



TRANSCRIPT - GIANNA POLACCO WILLIAMS

INTRODUCTION

Jane:

Gianna Polacco Williams is a Child Psychotherapist and Analyst and for many years she was a Consultant Psychotherapist in the Adolescent Department of the Tavistock Clinic where she still teaches. She's taught child psychotherapy and set up trainings based on the Tavistock model, all over the world and she's written over 30 books over the past 50 years. Her enduring interest has been in the helpful and unhelpful characters that inhabit children's internal landscapes and it was through that, that a famous paper, that's called 'Doubly Deprived', was published in 1974, which has now become a child psychotherapy classic. And it was around about that time Gianna, wasn't it, that a greater understanding about the psychopathology of severely deprived children was starting to emerge. So what led you to write this paper?

THE WRITING OF DOUBLY DEPRIVED

Gianna:

Well, I actually wrote this paper, without realizing at the time, that somehow it was breaking new ground. I was seeing this adolescent and I was finding the work initially very very difficult and actually asked for supervision of my work and I came to realize something important that has helped me a lot, also in the future, and that was that this child was treating me like a wimp; like a nuisance who is trying to get some of his attention. I was helped to understand that what he was doing, was really to turn me into an aspect of himself he could not tolerate.

Jane:

So he used to persecute children from Pakistani backgrounds?

Gianna:

Yes and to point a knife at their throat and then say, "They are inferior, they are savages, not like us British", and he was talking to me saying, "not like that".

Jane:

So maybe give us a little bit of background. What I love about your writing is that you paint a very vivid picture of these children that you have seen. So tell us about Martin and what his background was, which gives us some idea of then what led to his presentation with you.

MARTIN'S DEFENSIVE COMMUNICATION

Gianna:

Well, Martin had been deprived by his life and, as I realized by understanding the way he had protected himself from psychic pain, was also inwardly deprived. I think that I described him as using defences that turned him into an 'orphan inside himself' as well as outside. So he was in a children's home for two years. Then he had very unsuccessful fostering but the foster parents kept him until the age of 12. So from the age of two, to the age of 12, he was with foster parents. They gave him up because of a number of difficulties, including continuous stealing from them but also because he had tried to jump from a second floor window and it looked like quite a serious suicide attempt which fortunately was prevented but it is after that that they decided he should go back to a children's home. So when I started seeing him, at the age of 14, he had been for two years in the children's home. His defences were already present, definitely in a big way, when he left the foster parents, because when the foster mother tried to talk with him on the phone, he behaved as if nothing had happened while she had to stop the telephone call because she was crying so much. So that was an example of these brick-wall defences that he had developed and the brick-wall defences were present with me as well, so it took me a very long time to establish contact with him.

BRICK WALL DEFENCES

At first I found it difficult to know how to react when he was telling me, "I got no time for your rubbish." "It's tough you've got to suffer." Or "You're talking to a brick wall." Then eventually I was enabled, also by some supervision, to understand that what he was doing was not just an attack, it was a *communication* and the communication is what he was making me feel; that is, that he was making me feel like a very wimpy type of child who is trying to get somebody's attention, and this somebody has got better things to do than listen to him. Now this was something that then I understood to be a picture of something that was in the 'internal landscape' of Martin. There was a sort of parent who he perceived as not at all able to give attention and there was the wimp who was trying to get attention. The wimp was put totally into me and I think it was part of our work for me to put him in touch with this more vulnerable part of himself.

But it could be done only very gradually and not to take the way he was treating me as an attack but as a communication. This is I think that's been the essential aspect.

THE DEFINITION OF DOUBLY DEPRIVED

So this is the definition of 'doubly deprived': that the first deprivation is external; so the circumstances he was born into and what happened to him as a child, and then the second deprivation is the; what happens with the 'internal' defences that stop a child from taking in what they need to receive from others. In fact that was evident in his great difficulty in 'taking in' from the foster parents. He said once, "I don't miss anybody, people miss me", and that put it in a nutshell. He had created this sort of carapace so that people would give him up, just like the foster parents did and every rejection cemented the hardness of this 'internal object' - which was, you know, the parent that has got no time for him. So every rejection made that object more, sort of harder and harder and the wimp, sort of more and more needy. But it was very painful for him eventually to allow these more needy parts and he became very demanding. He said I should be like restaurants that are open 24 hours - 24/7.

Jane:

Meaning you should be open to him whenever he wants to see you?

Gianna:

Yes, and if I put him in touch with the pain of having missed something, then I should give it to him in the present. So it was a very difficult journey.

IF IT HURTS, HOW CAN YOU CALL IT GETTING BETTER?

Jane:

I know you said that Martin said to you, "If it hurts, how can you call it getting better?"

Gianna:

Yes, that is, again, one of his very incisive communications because I think he became more open to experience pain. When he was 16, he had to leave the children's home and was, I think, quite attached to the parents.

Jane:

It was the people, the house-parents, wasn't it who ran the home?

Gianna:

Yes, the house-parents and he said he would move only if he could take them with him. And I mean, he was very damaged by his defences because he was 14 years old when I saw him and he had a reading age of six and this really helped me also to think about another area of my interest, which is, how so many learning problems develop from an emotional obstacle that I would put in a nutshell as: 'not being able to think about where it hurts and why it hurts'. If you can't make that link, I'm sure that this can be a big impediment in learning to read and write and all that Martin hadn't been able to do. Eventually he actually did develop a capacity also to be literate.

Jane:

And it's the dependency - I think you said that it's an unwillingness or incapacity - to be able to depend on others, that stops the learning process from being able to let in others.

Gianna:

Yes and I think that here we return to 'if it hurts how can you call it getting better?' because I think that if you depend on somebody, this somebody becomes important, becomes precious and what I think is, at the source of many pathologies, is defences that prevent you to make another person painfully precious so that I think was very clear with Martin. He had managed to avoid making anybody painfully precious for a long time and when he was more open to the pain of loss and separation, it was as if I had stripped what he called, 'the seven layers of skin that covered the soft spot'. So there was something - I mean he didn't say that but he had told me at the beginning that he had seven layers of skin which covered the soft spot.

I think perhaps I felt, when I realized that he was in pain, that I've been doing something that might make him richer from the emotional point of view and also from the learning point of view obviously.

Jane:

I found that really moving actually what you've just said. Because there's a real dichotomy at work isn't there? That in trying to help children recognize the defences that are unhelpful, we're also leaving them more undefended and more in touch with their pain.

DEFENCES HAVE TO BE RESPECTED

Gianna:

Yes, and I think that this is why it is so important to be extremely careful in our interpretation of defences. I have developed over the years, both in my work with

children but then later now as a psychoanalyst, I really feel that defences have to be respected and not stripped in a brutal way and that you can't expect anybody to drop crutches until you feel that they can walk and obviously, in the work to help them to walk, even if there is one leg that is working very well but another one is damaged, you have to focus on what makes them limp before you can interpret something that might lessen the defences. I also think that my golden rule is never to interpret the defence if I haven't got an idea of what is the anxiety behind it and possibly talking in the same breath about the defence *and* the anxiety behind it, so that I try to hold what I'm talking about.

Jane:

Can you give an example of that?

Gianna:

Well, I think, talking with Martin for instance, told me that I am the only person who has no feelings. At times when he had feelings because I was going to take a break for a holiday and he kicked the radiator saying, "Call this central heating? It's cold water running through a mass of metal". Now obviously he found my leaving him painful and was trying to use this defence of saying, 'you know you are cold and don't care at all', but it was very thin. It was obvious that he was in pain and so I could talk about the fact that there was this way of turning me into this cold-hearted person but it was because of the anxiety that my going away - obviously I couldn't talk in such large and psychoanalytic terms - but it was a way to protect himself from something that was very painful and it was important for me to hold the pain and hold the anxiety; the anxiety that if I was such a cold person, I might not care about coming back after a break.

Jane:

The threat of physical violence always being present with Martin - even getting a knife out in sessions with you - what I found really interesting was, well, first of all, you didn't seem to be overly alarmed. I think a lot of people, a lot of therapists, would be; seeing a knife in a session but what you said is that you felt it was really important that therapists should be able to tolerate something that their internal object hadn't been able to tolerate. Internal or external.

Gianna:

Yes, the external object being his mother, his father, then foster parents. Yes, but I mean also that he was bringing his violence to a place where perhaps something could be done about it and not threatening with knives, the Pakistani children, and terrifying them in school which was one of the issues for the referral. Now that doesn't mean that I suffer knives gladly because he was actually examined very carefully before he

entered the room. He had used the knife to attack the cardboard box that I used to contain drawings - if he ever produced drawings - which he didn't, and you know there were a few of his... it was Martin's box.

THE SYMBOLIC MEANING OF THE BOX

Jane:

So this is part of the Tavistock model isn't it? That there is a box.

Gianna:

Yes we use a box for each child.

Jane:

It's symbolic. Yes. It has symbolic meaning doesn't it? That this is of the 'container'.

Gianna:

Indeed.

Jane:

And every child has his own or her own box and inside there's a few basic things.

Gianna:

Yes, so well for a 14 year old though you would use different things from a three year old obviously. It did enough damage to the top of the box to say that we have to get the new box, we have to get a new Mrs Henry because at that time I was called Gianna Henry.

Jane:

I wonder why 'Doubly Deprived' has continued to be such an important part of every child psychotherapist's reading? Do you know why it's been so enduring?

Gianna:

I think that probably it's a rather hopeful paper because I don't think all deprived children, especially not all doubly deprived children, can respond to treatment and I think I was, up to a point, lucky with Martin but I think that as there's been, after the publication of that paper, a big research at the Tavistock which was including a large number of deprived children with different types of defences; some you know being like Martin, but some in fact having developed very different defences.

The book is divided in sections and it is a book on psychotherapy with severely deprived children showing that with many of them, good work has been possible. I

think also not 'Doubly Deprived' only but that book should be a central reading for child psychotherapists because it gives hope that there isn't really damage in many cases that is beyond repair, or beyond some repair.

TRIPLE DEPRIVATION

Jane:

Louise Emmanuel built on your theory and wrote a paper about triple deprivation.

Gianna:

Yes, which talks also about the services and all that that can make for deprivation.

Jane:

So the professional services who are supposed to be supporting children, who don't adequately enough because of the child's own deprivation.

Gianna:

Yes.

Jane:

Has that been a helpful extension of the understanding of your work do you think?

Gianna:

I think so yes and I think including something that's so important like the network. Yes.

NO-ENTRY DEFENCES

Jane:

Yes. So I'm wondering whether this interest, early interest, that you develop through children like Martin that grew, that built upon your understanding of defences, has really had an effect on your treatment of children and young people with eating disorders? I mean you're particularly interested aren't you, in those children who are difficult to reach and children with eating disorders are particularly difficult to reach aren't they?

Gianna:

Yes and I think that there again we can look at a defence that I have written about and that I think is possibly a helpful defence to start with but can bring about very serious consequences. So it is, as I have suggested in the book I wrote in the late 90s, and in the

introduction I say that in a way, all the cases I talk about are cases where the issue of establishing dependence on an object that could become really important and precious, therefore painfully precious, is avoided.

The cases that I've spoken about in terms of the 'no-entry' defence are children who might have defended and protected themselves from something toxic because they might have received very difficult projections and a child cannot really metabolize projection - cannot be a 'container' - I suggest that one should really talk about a 'receptacle' not a container when it comes to a child and what gets into the child is not contained in Bion's terms 'Container-contained' but is experienced like a foreign body and one might protect oneself from foreign bodies and that is very healthy. So no-entry defences might be initially very healthy if they are in aid of not being too porous to projections; to toxicity but then they might extend themselves, like the girl I spoke about when I wrote about the no-entry defence, would have had very good reasons to protect herself from projections.

Jane:

Is this Sally?

SALLY'S NO-ENTRY DEFENCE INCLUDED ANOREXIA

Gianna:

Sally, yes and Sally had a very very disturbed mother who had almost been drowned by a father when she was a child during a row between the parents and that developed this tremendous anxiety about drowning if she had a bath and Sally was asked to hold her hand, when she was three years old, while she had a bath and obviously the child could not contain this very psychotic anxiety because sadly Sally's mother was very severely disturbed.

So a defence which might have had a healthy beginning but then she could not accept food. She could not accept sounds; not even the sound of the telephone. In a way, if we look at how she developed them, we could see that when she was a very small child she was confronted with having to cope with something a small child cannot cope with and that was a mother who had very psychotic fears, very extreme anxiety. In particular she was very frightened of drowning; this was due to something that happened to her when she was a child but anyhow, in this sort of - it's the opposite of a Russian doll - it's not a 'containment' going down a generation but a sort of pouring out of projections going down the generation.

So Sally defended herself from projections that could have been very toxic by becoming 'no-entry' but then the no-entry defence became much wider and it included her anorexia, not taking in food, dread of - she was an adolescent and she had absolute dread of the thought of penetration. She couldn't allow loud sounds to enter her ears - like the alarm clock or the telephone - and it was so extensive that it became very damaging.

THE OMEGA FUNCTION

Jane:

So I think you described that as an introduction of 'Omega function' as opposed to 'Alpha function', if we're looking at Bion's theory?

Gianna:

Well, I think that what I suggested, is that a child who is contained, and is somebody who makes emotional sense of his or her experience, internalizes something that 'organizes' him or her. A child who has the opposite experience, which is not being contained but of being projected into; of receiving what Sally received when she had to hold her mother's hand when she was sharing a bath, might internalize something opposite to 'Alpha function' that I called 'Omega function' which would be a disorganizing type of function.

Jane:

I was very interested in your therapeutic technique with Sally. You had to tread very very carefully because I think because of this 'no-entry' as you describe it that you 'tiptoed up to her' really in the work with her. You described even the sort of language you used as 'pastel rather than primary colours'.

Gianna:

Yes, that I think is something that one cannot write a script about but I think that if you are confronted with a patient who come comes across as so fragile that you can't even touch her with the feather, the language also has to be as light as a feather meaning that, I don't know, I can give an example. I mean, it would then come natural for me to say 'maybe' rather than 'perhaps'. You know, a sort of softer word but I mean I obviously didn't plan it but it came natural to somehow modulate the language to the fragility of the patient and I think that this is true with many 'no-entry' patients.

Jane:

You described it as a process of 'joint exploration' and actually using the analogy of food putting a plate of food out on the table, in terms of the therapy that you were offering and she could take it if she wanted to rather than being force-fed.

Gianna:

And also that I understood with her, as I saw her for an assessment, then I referred her for more *intensive* treatment. (At that time I couldn't see her intensively myself) and I was still thinking that this would be something good for someone like Sally. In fact that didn't work. I think initially, with people like her and with many no-entry patients, it's better to start work with only one session.

So Sally, eventually, 18 months after she had stopped her three times weekly therapy, returned and then I saw her myself but once weekly and in fact I think that that was the coffee spoon - it's not just the plate but the coffee spoon that she could take.

ROSENFELD'S CONCEPT OF THE INTERNAL GANG

Jane:

You've often talked about Rosenfeld's concept of the internal gang. That's been quite an important part of your thinking hasn't it?

Gianna:

Yes it is something that I find very helpful. I have worked for so long in the adolescent department that I'm very familiar with the gang dynamics that many patients might be involved in at times.

Jane:

So that's the *external* gang, so that's the gangs that they're mixing with?

Gianna:

Yes, for instance one of the adolescent department patients came with a member of his gang and he was only given permission to come to the session if then he reported everything that happened in the session to the other gang members. It obviously took a bit of work to work through that but he then eventually did stay for treatment and that there was something that has to do certainly with this 'friend of his friend' in inverted commas and external issues but also, in this patient and in many others, there is something that, one can see 'in action' in many pathologies.

I quoted adolescent because I think that what happens in the case of an internal voice might take a much *wider* sort of shape and might be not just a voice but the presence of

this really quite destructive structure and I think that it can be seen, for instance, in drug addictions as something that as a ring leader - which is the drug pusher outside - but also something very similar inside that says, "you know, come on, and I'll make you happy" and you know "There'll be no psychic pain". "There'll be no painfully precious objects" and "I am your friend because I give you this good thing that makes you better".

At times, you have either a 'gang' or a 'gang member', even with very small children. I can think of a child at the door of the therapy room, talking to a totally imaginary friend and having a conversation with the friend saying that "What was he going to do?" You know, to "listen to the crap that woman was talking about" and he's having a dialogue being both him himself and the 'friend' and eventually getting permission saying that anyhow he wasn't going to listen to a word she was going to say. I mean, it's interesting that obviously the therapist, while this was happening, was also talking and interpreting. This is a case I supervised and it was really such a clear image of a totally internal or you know, 'imaginary' friend.

At times you find that there is a real gang that doesn't allow the patient to give up the membership. You know, like you can't get out of the Mafia and say, "Sorry I'll give you back my membership," and they become more ferocious at times with these gang members when the patient is trying to get out.

Jane:

So the introjection of a good object - and you're helping with that in the therapeutic work - is a very very painful process isn't it?

Gianna:

Well, I think that we return to Martin and I think indeed it is because what the gang, or the drug pusher, or even the voice that encourages the anorexia, is promising, is absence of psychic pain and it seems to be not a very fair bargain to say, "Come to me and I will take you away from this bad internal company but then there'll be a lot of pain." But then something else comes with the psychic pain which can make the process worth it.

All of us have also had our experience of being in analysis if we are in this type of work and obviously we do know that change can be quite painful but worthwhile.

HOLDING THE FEAR: BABIES WHO ARE POOR FEEDERS

Jane:

You've written very interestingly about babies who are poor feeders and again I think it's these internal defences and external realities which provide very difficult

circumstances for babies very early on in their lives. There's a baby in particular who you call Patrick, who had three older siblings who had died before him, and his mother expected him to die too.

Gianna:

Yes she said that she couldn't really get attached to him because she was sure he was another one to go and one can understand her anxiety because she had lost babies.

Jane:

So I'm interested to hear from you how that affected something so fundamental as *feeding* in Patrick.

Gianna:

Well, it was in the observation of the student, whose name is Marie Angela Pineros - she's now returned to Brazil - and she was seeing children who were in a London hospital and were in-patients - it was a very long time ago - because they had failures to thrive or, you know, feeding difficulties that were serious enough to put their life in danger in some cases. So she worked with mother and child - it was a mother-infant type of intervention. When mother went home and Patrick was still quite difficult to feed - she actually describes very graphically how he was still spitting the food out and actually throwing it all over the kitchen and the walls were plastered with the food thrown by Patrick.

Jane:

So the walls were symbolic of this situation; very very messy.

Gianna:

Yes and I think very disorganized and probably it was full of something very *disorganizing* because - Bion, who is an analyst I find very useful, says the most important anxiety a mother should hold is 'the fear' - he puts it in terms - 'the fear that the baby may die'. So it is this anxiety about death and that was the contrary, it was not 'containing' a fear of death but actually 'projecting' a fear of death. So this is a failure in the container function and also an unwillingness of Patrick to depend on his mother because he felt that he couldn't. It was unsafe. I think that in this case he felt somehow, not only rejected, because the mother in fact wouldn't look after him; (the father was mostly looking after Patrick because she was so frightened that he was another one to go) but I think she felt probably very vulnerable and in a way, very unsafe.

So this is a case where I would draw a link between what happened externally and the reaction of the child which seems to be very linear but that's not what I would do in every case. I don't think, 'Because of this deprivation, this will be the consequence,' because I think that there is really a very large range.

DIFFERENT CHILDREN REACT DIFFERENTLY TO THE SAME EXTERNAL CIRCUMSTANCES

Jane:

I know you're very concerned that parents often feel really blamed for when things go wrong with their children.

Gianna:

Yes, this is something I've been interested in for a long time because I'm convinced that there are very different reactions in different children too, even to the same circumstances, and shall I give you an example of what made me think of that?

Jane:

Please do.

Gianna:

It's not only my clinical work but I found such a graphic example when I saw an exhibition of children's drawings. There had been a flood in the village where they lived - this was in Italy - and the flood was not serious - no life was lost - but the teacher suggested the children produce a drawing of this experience.

One drawing was absolutely catastrophic because there was water up to the bell tower of the village and there were dangerous fish and it was a river; there were sharks. Then another picture was very cheerful; there were children paddling in the water with the red boots and it looks really you know very very cheery. A third one that comes to mind was very hopeful because there was a cellar and the cellar had their provisions and the child was helping a father to bring provisions up from the flooded cellar to the ground and there was this helpful figure of the father.

So, just looking at the way different children experience the same event, I think gave me a very graphic picture of what I'm trying to say which is that it's very difficult to say: this experience will produce, necessarily, this effect.

I don't think one can always say, you know, this child is suffering because of something the parents did wrong. In some cases - cases of abuse or cases where, like in the case of Patrick, it was clear that the mother was very disturbed and the mother of Sally also was not very helpful to Sally. I'm not excluding that what the parents do might have an impact but I feel we shouldn't generalize, saying that the same experience has the same impact on every child.

Jane:

I'm interested in how you've applied psychoanalysis to different settings and helping people who are not therapists work with children. I'm thinking about your work in Mexico with street children.

THE CONCEPT OF SPECIAL TIME

Gianna:

Well that is, in a way, a continuation of my interest in double deprivation because many of these street children were indeed very doubly deprived but psychotherapy could not be provided. I was asked to visit this NGO, because the NGO, which is called, 'Together with the Children' - Juntos Colos was aware that they needed more input in order to understand the emotional problems of the children. It wasn't enough to teach them to read and write and to give them food. What I applied in that case, was an idea - it's not mine, it is Martha Harris', or the group working with Martha Harris in the 60s that has developed.

Jane:

She was at the Tavistock, wasn't she?

Gianna:

She was the organizing tutor of the course in psychoanalytic observational studies which I then inherited from her, and of the clinical training - the four years clinical training - which follows that course. What they suggested that one could do in family centres, which don't exist any longer, but there were family centres where you could help with the children individually, and also the parent. What they suggested was to sit with the child for 45 minutes, with the box, which again had this symbolic meaning, with the child's name on it and usual contents but the technique was different. It was mainly based on giving one's absolutely full attention to the child, not asking too many questions, or any if possible, and just 'receiving', and at times, trying to make a link maybe between the child's play and also something that one might know was happening in the child's life outside, by-passing the actual here and now of the work with the therapist.

Also, in Mexico what we did was that each child could have, because of resources, only 35 sessions of 'Special Time' and then when they wanted to have another Special Time they put their name down and the next educator, you know, the next person who might be available, might not be the same, so it was important not to intensify too much the relationship although obviously it became important.

The most important thing was to prepare those children for the ending of the Special Time. So many things in their life had finished abruptly. There was a child who was confronted suddenly with having to sit with his deceased father. The father who had gone to the United States - as many Mexicans do - had been killed in a fight in United States, had been sent back to Mexico and the mother of his father, his grandmother, who was looking after him, didn't have the heart to sit there, so he was left alone with the dog for a whole day, with his dead father whom he had never seen.

Children who have had these types of experiences really need to be helped to get close to the end, or whatever experience, very gently and gradually. So 'Special Time' is that: it's the preparation of the ending.

Jane:

I'm interested - so you're working with teachers or the people working with these children in the home or?

Gianna:

Well we tried to involve in 'Special Time', people who were not all the time very involved with the children; like the house-mother or house-father of the children's home.

When I first went to Mexico I took part in what is called the 'Operation', 'The befriending of the children' and it was a while ago, so I was more agile and sat on the floor of the bus station at night, where the educators were befriending children who may or may not come to the home. Children are very suspicious also because of traffic or guns - all sorts of good reasons - it takes a long time.

Jane:

So if people are interested in learning more about this technique of 'Special Time' and teaching and people who are working with children in a non-therapeutic environment, is there somewhere they can find out more information about it?

Gianna:

Well there are a few papers and I have written one of them in a book called, 'Work Discussion' edited by Rustin and Bradley but in fact I am in the process of writing a book on 'Special Time' with a Italian colleague.

GIANNA'S INTEREST IN CHILD PSYCHOTHERAPY

Jane:

I'm interested in what drew you to become a child psychotherapist?

Gianna:

I think that initially I was studying philosophy and I was going to write a thesis on the possible metaphysical foundation of the concept of the unconscious. I mean all sorts of very theoretical interests that were covering my attraction.

Jane:

So was that a defence do you think?

Gianna:

I think it was, absolutely and I was initially thinking that I was having analysis because I was training and so on and I'm very very glad and thank my lucky stars that I also had myself an opportunity to have analysis.

Jane:

But what particular contribution, or aspect of your work, do you feel has made a difference to children?

Gianna:

Well I hope, as after Doubly Deprived was published, there's been this research opening up the hope that children that are deprived, as Martin was, can be helped. I think this is probably something that might have had some influence. I also started courses in child psychotherapy in Italy and there are now 400 child psychotherapists in Italy. I also worked in Turkey where there is now a child psychotherapy training but that is not the Tavistock child psychotherapy training but I started things there and I introduced infant observation in various places in Latin America. So I think I've had a sort of wish to export, what I felt to be good, to various places and the person who has influenced me the most probably is Martha Harris, whom I mentioned earlier on. I remember a sentence of hers, which I might not remember by heart, but I think she says, 'psychoanalytic ideas should travel and find fertile lands where to flourish,' something very similar. I think I've been very lucky in finding many fertile lands; including my country of origin. Yes.

THE FUTURE OF CHILD PSYCHOTHERAPY

Jane:

What hope do you have for psychoanalytic child psychotherapy moving forwards?

Gianna:

Well, I don't know if we want to get into the hornet's nest of what is the future of psychoanalysis and how it might be difficult to use psychoanalytic work in the future. I

mean, I have my heart in psychoanalytic work, so that I hope, indeed, with all my heart that work which helps children to find a meaning of their suffering, which is how I think I would put it, continues. I've been looking for meaning, first in philosophy and then I realized that for what I was concerned with, it helped me a lot to find meaning in psychoanalysis. I hope that one will continue to be able to help children and adolescents and adults as well. I hope that child psychotherapy might continue to help children in this respect, to find a meaning and to become more able to enrich their relationships without too much fear of having rich relationships.

Jane:

And do you think that this is really what the most important task of a therapist is; to help children do that?

Gianna:

Well, I think that perhaps I would put it in terms of a child psychotherapist being *internalized as a good presence* which joins in with other good characters of the child's internal world, to sustain the child to bear conflicts and difficulties and nevertheless develop and open up to the riches of life; including relationships.

Jane:

Well thank you very much for talking with me Gianna, I've really enjoyed it and I think I speak for very very many other child psychotherapists in thanking you for your contribution to child psychotherapy; it's been invaluable.

Gianna:

Thank you. I enjoyed talking with you.