predominant difficulty in elaborating the conclusion of the psychotherapeutic path was found in all subjects. As Etchegoyen (1986) observed, the strong resistance and counter-resistance to analyze the anguish of separation in the final phase are closely linked to the fear that there may be a bond and that this bond would cause a dependence on each other. "A correct interpretation of separation anguish touches upon perhaps the most painful problem of man, his bond with others, his dependence and being orphan. We must therefore know that every time we interpret separation anguish, we put our patient in front of loneliness and attack his omnipotence" - Etchegoyen (1986).

⁵ See Langs 1988 page 15.



The *Senex et Puer* archetypal dimension

*Within this pilot-research, the safe framework setting represented a constant shared by both psychotherapists for the entire duration of the project. Thanks to it, we were able to observe the reactions of the participants and also the archetypal dynamic of *Senex et Puer*. The *Senex et Puer* archetype is present in every individual regardless of their biological age and manifests itself in the collective psyche in a general psychological conception of history and culture. The specific popularity of this archetype concerns the process: old age and death, youth and growth, forms and structures, fluidity and change, life as past experience and creative expectation, wisdom and intuitive insight. Any split in the psychology of this archetype in the individual results in negative effects (Hillman 1967).*

Puer or the eternal child is a figure identified by Jung as an image of the collective unconscious whose characteristics of this personality are energy surge, creativity, joyful irresponsibility, charm, intelligence, courage and on the other hand irresponsibility, lack of concreteness and constancy, affective egoism, instability of relationships (Von Franz 1970).

As happens in all archetypes, it is possible to observe their respective polarity which in this case is represented by the positive aspects of curiosity, continuous becoming, attraction for the new and the eternally young. The negative counterpart is represented by incompleteness, inconsistency, eternal dissatisfaction and difficulty in adapting. All this translates into the inability to enter into time and grow old, one remains a child and cannot become a father.

In order to enter the world and time and express one's potentials, the Puer needs to meet the Senex archetype, which represents the principle of order, temporality, limit and border. Like Puer, Senex is also dual, tends to polarity and, if disconnected from Puer, inevitably ends up submitting to its negative side. It is clear that Puer et Senex must necessarily support and nurture each other in order to encourage the activation of the individual's creativity, thus preventing that both polarities can fall prey to their own negative aspects.

*Hillman (1967) also stated that *Senex et Puer* can manifest themselves in the same way in many different stages of life and affect any complex. In fact, our Puer attitudes are not linked to youth; just as Senex qualities are not the prerogative of old age: the psyche has its own individual course that is independent of the biological course of existence.*

*From the qualitative analysis of the transcripts of all the psychotherapy sessions in our project, it was possible to detect the archetypal dynamics of *Senex et Puer* within the therapeutic relationship. Specifically, we encountered dream images and comments on characters who presented typical characteristics of Senex, that is, figures of expertise, authority, wisdom and order. Some examples can be found in the sessions when the subjects talk about characters (real or dreamlike) with whom they have formed a relationship, including: "spiritual father in whom to confide", "a silent guide like Virgil", "the leader who directed", "the lawyer who defended the cases".*

*Observing the *Senex et Puer* archetypal dynamics highlighted how the cognitive stimulation by play and group psychoeducation sessions favored the inter-generational interpersonal exchange between the under 30 and over 50 and how the emotional-affective stimulation, through psychotherapy, promoted the intergenerational exchange to intrapsychic level.*



Conclusions

From the strict psychometric evaluations and the quantifications of the psychotherapy sessions, a marked improvement in the participants' conditions was observed. The general trend was positive, with significant improvements and others in the process of reaching significance, with values very close to the cut-off of $p = 0.05$.

From the initial phase to the end of the psychotherapeutic treatment, the improvements observed in the participants were observed particularly in the increase in awareness and in mental capacity. In fact, the expansion of the dream recitals in the participants proved greater contact with the emotional world and provided the access key to the intrapsychic dimension. In addition, a reduction in anxiety symptoms was observed.

During the group play sessions, emotional experiences of anger, inadequacy, competition and performance anxiety emerged that touched on the specific personal themes of the participants.

The elaboration of these experiences within the course of psychotherapy promoted the awareness of one's intrapsychic and interpersonal dynamics, favoring an improvement in relational capacity.

*Furthermore, there was a significant enthusiasm on both parts in exchanging knowledge. This relational exchange based on solidarity and cooperation provided each participant with the possibility of coming into contact of their own *Senex et Puer* aspects even at an intrapsychic level.*

Overall, we can say that, although the small non-clinical sample poses as a limitation for this pilot study, on the other hand, the large amount of data made it possible to verify the feasibility of the project. In fact, it is conceivable that this study protocol could be extended to the clinical population for therapeutic-rehabilitative treatments such as in cases of gambling disorder.

*Finally, following the play sessions, psychoeducation and psychotherapy, we can assert that in this pilot study the results showed in each of the participants a greater respect for limits and boundaries, an increase in management capacity and control of emotions and a better intergenerational integration in the form of the exchange of knowledge in the intrapsychic and interpersonal *Senex-Puer* perspective.*



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