

Comment

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ABSTRACT. – The psychological consultation is a moment of great importance in approaching problems concerning psychological distress. This commentary reiterates, on the basis of personal clinical experience, the importance of the space dedicated to psychological consultation even in the context of child psychotherapy practised in a free-professional context.

Key words: reception; consultation; parents; family; relationship; continuing education.

I find myself in agreement with the title of the wonderful article by my colleagues Vanni and Bertoli, and I fully concur with S. Manghi's thinking in the presentation of the article, from which an initial key question arises that we must ask ourselves as psychotherapists: are we aware that we are first of all people, who like our patients are immersed in the same complexity of the world and of the society in which we live? I believe it should be the first thing that we should be aware of if we want to play our role and function of treating in the here and now. I am a neonatal doctor and psychotherapist; for more than 20 years, I have practiced medicine in a neonatal ward and neonatal intensive care. Only later, whilst working, did I decide to go into more depth regarding the world of the psyche, thanks to the experience of being in contact with parents and newborns (extremely preterm babies or those with congenital pathologies) admitted to the ward in which I worked and the subsequent follow-ups that allowed me to monitor growth and development both from a medical point of view, but above all from a relational point of view within the family situation. I wanted to try to understand more and to find a way to accompany the families through the difficulties that such an experience inevitably cre-

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ates compared to a healthy full-term birth. As a consequence, I began to realise that what I could do was help parents find or rediscover their resources so that they could look at their «broken» child as potentially healthy, in the sense that I could help them see not only the difficulties but also the uniqueness of that child, look at the child and not compare him/her with an imagined and desired child, but as their child with real potential that should be discovered and believed in.

This premise serves me well in transferring this concept into my current work; I am a freelance child psychotherapist (I also work with adolescents and adults). My experience in a public institutional context is limited to my work as a neonatal physician. At the moment, I am also part of the group of colleagues, doctors and/or psychologists and psychotherapists of the Ruolo Terapeutico di Parma (an association in Parma, Italy).

I preferably deal with situations involving families who turn to me because their little one is sick. In the Article by my colleagues, they speak of *welcoming* from the outset. I indeed think it actually all starts from there. It is for this reason that, in the private context in which I find myself, the welcoming of situations involving children is immediately directed to a therapist who deals with child development, even more so if they are very young children, (0 – 3 years or of preschool age). The first session, which takes place only with the parents, is extremely significant for us. They enter the room and are often desperate, exasperated, full of guilt, they are suffering and looking for someone to *solve* a problem for them. I believe that the welcoming of these parents involves listening to them, they have already often made various attempts to ask for help, with little satisfaction often due to a feeling of non-inclusion in the proposed path, no help in everyday life.

Already during this first session, the feeling is that they are under the illusion that they put all their suffering in one place, that there is someone who will receive it and take on their burden, freeing them a little, and also giving them instructions on how to do it. It is a session to get to know each other, where something extremely intense happens between parents and therapist, something that I believe needs to be protected, it is very valuable and very real. An investment already takes place, and not just by the parents. They ask me for help. My answer is a proposal for consultation, which translates into a course of sessions, where I will initially collect the history of their lives and what they want to tell me about themselves and then I watch them interact when they play with their little one to see how they communicate, all of them, I also observe the affection and relationship, because it is the sufficiently good relationship that helps to treat. *Without you, I can't do anything*, that's one of the first things I say. It is important for me to make them immediately aware that they are protagonists in this journey. I am asking for trust, of course, but I emphasise the

possibility of withdrawing from this demanding consultation process at any time. That is why, having listened to them and explained to them what my proposal is, I believe it is important that this situation remains ‘the responsibility of’ the one who first received their request. At the end of the consultation, the final restitution will be a set of choices in which they will have experienced being in the room with their little one, playing or doing whatever else they want to do, with my presence observing the emotional dynamics that are created, in the child, in me, in mum, in dad. Later, there will be a narration of our experience, from which the therapeutic proposal that they can freely accept or reject will come. I would add that the therapeutic proposal, if it is made, is always with the same therapist and always with the total involvement of the parents. Always because the patient is the situation, not just the child. The child is a kind of symptom of a difficult situation.

I believe that relationships are a valuable and fragile *human occurrence*, but without them, we cannot survive from the beginning of life. That’s how we humans are. Without love, we die. Building a relationship that is good enough to allow for growth is a complex task. Children, because of their fragility, often experience *cold showers* from the people who look after them without there actually being any real abandonment or blatant shortcomings. But the very small child that I’m talking about is not a standard and is literally sometimes overwhelmed by his/her emotions without being able to process them; he/she doesn’t have the tools to deal with them. I believe that the experience of neglect that each of us experiences has deep archaic roots, without having to have had any real and obvious traumas in our life story. All this is to explain why, in children who present obvious difficulties, dealing with a lot of different care figures I think is initially a destabilising factor. What I think is useful is to make the child see the possibility of a sufficiently good relationship, which is what helps to treat. We are facilitators of relationships. Creating an initial relationship, a small connection between a therapist and a very disturbed baby in, for example, suspected autism cases, is relatively simple. But it is not with us that the relationship should be created, or rather, yes, but it is in order to experience the possibility, both on behalf of parents and of the child, that a sufficiently good relationship is possible. By working with parents in the setting, we have the opportunity to stimulate parents to observe their baby better by showing in session together how a gesture, a game, keeping a distance, sudden screams, repetitive motions can be the signal that the little one is telling us something. It is they who have the chance, the time, the motivation, and the ability to help their child, we accompany them along the path, helping them to help their child. Using imagination, but above we are in a deep part of ourselves, very similar to that child, we try to make the inexplicable clear, to make

sense of stereotypies and repetitive movements, to define them as important moments for the child, that should not be blocked or demonized. I encourage parents to ask themselves what they think of their child flitting around the room, what emotion it evokes in them, what fantasy, trying to break away from the judgment of “senseless gesture”, a judgment that closes the door. The very fact that I ask them the question, it makes them wonder whether in the end behind those incomprehensible things there is any meaning. I discuss my fantasies about the bizarre things the child does, and I say that it is not a question of interpreting anything, it is simply a question of sharing my imagination with them in the face of an attitude that is an emotional manifestation. I am convinced that there is a why behind every flitting movement, behind everything the little one does. In this way, I accompany parents in re-interpreting their children again, to look at them and experience them with different eyes, session after session and then, as it should be, day after day, when they are at home with him/her; it is they who face the bulk of the work.

It creates a good beginning between the parents and the child, as with me, the therapist; but I am careful to keep myself at a certain temporal distance (I see the child at most once a week, and then I work a lot with the parents who I always invite to be present in the session). This can open the child up to the possibility of trusting the adults around him/her, those who take care of him/her, and only later, when he/she has experienced that no one (the parents) will abandon him/her, then there can be multiple healthcare professionals. Because teamwork is important, everyone has their role in close reciprocity. Public and private should be strongly and virtuously related. A relationship, indeed!

It is very important to involve various members of the context in which the child lives, those who take care of him/her and stay with him for a long time. Teachers, educators, grandparents, brothers and sisters etc. will appear in the next stage of the therapeutic journey, if the parents choose to continue and if they agree to involve them.

From my point of view as a therapist, I believe that the clinical supervision we do with colleagues is an essential time to keep the boat steady, because in addition to putting any difficulties in the group and obstacles I encounter in the process of sessions, I can trust and narrate my emotional involvement, which I believe is impossible to avoid, asking for help when it is clear to me that something is wrong.

I have spent a great deal of time describing my thoughts, and perhaps this has taken me a little further from the request for a comment on the Article by my fellow colleagues. However, what I read in the Article is already very interesting and informative, and I agree with it, regarding the key concepts presented. I have therefore tried to make my small contribution, in order to underline all the areas of thinking that the good fortune

of doing this work has created for me, and that I do in a different context, as a freelancer in contact with groups of other colleagues.

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