



Presentation:

How can we avoid a parent's sorrow becoming silent? How can we allow children to speak about what they fear, about their own illness, if they are affected, or a parent's illness? How can we speak about death to children, to them who are the hope for the future? At times they feel an implicit prohibition in asking questions or they are scared that by doing so they could provoke more pain to parents who are already suffering because of the illness of a son/daughter. It is important to give them a possibility to ask about painful events and look for help in the words of an adult.

The choice of silence or denial is not protective towards them, but will arrive to them as a form of prohibition against knowledge. The silence will not become comfort, instead it will give children a feeling that the adult is too scared, too weak and therefore too incapable to help out, protect and save him/her. The death of a loved person, even in normal circumstances of the cycle of life, confronts us with our vulnerability to illnesses or mortal accidents, and to the mortality of the ones from whom our security and protection depend.

The children, specifically, after the loss of or the illness of a dear person, feel the fear that other losses will happen. The mourning deriving from the loss of a parent, even if for children this is something difficult to understand and accept, can be worked through and surpassed with the help of a psychoanalytic psychotherapy. Even a terminal illness in a child, which similarly to a sudden gust of wind changes the life of an entire family, can benefit from a psychotherapeutic intervention, as this is a space where you can share pain, anger, anxiety, and uncertainty about the future and pain about an eventual loss.

Sometimes an illness can be cruel to the point of isolating a child, it stops contact between adult and child, it forces the parent to stay away from home and away from other children, to live in an unfamiliar environment, in continuous contact with other people, with pain and anxiety that are hard to tolerate. How can it be possible to stay close to an ill child in hospital and to his/her parents? It is easy for children to repress their feelings, thus leaving unresolved the enormous need to understand their experiences, and not always can the parents, in such critical moments, fulfil this function.

Sometimes in hospital children can communicate their feelings, their unexpressed or not listened to emotions during the stay; art therapy for example, does not try to entertain the small patients as much as consent them to recognize and 'digest' the emotions that can derive from physical pain.

On the whole the volume demonstrates that it is possible to confront a traumatic experience with therapy, in different ways for children and for parents. The psychoanalytic prospective often offers space to think, it helps elaborate the suffering and helps to find necessary resources for life.

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