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When the Child Becomes the Guide: An Integrative Relational Model for Transforming Childhood Psychopathology through Family Processes

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Abstract

Childhood psychopathology is frequently conceptualized as an individual disorder requiring symptom-focused interventions. Nevertheless, extensive research, including meta-analyses and longitudinal studies, has established the central importance of attachment security, caregiver reflective functioning, and family relationships in shaping children's emotional and behavioral outcomes. Additional studies indicate that systemic family dynamics and parental mentalizing capacities contribute to both the onset and persistence of childhood psychopathology. Despite these findings, many therapeutic approaches continue to prioritize symptom reduction over understanding the relational significance of symptoms. This presentation introduces an integrative relational model that conceptualizes childhood symptoms as adaptive relational communications, which can guide therapeutic change throughout the family system.

Developed over more than twenty years of clinical experience in systemic family psychotherapy at the Clinical Service of Prof. Maurizio Andolfi's Academy of Family Psychotherapy, this model integrates multigenerational family therapy with contemporary perspectives on mentalization, intersubjectivity, and developmental psychology. Instead of identifying the child as the patient, the intervention positions the child as an active guide who reveals unresolved emotional processes, family myths, intergenerational loyalties, and developmental impasses that perpetuate psychological distress. The therapeutic approach combines intergenerational family assessment with experiential techniques—including play, metaphors, drawings, and family narratives—to facilitate children's participation and promote reflective dialogue among family members. Family narratives are elicited to uncover hidden loyalties and histories, while structured involvement of caregivers and families of origin facilitates greater attunement and shared understanding. Throughout this process, children's symptoms are progressively reframed from targets of correction into shared opportunities for relational understanding, with the clinician guiding the family to discover new ways to respond to distress and support development.



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The model is exemplified through four video-supported clinical cases involving obsessive-compulsive symptoms, anxiety, psychosomatic complaints, tic disorders, and behavioral difficulties. In these cases, children's symptoms function as meaningful expressions of family distress and simultaneously mobilize the relational resources necessary for change. Key interventions included facilitating open dialogue regarding the child's experiences, promoting parent-child play to strengthen emotional connection, and guiding families in exploring unresolved intergenerational patterns. Across these cases, the intervention was associated with improved parental reflective functioning, increased emotional attunement, restoration of generational boundaries, and a reduction in the child's symptom burden.

Instead of prioritizing symptom reduction as the primary therapeutic goal, this model suggests that lasting clinical improvement occurs when children are no longer compelled to communicate unresolved family distress through psychological symptoms. By integrating experiential techniques with relational and developmental perspectives, the model provides a clinically applicable framework for psychotherapy with children and families that is relevant across therapeutic orientations focused on family processes, emotional development, and transdiagnostic mechanisms of change.

Keywords: psychotherapy, child, family therapy, multigenerational approach