



Single Case Study

In a child's time: the clinic as a space for restoring being – A phenomenological-Gestalt journey in co-therapy

ROSSELLA D'AQUINO, LUIGI LORENZO LUCA NAPOLITANO

SIPGI – Scuola di Specializzazione in Psicoterapia Gestaltica Integrata, Torre Annunziata, Naples, Italy

ABSTRACT

Background: This contribution presents a clinical case from the developmental age conducted in a public setting over six months of weekly co-led therapy sessions.

Case report: A five-year-old girl entered therapy with marked difficulties in affect regulation, premature role adultification, and an impaired ability to distinguish between reality and fantasy. The intervention was structured within a phenomenological-existential framework, integrated with elements from Gestalt therapy, transactional analysis, systemic-relational approaches, and affective neuroscience. Co-therapy, conceived not merely as an organizational structure but also as a clinical element, enabled the construction of a plural and regulatory therapeutic field, supporting the functions of mirroring, differentiation, and developmental triangulation. Moreover, the use of symbolic, narrative, and bodily tools—such as role-play, embodiment techniques, co-constructed stories, drawings, and dramatizations—facilitated the reappropriation of the child self, supported bottom-up emotional regulation, and promoted a profound transformation of internal relational models.

Conclusions: This case highlights the potential of a holistic, embodied approach in developmental care settings, offering an applied reflection on the clinical value of phenomenological presence as a healing space. The focus is on restoring the child's right to experience her own age, through a form of listening that does not seek to correct but to accompany, name, and give symbolic meaning to her experience. The therapeutic work thus supported the emergence of a new, more integrated and vital internal narrative in which play, the body, and the relationship restored the natural rhythm of development.

Keywords

Child psychotherapy, Phenomenological approach, Gestalt therapy, Co-therapy, Embodiment.

Citation: D'Aquino, R., & Napolitano, L. L. L. In a child's time: the clinic as a space for restoring being – A phenomenological-Gestalt journey in co-therapy. *Phenomena Journal - International Journal of Psychopathology, Neuroscience and Psychotherapy*, 8(1), 1–9.

Editor in Chief: Raffaele Sperandeo, PhD, MD

Corresponding Author:

Rossella D'Aquino; email: rosselladaquino1@gmail.com

Received: September 4, 2025

Accepted: February 3, 2026

Published: March 20, 2026

ABSTRACT in ITALIANO

Background: Il presente contributo presenta un caso clinico in età evolutiva, condotto in un contesto pubblico, nell'arco di sei mesi di sedute settimanali di co-terapia.

Presentazione del Caso: Una bambina di cinque anni ha intrapreso il percorso terapeutico presentando marcate difficoltà nella regolazione affettiva, una precoce aduttizzazione del ruolo e una compromessa capacità di distinguere tra realtà e fantasia. L'intervento è stato strutturato all'interno di un quadro fenomenologico-esistenziale, integrato con elementi della terapia della Gestalt, dell'analisi transazionale, degli approcci sistemico-relazionali e delle neuroscienze affettive. La co-terapia, intesa non solo come assetto organizzativo ma come vero e proprio elemento clinico, ha consentito la costruzione di un campo terapeutico plurale e regolativo, sostenendo le funzioni di rispecchiamento, differenziazione e triangolazione evolutiva. Inoltre, l'utilizzo di strumenti simbolici, narrativi e corporei, quali il gioco di ruolo, le tecniche di embodiment, le storie co-costruite, il disegno e le drammatizzazioni, ha facilitato la riappropriazione del Sé infantile, ha sostenuto la regolazione emotiva bottom-up e ha promosso una profonda trasformazione dei modelli relazionali interni.

Conclusioni: Il caso evidenzia il potenziale di un approccio olistico e incarnato nei contesti di cura in età evolutiva, offrendo una riflessione applicativa sul valore clinico della presenza fenomenologica come spazio di cura. L'attenzione è posta sul ripristino del diritto del bambino a vivere la propria età, attraverso una forma di ascolto che non mira a correggere, ma ad accompagnare, nominare e simbolizzare l'esperienza. Il lavoro terapeutico ha così favorito l'emergere di una nuova narrazione interna, più integrata e vitale, nella quale il gioco, il corpo e la relazione hanno contribuito a ristabilire il ritmo naturale dello sviluppo.

Parole chiave

Psicoterapia infantile, Approccio fenomenologico, Terapia della Gestalt, Co-terapia, Embodiment.

INTRODUCTION

Childhood clinical practice, when approached through a phenomenological-Gestalt perspective, takes the shape of a landscape in constant motion—a terrain where every gesture, every suspended breath, and every unspoken syllable becomes a landing strip for mutual understanding.

A plural theoretical framework: orientations and references in clinical work

The patient was guided by a holistic perspective in which body, speech, and relational texture were treated as a single living organism [1]. The phenomenological stance provided the space to inhabit the here-and-now of experience [2, 3], while the existential lens illuminated the irreducible tension between freedom and the need for rootedness that accompanies every growing subject [4].

On this phenomenological ground, Gestalt psychotherapy was interwoven: the concept of contact [5] and Laura Perls' organismic vision allowed us to read interruptions and emergent figures in Matilde's play. Body-oriented work, inspired by Kepner [6] and Francesetti [7], gave voice to those micro-movements that precede language and reveal its deeper truth.

The interpersonal dimension was informed by several theoretical contributions. Attachment Theory [8] and Fonagy's work on mentalization [9, 10] helped us understand the child's oscillation between fusional dependence and sudden bursts of autonomy. Berne's Transactional Analysis [11] clarified Matilde's rapid shifts between the "Child Ego State," a prematurely assumed "Parent Ego State" toward her mother, and an emerging "Adult Ego State." The systemic-relational perspective [12] allowed us to map porous boundaries and covert alliances within the family. Finally, Social Neuroscience [13] and bottom-up models of regulation [14] supported the clinical intuition that emotional modulation involves a continuous dialogue between cortex, limbic system, and embodied memory.

Theoretical framework – application to this case

Matilde entered therapy as a small tightrope walker suspended between two emotional poles: on one side a morbidly protective attachment to her mother, on the other a shy curiosity toward her father, shielded by oppositional outbursts. It was the five-year-old's body that spoke first: shoulders rigidly raised toward the neck, toes wavering in search of support, shallow breathing that tran-

sformed into a sigh of relief once the therapy room closed the door on the outside world. This is how the therapeutic journey began.

During the first month—conducted by the female therapist—the setting was conceived as a holding environment [15], a symbolic womb where Matilde could “take off” her armor of the prematurely adult child and recognize, without shame, her longing to be cared for. The male co-therapist’s entrance opened a passage toward the otherness of the outside world and the otherness within herself. Initially wary, the child gradually experienced a male presence as consistent, reliable, and caring rather than ambiguous. The co-therapy setting offered two complementary perspectives, allowing Matilde to develop a more differentiated and integrated perception of herself and of others [16].

Methods

The therapeutic pathway with Matilde unfolded through weekly sessions, almost all conducted in co-therapy, delicately alternating the voices, silences, and gazes of two adults who together offered themselves as plural and differentiated mirrors. Only on rare occasions, for logistical or contingent reasons, was a session led by a single therapist, while still preserving the continuity of the process and the underlying relational structure. Sessions took place from September to March within a public setting, in a room that gradually became a “third space”—a womb and a boundary—where every object acquired meaning under the attentive gaze of the therapeutic relationship.

The presence of the parents, though limited, was significant. At the end of certain sessions, during the last 10-15 minutes, the parents were welcomed—sometimes together, sometimes separately—to observe their daughter from a protected distance, noticing possible changes in her gestures, her modes of contact, and the quality of her gaze. These moments, though brief, represented a liminal space between the inner world and the family sphere, between imagination and the restitution of reality.

At the beginning of the process, a qualitative psychodiagnostic assessment was carried out to understand the child’s affective, symbolic, and cognitive organization and to orient the therapeutic intervention accordingly. The tools employed were selected based on Matilde’s age and her predominantly

symbolic and bodily communicative style. Specifically, we referred to:

- Human Figure Drawing Test and Family Drawing Test [17], useful for exploring self-perception, significant relationships, body image, and projective relational experiences;
- Tree Test, used as an exploratory tool for vital tone, ego structuring, and modes of identity rooting;
- Age-appropriate cognitive assessment scales, such as the WPPSI-IV [18] or equivalent measures, were administered in partial and targeted form to explore general cognitive abilities, receptive language, and visuospatial organization.

These tools were not used in a standardized manner, but within a phenomenological–experimental frame, in which data were integrated with clinical observation and relational resonance. Drawings, play, and responses were read as embodied expressions of lived experience rather than nosographic indicators, in line with the dialogical and non-labeling approach that guided the entire process.

On the experiential level, the work unfolded through a multiplicity of languages, always centered on the child’s embodied, symbolic, and affective experience. Through role-play, co-constructed narratives, spontaneous postures, and bodily resonances, a dialogue among internal parts was activated: the child, the adult, the mother, the sister, the hidden daughter. The Gestalt method of the “empty chair dialogue [5],” adapted into a playful, embodied language, allowed the emergence and integration of split polarities and unacknowledged inner conflicts, offering the child the possibility of feeling herself in her wholeness. During several sessions, Matilde gave voice to objects, arranged them as families or conflicting groups, and moved them across the room. This spontaneous and meaningful practice evoked elements of sandplay therapy, even in the absence of the sandbox: the symbolic manipulation of figures enabled a re-narration of trauma, safeguarded by play.

The body, meanwhile, was never silent. Somatic focusing accompanied the discovery of sensations and boundaries, where spontaneous movements—sometimes contained, sometimes explosive—were welcomed and at times mirrored by the therapists in a subtle dance of emotional attunement and affective co-regulation. Within these gestu-

res, techniques based on embodiment were also integrated, such as non-directive creative movement, vocal play, and rhythm [19]. Oscillations, sounds, small jumps, or the request to be lifted were embodied signs of a need for tenderness and containment that had not yet found verbal expression.

Throughout the process, shared fairy tales and two-voiced stories emerged—often incomplete or interrupted—in which Matilde projected desires and fears: through games, characters, and Dixit cards, she shaped a child-queen who saves her mother, an invisible monster that steals her voice, a father-tree that cannot be touched. Co-constructed narratives, consistent with the transformative narrative approach [20], allowed the child to “re-story” her sense of self, recognizing and redefining her affective and relational role, gradually releasing herself from the parental function she had prematurely assumed.

Finally, through relational and symbolic drawings, family bonds were explored—sometimes represented as animals, other times as diverse plants, and still others as overlapping houses. Without the need for explanations, the child revealed emotional distance, conflicts, alliances, and a desire for reconnection.

Every technique employed, even the simplest, was grounded in a phenomenological attitude of listening, where nothing was forced, and every expression was granted meaning. The methodology thus became relational art, a sensitive and dynamic fabric in which play, voice, body, and imagination repaired ruptures, reshaped experience, and allowed the birth of new possibilities of existence [21].

Objectives and Foundations of the Therapeutic Process: A Complex and Layered Blooming

The core of the therapeutic process with Matilde unfolded as a slow blossoming, a circular movement that gradually embraced her inner world. A world composed of images, gestures, silences, and words borrowed from imagination, where the primary goal emerged over time: to support the child's neural, affective, and emotional development through a gentle restoration of the possibility of fully inhabiting her developmental stage, without disguises or premature demands.

In this sense, the clinical work aimed to:

- Restore Matilde to her own child experience, allowing her to inhabit her body and her own temporal rhythm;
- Provide spaces to distinguish the self from the other, recognizing the often blurred or confused boundaries between her emotions and those of the adults surrounding her;
- Support her capacity for symbolization and narration, fostering a transition from the unspoken bodily expression to storytelling, from confusion to articulation;
- Legitimize her inner experience, valuing its complexity with a non-judgmental yet deeply resonant perspective.

Within this framework, therapy became a place of relational holding [16], following Daniel Stern's perspective, where the child's experiences could emerge with their full intensity, without needing to be restrained or censored. Through symbolic play, dramatization, drawing, bodily expression, and words, themes such as birth, nourishment, love, solitude, and fear were explored in a constant dialogue between imagination and reality. The Gestalt framework guided the intervention in reclaiming the here and now, enhancing lived experience and sensory awareness [5], while body-based practices enabled Matilde to experience her body as a possible home, a locus of identity.

In parallel, the systemic-relational approach provided tools to interpret and integrate transgenerational [12] dynamics, ties with parental figures, alliances, and prematurely imposed roles. At the same time, transactional analysis shed light on the child's inner postures: the hypervigilant inner parent, the vulnerable child striving to survive, and the emergent adult struggling to find a voice [11].

Our task was to accompany her in differentiating reality from symbolic construction, helping her to grant each emotion, thought, or fantasy its own space, function, and dignity, without confusion or overlap. Thus, the therapeutic goal was not a fixed destination but a movement—a process of reclaiming herself, recognizing the other as both distinct and possible, and opening toward a world where being a child was no longer dangerous but instead a discovery.

This was particularly embodied in mother-child play and in the care of baby dolls, where the patient revealed her confusion between caring for and being cared for. We welcomed these enactments as gestures of exi-

stence, offering symbolic containers where they could be transformed. Supporting this process were body-based techniques such as diaphragmatic breathing, grounding, and micro-movements, which facilitated regulation, while metaphorical narration [22] opened spaces of meaning where fantasy and reality could recognize themselves as sisters, not as inseparable twins.

Matilde, once the “mother of her mother,” gradually rediscovered the taste of play for its own sake. Her posture became more open, her breathing rounder; her boundaries, once fragile, acquired an elastic consistency—neither walls nor endless fields, but spaces into which the child could move in and out without fragmenting or becoming lost.

CLINICAL CASE PRESENTATION

The therapeutic process unfolded in clinically significant phases, each centered on the transformations that emerged over time and within the therapeutic relationship.

Initial Phase: Resistance and Field Construction

In our experience, co-therapy represented a multi-voiced therapeutic space, capable of mirroring and holding the multiple polarities of the child’s internal world. The dynamic alternation of our roles allowed us to offer Matilde complementary yet coherent relational models: the female therapist, embodied a position more attuned to the child state, privileging play, emotional intimacy, and regression; the male therapist, provided a more structured and parental reference, emphasizing boundaries, safety, containment, and relational regularity [23]. This multifaceted articulation can be understood, in systemic-relational terms, as the effect of a double transference matrix [12], where the relational field expands to hold both projective tensions and conflicting affective fantasies, offering a richer internal evolutionary stage.

In this ongoing oscillation between two therapeutic presences—one softer, childlike, embodied; the other steadier, defined, and reassuring—Matilde found an intersubjective space broad enough to sustain her processes of symbolization and growth. In the dual-therapist setting, the child’s inner world unfolded across multiple levels: body, voice,

affect, distance and closeness, truth and play, nostalgia and desire. Co-therapy thus functioned as a dialogical container, a therapeutic dyad supporting the construction of a regulatory relational environment [24].

From the earliest sessions, Matilde’s relational ambivalence became clear. One part was hesitant, cautious, almost restrained, as though genuine connection carried the risk of loss or disintegration, a dangerous rupture. At the same time, there was a pulsating desire for connection, a powerful need to be seen, heard, and recognized. This overwhelming desire manifested in her insistent requests (“Can I come tomorrow too?” “Can we meet twice a week?”), signaling both the emergence of an affective alliance and a central therapeutic knot: her difficulty in tolerating separation, distance, and the passage of time, and the burden of hearing “no [15].”

Central Phase: Regressive Play, Role Redefinition, and Symbolization

A recurring symbolic theme in Matilde’s therapeutic play was caregiving: she meticulously cared for a doll, often playing the maternal role and explicitly stating that, unlike her real mother, she was an adequate caregiver. This enactment was clearly an affective staging, in which Matilde inverted parental roles and enacted a relational system where it was she—not the adult—who contained, nurtured, and protected. Such dynamics suggest a precocious adultification, an early emotional burden often observed in family contexts where the child assumes responsibility for parental needs [25].

In parallel, she displayed surprisingly advanced knowledge of anatomy, female sexuality, and pregnancy—elements suggesting early and possibly inappropriate exposure to adult content, linked to fragile familial boundaries. Within this context, therapy provided an opportunity to regress toward developmental stages that had been skipped or lived in fragmented ways. Regression, expressed through gestures, voice, posture, and play, revealed its therapeutic and reparative potential, allowing Matilde to reclaim the legitimate need to be a child, free of roles she never had to bear [16].

The body served as the compass and central axis of the work. In early sessions, Matilde appeared disconnected from her body,

often suspended in an imaginative or narrative plane, as if living “outside herself.” Over time, through motor play, sensory experiences, and our embodied presence, she began to feel, name, and recognize her sensations. The body thus became a vehicle of communication, a locus of identity and memory, and a ground of reality. In Gestalt terms, the Id function re-emerged, bringing forth authentic and vital needs that could finally be acknowledged and validated [5].

Advanced Phase: Distinguishing Reality from Fantasy, Truth from Imagination

The interplay between fantasy and reality was another central and deeply felt theme. Matilde often recounted invented stories involving non-existent siblings or events that had never occurred. The boundary between real and imaginary was blurred and confusing. Our therapeutic stance involved continuous validation of her inner world—not by denying or forcing, but by gently accompanying her toward a more stable reality-testing capacity. A pivotal moment came when, as her mother mistakenly attributed a drawing to her, Matilde firmly corrected her: “Lies are not okay. You did this, not me.” This marked an ethical and relational turning point, a sign of integration and access to truth. [10].

Another key moment emerged around her mother's tears. Initially, Matilde repeated the adult's rationalizations (“I'm not crying, it's just allergies... it's makeup”), but gradually she learned to recognize the underlying emotion, eventually saying: “No, mom, you're crying because you are sad.” This represented a developmental milestone in her affective maturation, reflecting growth in theory of mind and empathic understanding [26].

Among the narratives that permeated therapy, one in particular persisted with striking vitality: the story of Emily, an imaginary 8-month-old sister. Matilde described Emily with remarkable detail—feeding, changing, and soothing her—sometimes even reenacting sleepless nights with a toy stroller. This enactment was not mere play but embodied drama, expressing the heavy emotional burden Matilde felt responsible for regulating. Our role was not to expose Emily's unreality but to explore the deep meaning behind her presence. Gradually, Matilde acknowledged that Emily did not exist in the external world but persisted as a symbol of her need

for reciprocity and emotional resonance [8]. From a theoretical standpoint, this process marked a significant step in reflective functioning and theory of mind development. From a Gestalt perspective, the imaginary sister emerged as a dominant affective figure within an impoverished relational field, which could only be reintegrated once safety and awareness were established.

Through the therapeutic bond with Luca, Matilde also re-explored her relationship with her father, initially perceived as absent or peripheral. Encountering a male figure who was affectionate, present, and consistent allowed her to rehabilitate the paternal role in her internal world, supporting her differentiation from maternal fusion and clarifying family dynamics [27].

The most delicate terrain emerged with the disclosure of a presumed sexual trauma, narrated in fragmented form and attributed to a family adult. Our task was not investigative but witnessing: to hold the narrative's affective and relational meaning, protecting her while naming and bearing the ambivalence. Treated like a dream laden with emotional truth, the disclosure was received without haste, denial, or the need for absolute definition. Over time, Matilde revisited and reworked the narrative, eventually reframing it as not factually real but emotionally true—an expression of boundary fragility, inner confusion, and an urgent search for meaning. This process represented not denial but transformation: distinguishing lived experience from fear, imagination, or symbolic response to relational and bodily disorganization [28].

In summary, the therapeutic process enabled Matilde to feel real—real in her body, real in her needs, real in her relationships. Co-therapy supported this journey, functioning as a double container, mirror, and anchor. The child reclaimed her childhood, relinquished adultified roles, explored complex emotions, told lies, and then chose truth, cried, and then laughed. In that shared time, her story began to be rewritten.

DISCUSSION

The therapeutic journey with Matilde was a sensitive reconstruction of the boundary between existing and feeling oneself to exist, between being seen and regaining a gaze capable of looking back at oneself. The process was not about correcting behaviors, nor merely providing emotional containment,

but about co-inhabiting an embodied transitional space, where the therapeutic relationship became flesh, rhythm, shared breath. Change occurred through experience, not through explanation. In phenomenological and embodied terms, this can be understood as an embodied insight, emerging through a relationship that supported affective co-regulation and the capacity to name experience starting from felt sense, before verbal elaboration.

Although nonlinear, the therapeutic process revealed several recognizable transformative stages. In the first two months, regression and ambivalence predominated. During the central phase (months three and four), symbolic and bodily work intensified. In the final stage, signs of integration emerged: recognition of emotions, differentiation between self and other, and an expansion of reflective functioning [5].

Matilde learned about the world through our way of being with her—through our present, nonjudgmental, permeable bodies. In this sense, the therapeutic relationship constituted an intersubjective field of presence, in which every gesture, gaze, and pause carried transformative value. Over time, we cultivated a quality of presence made of slowness and deep listening, where the body became the first therapeutic site, the first diagnostic tool, and the first pathway of care. Here, co-therapy represented a fundamental relational structure, not only for the quality of the dual relationship but also for the possibility of restoring to Matilde a differentiated and integrated relational matrix. The alternation of therapeutic roles facilitated the progressive construction of internal parental functions capable of containing and differentiating. The female therapist initially embodied a free, empathic, and playful space, strongly attuned to the child-self, while the male therapist gradually represented limit, regulation, and a firm parental stance, offering a solid and reliable base. This dual presence supported both internal and external triangulation. Within this context, Matilde could experience desire, jealousy, competition, and differentiation in a protected, real yet symbolic setting, capable of sustaining critical affective transitions in her development. In the interplay between our roles, she was able to reorganize her representation of the adult world, previously partial, collusive, and fused.

Symbolic play, in particular, emerged as one of the most powerful therapeutic con-

texts. Initially, her identification with the mother dominated; later, it gradually yielded, allowing her to be cared for. Through this, she could experience a reparative developmental regression, playing at being small, vulnerable, imperfect. In those scenes, it was her body that spoke most freely—when she allowed herself to be held, when she sought physical contact with one of the therapists, when she brought a toy to share. Transformation occurred there.

Work with the body was central—sometimes explicit, always present. Every movement, hesitation, and posture carried a story. Bodily awareness was supported through small gestures, such as sitting in a circle, creating protected spaces, using objects, and recognizing somatic tensions. We fostered the construction of an embodied self-awareness [8], restoring meaning to pre-verbal experiences that are too often denied or invisible. This shift allowed a movement from perceiving the self as function (“I am good because I serve”) to perceiving the self as existence (“I am loved because I exist”).

Another significant transformation concerned the relationship with truth. Matilde initially oscillated between fantastical narratives and organized lies, in an implicit attempt to protect her mother and herself from collapse. Yet through bodily awareness and the reliability of the therapeutic relationship, she gradually distinguished reality from fantasy, attributed mental states to self and other, and learned to tolerate the pain of truth not as fracture but as a pathway of growth. This marks a significant advance in the development of her reflective functioning [8, 24].

A decisive restructuring also occurred regarding the father, initially absent from her narrative and emotional experience. The encounter with the male therapist offered her a safe context in which to project, compare, and eventually differentiate. Within this space and attuned timeframe, the father—once absent or idealized—became real, fallible, possible. He took form as a significant figure, breaking the symbiotic duality with the mother and enabling the developmental Oedipal triangulation, supporting the construction of a separate yet connected sense of self.

From the early stages of therapy, as previously noted, Matilde exhibited a surprisingly advanced sexual knowledge: she used anatomical terms for female physiology, spoke in detail about conception and childbirth,

and engaged in age-inappropriate representations. Strikingly, these narratives were accompanied by somatic activation—a body already inhabited by an adult gaze, though devoid of actual sexual experience, as if narrated before being lived. In this context, precocious eroticization did not appear as seduction, but as the sign of a symbolic intrusion, where the child's body was narrated, exposed, and explained in an environment lacking emotional filters and appropriate contexts [29].

The therapeutic field sought to offer another possibility: a space where the body could return to play, movement, rhythm—not as an object of premature knowledge, but as a sensitive dwelling of lived experiences. Within this framework, the narration of alleged abuse could be held, listened to, and eventually returned to the child as an internal fragment, an affective metaphor, not as guilt or fact to be proven. “No, it never happened,” said the child.

Here, the phenomenological and Gestalt approaches revealed their full clinical potential: not by interrogating facts but by attending to lived experience; not by investigating external reality but by supporting the construction of internal reality in its evolution and complexity [7].

Transformative processes emerging in therapy included:

- Transition from a precociously adultified self to a spontaneous child self;
- Development of bodily awareness as a foundation for selfhood;
- Construction of relational boundaries through co-therapy;
- Affective elaboration of the wish to care for others and identification with the mother;
- Recognition of the father as a separate and meaningful presence;
- Differentiation between fantasy and reality, supported by an embodied, reliable therapeutic relationship, consistent with reflective functioning and the cognitive-emotional decentering that characterizes the developmental emergence of an integrated theory of mind;
- Generalization of therapeutic learning into daily and family life.

It is important to emphasize that, while a single case cannot support generalizations nor capture the complexity of clinical work in a replicable way, it nonetheless offers a significant trace of the lived process. Though limited in empirical validation, this approach has

a generative and transformative value residing in its capacity to illuminate lived experience, rendering it narratable and transformable within the therapeutic relationship.

CONCLUSIONS

Every encounter with a child is a threshold, a subtle passage where what has been, what is, and what may become overlap, blur, and reshape. In Matilde's therapy, that threshold became a world: a world where it was possible to play, regress, imagine, repair—but above all, to be. We traversed complex territories, barefoot in the phenomenological clinic, which never rushed to explain, but held, named, and accompanied.

Matilde showed us what happens when childhood is accelerated, when the world's gaze is overloaded with demands yet deprived of nourishment. She also showed us what happens when that gaze changes—when the other does not judge but receives, when the body becomes home again, when emotions need not be disguised or denied, but can finally be spoken.

Through symbolic and embodied play, new forms of contact were born. We witnessed the restoration of the child-self—not only as openness to spontaneity, but also as the reactivation of the Id function and the reintegration of internal polarities within a Gestalt framework. At the same time, we observed the unfolding of a process where reality and fantasy ceased to be enemies and began to dialogue. We explored the internal parts of Matilde—the internalized mother, the distant father, the lonely child, and the one struggling to exist—offering them a stage, a frame, a voice. This enabled a movement from an adapted self to an authentic self, capable of sustaining emotional life even when fragile, fractured, or imperfect.

Co-therapy proved to be the cornerstone of this work: two therapists, two presences, two ways of being with—one closer to the child state, one more rooted in the adult/parental self. Two positions that contained, amplified, protected, and symbolized. This co-presence allowed Matilde to explore, deconstruct, and reconstruct her internal representations within a relational field that enabled her to safely experiment with human multiplicity.

The body, the voice, the gesture, the gaze: each embodied aspect became language, and over time, that language became meaning,

and meaning, progressively, became story. A story we did not write in her place, but one that, together with her, we learned to listen to.

This case study, in its uniqueness, demonstrates how therapeutic work conducted with a holistic, embodied, and dialogical perspective can support deep growth processes even in children prematurely exposed to dysfunctional relational configurations. Although limited in its empirical generalizability, this approach illustrates the transformative power of therapeutic presence as a regulatory experience, confirming its effectiveness in developmental contexts of vulnerability. It fosters differentiation of self, recognition of the other, and the construction of healthy emotional and cognitive boundaries—opening pathways of care that transcend diagnosis and are rooted in encounter.

INFORMED CONSENT

All names and identifying details of the patient have been modified to preserve anonymity. Clinical material was shared with informed parental consent, in full accordance with ethical and professional standards.

CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

AUTHORS' CONTRIBUTIONS

Rossella D'Aquino conceived the clinical work, conducted the therapeutic process, and drafted the manuscript.

Luigi Lorenzo Luca Napolitano contributed to the theoretical framework, participated in the co-therapy process, and revised the manuscript.

Both authors read and approved the final version of the manuscript.

REFERENCES

- Merleau-Ponty, M. (1945). *Fenomenologia della percezione*. Milano: Il Saggiatore.
- Husserl, E. (1913). *Idee per una fenomenologia pura e per una filosofia fenomenologica*.
- Binswanger, L. (1942). *Introduzione all'analisi esistenziale*. Milano: Mondadori.
- van den Berg, J. H. (1955). *La psicologia del senso comune*. Milano: Feltrinelli.
- Perls, F. S., Hefferline, R. F., & Goodman, P. (1951). *Gestalt Therapy: Excitement and Growth in the Human Personality*. New York: Julian Press.
- Kepner, J. I. (1987). *Body Process: A Gestalt Approach to Working with the Body in Psychotherapy*. San Francisco: Jossey-Bass.
- Francesetti, G. (2007). *Psicopatologia della situazione. La prospettiva fenomenologica in psicoterapia della Gestalt*. Milano: FrancoAngeli.
- Bowlby, J. (1969). *Attachment and Loss: Vol. 1. Attachment*. New York: Basic Books.
- Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002). *Affect Regulation, Mentalization and the Development of the Self*. New York: Other Press.
- Fonagy, P., & Target, M. (2001). *Attaccamento e funzione riflessiva*. Milano: Raffaello Cortina.
- Berne, E. (1961). *Transactional Analysis in Psychotherapy: A Systematic Individual and Social Psychiatry*. New York: Grove Press.
- Minuchin, S. (1974). *Families and Family Therapy*. Cambridge, MA: Harvard University Press.
- Gallese, V. (2003). *The Roots of Empathy: The Shared Manifold Hypothesis and the Neural Basis of Intersubjectivity*. Milano: Raffaello Cortina.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*. New York: Norton.
- Winnicott, D. W. (1971). *Gioco e realtà*. Torino: Einaudi.
- Stern, D. N. (2004). *The Present Moment in Psychotherapy and Everyday Life*. New York: Norton.
- Machover, K. (1949). *Personality projection in the drawing of the human figure*. Springfield, IL: Charles C Thomas.
- Wechsler, D. (2012). *WPPSI-IV Manuale tecnico e interpretativo*. Firenze: Giunti OS.
- Röhrich, F. (2009). *Embodiment and Mental Health*. London: Jessica Kingsley.
- White, M., & Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York: Norton.
- Malagoli Togliatti, M., & Lubrano Lavadera, A. (2002). *La mente relazionale*. Roma: Carocci.
- Polster, E., & Polster, M. (1973). *Gestalt Therapy Integrated: Contours of Theory and Practice*. New York: Brunner/Mazel.
- Zurzolo, L., & Caroppo, A. (2022). *Il gruppo in co-conduzione: Teoria, dispositivi, clinica*. Milano: FrancoAngeli.
- Kaës, R. (2007). *Il gruppo e il soggetto del gruppo*. Torino: Borla.
- Boszormenyi-Nagy, L., & Spark, G. (1981). *Lealtà invisibili*. Roma: Astrolabio.
- Siegel, D. J. (2012). *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*. New York: Guilford Press.
- Bion, W. R. (1962). *Apprendere dall'esperienza*. Roma: Armando Editore.
- Laub, D., & Auerhahn, N. C. (1993). *Knowing and not knowing massive psychic trauma: Forms of traumatic memory*. *International Journal of Psychoanalysis*, 74, 9–19.
- Courtois, C. A., & Ford, J. D. (2013). *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. New York: Guilford Press.