

Early psychotherapeutic intervention for the prevention,  
diagnosis and cure of mental disorders in children

---

### More than 20 years of research

- ✓ we would like to present the research started by Dr. Adriana Bembina, the mind and heart guiding this research group, that has been working on children mental health for more than 20 years



## More than 20 years of research

she worked as a speech therapist in a public service for infant and maternal rehabilitation, while still being a psychodynamic psychotherapist

she noticed that:

- ✓ the rehabilitation produced modest results
- ✓ the initial symptoms were replaced by other symptoms/comorbidities
- ✓ a high percentage of these children showed different psychiatric disorders during adolescence/adulthood

medical training led her to realize that the etiopathogenesis of these disorders was only hypothesized... the possibility of a cure was in fact highly improbable

---



## Psychoactive drugs

- ✓ their use became progressively more frequent in children when cognitive behavioral therapy gave limited results
- ✓ they can only ease the symptoms
- ✓ they can cause heavy side-effects and the risk of irreversibly damaging, overtime, a person who has yet to fully develop



## Adriana Bembina's research

**The origin:** the therapy, training and research started at the end of the 1970s through the Collective Analysis of the psychiatrist Massimo Fagioli

**The research:** the focus of the research for the cause of children mental disorders shifted from the child to the parents, who often did not present any obvious psychiatric disorders... we focused our research on the non-conscious dimensions

**The current situation:** the fact that the parents did not present any obvious pathological behavior may have supported the hypothesis of an epigenetic transmission or of some other hereditary factor



## Massimo Fagioli's Human Birth Theory

- ✓ from the *Enfant Recherche* onwards, we know that the relationship of children with their mothers is essential for their healthy development
- ✓ studies on Attachment have confirmed the importance of this relationship in children's development
- › Fagioli's theory allowed us to deepen our research beyond the visible behavior of the parents, and gave us the opportunity to identify the pulsional dynamics acted through non-conscious images



## Massimo Fagioli's Human Birth Theory

- ✓ birth is both healthy and equal for all human beings
- ✓ mind and body become fused together at the moment of birth
- ✓ human mind appears at birth as a result of a reaction of the brain tissue (retina) to the light
- ✓ fetus is immersed in the amniotic fluid, in the darkness of the uterus, up until the moment of birth, when the retina is exposed for the first time to light



## Newborns, in reaction to light:

- ✓ close their eyes
- ✓ consider as non-existent (the annulment pulsion) the elements of the world that could kill them, such as the cold but mainly the light
- ✓ realize a memory of their previous experience of the homeostasis of the amniotic fluid on their skin (the disappearance fantasy)





## In this way...

- ✓ the annulment pulsion is fused with the emergence of the newborns' vitality and capability to imagine
- ✓ their first way of thinking, is as images, a way of thinking that, as adults, will come back as dreams
- ✓ newborns, thanks to the vitality that emerges at birth, realize the certainty/hope that a breast exists



## Human relationships

- ✓ in their relationship with another human being, newborns will have the confirmation, or not, of this hope
- ✓ with every confirmation, their vitality will increase, together with the certainty of themselves and their ability to go forward through the stages of their development



## Separation

- ✓ birth can be considered the first separation between children and their parents
- ✓ during the course of his growth children will have to face other moments of separation
- ✓ these separations will challenge their vitality and the certainties they acquired, to make their current self disappear, and allow for a new self to appear



## Separation

- ✓ it is essential that adults recognize and accept their children's constant development, allowing them to grow and continue this separation
- ✓ the emotions of an adult negating or annulling the identity of a child are invisible

Emotions manifest themselves:

- › in pathological relational dynamics
- › the symptoms of children who reach us with a diagnosis of neurodevelopmental disorders



## What is the annulment pulsion?

- ✓ it is the most invisible and dangerous dimension, especially for children
- ✓ it is very similar to the calmness that parents need when dealing with the upsetting event of their children's birth
- › their children's birth can throw parents into an unknown reality... this may challenge their self-consciousness and confidence, as they must face the complexity of satisfying the continuous requests of their children for a valid relationship



## The annulment pulsion

- ✓ the calmness from one's own identity can be confused with the calmness that allows parents to care for their children efficiently, but in spite of their emotional presence
- ✓ the sensitivity of children is a richness within human relationships, but it can turn into a vulnerability when the emotions from their parents are not adequate



## What is negation (non-conscious denial)?

- ✓ it is the dimension that often affects children's growth, as parents see them as less "grown up" than what their age would allow

## What is yearning?

- ✓ it causes parents to engulf their children, in a useless attempt to compensate for their own internal void



### Our research

- ✓ for each one of these dimensions we were able to detect a prevalent correspondence between their presence and the symptoms showed by the children
  - › from the milder, and apparently transitory, disorders: secondary enuresis and encopresis...
  - › to the more severe and persistent: ADHD, mood disorders, oppositional defiant, conduct, or obsessive-compulsive disorder, and tic and Tourette syndrome





### How we work

- ✓ two different psychotherapists work one with each parent
- ✓ the third psychotherapist sometimes works with the child

### This choice depends on three main aspects

- ✓ the specific disorder affecting the child
- ✓ the ability of both parents to understand the indications and interpretations
- ✓ the ability of both parents to report in a precise way their child's improvements



### How we work

Some parents

- ✓ are aware that the symptoms of their children are a consequence of their parenting behavior, that we define as the expression of the images and non-conscious actions they transmit to the child
- ✓ need a different setting, as they show a stronger opposition toward accepting this new interpretation of their situation
- › In these cases, a dedicated activity with the child is needed to support them while waiting for their parents to change



### How we work

- ✓ seeing a rapid improvement in the symptoms of their children, motivate parents to continue their psychotherapy to understand their non-conscious reality, and realize a deeper and longer lasting change in their parental relationship...
- ✓ a continuous exchange of information among the psychotherapists is essential to make the treatment successful
- ✓ this type of setting is a break from the norm



### PDM 2

- ✓ it states that we have luckily left behind the time in which parents were regularly blamed for the emotional and behavioral issues of their children

### Our approach

- ✓ we think that this exoneration could actually risk dooming parents to almost helplessly witnessing their children suffer from disorders that often last an entire lifetime
- ✓ if parents can learn the cause of their children's symptoms, and not been held guilty for them, their ability of changing is enhanced



### How we work

several studies related mental disorders in mothers with subsequent mental issues in their children

but...

- › the parents we are referring to usually do not show any clinically evident mental disorders

thus...

- › psychotherapy aims at transforming the non-conscious images that parents experience, and to which children respond with specific symptoms
  - ✓ the rapid resolution of children's symptoms allows parents to discover and overcome the critical aspects of their non-conscious relationship
- 

with their children



### Results

- ✓ The percentage of successful cases in our clinical experience is very high, as the parents that seek our help often already have a background experience on what they are going to face

### How do they reach us?

- ✓ pediatricians or other psychotherapists, often with our same reference theory, refer them to us
- ✓ they have doubts on the pharmacological treatment prescribed to their children after a diagnosis or after a therapy that gave no significant results



### How do we confirm results?

- › the confirmation of the permanent remission of all symptoms was obtained thanks to keeping in contact with:
  - ✓ parents
  - ✓ schools
  - ✓ children themselves, who, once reaching adolescence or young adulthood, can get in touch with us for a consultation

in this type of population, the percentage of permanent remission of symptoms and complete cure is very high

- › the prognosis is negative when parents discontinue the psychotherapy  
this is confirmed by the fact that their children, as adults, seek our help  
showing a set of symptoms which are coherent with their first



Thank you



# Clinical Cases

---

The disorders we want to discuss here are:

- ✓ Developmental Coordination Disorders and Speech Sound Disorders (DCD, SSD)
- ✓ Attention Deficit and Hyperactivity Disorder (ADHD)
- ✓ Tic and Tourette Syndrome (TTS)



- ✓ Developmental Coordination Disorders and Speech Sound Disorders (DCD, SSD)



### Developmental Coordination Disorder

- ✓ children are diagnosed with a DCD when they do not reach the motor skills required for their age, such as...

buttoning up a shirt, climbing down a stair, riding a bike, solving a puzzle, using scissors



### Reading the DSM-5...

- ✓ these children do not present any detectable organic damage
- ✓ environmental factors hypothesized as etiopathogenetic are unspecific and can only be reconstructed ex post based on the symptoms observed



### What is the etiology?

neonatal and pediatric checkups are currently extremely accurate, thus it is highly improbable that no issue is detected

- ✓ most of the authors: they find a confirmation of the genetic basis of these disorders in the significantly higher prevalence in males, ranging from a 2:1 proportion to a 7:1 proportion (DSM-5)
- ✓ we: our research is based on a simple observation, every male child is born to a female mother, who is the person most involved in his first and most vulnerable years
- ✓ a male-female relationship: non-conscious dynamics affecting the boy's growth are much easier to develop



### Non-conscious dynamics

- ✓ any psychopathological hypothesis has for a long time been banned as non-scientific
- ✓ our clinical experience confirm that unknowingly mothers can develop negations and annulments specifically against his gender identity



### Definition

- ✓ children with dyspraxia appear as younger than their age, but obviously not in their physical appearance, that is fully normal
- ✓ this definition may appear too concise and imprecise, but it is aimed at shifting the attention on the cause of this apparent stop in the development of motor skills





### Parental relationship

- ✓ physical development (weight and height) and motor development (walking and gross motor skills of the first year of life) in normal conditions are not affected by the relationship with parents
- ✓ fine motor skills can be heavily influenced by the family environment
- ✓ the families of the children we treat do not show any evident behavioral anomalies
- ✓ usually the disorder is identified in the child, and not in the relationship between the child and the significant adult



### Biological characteristics of human beings

- ✓ standing position
- ✓ opposing thumb
- ✓ fine motor skills (language and the ability to write)

Children living naturally with other human beings will spontaneously acquire these abilities without them being thought by their mothers



### Children desire to grow up

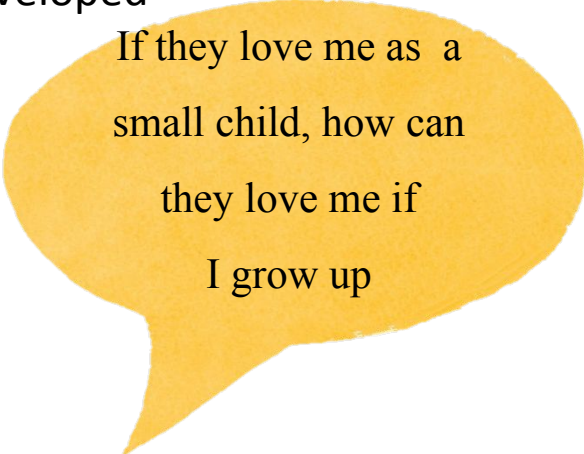
- ✓ children want to grow up in order to be able to do all those things that adults know and can do
- ✓ children prefer to play with real objects... keys, glasses, phones and not the toy version
- ✓ children want to be able to live the lives of the adults that they admire and love



### Are children “allowed” to grow up?

The relationships that make children clumsy or dyspraxic are those that severely slow down their normal drive to grow up

- ✓ buttoning a shirt, tying shoes means to grow up and become a bigger boy or girl
- ✓ if they are not allowed to grow up... they accept an internal image of themselves less-developed



If they love me as a  
small child, how can  
they love me if  
I grow up



### Our clinical experience

- ✓ the dysfunctional relationships that cause these slowdowns can be cured in an easier and faster way when compared to other disorders

### Mothers

- ✓ do not show severe psychological disorders
- ✓ are often able to give up the image they have of their children as small, once lead to understand the damage that they are non-consciously inflicting on them



### Speech Sound Disorder

- ✓ children with a diagnosis of SDS keep on using immature processes of phonetic simplification even if they are beyond the age in which the majority of children are able to clearly produce words



### Testing children

- ✓ the neuropsychological tests are not as objective as laboratory/instrumental tests, whose results are independent from the cooperation of the examined subject
- ✓ when testing children's abilities we can only assess what they show us with their behavior, and not what they are actually capable of doing!



### Our clinical experience

- ✓ children exposed to a normal linguistic environment will be able to learn a language to a level at least sufficient for a typical daily conversation
- ✓ children do not want to show their abilities to their parents nor to other adults





### Our clinical experience

- ✓ children: for them, speaking correctly is the realization and proof of their development and growth... it means becoming more autonomous from their parents
- ✓ parents: they do not always positively experience their children's growth... they easily admit that they are more able to feel and show affection, love and warmth when their children are less grown up



### Temporary slowdown

- ✓ children require an enormous, but physiological, amount of work to acquire language
- ✓ children could happen not to be motivated to confront this challenge
- ✓ this could cause a temporary slowdown, even though our clinical experience does not confirm it



### Temporary slowdown

- ✓ this happens when this advancement in linguistic ability does not come together with an increase in the consideration, recognition and affection by their parents
- ✓ this happens when parents are only able to maintain an adequate level of affection towards their children by negating their growth



### Testing children

- ✓ what children show us, thus what determines the diagnosis, is only what they can show us while experiencing a troubled family relationship, which is very often hard to identify



### Our therapeutic intervention

- ✓ we aim at curing those relationships that determine the disease, with the objective of removing what we can define as the pathogen that causes the alteration in the behavior of the child



### Our therapeutic intervention

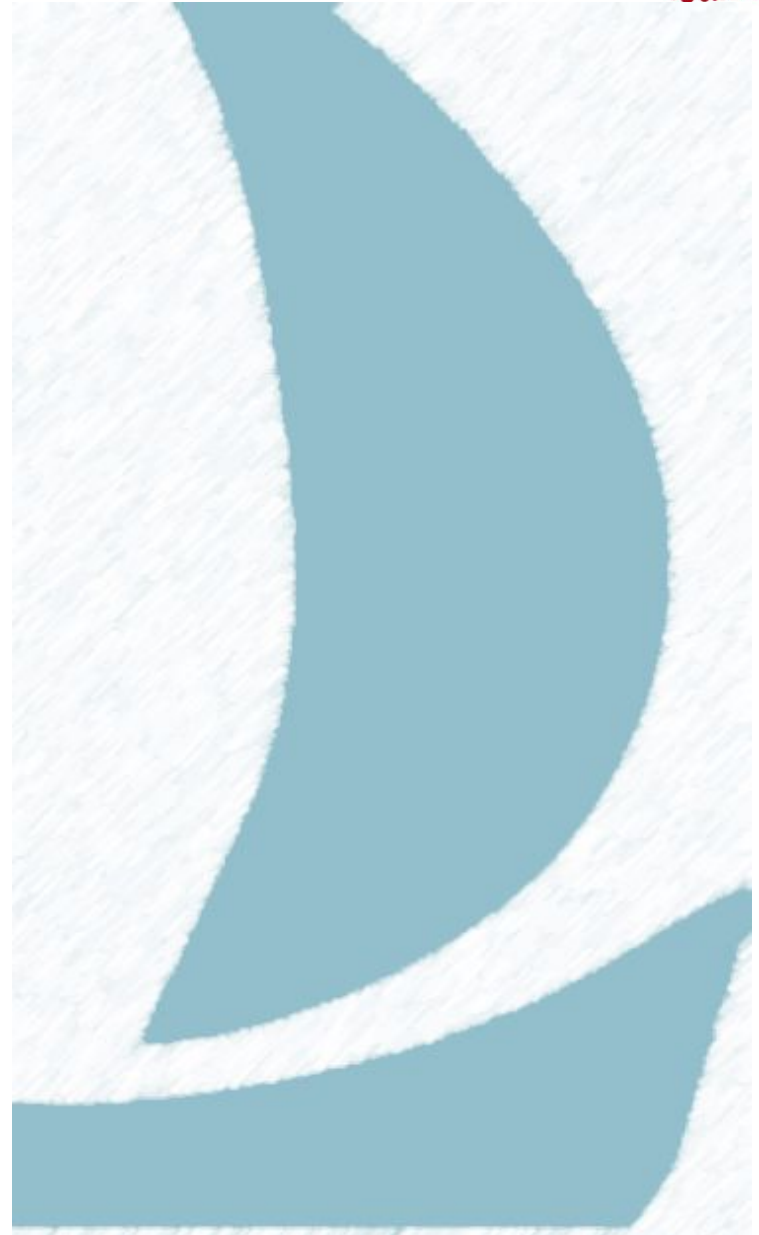
- ✓ we do not rehabilitate nor habilitate children
- ✓ we do not teach children with a disorder what they were not able to learn by themselves
- ✓ we remove what prevents them from having a normal development

No mental structure or function was disrupted... all was just an alteration of the normal expression of a specific ability...

**what “disappeared”, can also “reappear”**



## A clinical case of DCD and SSD



### Tommaso

- ✓ he is 5 years old and has a diagnosis of dyspraxia and dyslalia
- ✓ he kept on replacing the vowel “o” with the vowel “a”... “trophy” won in a competition turned into a “traphy”
- ✓ his language was unintelligible, and he seemed to be unable to solve a puzzle meant for 3-years-old children

### His mother

- ✓ she was negating the development of this son and treating him as if he was much younger than his actual age
- ✓ she was trying to compensate for the time she had spent with the older son who now recovered from several surgeries





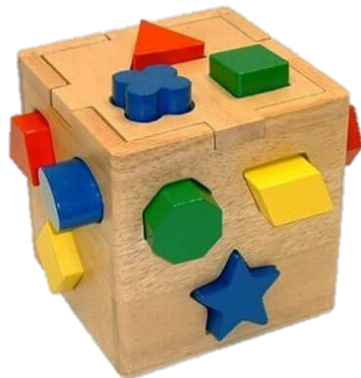
Can you close the door...?

please, speak properly!

sure!

Thank you! I didn't want my  
dad and mom to hear us...





It's really weird that you're not able to complete that now that it was so much easier!

### Comorbidity or just a common etiology?

- ✓ comorbidity: concomitant presence in one single subject of different conditions each due to a different cause
- ✓ common etiology: we believe a common etiology can be identified, in this case, the mother negating the normal development of her child, causing both CDC and SSD



### Delay or, better, slowdown?

these disorders, in which no organic cause can be identified, could be better defined as “**slowdowns**” and not as “delays”

- › these children can completely recover the slowdown, which is functional and reversible



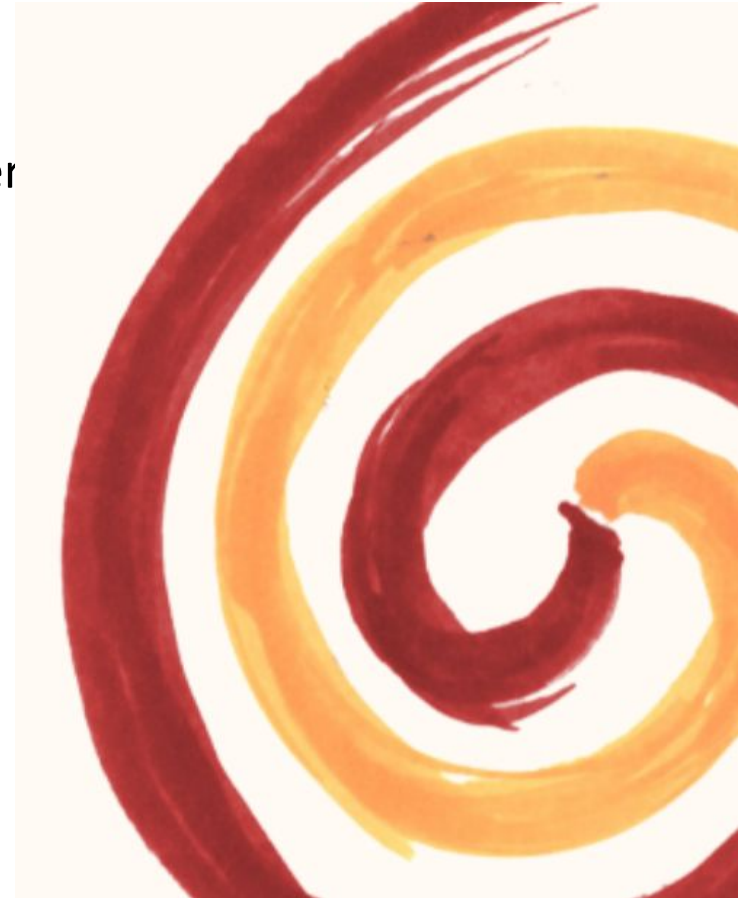
To better understand the essential difference between a diagnosis of “delay” and a diagnosis of “slowdown”:

these children behave as a **train** than has to slow down for a short time due to an impediment on the line, let’s say some rocks that fell on the rails...



... but then, once the obstacle is removed, the train can start back, recover all the time it had lost, and still make it in time as **the engine did not have any damage**

- ✓ Attention Deficit and Hyperactivity Disorder (ADHD)



## Diagnostic criteria

main characteristics associated with a diagnosis of ADHD:

- ✓ impulsivity
- ✓ inattention
- ✓ hyperactivity



### Human Birth Theory

every child experiences the physiological need for human relationships which are as essential for him/her exactly as warmth and food

This is what a newborn child experiences at the moment of birth:

- › the capability to imagine the existence of another human being, who is able to reciprocate his/her desire





### All children

- ✓ need to be perceived and “seen” by their parents, understood and protected mainly from aggressive human relationships
- ✓ have, since their birth, an extraordinary sensitivity that makes them much more vulnerable to invisible aggressions
- ✓ show some sort of distress probably when this sensitivity is even deeper



### What do annulment pulsion and negation do?

- ✓ wear down children's vitality
- ✓ weaken children's still fragile identity
- ✓ damage the image of coherence and wisdom children have of adulthood



### What do children with ADHD experience and feel?

They:

- ✓ perceive a constant feeling of anxiety
- ✓ move constantly
- ✓ are unable to focus and carry out an activity for the time required for its completion
- ✓ are restless as if they were the only ones perceiving an imminent invisible, but serious danger
- ✓ move around anxiously and aimlessly



### ... and why do they experience that?

this is how they react to situations they feel as threatening and overpowering, as they perceive themselves as helpless spectators, with an annulment pulsion against frustrating and disheartening human relationships



### ... and why do they experience that?

when experiencing moments of mental void, of absence of relationship with another human being... they feel as non-existent, as if they disappeared... thus they need hyperactivity to feel as non-absent



### ... they want to be seen

these children

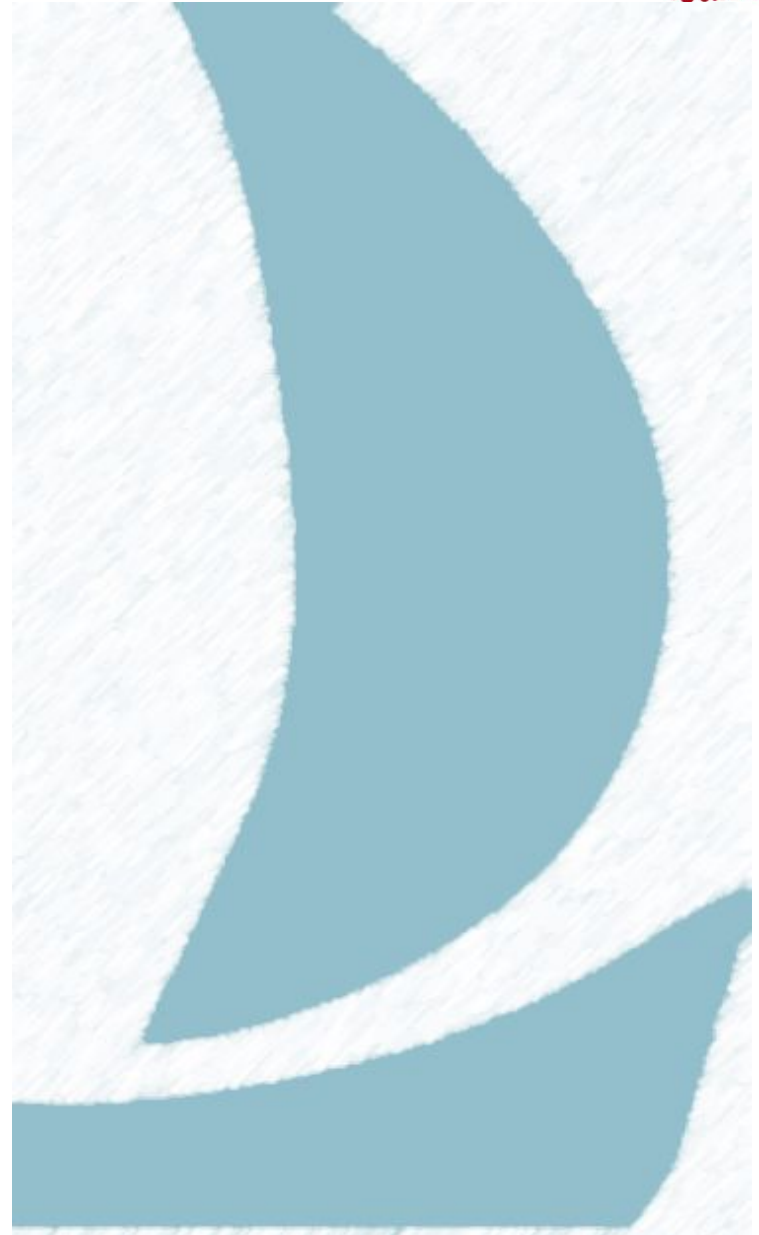
- ✓ are scared of being “invisible”
- ✓ do whatever is in their power, to be “seen” by everyone, but mainly by themselves
- ✓ act as “bad” because they believe they are actually bad
- ✓ make “disappear” who they perceive as frustrating and disheartening, when in fact they are making themselves “disappear”

their mothers

- ✓ alternate unemotional reactions with moments of emotional presence



## A clinical case of ADHD



### Mario

- ✓ a 6-years-old child with a diagnosis of ADHD was in treatment with Ritalin since a couple of months, but side effects were overwhelming: sleepiness, apathy, inappetence





### His mother

- ✓ separated from her husband who had not met his son in months
- ✓ acts an annulment pulsion against the rage she feels toward her child
- ✓ suffered and was angry, but tried not to show these feeling by “turning into stone”

### Results

- › the mother learned how to separate from this upsetting feelings, and the child became more calm and cooperative
- › we gradually tapered pharmacological treatment until discontinuation



- ✓ Tic and Tourette Syndrome (TTS)



## According to the European Guidelines

tics are:

- ✓ sudden, rapid, recurrent, non-rhythmic movements or sounds that usually manifest in bouts

they:

- ✓ have a non-constant trend in terms of frequency, intensity, type of tic
- ✓ onset, in children, is typically at 5 to 6 years of age
- › Tourette syndrome includes the combination of chronic motor and sound tics



### What is TTS?

is the expression of children failing to attempt to control their deep rage towards their parents who try to cage them in an educational scheme too strict for their original and lively personalities



### Parents strictness

- ✓ shows an insecurity and immature personality
- ✓ shows identification with their own parents
  - › often we found an obsessive-type personality in these parents
  - › this does not mean that the disorder in children is due to a genetic inheritance, but it is instead due to a relationship acted by their parents in an obsessive way



### Children

- ✓ they feel that something is strange, distorted... but they annul their rage and try to obey
- ✓ their mental images of humiliation and hatred towards their parents unexpectedly emerge
- ✓ they get to make these images disappear with the help of a gesture... and then a sound

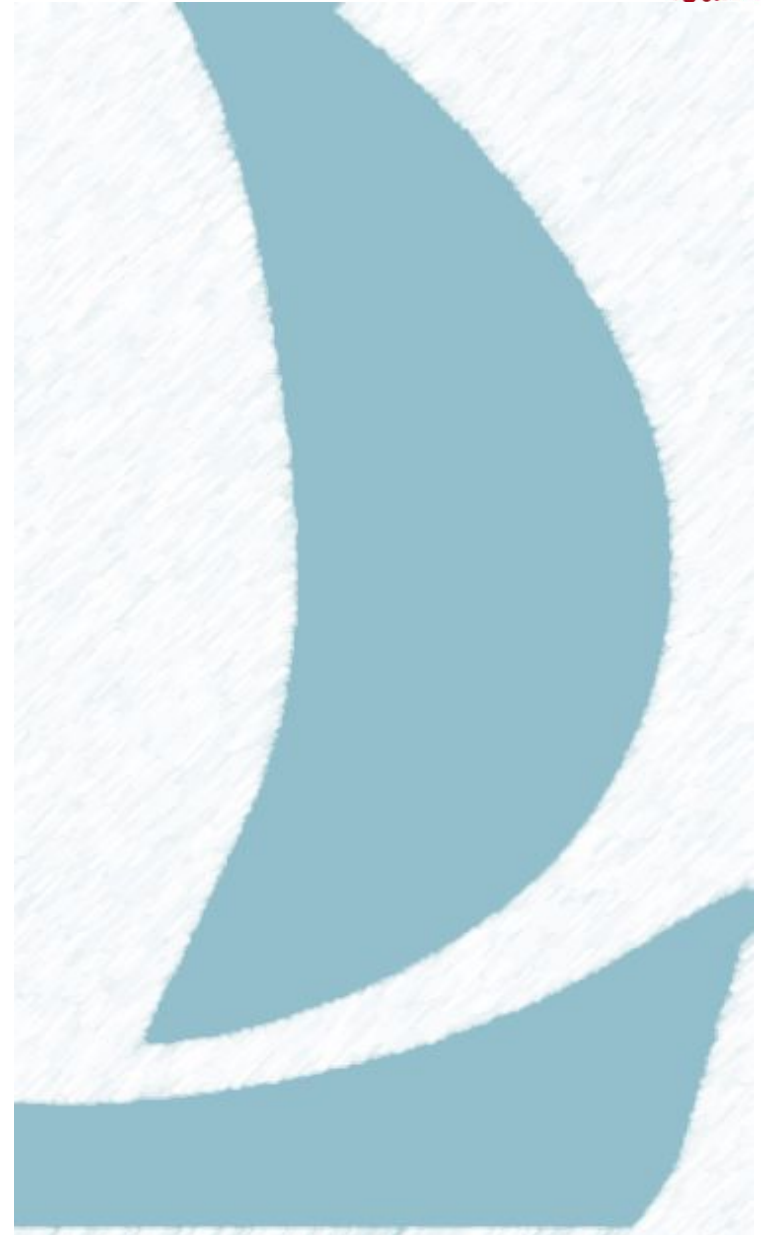


### Treatment

- › if the obsessive structure of the “responsible” parents is not too heavy, they will be able to stop transferring the rituals in their children, sometimes delegating to the other parent the activities in which the rituals are more focused



## A clinical case of TTS





### Lia

- ✓ she is 7 years old
- ✓ she has a persistent cough
- ✓ she is always “dressed up” nicely
- ✓ she blinks her eyes and feels more calm

### Her father

- ✓ takes care of Lia’s appearance in an excessive way, even changing her clothes several times during the same day



### Treatment

both parents started psychotherapy separately:

- ✓ the father after some time started allowing Lia to dress for herself
- ✓ the mother stopped giving up her role in the family due to her lack of self-consciousness

all symptoms disappeared in a short time



## Conclusions and future perspectives



## Conclusions

- › based on a series of solved and cured cases, we identified the common elements that we believe are the cause of some mental disorders in children
- › a treatment that modifies the pathological aspects of the relationship achieve a complete remission of all symptoms, even several years after the treatment



### Future perspectives

- › we believe that this could be a new way of thinking children mental health, widening the research in this field
- › focusing the research on human relationships, which means a healthy birth and a healthy development with no annulment pulsion, negation and yearning, instead of focusing it on organic causes could lead to new possibilities of curing mental disorders in these little patients and their families



Thank you