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Val is a Clinical Psychologist in private practice and self-employed since 1996. She is registered with The Health Professions Council of South Africa, The Board of Health Care Funders, and a member of the EMDR Group, The Cape Town Adult Psychotherapy Group and The Cape Town Child and Adolescent Psychoanalytic Psychotherapy Group.

She practices Psychoanalytic Psychotherapy with Adults, Adolescents and Children. Val is also qualified to use EMDR (Eye, Movement, Desensitization and Reprocessing) treatment for trauma - PTSD, Hypnoanalytic Therapy and Dream Analysis. She also treats depression, anxiety, bereavement, fertility issues, sexual abuse sustained in adult or childhood, interpersonal/relationship conflicts and parenting work such as mother/attachment difficulties.

The 'voice' of the child and therapist in Psychotherapy

As an experienced child psychotherapist, I have become more and more concerned about the loss of the child and therapist's 'voice' in families who are separated and or going through the process of divorce. These types of families I am referring to are those who are still locked in destructive courtroom/legal battles. This growing worry has led me to think about and explore the role of the child therapist under threat and the impact of this on the child's psychotherapy treatment.

My understanding has been derived from Psychoanalytic, Attachment and the Neuroscience theory of trauma. I have also integrated my clinical experiences into this understanding. Psychotherapy is an experience and not a tool. It is about transference, projection and the structure of the unconscious mind. It is about past thoughts, feelings, memories and fantasies. Effective psychotherapy promotes healing from traumatic experiences, insight development, regulation of affect and the strengthening of the ego. In order to do this, the child therapist has to enter the complex inner world of the child and try to make sense of the unassimilated experiences and internalized toxic projections from their parents, and try to bring these into the conscious mind to stop the general transmission of trauma.

We know the most crucial determinant of effective treatment depends on the child therapist forming a trusting relationship or therapeutic alliance; however, in my experience there is a

lack of understanding and 'thoughtful' sensitivity to the therapeutic relationship by parents who are caught in their acrimonious litigation. Attachment pathologies and personality development disturbances become reactivated in these highly emotional contexts and are sometimes unconsciously or consciously projected onto the child, therapist and into the therapy space.

Paradoxically, although child psychotherapy is believed to heal and protect the child from further psychological damage, it may in fact have the opposite effect of damaging the child further in these long-suffering divorce battles. The Child therapist is frequently faced with a therapeutic impasse and has to fight for the child to have an uncontaminated therapeutic sanctuary, without interference from the external environment. In addition and of growing concern, is the alienation of the child therapist who is now seen as the repository for these unmet and unresolved projections from the parents and sometimes from the professionals involved in the case. The child's 'voice' is lost midst this battlefield and the therapists frequently end up defending themselves professionally in order to protect the therapeutic relationship and the work. These negative impasses not only threaten the child's mental well-being, but also the therapist, who is unable to do the healing work when the therapy is unprotected from external interference, sabotage and constant attack.

The impasses resulting from such complex and explosive processes from both the parents and in some cases the professional team has direct implications on the psychotherapeutic treatment of the child receiving therapy. I hope to illustrate some of these clinical impasses with short vignettes in order to illuminate this complex phenomenon. I also hope the discussion following this presentation will encourage thoughts on how to prioritize the right of the distressed child to receive psychotherapy within such a chaotic and acrimonious external environment and how the therapist under threat can be supported in protecting the child, therapeutic space and their professional role.