



Transition times.

Supporting the child and adolescent's transitions in Pediatric condition

2nd S.I.P.Ped. International Conference

November 7 - 9, 2019

Palermo, Sicily, Villa Magnisi, Ordine dei Medici Chirurghi e Odontoiatri



Palermo



PREVENTION AND CARE IN CHILDREN AND ADOLESCENTS IN PEDIATRIC CONDITIONS: THE GESTALT THERAPY PERSPECTIVE



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IN GT, THE CLINICAL WORKING WITH CHILDREN AND ADOLESCENTS IN PEDIATRIC CONDITIONS IS ORIENTED TO THEIR :

- PHYSICAL, MENTAL AND EMOTIONAL SUFFERING,
- «BACKGROUND» (I.E. THE RELATIONSHIPS WITH FAMILY AND, IN CASE OF HOSPITALIZATION, MEDICAL TEAM).



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BONICHINI & TREMOLADA (2019, "PSICOLOGIA PEDIATRICA"): "FOR LITTLE PATIENTS HEALING IS NOT ENOUGH, BUT IT'S IMPORTANT HOW HEALING OCCURS".

IN GESTALT THERAPY, THE «HOW» REFERS TO THE PROCESSUAL READING OF SUFFERING, FOCUSING ON HOW CHILDREN AND ADOLESCENTS EXPERIENCE THEMSELVES AND THEIR RELATIONAL FIELD IN PROBLEMATIC SITUATIONS.



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DEVELOPMENTAL THEORIES RECOGNISE A CHILD SELF-REGULATION FUNCTION (PERLS, 1950), BASED ON THE INTENTIONALITY AND ABILITY OF THE CHILD TO INTERACT WITH THE ENVIRONMENT.

**CHILD AS AN ACTOR OF HIS OWN GROWTH PROCESS,
AS A BEARER OF EMOTIONS, FEELINGS AND EXPERIENCES**

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PEDIATRIC CONDITIONS CAN CAUSE AUTO OR HETERO-DESTRUCTIVE DYSFUNCTIONAL BEHAVIOURS IN CHILDREN AND ADOLESCENTS

IN GT PERSPECTIVE, THESE DYSFUNCTIONAL BEHAVIOURS ARE CONSIDERED AS CREATIVE ADJUSTMENTS (I.E. WAYS TO FIND A BALANCE WHILE CONTACTING THE ENVIRONMENT, ALTHOUGH BY A DYSFUNCTIONAL WAY).

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THESE BEHAVIOURS ARE «INSTEAD OF» PAIN, ANGER,
LONELINESS FEELINGS



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PEDIATRIC PSYCHOLOGIST HAS TO OFFER SUPPORT THROUGH:

-BODY PRESENCE

-BODY RELATIONSHIP



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THE USE OF SYMBOLIC LANGUAGES IS A PREFERENTIAL WAY TO CONTACT CHILDREN EXPERIENCES AND EMOTIONS:
DRAWING AND GAME

AS PREFERENTIAL COMMUNICATION MEANS AND THERAPEUTIC TOOLS TO KEEP IN TOUCH WITH THEM.



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PEDIATRIC PSYCHOLOGIST'S WORK is aimed at attuning to child/adolescent experiences, by co-creating a contact, through a «mit-da-sein» («being-with-the-there»), made of sharing and compassion of truly experienced emotions.

Child/adolescent needs to be accompanied through his developmental process by a supporting figure, who can help to restore his interrupted growth paths.



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Also parents need a «support space», in which they can express their efforts AND concerns, but also have a talk about improvements in child/adolescent's health conditions.

LOOKING ONLY AT THE CHILD OR ADOLESCENT MEANS TO HAVE A PARTIAL VISION. INSTEAD, IT'S IMPORTANT TO LOOK AT THE RELATIONAL FIELD OF THE CHILD/ADOLESCENT, STRENGTHENING THE BELONGING TO A SAFE AND STABLE PRIMARY RELATIONSHIP.

(CONTE 2017)

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PEDIATRIC PSYCHOLOGIST ACTS AS A **RELATIONAL SUPPORT (BANK)**, ASSISTING FAMILY AND MINORS DURING DEVELOPMENTAL TRANSITIONS AND CRITICAL PASSAGES OF THEIR LIFE CYCLE, AS WELL AS PROMOTING PSYCHOLOGICAL WELL-BEING.



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In this way, little patients will experience the emotional support during the path of acceptance and re-meaning of their own suffering, having the chance to redescover and listen to a new rhythm of their existence.

