



The Child-therapist

Chad Cape

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The Child-therapist

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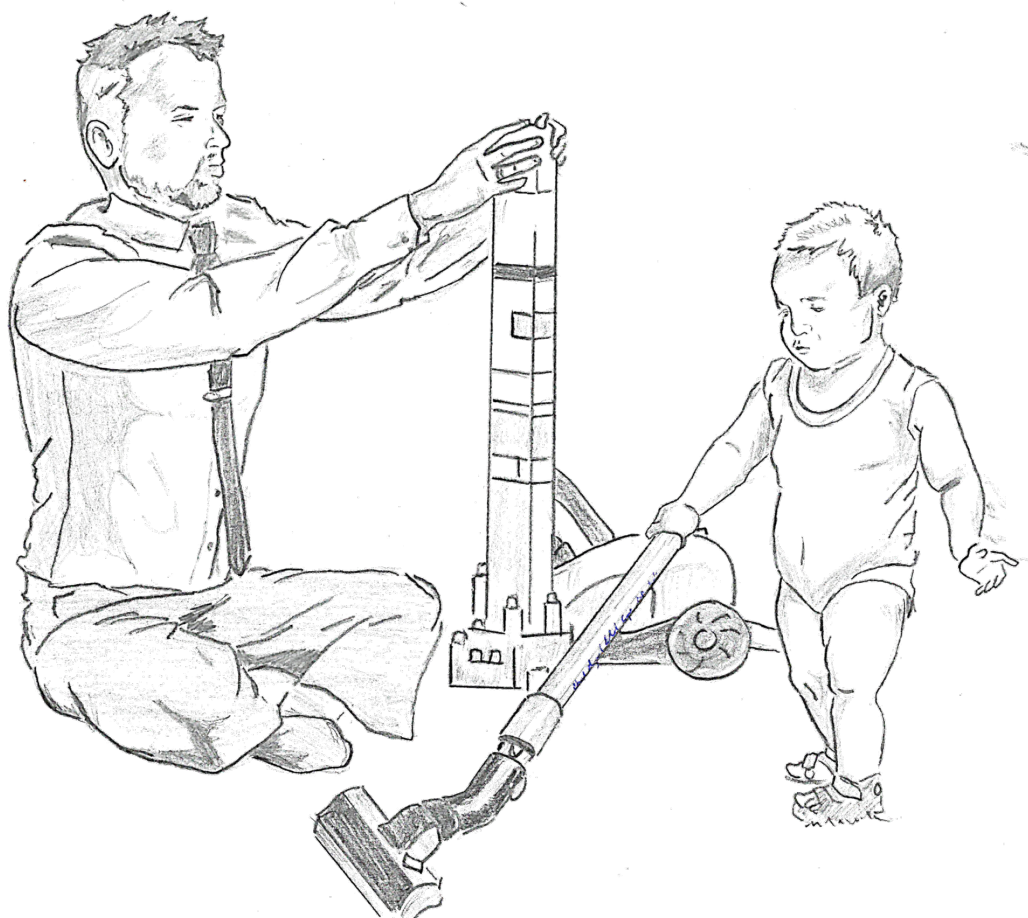
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The Child-therapist

by Chad Cape

for the degree of
Doctor of Psychology



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2018

SuLiSoM

Subjectivité, lien social
et modernité

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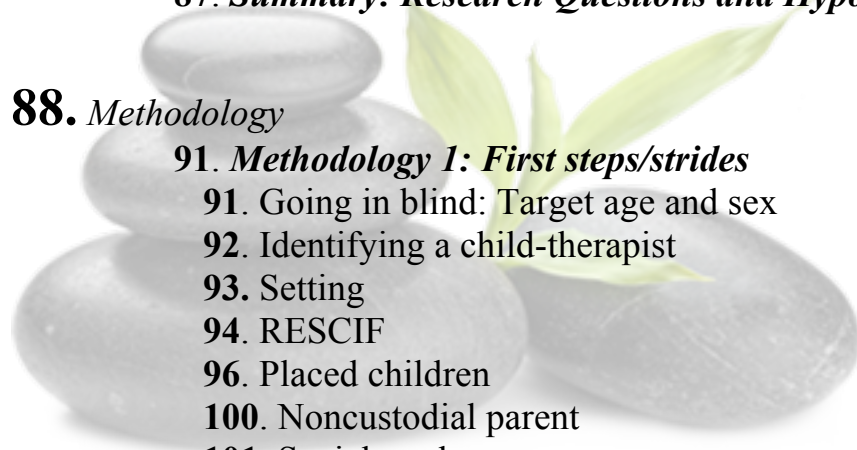


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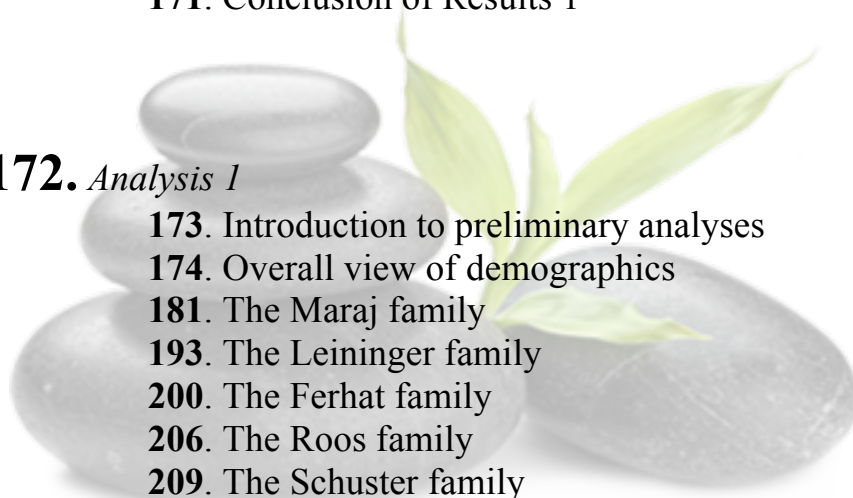
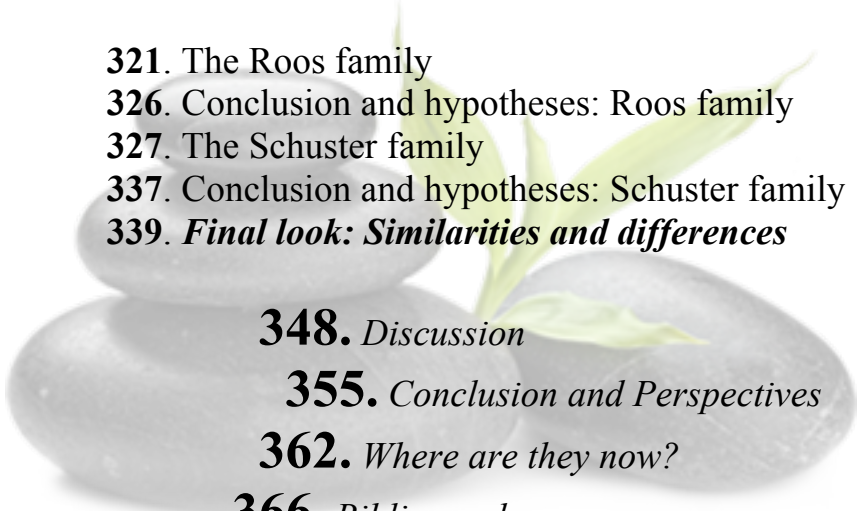


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Acknowledgements

In prelude to my dissertation, I would just like to take a moment to acknowledge those that have been instrumental in its realisation. I may have put pen to paper and put in quite a lot of work, but I did not do it alone.

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Though it was daunting to write for a committee whose work I regard so highly, I feel honoured that they would take the time to review my work. Their feedback would only serve to better hone my skills as a psychologist and evolve in the field that I cherish so dearly. Prof Louis Brunet, whose wise decision to my initial work to explore the containing functions, added another level to my dissertation. His incisive feedback also proved formative. It is with great pleasure that Claire Metz also review my work, for it was with her that I did my first thesis. Through her comprehensive work with children and adolescents, she guided my first research project with children, and so I look forward to her feedback once again. I am especially grateful to Karinne Gueniche, who graciously stepped up to the plate at the last minute to be a part of the committee. Her extensive knowledge and experience, which stems from her work with children and adolescents, leave me humbled. It is therefore with great fervour that I await her evaluation of my work.

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I couldn't work with the families if it weren't for RECSIF, notably Daliah Goldman-Levy, psychotherapist and training coordinator, and whose experience challenged me to better understand my research topic; and then director Gaël Burgy who gave me the opportunity to carry out my research at the organisation.

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- *Claudine Koenig*
- *Kezla Huggins*
- *Maxime Lallemand and Emeline Hauser*
- *Henri Faessel*

Last, but certainly not the least, I would like to say to that Angel that took me under her wings on my very first day at university, "Nadine Guichet, you were right! I did it!" I hope that she is proud as she looks down on me from Heaven.

Once again, to all, thank you ever so much for being part of my journey every step of the way! Words will never be able to describe how truly grateful I am!

The Child-therapist : Résumé en français

Introduction

Cette thèse trouve ses origines dans mon travail de Master 2, que j'ai effectué autour d'un homme qui occupait une place inadaptée au sein de sa famille. J'ai constaté que sa relation avec sa mère n'était pas celle d'une mère et de son fils, mais plutôt celle d'une femme et de son conjoint. Mon intérêt pour ce sujet a été renforcé par des séries – comme « *Cougar Town* » et « *Qui veut épouser mon fils ?* » - vues à la télé dans lequel il était traité sur le mode humoristique. Ce phénomène pourtant inquiétant est devenu banalisé ! Cela renvoyait aux inquiétudes exprimées par Harrus-Révidi (2001). Je me suis donc lancé sur le sujet de l'enfant qui sacrifie son développement émotionnel et psychologique pour la survie de la famille, et que je désigne par le terme *child-therapist*.

Il existe plusieurs théories. Cependant très peu ont été élaborées depuis 2000 (Harrus-Révidi 2001, Le Goff 2005). Je cherche donc à mieux comprendre l'enfant, et j'espère apporter ma contribution par le choix d'un angle de vue novateur.

Je mènerai mon étude auprès de familles qui bénéficient de visites médiatisées, une pratique qui trouve ses origines dans la Grande Guerre.

Lors des moments d'observation de ces familles, j'accueillerai des données qualitatives. J'utiliserai la méthode d'IPA (*Interpretative Phenomenological Analysis*) pour les analyser. Cependant, je m'en servirai d'une façon innovante pour cette étude.

Ma thèse suivra le schéma suivant :

Théorie

Ensemble des théories portant sur le child-therapist. De nouvelles pistes seront également abordées.

Questions de recherche et hypothèses

Des questions qui me viennent lors de ma pratique et de mes lectures (revue bibliographique) et les hypothèses que j'émet.

Méthodologie

Les différentes étapes dans la réalisation de ma recherche.

Anamnèses

L'histoire des familles avec lesquelles j'ai travaillé.

Résultats 1

Les premiers résultats qui me permettent d'identifier le child-therapist.

Analyses 1

Analyse des premiers résultats : qui est le child-therapist ?

Résultats 2

Résultats des observations des familles.

Analyses 2

Analyse basée sur la méthode d'IPA.

Discussion

Evaluation de mes découvertes en comparaison avec celles du passé.

Conclusion et perspectives

Conclusion globale de la thèse, et ce que ma thèse permet de projeter pour l'avenir.

A l'exception des deux dernières parties, il y aura un résumé à la fin de chaque chapitre.

Théorie

Les premiers pas

Le phénomène du « child-therapist » a été observé par de nombreux auteurs depuis plus de 60 ans. Les approches ont également été pluridisciplinaires : psychanalytique, sociale, etc. Grâce à celles-ci, il existe différentes théories, et par conséquent, différentes nomenclatures. En ce qui me concerne, j'ai une préférence pour le terme *child-therapist*.

Les premières théories trouvent leur origine dans la Deuxième Guerre Mondiale. Dockar Drysdale, psychanalyste irlandaise, a observé des enfants qu'elle a désignés comme *frozen* (figés). Ceci décrit des enfants qui ont été contraints d'exister en tant qu'individu avant que les défenses névrotiques n'aient pu se créer (Bridgemand, 1971). A cette époque, le phénomène était observé, mais il n'avait pas encore de nom. Par la suite, d'autres auteurs ont apporté leur contribution, notamment :

- Schmeidler (1948) qui a écrit un article intitulé *Parents as Children*.
- Bateson (1956) qui a parlé du *double bind effect*. Pour lui, le double bind effect donne naissance au child-therapist.
- A. Freud (1965) a évoqué les enfants qui vivent dans un « *vacuum* » (vide)
- Zuk & Rubenstein (1965) se sont intéressées aux effets transgénérationnels du phénomène.

Plusieurs causes ont été évoquées pour expliquer l'émergence de la nature thérapeutique de l'enfant, notamment des problèmes conjugaux et psychiatriques.

Ce n'est qu'en 1967 que les « grandes théories » – c'est-à-dire les théories des auteurs qui ont étudié le plus profondément le phénomène – ont vu la lumière du jour.

Les grands théoriciens

Le premier auteur était Minuchin (1967). Il a « dépathologisé » la nature thérapeutique de l'enfant. Il a expliqué que, sous certaines conditions, cela peut s'avérer bénéfique pour lui. Minuchin a donné le nom de *parental child*. Il a également identifié des caractéristiques qui peuvent donner naissance à la forme pathologique de son parental child.

Un autre auteur a énormément contribué à la compréhension du child-therapist. C'est Boszormenyi-Nagy (1973). Cet auteur a inventé le nom le plus connu du phénomène : *parentification*. Il a, comme Zuk & Rubenstein, souligné l'aspect transgénérationnel du rôle thérapeutique de l'enfant :

« ...un processus qui se produit à travers les générations où des comptes/histoires non-réglés/es dans une génération sont transmis/es dans la génération qui suit, et l'enfant doit prendre le relais et s'occuper des besoins émotionnels et logistiques de ses parents. L'enfant parentifié sacrifie donc ses besoins pour ceux de ses parents. » (Castro, Jones et Mirsalime, 2004)

Il a également décrit des différentes formes du child-therapist :

- L'enfant comme parent
- L'enfant comme époux
- *L'époux comme parent*. Ce dernier indique que le rôle thérapeutique n'est pas limité aux relations entre parents et enfants, mais qu'il touche également la relation entre des adultes.

Boszormenyi-Nagy a eu quelques disciples, tels que Searles (1973, 1975), Karpel (1977) et Walsh (1979). Ces auteurs, même s'ils ont été inspirés par Boszormenyi-Nagy, ont apporté leur propre vision sur ce qu'ils avaient observé.

Similaire, mais pas tout à fait

D'autres auteurs ont parlé du child-therapist, mais ont utilisé d'autres terminologies :

- Harrus-Révidi (2001) a parlé de *l'enfant adulte*.
- Garber (2011) a parlé de *l'aliénation parentale*. Pour lui, la parentification fait partie de celle-ci.

D'autres encore ont partagé leurs observations pour nous aider à comprendre le child-therapist. Cependant, ils n'ont pas parlé directement du phénomène. Sans aborder explicitement ce sujet, leurs recherches ont apporté beaucoup à notre compréhension du child-thérapeute.

- Eiguer (2003) a parlé de *l'enfant robot*
- Bacqué (2005) a parlé de *l'enfant distracteur*.

Dans l'ensemble, au fil du temps, de nombreux auteurs ont mis en évidence de multiples éclaircissements pour faciliter notre compréhension du child-therapist.

Caractéristiques

Grâce aux théories, des caractéristiques propres au child-therapist ont été repérées. Au sujet

de l'enfant, on trouvera :

- Age : Plus l'enfant est âgé, plus il sera avancé dans son développement. De ce fait, le rôle thérapeutique aurait un effet moins néfaste, ceci en comparaison avec un enfant beaucoup plus jeune.
- Sexe : Au vu des normes sociales, les filles semblent mieux gérer le rôle thérapeutique. Cette norme est celle d'une « *caretaker* ». De plus, les frères et sœurs acceptent plus facilement une sœur, et vont plus facilement vers celle-ci, au lieu d'un frère qui assumerait le rôle.
- « *A capacity to care* » (Jurkovic 1997, Bacqué 2005) c'est-à-dire le désir de l'enfant de soigner ses parents.

Chez les parents, il existe :

- « *Narcissistic abuse* » (Miller 1979, 1981). Cette théorie renvoie au narcissisme destructif de Brown (2002).

Une absence de limites au sein de la famille a été également mentionnée (Constantine 1976).

Pour ma part, j'ai découvert qu'il existe un effet social sur la naissance du child-therapist, selon trois attitudes :

- Soutien
- Facilitateur
- Dén

En ce qui concerne l'avenir du child-therapist, il est sombre. Dans la plupart des cas, il souffre. Le rôle a des conséquences très négatives sur sa vie sociale.

De nouveaux horizons

Deux pistes d'études ont été données :

Les fonctions contenantes :

Trois fonctions ont été abordées :

- Holding et contenir (Winnicott 1994)
- Les fonctions alphas (Bion 1962)
- Le Moi-Peau (Anzieu 1974)

En absence des imagos parentaux, que pourrait-on dire de ces fonctions ?

Mentalisation

Née en France, et reprise par les Britanniques, la mentalisation s'est trouvée au cœur de toutes les interactions humaines. Grâce à son origine pluridisciplinaire, elle touche un grand nombre de théories déjà abordées, y compris les fonctions contenantes.

La mentalisation peut être décrite comme :

« La capacité à faire sens implicitement et explicitement de soi-même et des autres, ceci en termes des états subjectifs et des processus mentaux, tels que les désirs, les sentiments et les croyances. Elle est une activité principalement préconsciente et mentale ; et elle constitue une réaction intuitive et émotionnelle. » (Eizirik & Fonagy 2009)

La compréhension de la mentalisation est importante, mais également la compréhension des effets induits par l'absence de mentalisation, notamment :

- *Psychic Equivalence*
- *Pretend Mode (faire semblant)*
- *Teleological Stance*

Le recueil, le croisement, et l'analyse de toutes les théories évoquées m'a permis de réaliser qu'il reste des lacunes, et m'ont préparé à explorer de nouveaux horizons pour mieux comprendre le child-therapist.

Questions de recherche et Hypothèses

L'esprit du child-therapist est impressionnant ; de même sa capacité à comprendre l'autre et à s'adapter. Cependant, il semble avoir développé ces capacités en absence d'images parentaux, et pour ses propres parents. Autrement dit, il les a développées pour réduire les tensions au sein de sa famille.

Cela pourrait laisser imaginer qu'il peut avoir de la rancœur à l'égard de ses parents qui l'ont abandonné, mais qu'il se contient.

Les trois points – capacité à comprendre l'autre, développement vers la réduction des tensions et ses émotions refoulées – m'ont guidé vers trois hypothèses :

Hypothèse # 1

Le psychisme de l'enfant se développe à travers le conditionnement, c'est-à-dire à partir des tâtonnements vers des comportements désirés, ainsi que vers des comportements qui réduisent les tensions au sein de la famille.

Hypothèse # 2

L'enfant n'a jamais reçu d'affection ni les outils nécessaires pour l'aider à gérer ses angoisses. De ce fait, une colère latente couve en lui.

Hypothèse # 3

L'enfant présente une incapacité à mentaliser car il ne connaît que la moitié de la méthode : l'empathie. A cause de l'absence des images parentaux, les outils nécessaires au développement d'une bonne capacité de mentalisation sont absents. Par conséquent, il présente de fausses capacités de mentalisation.

Méthodologie

Pour atteindre l'objectif de ma recherche, il me fallait :

- Un échantillon pour rechercher le sujet remplissant les critères d'un child-therapist. J'ai mené ma recherche à l'Association RESCIF (Recherches et Etudes Systémiques sur les Communications Institutionnelles et Familiales). Je suis parti à l'aveugle, c'est-à-dire que je ne savais pas si les familles avec lesquelles je travaillais incluaient le child-therapist. Ce procédé m'a permis de rester ouvert et naturel, en évitant certains biais et en limitant mon stress. C'était un risque, mais un risque qui en a valu la chandelle. Inspiré par Jurkovic, j'ai élaboré un tableau de critères pour déterminer dans quel type de familles se trouve le child-therapist. Parmi les 12 familles, 5 ont rempli les critères attendus pour ma recherche. Nous avons travaillé ensemble pendant 10 mois, ce qui fait que ma recherche est longitudinale.
- Une méthode qui m'aurait fourni le maximum de données, malgré les contraintes de l'Association.
- A l'Association j'ai dû remplir un double rôle : chercheur et psychothérapeute. De ce fait, ma méthode pour recueillir des données a dû s'adapter. J'ai donc opté pour la *méthode d'observation*. Observation vient du latin « ob », qui veut dire en face de, et « *servare* » qui veut dire regarder, protéger, conserver et préserver (Pedinelli & Fernandez 2015). En autres mots, l'observation nécessite de regarder, tout en préservant le psychisme de la personne, d'un point de vue asymétrique (analysant-analysé). Parmi les différents types d'observation, j'ai privilégié une « hybride » ou un croisement entre une *observation naturelle* et une *observation participative* (je faisais partie du cadre). Ainsi, j'ai collecté des données *qualitatives*. Vu que je faisais partie du cadre, j'ai aussi observé mon rôle, mon impact, et mon intervention sur les familles. J'ai donc analysé moi-même, mon propre contretransfert et les réactions des familles face à mon intervention. Comme Devereux l'a dit, en recherche, nous ne devons pas nier notre subjectivité. Notre rôle et notre contretransfert pourraient être une grande source d'information pour mieux comprendre les enjeux au sein de notre population de recherche, et doivent impérativement être analysés.
- J'ai choisi la méthode IPA (*Interpretational Phenomenological Analysis*) pour analyser les données. Mais j'ai utilisé cette méthode de manière différente et novatrice par rapport aux usages précédents :
 - Je l'ai utilisée pour plusieurs personnes au même moment.

- J'ai utilisé la méthode d'observation pour avoir des données.
- La méthode a été utilisée pour une recherche longitudinale.

Chaque cas a été étudié individuellement, au lieu de chercher des thèmes communs dans chacun des cas.

Anamnèses

En tout, 5 familles ont satisfait aux critères. Je présente un petit résumé de leurs histoires afin de permettre au lecteur de bien appréhender les résultats et les analyses.

La famille Maraj

Les parents sont des immigrés. La mère est venue en France quand elle était collégienne ; ou plutôt, il est difficile de cerner la date exacte d'arrivée en France de la mère car son histoire est floue. Même son âge m'échappe car elle ne sait jamais « quel anniversaire utiliser ». De fait, elle a « deux âges ». En tous les cas, elle est moins âgée que son mari (environ 10 ans de moins). Ce dernier est venu en France il y a 10 ans (au moment de cette thèse) pour épouser Mrs Maraj lors d'un mariage arrangé. Les deux parents sont limités en langue française ; or Mrs Maraj se prend (parfois) pour une alsacienne, et se vante souvent de ses capacités linguistiques.

Ils ont deux enfants : Farha (6 ans) et Chandrahas (2 ans). Les deux sont placés. Les causes du placement ne sont pas claires. Il m'a été révélé les raisons suivantes :

- Les troubles psychiatriques de la mère.
- L'absence du père à cause des longues journées de travail dans son magasin.
- Le conflit des parents. Les parents ne se parlent plus ; le père est fâché contre sa femme. De ce fait, elle ne dormait plus dans le lit conjugal, et plutôt sur le canapé, alors que Farha dormait dans le lit de ses parents.

La mère est envahissante, alors que le père est discret. Les visites médiatisées tournent autour du repas, et des cadeaux excessifs (robes, poupées, DVDs, bracelets, bonbons, etc.). Les cadeaux sont pour la plupart pour Farha. Si Chandrahas a la chance de recevoir quelque chose, il reçoit une petite voiture.

Pendant le repas, Farha est sur le genou de son père ; ce dernier lui donne la becquée. Père et mère se battent pour conserver l'attention de Farha, et la fillette se trouve souvent dans un rôle de médiatrice conjugale.

En ce qui concerne Chandrahas, il vit sa vie : il est très indépendant. Il évite ses parents, ainsi que sa sœur.

Pour le moment, les enfants ignorent que leurs parents vont bientôt se séparer.

La famille Leininger

Il y a un mot pour décrire cette famille : accommodante.

Je décris ma première rencontre avec la famille. Je suis entré dans la salle des visites médiatisées et j'ai vu une jeune femme de petite taille. Elle portait deux gros cabas. Certes, ce n'est pas très académique, mais je me permets d'employer le mot « caillera » pour décrire sa façon de s'habiller. En gros, je me suis dit que c'était une adolescente. Elle était très discrète. Je suis allé vers elle pour lui demander si elle avait besoin d'aide, ou si elle cherchait quelqu'un. Elle m'a expliqué qu'elle était « la maman des enfants », Mme Leininger. Je suis resté bouche bée.

Après, je suis allé dans la salle d'attente où les enfants doivent normalement patienter avant d'aller voir leurs parents. J'ai remarqué une vieille femme mal habillée, d'une stature « robuste ». Elle avait les traits tirés et deux petites filles à ses côtés, ces dernières habillées comme des stars. A une certaine distance, se tenait un petit garçon qui m'a fait un grand sourire quand je me suis présenté. J'allais me présenter à cette femme, et j'appris que c'était l'aînée de Mme Leininger, Jennifer. Malgré son apparence, elle n'avait que 11 ans !

Comme pour la famille Maraj, les raisons des placements ne sont pas claires. D'ailleurs, je ne connais que très peu de détails de leur histoire. J'ai pu comprendre que la toxicomanie de la mère a été citée comme une des raisons du placement des enfants. Cependant, personne n'en parle ; c'est un « non-dit », un secret familial.

Pendant les rencontres entre la mère et ses enfants, Jennifer s'occupe de tout : le repas, les activités, etc. Les visites se déroulent toujours de la même façon : c'est une routine.

Mme Leininger va toujours vers Jennifer ; elle semble vénérer sa grande fille. Elle la sollicite pour tout : des informations sur les enfants, des nouvelles, etc. En plus, la grande taille de sa fille l'émerveille.

Les deux petites filles – Susan (5 ans) et Dora (4 ans) – vont souvent vers Jennifer pour diverses raisons. Johnny (7 ans), le seul garçon de la fratrie, évite sa mère, et lui répond parfois violemment. Il refuse également les contacts avec sa sœur. Il s'isole toujours dans un petit coin pour jouer seul.

Une dernière information : la mère est enceinte. Elle aura bientôt un nouveau bébé !

La famille Ferhat

Comme pour les familles précédentes, l'histoire de cette famille est alambiquée.

Il y a deux garçons, Omar (12 ans) et Hamza (9 ans). Ils viennent voir leur père, Mr Ferhat, en visite médiatisée. Ils sont entrés et sortis de foyers toute leur vie.

Quand Omar était plus jeune, il a témoigné des faits de violences de son père envers sa mère. Cette dernière s'est enfuie avec son fils pour éviter le père. Elle déménageait souvent avec son fils.

Entre temps, elle a eu un nouveau mari et un nouvel enfant, Hamza. Ce mari l'a reconnu, alors qu'il y avait des incertitudes autour de sa paternité.

Ils m'ont parlé d'une histoire de télévision qui est tombée sur Omar. Sa mère l'a emmené aux urgences, ce qui a déclenché une enquête. Lorsque la police est allée au domicile de la mère, ils ont trouvé Mr Ferhat chez elle. Il semblerait qu'il ait vécu chez elle pendant un moment pour « remettre de l'ordre ». Il ne cache pas sa mission ; il dit qu'Allah l'a envoyé pour sauver ses enfants.

Par conséquent, les enfants ont été définitivement placés. La mère a disparu.

Au début, les deux garçons étaient dans le même foyer, mais avaient de grosses difficultés à vivre ensemble. Omar était souvent violent envers son frère ; il suivait les ordres de son père pour s'occuper de son frère, et cela dégénérait ! Par conséquent, ils ont été séparés.

Mr Ferhat est un homme qui prend grand soin de lui-même. Il est en forme, s'habille toujours très bien, et parle de manière éloquente. Il se vante de tout ce qu'il a fait dans sa vie. Il a passé deux expertises psychiatriques ; les deux ont posé un diagnostic de « psychopathe avec des tendances hystériques ». Enfin, Hamza venait le voir en visite car il a été découvert que Mr Ferhat était le père biologique du garçon.

Omar est un garçon costaud. Il regarde toujours par terre lorsqu'il est en face des adultes. Il ne regarde jamais son père dans les yeux, et cherche toujours à montrer à son père qu'il suit ses ordres. Il y a une chose qu'Omar fait : il teste toujours sa force avec ses éducateurs, et puis avec moi. Il serre la main très fort, mais ne gagne pas...pour le moment. Il se jure d'être assez fort pour gagner un jour !

Hamza a un retard mental. C'est un jeune garçon enjoué qui sourit toujours. Il est content de venir voir son père, car il était le seul garçon au foyer qui n'avait pas de père.

Les visites médiatisées sont routinières. Le père ramène le repas, et se vante de ses capacités,

puis éduque Omar. Ensuite, il décline tout ce qu'il fait pour ses enfants. Je ne parle pas d'Hamza, car le jeune garçon est toujours oublié. Son père ne lui adresse guère la parole.

La famille Roos

Cette famille a une histoire très confuse. Elle est marquée par des déviances sexuelles. Le garçon, Dave (16 ans), est impliqué dans une enquête pour des faits de pédophilie pour lesquels il était l'agresseur. Dave dit qu'il a également été lui-même victime d'attouchements et d'actes sexuels. Contrairement aux familles précédentes, Dave semble bien aimer parler de cette période de sa vie. Son père en parle aussi. Les deux en parlent très facilement, et en décrivent les « *bêtises* ».

Dave est un jeune garçon charmant, voire séducteur. Il a passé la majorité de sa vie en foyer. Il prête grande attention à son apparence ; or il y a un grand décalage entre sa réalité et la réalité des autres. Il est petit, mais très rond. Cependant, il se vante d'un « corps musclé » et de sa force. Son père est en admiration devant lui, sa taille et son corps.

Mr Roos se flatte aussi de son corps ; il parle de sa minceur, alors qu'il est tout sauf mince. Il explique également qu'il fait jeune pour son âge, alors qu'il paraît beaucoup plus âgé que son âge réel. Père et fils semblent vivre dans une réalité qui leur est propre ! Enfin, Mr Roos montre toujours ses nouveaux habits de marque à son fils, et attend son approbation et ses compliments.

Les visites médiatisées sont routinières. Dave vient souvent avec des vêtements pour son père. Mr Roos regarde souvent les habits de son fils ; il rappelle à Dave que celui-ci doit lui donner les tenues qui ne lui vont plus. Dave emploie souvent le mot « *papounet* » lorsqu'il parle à son père. Il s'occupe de son père, et son père est dans l'attente. Il demande toujours à Dave de l'appeler car il n'a pas de crédit sur son portable. Il demande également à Dave lui imprimer des photos car « ce n'est pas cher ».

Quant à Mr Roos, son fils est le modèle pour tout le monde dans leur famille. Il est l'enfant parfait.

Enfin, les visites tournent souvent autour d'un de leurs thèmes préférés : les 18 ans de Dave, le moment où Dave sera libéré du système, et pourra enfin aller vivre chez son père.

La famille Schuster

Violette venait voir sa mère. Son beau-père, qu'elle considère comme son père, ainsi que son frère viennent parfois avec elle.

Très peu de choses de leur histoire est connu. Une des raisons du placement citée était la négligence. Mme Schuster laissait souvent ses enfants seuls à la maison pour sortir avec ses amis. L'aînée et seule fille, Violette (10 ans) s'occupait de ses frères. Parfois, sa mère l'enfermait dans l'armoire quand elle sortait.

Mme Schuster était extrêmement sale ! Lorsqu'elle entrait dans l'association, tout le monde pouvait la sentir arriver. L'association devait toujours aérer la salle des visites médiatisées pendant au moins une heure après son passage, avant que d'autres usagers puissent l'occuper. Beaucoup de pellicules tombaient de ses cheveux, et elle grattait des croûtes sur son visage. Enfin, les quelques dents qui lui restaient étaient toutes noires. En dépit de son apparence, elle était très intelligente. Je dirais même qu'elle avait de fortes capacités intellectuelles.

La mère était aussi connue pour sa très grande agressivité. Elle détestait tous les intervenants (médiateurs, les psychologues, les travailleurs sociaux, etc.) ; et elle l'a dit à tout le monde. Je l'entendais souvent hurler contre ma collègue pendant toute la durée de la visite. Elle ne respectait pas non plus les règles, et personne ne pouvait l'arrêter. Elle franchissait toutes les limites ! Elle était également très protectrice à l'égard de sa fille.

Violette était le contraire de sa mère. Je dirais qu'elle était une poupée de porcelaine. Elle était très propre, et toujours très bien habillée. Elle était de petite taille, et ne faisait pas son âge. Elle avait l'air plus jeune. Elle parlait avec une voix très douce, et ne s'imposait pas. Elle était très réservée. Cependant, lorsqu'elle voyait sa mère, elle lui sautait dans les bras en criant, « Maman » ! Puis, elle se blottissait contre sa mère. C'était la routine.

Je me souviens du jour où ma collègue m'a présenté Mme Schuster. J'avoue que je craignais ce moment, ceci au vu du comportement et des hurlements de la mère. J'ai été agréablement surpris puisqu'elle n'a pas crié contre moi, mais au contraire, elle m'a accepté. Puis, elle m'a dit une phrase qui m'est resté : « *Ma fille, il est là pour apprendre de nous* » !

Résultats 1

Certains repères ont été identifiés :

- Position dans la famille (le premier enfant dans une famille sous un même toit)
- Certains comportements et attitudes ont également été constatés, qui dépendent du type de rôle adopté par l'enfant :
 - Adoration
 - Résistance
 - Soumission
 - Absence
 - Espoir
 - Tension
- D'autres facteurs tels que l'apparence physique des parents peuvent également être constatés.

Des déficiences intellectuelles et des troubles psychiatriques existent dans quelques familles.

Analyse 1

Avant tout, les premières analyses montrent que le même child-therapist peut présenter plusieurs aspects du rôle. Par exemple, Farha, Jennifer et Violette ont exposé plusieurs facettes du rôle, tandis qu'Omar n'a montré qu'un seul type de rôle thérapeutique. En ce qui concerne Dave, il me reste des questionnements. Néanmoins, ce que Dave a en commun avec les autres enfants, c'est que le rôle thérapeutique ne se limite pas à la relation au sein de la famille, mais touche toute relation que l'enfant pourrait avoir.

Il semble que le rôle et l'identité de l'enfant soient intimement liés. L'enfant est au service des autres. Cependant, en ce qui concerne la position des parents, elle dépend du type d'interaction dont le parent a besoin. Par exemple, Mr Roos a idéalisé son fils, Dave ; ce dernier occupait un rôle du type parent. Au contraire, Mr Ferhat a dominé son fils. Donc les enfants montrent des différences dans les rôles, mais les parents font pareil. Les parents de Farha ont oscillé entre le rôle d'allié, d'époux et d'ami.

Plus précisément, les rôles observés étaient les suivants :

- Pour Farha, elle était :
 - Enfant comme objet pour sa mère
 - Enfant comme épouse pour son père
 - Enfant comme parent pour son frère
- En ce qui concerne Jennifer, elle était :
 - Enfant comme épouse pour sa mère
 - Enfant comme parent pour ses sœurs
- Quant à Omar, il s'est montré :
 - Enfant comme objet pour son père
- Dave était :
 - Enfant comme parent pour son père
 - Enfant comme époux pour les autres adultes ; il se prenait pour le pair des autres adultes
- Violette a montré qu'elle était:
 - Enfant comme objet pour sa mère
 - Enfant comme parent pour ses frères

Le plus souvent, le child-therapist est idéalisé pour son rôle. Il a une place « privilégiée » au sein de la famille. Cela peut expliquer son adhésion à ce rôle.

Plusieurs facteurs pouvant provoquer l'entrée dans le rôle ont été observés. Le principal

semble être l'image imaginaire que les parents ont de leur enfant. Ils voient leur propre réalité, et donc le self de l'enfant n'existe pas. Par la suite, les enfants intègrent cette image pour répondre aux besoins de leurs parents. Parfois, cette intégration peut atteindre le physique (psychosomatique).

- Le Pretend mode (Fonagy & Roissouw 2015) existe ; il n'y a pas de corrélation entre les réalités internes et externes. Il touche parents et enfants. Dans certaines situations (enfant comme objet), cela correspond à une forme imaginaire du « contenir ». Les parents pensent répondre aux besoins perçus et imaginés.
- Teleological Stance (Fonagy & Roussauw 2015). Les parents cherchent des preuves incontestables dans une réalité externe pour confirmer leur réalité interne.

Rebondissons sur ce dernier point : pour certains, il a été observé que le child-therapist pourrait développer des symptômes psychosomatiques. Il devient l'objet réel des désirs et des fantasmes de ses parents. Par exemple, Jennifer semblait plus âgée que son âge réel, et Violette avait l'air beaucoup plus jeune que son âge. Cela renvoie aux théories d'Harrus-Révidi (2001), en ce sens qu'il existe une sorte d'expression psychosomatique des enfants et des parents dans la relation thérapeutique.

C'est donc le yin et le yang. Pour chaque child-therapist, il y a un parent demandeur. Pour chaque manque du parent, un enfant qui cherche à le remplir. Une partie de ce manque existe au sein de la famille : une absence des rôles. L'enfant adopte donc le rôle. Ceci fait penser à la théorie de vacuum de Freud (1965) et rappelle également Robinson (Chase 1999). Cette auteure explique que l'enfant est préventif/proactif. Cela peut expliquer les nombreux rôles adoptés par certains enfants évoqués précédemment.

Le rôle semble donc indépendant du sexe, mais il est dépendant des circonstances, du manque et de la réponse. De ce fait, cela rejoint Jurkovic (1997) qui explique que le rôle est indépendant du sexe, et contredit Sroufe & Ward (1985) qui explique que le sexe joue un rôle. Cependant, ce n'est qu'une première analyse ; il faut encore étudier ces cas.

Le rôle comprend également une baisse des tensions. Il semblerait qu'il s'instaure une forme de conditionnement chez l'enfant. Adopter le rôle signifie moins de tensions ; et de ce fait, l'enfant se construit autour de ce rôle, sa mission. Par conséquent, il internalise le rôle, ainsi que l'image imaginaire qui lui a été accordée. Cela peut répondre à ma première hypothèse. Cependant, ce n'est qu'un premier essai pour répondre à cette hypothèse. Il y aura d'autres facteurs à prendre en compte. Les résultats d'IPA pourraient éclaircir ce point.

Vu que les parents n'assument pas leurs rôles symboliques, les héritiers de ces rôles sont également « déficients ». Cela se vérifierait pour des capacités mentales qui sont acquises

socialement, telle que la mentalisation. Cependant, le niveau de son échec semble dépendre plutôt du type de rôle et de son expression, ainsi que du niveau d'internalisation. Par exemple, de ce que nous avons vu jusqu'ici :

- Farha montre de fausses capacités de mentalisation. Or, il faut noter que cela ne se passe qu'en présence de ses parents. Avec d'autres, elle semble savoir mentaliser.
- Dave a montré le Pretend Mode.
- Jennifer semblait être capable de mentaliser.

Néanmoins, certains de ces enfants ont fait preuve d'une forte adaptation à leur environnement, et semblaient être psychiquement fort. De ce fait, j'ai parlé de la **force ou intelligence psychique**, qui peut être comparable à la résilience. Cela a été entre autre inspiré par :

- Bateson (1956) et Zuk & Robinson (1965) ont expliqué que le rôle thérapeutique est indépendant de l'intellect, dont le QI. Je me suis donc interrogé : existe-t-il une autre forme d'intelligence pour le psychisme, qui expliquerait la plasticité de ces enfants pour s'adapter ? Il peut être considéré que des processus psychiques ont été activés pour répondre aux manques au sein de la famille (Samson 2009).
- Cela résonne également avec Robinson & Fields (1983) et Anthony (1978) qui ont décrit les enfants comme *résistants au stress*. Chase (1999) a appelé ce *trait résilient ou invulnérable*.

Cette force peut être liée au type de rôle entretenu. Par exemple, même si certains enfants se sont sacrifiés pour le rôle, ils se montraient tout de même résilients pour aider la famille. Par contre, Omar semblait être écrasé par son père pour appréhender le rôle. Il semblait plus *fragile psychiquement*. Son père paraissait plus fort au niveau psychique.

Les rôles parentaux étaient absents. Néanmoins, les fonctions contenantes semblaient tout de même présentes. Dans les cas des *enfants comme objet*, les parents semblaient avoir internalisé une image imaginaire d'un enfant en demande. Cet enfant avait besoin de ses parents pour tout. Par exemple, pour la famille Maraj, la mère semblait avoir été dans un stade imaginaire de holding comme le décrit Winnicott. Elle interprétait et comblait tous les besoins (imaginaires) de Farha (nourriture, propreté, etc.). La *préoccupation maternelle primaire* existait toujours, et le parent s'est adapté au rythme (imaginaire) de l'enfant. Cela ressemblait également aux théories de *l'autre signifiant* et du *selfobject* de Kohut (1971). En aidant l'enfant, le parent pense compléter l'enfant et son développement psychique. Enfin, cela montre une absence d'inter-fantasmatisation (Eiguer 2003) dans le sens où il n'y avait pas d'échanges de psychismes.

Dans une seule étude de cas une forme de rébellion a pu être relevée. Tous les enfants semblaient à l'aise dans leur rôle ; tous sauf Violette. La colère restait latente. Cela me fait penser qu'il existe un ressentiment sous-jacent chez elle. Les résultats d'IPA éclairciront cette constatation.

Enfin, les frères et sœurs du child-therapist ont eu leur mot à dire. Leur adhésion au child-therapist (Susan, Dora), ainsi que leur rébellion (Chandahas, Johnny) a parlé de ce qui manquait au sein de la famille. Le rôle du child-therapist n'est donc pas seulement une réponse aux parents qui sont en demande, mais aussi des frères et sœurs qui désignent quelqu'un pour remplir un rôle. En revanche, leur rébellion, même si elle met en évidence ce qui est manquant dans la famille, montre également que le child-therapist occupe une place qui n'est pas la sienne.

Résultats 2

Les thèmes suivants ont été observés dans une ou plusieurs familles.

Absence de frontières/limites

Les familles Maraj, Roos et Ferhat sont concernées par ce thème, mais avec des petites nuances. Voici quelques exemples :

- En ce qui concerne la famille Maraj, Farha dormait dans le lit de son père. De plus, son père n'a pas pris en compte l'intimité et la dignité de sa fille lorsqu'il voulait l'accompagner pour qu'elle mette une nouvelle robe.
Nous pouvons penser qu'il n'y a rien de mal à ce qu'un père aide sa fille de 6 ans à s'habiller. Or, dans ce cadre, il y avait un climat sexualisé. D'une part, Farha voulait et pouvait s'habiller seule, mais son père ne voulait pas la laisser faire. Il insistait ! D'autre part, la tenue ne convenait pas à une fille de son âge. Les vêtements l'ont sexualisée, et j'ai dû lui demander de mettre d'autres habits pour se couvrir.
- Pour la famille Roos, l'inceste fait partie de leur histoire familiale. De plus, Dave ne respectait aucune limite dans la salle ; il touchait et jouissait de tout autour de lui. Ainsi il jouait avec tous les morceaux de sucre, ne tenant pas compte du fait que d'autres allaient s'en servir après lui.

C'était différent pour la famille Ferhat. Il n'y avait que des frontières, des limites que le père avait créées. Le père décidait de tout : ce que ses enfants devaient manger, l'interdiction de parler de leur mère, etc. Je dirais qu'il n'y avait pas de limites, mais plutôt uniquement des limites.

Absence d'un père

Cette situation a été retrouvée dans toutes les familles, qu'il s'agisse d'une absence physique ou symbolique.

Absence d'une mère

Elle a été constatée dans tous les cas, sauf pour la famille Roos. Ce thème signifie une mère qui renonce à son rôle, ou qui sont défaillantes dans leur rôle de mère.

Acclimatation ou soumission

Certes, le rôle thérapeutique de l'enfant est une forme de soumission. Or, dans les familles

Ferhat et Schuster, la soumission semblait faire partie de leur construction identitaire.

- Omar cédait à toutes les demandes de son père. De plus, il regardait toujours par terre lorsque son père lui parlait.
- Violette permettait à sa mère de la traiter comme une enfant moins jeune.

Alors qu'il est vrai que Farha a permis à sa mère de l'objectiser (comme une poupée), elle ne semblait pas aussi soumise que les enfants susmentionnés.

Enfin, Mr Maraj, Mme Leininger et Mr Ferhat ont également montré de la complaisance.

Omniscience et difficulté à appréhender une réalité commune/partagée

Mme Maraj, Mr Ferhat et Mr Roos se surestimaient ; ils avaient une image grandiose d'eux-mêmes, et cherchaient activement les éloges de leurs enfants. Cela correspond aux parents qui ne partageaient pas une réalité commune avec autrui.

Parmi les enfants Dave était le seul à présenter cette particularité.

En ce qui concerne la réalité, je pourrais penser que Mmes Leininger et Schuster ne partageaient pas une réalité commune avec autrui. Or, le fait qu'il y ait une inversion réelle des apparences physiques entre les mères et les enfants, qui correspondait à une réalité pour elles, me questionne. Leur réalité est devenue la réalité.

Attachement

Des difficultés d'attachement ont été observées dans deux familles : Maraj et Roos. Ces deux familles ont eu des difficultés à imposer des limites, et entretenaient des relations très superficielles avec d'autres.

- Dans la famille Maraj, mère et fils ont présenté cette difficulté
- Seul Dave a montré cette difficulté dans la famille Roos.

Confusion

La confusion était présente dans toutes les familles. Dans deux familles (Leininger et Roos),

la confusion était telle que j'étais perdu pour intégrer qui était qui dans la famille. Par exemple, j'ai commis un lapsus quand j'ai appelé Mme Leininger, « Mme Jennifer ». En ce qui concerne la famille Roos, j'éprouvais par moment des difficultés à discerner qui était le père et qui était le fils.

Désir d'un père ou d'un « séparateur »

Ce désir était commun dans toutes les familles. Pour la plupart, les child-therapists et ses frères et sœurs cherchaient un père.

Dans les familles Maraj et Schuster, les enfants désiraient le père chez leur père présent pendant les visites médiatisées. Cependant, dans la famille Ferhat, il semblait que seul Hamza le recherchait chez son père qui était présent pendant les visites, et non pas Omar. Ce dernier cherchait quelqu'un pour le séparer de son père.

Ce désir d'un séparateur n'était pas limité aux enfants. Mr Maraj, Mme Leininger et Mme Schuster cherchaient également un père symbolique. Seule Mme Leininger a verbalisé ce désir.

Histoire familiale...l'inconnue

L'histoire familiale ou plutôt, l'histoire inconnue de la famille, semble avoir joué un rôle dans chacune des familles. Pour elles, il a très peu d'informations concernant leur histoire, tout est gardé secret pour les membres de la famille (secret familial).

La culture d'origine de certaines familles a également eu une influence sur les relations entre parents et enfants.

Colère latente et rancœur

A part la famille Leininger, toutes les familles ont ressenti ces émotions, envers le parent qui a provoqué le rôle thérapeutique. Cependant, pour la famille Maraj elles n'étaient pas limitées aux enfants ; le père a également montré de la colère envers Mrs Maraj.

Moins d'angoisse

Une baisse de l'angoisse a été observée dans toutes les familles après l'introduction de l'interdit.

Manipulation et séduction

Elles étaient présentes dans les familles suivantes :

- La famille Maraj : Les deux parents essayaient de séduire Farha avec des cadeaux. Farha a également essayé de séduire son père, puis de me séduire pour prendre le contrôle.
- La famille Roos : La manipulation et la séduction ont été vues en Dave.
- Dans la famille Ferhat, le père a montré ces deux aspects.
- Violette, de la famille Schuster, a fait preuve de séduction envers son père.

Besoin de contrôle

Ce thème a été constaté dans toutes nos études de cas. Cependant, il est plus observable chez les parents, et parle de leur besoin de contrôler leurs enfants et leurs entourages. Il y avait des exceptions :

- Dans la famille Maraj, la fille – Farha – a essayé de contrôler tout le monde.
- Mme Leiningner n'a essayé de contrôler personne. Par contre, sa fille contrôlait les visites médiatisées.
- Dans la famille Schuster, personne n'a cherché ce contrôle.

Il faut bien noter que le contrôle de l'environnement dont le child-therapist fait preuve n'est pas synonyme de ce besoin de contrôle.

Besoin de et fort intérêt pour le child-therapist

Chacun des parents se montraient dépendant du child-therapist. En l'absence de ce dernier, les parents ont manifesté du désarroi.

Objectisation

Ceci parle d'une objectisation des parents qui chosifiaient leurs enfants (Violette a objectisé son frère). Elle a été observée dans toutes les familles sauf dans les familles Leininger et Roos.

L'interdit

L'interdit a été introduit dans toutes les familles, et était confronté à **une très grande résistance**.

Rébellion et résistance

Ces deux comportements ont été observés chez les child-therapists, ainsi que chez leurs frères et sœurs.

Les child-therapist se sont révoltés contre le rôle thérapeutique, quoique de façon latente. Les frères et sœurs se sont rebellés contre les child-therapists.

Rejet ou évitement de la mère/parent

Cela a été perçu dans toutes les familles, et était intimement lié à la colère et la rancœur. Ils ont été observés au moment où les enfants **cherchaient leur identité**.

Vénération du child-therapist

Présente dans toutes les familles, sauf les familles Ferhat et Schuster. Pour ces dernières, il y avait un besoin, mais pas de vénération.

Routine

Toutes les familles menaient les visites de façon routinière.

Franchissement des règles

Observable chez toutes les familles, à part la famille Leininger. Pour la famille Maraj, le franchissement était lié à la routine.

Tensions

Des tensions étaient très élevées dans les familles Maraj et Ferhat. Elles existaient également, bien que beaucoup moins élevées, dans la famille Leininger.

Analyses 2

La façon dont j'ai travaillé m'a permis non seulement de repérer des thèmes communs à plusieurs personnes au même moment, mais également d'étudier les interactions entre les différents thèmes, ainsi que leur évolution au fil du temps.

La méthode IPA m'a aussi offert la possibilité de mieux cerner les rôles adoptés par les enfants. De ce fait, en cherchant plus avant, j'ai trouvé que Dave n'était pas un vrai child-therapist. Il a utilisé son rôle pour son bénéfice à lui. Son rôle correspondait donc plutôt à *l'omnipotent/pseudo parentified child* de Walsh (1988). Il s'est mis dans une position de pouvoir pour donner l'illusion d'un *good child*, alors qu'il était plutôt un tyran. Il a cherché l'idéalisation et le contrôle, et non pas l'amélioration de sa famille. Pour cette raison, je ne parlerai pas de Dave ici.

La confusion pour de l'Ordnung

Confusion

Toutes les familles ont manifesté de la confusion, ce qui contredit ce que j'avais postulé avant : il faut des tensions pour faire naître le child-therapist. Certes, les tensions peuvent être un facteur, mais il n'est pas obligatoire. En revanche, la confusion est commune à toutes les familles, et a donné naissance au facteur que Hooper (2008) et d'autres auteurs ont décrit comme déclencheur du rôle : une absence de frontières ou de limites. Avec elle, j'ai trouvé qu'une histoire familiale non-connue, ainsi que des secrets familiaux, ajoutent à cette confusion. Ces facteurs ont fait apparaître deux critères que nous retrouvons dans toutes les familles :

- Un **parent dominant** (par exemple, Mrs Maraj), qui arrive à s'imposer et à imposer son psychisme à l'enfant. Cependant, s'il y avait des limites, il ne pourrait pas le faire. Alors, il faudrait également ;
- Un **parent complaisant**, avec **moins de force psychique** (par exemple, Mr Maraj), qui permettrait à l'enfant d'être pris en otage par le parent dominant, et accepte que l'enfant adopte le rôle thérapeutique. Mr Maraj était très complaisant, et s'est effacé, ce qui a permis à sa femme de prendre psychiquement sa fille.

Chez tous les parents qui ont laissé faire, le trait/thème de **complaisant** a été trouvé.

Par contre, ce n'est pas tout. Il faudrait un troisième critère pour consolider le rôle :

- **Acceptation sociale.** Comme je l'ai exposé dans la partie théorique, l'entourage et la

société peuvent jouer un rôle. Par exemple, pour la famille Maraj, d'autres intervenants ont laissé place au rôle, à cause des troubles psychiatriques de la mère. Ils avaient peur d'intervenir par crainte de blesser le psychisme de la mère. En ce qui concerne la famille Ferhat, malgré les informations inquiétantes et les demandes des intervenants de suspendre les droits du père, le juge a refusé. Cette décision judiciaire a conforté Mr Ferhat dans sa démarche, et Omar a été contraint de rester child-therapist.

Dans la famille Leininger, c'était un peu différent. L'impact social a fragilisé la mère. Les assistants familiaux, et même la mère de Mme Leininger l'ont infantilisée. Ils lui ont enlevé sa place de mère, ce qui impliquait que Jennifer n'ait pu la percevoir en tant que mère non plus.

Lorsque l'enfant était dans une place d'objet, le parent dominant a objectivé l'enfant (Mme Maraj et Mr Ferhat). Dans le cas où les enfants étaient dans un rôle plus adulte, ce sont les parents qui ont été objectivés (Mr Maraj, Mmes Leininger et Schuster).

Les parents ont bien accepté les rôles des enfants (enfant comme objet et enfant comme parent pour ses parents). Par contre, frères et sœurs ont systématiquement rejeté tous les rôles, ce qui contredit ce qui a été dit en Analyse 1. Il semblerait donc que contrairement à ce que les auteurs existants affirmaient, les frères et sœurs refusent le child-therapist et cherchent à séparer le child-therapist de son parent.

- Les rébellions de Chandrahas et de Johnny ont détourné l'attention de leurs parents des child-therapists.
- Dora a employé des stratégies pour éloigner sa mère de sa sœur.
- Susan a expliqué qu'elle n'aimait pas les visites médiatisées avec Jennifer car Jennifer, « *m'a volé ma mère* ».

Ce qui a été vu était que le child-therapist dominait la fratrie. Du coup, les enfants ne le sollicitaient pas; au contraire, c'est lui qui est allé vers eux et a cherché à occuper le rôle pour :

- Jennifer s'imposait à ses sœurs pour s'occuper d'elles
- Violette contraignait son frère à accepter son soi maternel, alors que lui restait indifférent.

Ceci souligne le rôle actif du child-therapist, comme expliqué par Bateson (1956), Searles (1973) et Boszormenyi-Nagy & Sparks (1973).

Comme évoqué dans les Analyses 1, le rôle de child-therapist est indépendant du sexe de l'enfant. Je voudrais ajouter que la réaction de la fratrie est elle aussi indépendante du sexe du

child-therapist.

Enfin, il semblerait que la fratrie rend visible le problème au sein de la famille, et ce qu'il faut faire pour le résoudre. Alors que le child-therapist met un pansement sur le problème (confusion des rôles), la fratrie cherche à le résoudre (par de l'Ordnung, c'est-à-dire remettre tout le monde à sa place). La fratrie cherche donc la **séparation**.

Séparation

Tout le monde dans la famille, y compris les parents, cherchait inconsciemment la séparation. L'exception qui confirme la règle se trouvait chez les parents :

- Avec une personnalité dominante
- Qui ont objectivé l'enfant.

Ces deux critères correspondent à Mme Maraj et Mr Ferhat.

Les autres membres de la famille cherchaient cette séparation, même si cela signifiait que les parents allaient perdre le child-therapist (Mme Schuster). Quand ils sont séparés, les différentes identités de chacun des membres de la famille s'expriment. La mentalisation, qui était absente auparavant, pourrait commencer, et les membres de la famille peuvent se mettre à leur juste place.

Le child-therapist cherchait également un séparateur, mais de façon maladroite. Par exemple, Farha et Violette en cherchaient chez leur père présent pendant les visites médiatisées. Par contre, la façon dont elles l'ont fait a donné naissance à l'érotisation de la relation père-fille (Mayseless, Bartholomew, Henderson & Trinke 2004). Quand un autre séparateur est entré, il était d'abord rejeté. Cependant, une fois que l'enfant se sentait rassuré, il s'est séparé du père.

Petite parenthèse : Les séparateurs originaux étaient la fratrie. Ils cherchaient à séparer le child-therapist de son parent. A l'introduction d'un nouveau séparateur, ils lui cédaient leur place. Par exemple, le thème de « séparateur » de Chandrahas a été remplacé par « chercher sa place » lorsque j'ai « pris le relais ».

Le séparateur correspond aux *surrogate* ou *social parents*, c'est-à-dire, celui ou celle qui fournit le rôle symbolique de parents. Dans les grandes lignes, c'est la recherche du Nom du Père de Lacan (1955-1956), ce qui permet la séparation de la mère et de l'enfant, permettant à l'enfant de devenir un être à part.

Comme Lacan a pu le dire, « *L'incarnation du père symbolique dans le père réel permet au*

sujet de s'extraire du jeu spéculaire de l'idéal du moi et d'être marqué du sceau de la loi ».

Pour les parents qui ont rejeté cette séparation, Mme Maraj et Mr Ferhat, il y avait de la forclusion du Nom du Père, dont il a résulté une forme de psychose. Cela peut expliquer pourquoi ces parents ne partageaient pas une réalité commune avec autrui, et présentaient de la *mégalomane* et un *besoin d'être idéalisé*. Mais également pourquoi ces parents ont eu les plus grandes difficultés à lâcher leur emprise sur leurs enfants. Ces deux parents vivaient ce que j'ai nommé *un état imaginaire qui nécessitait les fonctions contenantes*, dans lesquelles ces parents ont satisfait tous leurs fantasmes pour répondre à tous les besoins de leurs enfants. Ils étaient omniscients. Ils ont contenu constamment leurs enfants.

Objectisation

L'**objectisation** survenait simultanément avec la **soumission** de l'enfant (aussi chez Mr Maraj). Dans les cas où les enfants étaient l'objet, le parent semblait être le **déclencheur**.

- En l'absence de Mme Maraj, tout le monde était à sa place. Dès que Mme Maraj arrivait, le rôle était déclenché chez Farha.
- Pour Omar et Violette, leurs parents sont aussi déclencheurs du rôle. Par contre, une petite nuance était observable chez eux : les deux enfants tenaient ce rôle avec tout le monde. Mais à l'arrivée de leurs parents, une forme exagérée de ce rôle a été constatée.

Ces constats confirment et invalident les conclusions de l'Analyse 1, ainsi que les hypothèses. D'une part, ces enfants se sont montrés programmés pour répondre au stimulus parents : un conditionnement pavlovien classique. Leurs parents dominants étaient les déclencheurs.

- Pour Farha et Violette, elles ont manifesté une régression en présence de leur mère. Je me suis inspiré de la terminologie d'Harrus-Révidi (2001) : *enfants régressés dans des systèmes fixes*. Les deux filles semblaient retourner à un stade comportant de moindres tensions. Ce stade peut correspondre au moment où le rôle pathologique a été instauré. De ce fait, comme je l'ai suggéré dans les Analyses 1, pour certains enfants, le rôle thérapeutique est intimement lié au développement de l'enfant. Ainsi, je postule que je peux avoir une idée de la période durant laquelle le rôle a été instauré. Par exemple, pour Farha, elle entrait dans la séduction avec son père. En ce qui concerne Jennifer, le rôle activait des tendances obsessionnelles.

D'autre part, quant à Jennifer, il semble que le rôle n'ait pas eu d'incidence sur son

développement. Comme il a été observé dans les résultats 2, Jennifer a été élevée par sa grand-mère. Elle a donc reçu tout ce qu'il lui fallait pour se développer, et développer son psychisme.

En ce qui concerne Omar, le rôle lui a été imposé, et son être a été écrasé. Il correspondait plutôt à l'enfant robot d'Eiguer (2003).

Ainsi, il semblerait que le rôle thérapeutique, dans certaines situations (Farha et Violette), peut être façonné à travers un auto-conditionnement, ce qui valide partiellement l'Hypothèse #1.

Routine

Chaque famille suivait une routine. Je pouvais tout prévoir pour chaque visite médiatisée. Cela peut être expliqué par une tentative pour réduire ou éliminer les tensions.

Mentalisation

La routine dans ces études de cas était synonyme d'un besoin de contrôle et d'ordre. Ceci est la recette d'une absence de mentalisation (Fonagy & Roussauw 2015). Même s'il est vrai que, pendant les visites médiatisées, les enfants ne mentalisaient pas, je ne peux pas encore confirmer l'Hypothèse # 3. Comme pour la première hypothèse, cela dépend de certains facteurs.

- Farha et Jennifer n'ont pas montré de capacités de mentalisation, mais uniquement en présence de leurs mères. Il semblerait que les parents n'ont pas uniquement déclenché une régression, mais également une perte de mentalisation.
Cependant, en l'absence de leurs mères, elles ont toutes les deux fait preuve de bonnes capacités de mentalisation.
- En ce qui concerne Violette, il n'y avait pas de mentalisation, ce qui correspond à l'hypothèse. Par rapport à son histoire, elle n'a eu aucun imago parental, et son développement était basé sur une compréhension de l'autre. Son être était effacé. Elle ne connaissait que l'empathie, qui n'est, selon Fonagy et Roussauw (2015) que la moitié de la méthode nécessaire pour la mentalisation.
Lorsque que Violette a commencé à être attentive à son self, elle a montré de bonnes capacités de mentalisation.

Pour Omar, c'est un peu plus délicat. Omar semblait mentaliser. Il tenait compte de son état mental, ainsi que de celui de son père. Or, l'image qu'il a utilisée de lui-même semblait être

une image qui lui a été imposée par son père, et révélait une représentation très négative de son self. Est-ce que cela signifierait qu'il développerait une *mentalisation perversie* ?

Colère latente et rancœur

Il n'y a eu aucune exception. Chaque enfant a montré une grosse déception et de la colère face aux failles de ses parents. Pour Omar, c'était plus profond. Sa colère semblait relever de l'échec des fonctions contenantes : il a été trop contenu depuis sa toute petite enfance. J'ai fait le parallèle entre ce qui s'est passé avec Omar, et l'absence d'une mère pour gérer les éléments beta de son enfant. Or, contrairement à ce que Rosenbaum (1963) a expliqué du child-therapist, les pulsions meurtrières et agressives n'ont jamais été exprimées et n'ont jamais sévi. Au contraire, elles ont été contenues. De ce fait, il a refoulé toutes ses émotions, ce qui pourrait expliquer son explosion quand il a pu enfin s'en débarrasser.

Hypothèses

Hypothèse # 1

Le psychisme de l'enfant se développe à travers le conditionnement, c'est-à-dire à partir des tâtonnements autour des comportements désirés, ainsi qu'autour des comportements qui réduisent les tensions au sein de la famille.

Cette hypothèse est vraie sous certaines conditions. Lorsque le rôle thérapeutique est associé à une régression – comme pour Farha et Violette – il est intimement lié à leur développement. Ces enfants ont appris comment se comporter selon leur environnement. Le parent dominant est déclencheur de ce rôle. En présence des parents, une réponse du type pavlovien se déclenche pour apaiser les tensions.

Hypothèse # 2

L'enfant n'a jamais reçu ni l'affection, ni les outils nécessaires pour l'aider à gérer ses angoisses. De ce fait, la colère reste en lui.

Cette hypothèse a été validée.

Hypothèse # 3

L'enfant montre une incapacité à mentaliser car il ne connaît que la moitié de la méthode :

l'empathie. A cause de l'absence des imagos parentaux, les outils nécessaires au développement d'une bonne capacité de mentalisation sont absents. Par conséquent, il présente de fausses capacités de mentalisation.

Violette, ayant présenté le child-therapist le plus stéréotypique, a bien confirmé cette hypothèse.

Par contre, cette hypothèse est à associer à la première. En présence des parents, les enfants montrent un défaut de mentalisation. En l'absence des parents, les enfants montrent de bonnes capacités de mentalisation.

En ce qui concerne Omar, il a dévoilé une mentalisation perverse.

Hypothèse #3 est donc partiellement vérifiée.

Discussion

Certes, je n'ai pu travailler que sur une population réduite. Cependant, les observations ont révélé des aspects très intéressants. Je propose ici quelques éléments pour élargir la discussion.

Les observations de cette recherche ont confirmé les théories de certains auteurs comme (Bateson 1956, Searles 1973 et Boszormenyi-Nagy & Sparks 1973).

Une absence de frontières/limites a été trouvées (Minuchin 1965).

La quête d'autres adultes en tant que parents de substitution symboliques a été également observé (Le Goff 2005).

J'ai également montré le rôle de la société.

Le child-therapist comme une entité

Cependant, ce qui m'a fortement interpellé était qu'aucun child-therapist n'est identique à un autre : enfant comme parent, enfant comme époux et enfant comme objet. De ce fait, leur expression sera différente. Ainsi, comme nous ne pouvons décrire toutes les psychoses et toutes les névroses de la même façon, je pense qu'il en est de même pour le child-therapist, ou plutôt les child-therapists. D'ailleurs, comme cela a été présenté, un même enfant pourrait montrer des types différents du rôle (Farha), ce qui correspond bien à la théorie de vacuum de Freud (1965).

La fratrie

Pour moi, une découverte très intéressante était le rôle de la fratrie. Contrairement aux conclusions des autres auteurs, la fratrie ne va pas vers le child-therapist. De plus, le child-therapist ne permet pas à la fratrie de se développer dans les meilleures conditions (Zuk & Rubenstein 1977). De plus, ce refus est indépendant du sexe de l'enfant (Mayseless et al 2004, Chase 1999, Minnet, Vandell & Snatrock 1983).

Comme je l'ai dit précédemment, le child-therapist met un pansement sur un problème tandis que la fratrie cherche à remettre de l'ordre.

Nom du Père

Aucun auteur (de ce que j'ai vu) n'a parlé du Nom du Père. Cela paraît pourtant important pour aider la famille à quitter l'environnement pathologique.

D'ailleurs, il a été montré qu'il est possible de « thérapeutiser » l'enfant pour le préserver du rôle pathologique (fait avec Farha). Cela renvoie à Earley & Cushway (2002) et Kelly (2007) qui ont expliqué qu'il ne faut pas « surpathologiser » le rôle, car les compétences de cet enfant pourraient être une force pour l'aider.

Origines

J'ai trouvé que child-therapist est issu du :

- Parent dominant
- Parent fragile
- Société facilitatrice

Ces trois facteurs installent le climat pour que l'enfant puisse décider d'accepter ce rôle ou pas.

J'estime que l'attitude de la société est très importante. Comme j'ai pu l'expliquer dans l'introduction de ce résumé, et en résonance avec les constats de Harrus-Révidi (2001), le child-therapist est banalisé aujourd'hui, et se retrouve en version humoristique dans les médias. Autrement dit, le rôle est plus ou moins « accepté » socialement. Remarquons que très peu de chercheurs l'étudient actuellement.

Un autre aspect qu'il semble intéressant de développer est l'instauration du rôle pathologique. Comme j'ai pu le démontrer, le rôle peut être intimement lié au développement de l'enfant. De ce fait, son expression peut être indicative du moment d'instauration.

Méthode

L'IPA a porté ses fruits. Cette méthode permet des études longitudinales sur plusieurs personnes. Elle met aussi en évidence des interactions entre les différentes personnes, ceci grâce aux interactions des thèmes. En démontrant que la méthode d'IPA peut cibler plusieurs personnes au sein d'un même cadre sur une période plus ou moins longue, je fais donc évoluer la méthode IPA.

Conclusion et perspectives

Conclusion

J'ai commencé cette recherche avec très peu de connaissances sur le child-therapist. Pour l'élaboration de ma thèse, j'ai découvert ce vaste monde du child-therapist, ainsi que toutes les contributions des différents auteurs tels que Boszormenyi-Nagy (1973), Chase (1999) et Harrus-Révidi (2001). D'autres qui n'en ont pas parlé directement ont aussi participé à la richesse des théories : Eiguer (2003) et Bacqué (2005)

Trois types de child-therapists ont été découverts :

- Enfant comme parent
- Enfant comme objet
- Enfant comme époux

J'ai vu les différentes caractéristiques de l'enfant et du parent.

Ma curiosité sur ce sujet m'a amené à étudier d'autres théories : les fonctions contenantes et la mentalisation.

Grâce aux théories et ma clinique, j'ai pu établir trois hypothèses :

Hypothèse # 1

Le psychisme de l'enfant se développe à travers le conditionnement, c'est-à-dire à partir des tâtonnements autour des comportements désirés, ainsi qu'autour des comportements qui réduisent les tensions au sein de la famille.

Hypothèse # 2

L'enfant n'a jamais reçu l'affection, ni les outils nécessaires pour l'aider à gérer ses angoisses. De ce fait, une certaine colère demeure en lui.

Hypothèse # 3

L'enfant montre une incapacité à mentaliser car il ne connaît que la moitié de la méthode : l'empathie. A cause de l'absence des imagos parentaux, les outils nécessaires au développement d'une bonne capacité de mentalisation sont absents. Par conséquent, il présente de fausses capacités de mentalisation.

J'ai mené ma recherche auprès de 5 familles pendant 10 mois à l'Association RESCIF (*Recherches et Etudes Systémiques sur les Communications Institutionnelles et Familiales*). C'était donc une recherche longitudinale. A travers des observations, j'ai recueilli des données qualitatives, que j'ai analysé utilisant la méthode IPA (*Interpretative Phenomenological Analysis*).

Les résultats m'ont fourni beaucoup d'informations. Par exemple, j'ai vu qu'un des enfants était plutôt un « pseudo child-therapist ».

Grâce à l'IPA, j'ai constaté qu'il faut trois composantes pour l'émergence d'un child-therapist :

- Un parent dominant
- Un parent complaisant ou fragile
- Une société facilitatrice

La dernière étape étant que l'enfant accepte le rôle.

Pour les hypothèses :

- Hypothèse #1 a été partiellement validée.
- Hypothèse #2 a été validée.
- Hypothèse #3 a été partiellement validée.

Perspectives

Une thèse doit vivre après sa rédaction, et c'est ce qui se passera avec celle-ci.

- J'ai été sollicité par le Service de Protection d'Enfance du Conseil Départemental pour former des intervenants (psychologues, médiateurs, chefs de services) sur le concept de child-therapist. Cela débutera à la fin de cette année.
- A l'Association RESCIF, je suis en train de revoir la façon dont les médiateurs organisent les visites médiatisées. J'ai pour but de faire évoluer la situation pour 2019.
- Grâce à ma recherche, j'ai été sollicité (et je le fais depuis presque un an maintenant) pour organiser des GAPP (Guidance Analyse des Pratiques Professionnelles) pour ceux qui travaillent au et en partenariat avec le Service de Protection d'Enfance du Conseil Départemental.
- Vu que le facteur socioéconomique peut jouer un rôle dans la naissance du child-therapist, je mets en place et exécute depuis deux ans un projet pour intervenir dans une école dans un milieu « défavorisé ».

J'ai des objectifs personnels. D'abord, je cherche à faire d'autres formations en pour

peaufiner mes capacités. D'autre part, je voudrais réaliser d'autres recherches sur le child-therapist. Je cherche à le « dépathologiser ». Et je me concentrerais également sur la fratrie.

J'ai vécu de réels challenges lors de l'élaboration de cette thèse. Néanmoins, l'expérience était riche et gratifiante. Elle m'a permis d'apprendre plus sur moi-même et mes capacités, et m'a préparé pour le nouveau chapitre de ma carrière de psychologue chercheur.

Où sont-ils aujourd'hui ?

J'ai eu l'occasion d'échanger avec les familles après ma thèse.

La famille Maraj

La relation entre le père et ses enfants a bien évolué. Après avoir renoncé à son rôle de child-therapist, Farha et son frère ont trouvé leur place auprès de leur père. Le père a fait une demande pour récupérer ses enfants et a actuellement la garde de ses deux enfants.

En ce qui concerne la mère, après le divorce, elle n'a pas pu retrouver une stabilité mentale suffisante. Elle voit toujours ses enfants en visites médiatisées au rythme d'une fois par mois. Farha a pris de la distance à l'égard de sa mère, et refuse de reprendre la place du child-therapist.

La famille Leininger

Les relations ont très bien évolué. Jennifer a renoncé à son rôle. Tous les enfants ont actuellement une place auprès de leur mère. Johnny ne rejette plus sa mère, et a demandé des visites médiatisées seul avec elle.

Les droits de la mère ont été augmentés. La mère voit ses enfants plus souvent et plus longtemps.

La famille Ferhat

Après la dernière visite médiatisée, les droits du père ont été suspendus. Depuis, Omar et Hamza s'épanouissent. Ils ont une relation fraternelle.

Omar est beaucoup moins soumis aux adultes, et a trouvé son identité.

La famille Roos

Malheureusement, cette situation s'est aggravée. Dave a pris un mauvais chemin, et a refusé le contrat pour jeune majeur qui lui a été offert. Après ses 18 ans, il a quitté le foyer, et nous

n'avons aucune nouvelle de lui depuis ce jour.

La famille Schuster

Après une période un peu difficile pour la mère, la relation entre mère et fille a bien évolué. Violette était en demande, et a obtenu plus de visites avec sa mère. Elle a également demandé le numéro de téléphone et l'adresse de sa mère, pour qu'elle puisse lui écrire. Cela lui a été accordé.

Mme Schuster occupe actuellement une place de mère. Ses droits ont été augmentés.

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Introduction

*All children are born to grow, to develop, to live, to love, and to
articulate their needs and feelings for their self-protection*

Alice Miller

I remember feeling a bit perplexed after my thesis for my second Master's degree. It wasn't because of my research, but rather because of what I noticed afterwards. For my thesis, I studied incest and incestual. I interviewed a man who was in an unnatural role in the household. His mother treated him more like a husband than a son. My research was rich, and I felt that I had accomplished something.

However, what disturbed me afterwards transpired when I turned on the TV. I have to admit that I'm a bit addicted to TV. It is my escape from the harsh realities of the world (or so I tell myself to avoid feeling guilty for watching so much). I have often told myself that I leave work at work. Once I close the door to my office, that's it. Chad switches off his psy-hat, and thinks about other things. However, to my surprise, I saw on TV that which I saw at work, during my research. No, it was not a documentary, but rather an ordinary TV series that made light of a quite serious phenomenon: *Cougar Town*. This spoke of a woman in her early 50s who had an unnatural relationship with her son. She would literally expect him to satisfy her desires as a woman. The seduction was quite evident, and it was – for lack of a better word – weird! One TV series was okay, but then I saw the same phenomenon in others. For example, it was seen in, “*Qui veut épouser mon fils.*” It was advertised as a group of mothers that had to choose their sons' wives. In the end, the guy had to choose between the woman and his mother. This was disconcerting to say the least. I would soon be reassured to find out that I was not the only one to be put off by this ubiquitous way of treating such a serious and harmful phenomenon. Harrus-Révidi (2001) shared my dismay and studied the phenomenon. She would become the first to entice my curiosity. However, I did not come to know her by chance. My dissertation advisor, who saw my interest in the topic, suggested Harrus-Révidi's reading books.

Through this, I started to understand it a bit more, and saw that the problem was quite common in the world, but under more horrific conditions. I remember reading about an Austrian man who locked his daughter away for 24 years. She was his object. With her, he had seven children. They were all his objects! They hadn't seen the light of day for over two decades.

Left in shock, I wanted to understand how this girl and her children functioned afterwards. This led me to the topic that I study today. Of course I preferred dealing with lighter cases, for I was not at all ready for cases of that proportion.

And that's how it all got started!

My dissertation speaks about the child-therapist, who will be described in detail in the following chapters. For now, I'll just describe him as he who gives up his development for the well-being of the family. I aim to understand his mind and the way in which he functions. Moreover, I would like to understand how he comes to be. A secondary aim would be to see if I could find a way to help him leave the role to explore newer horizons.

There is quite a bit of research on the matter at the moment. Jurkovic's *Lost Childhoods: The Plight of the Parentified Child* (1997) and Chase's *Burdened Children. Theory, Research, and Treatment of Parentification* (1999) have done much to help understand the child-therapist. They gave an extensive look into child-therapist, and a bit of the history of the different concepts. Harrus-Révidi's *Parents immatures et enfants-adultes (Immature parents and their adult children)* (2001) has also put forward her theories, which have also proven quite informative. However, she focused more on the parent than the child. Nevertheless, the theories put forward by the previous theoreticians have very diverse backgrounds – social, psychological, psychoanalytical, etc. – and would help in better understanding the globality of the child's therapeutic role. The theories date back to the time of the Second World War. However, more recent literature is few and far between.

As previously expressed, my objective is to understand the child-therapist, or rather how he comes to be. I would also like to understand why exactly he takes on this role, as well as how he lives it, for I am of the opinion that he may be a bit resentful for missing out on his childhood – ergo development – for his parents. Also, why does he stay in this role?

My research will be conducted with a sample population of families in supervised visitations. Supervised visitations occur when parents lose their custodial rights to their child or children because of acts of violence, negligence or other dangers to the

child's welfare. This finds their origins the First World War, but it wasn't truly until the early 1980s that a standardised way of doing them was offered.

Through observations of these families, I will collect qualitative data for my analysis. To analyse my data, I will be using the IPA (*Interpretative Phenomenological Analysis*) method. However I won't be using it as previous authors. It will be used in a novel way.

My dissertation will be outlined as followed:

Review of the literature

I will offer up a list of the different theories and other contributions to help understand the child-therapist. In addition, new horizons will be explored.

Research questions and hypothesis

From theory and practice come questions that I intend to answer, and for which I will put forward a few hypotheses.

Methodology

The different steps in realising my research: choice of sample population and choice of tools.

Anamneses

A brief history of the families with which I worked.

Results 1

Results based on initial observations, in which the aim is to identify the child-therapists in the sample population.

Analysis 1

An analysis of the first results.

Results 2

Results based on the second observations, to better understand the child-therapist.

Analysis 2

Analysis based on the IPA method

Discussion

Evaluating my findings with those of the past.

Conclusion and perspectives

Overall conclusion of what was found, as well as what my research has provided for afterwards

Bar the final two chapters, a summary of the each chapter will be presented at the end.

To this, I now ask the reader to accompany me as I discover the world of the child-therapist, and get to understand him a bit more.



Review of the Literature

*His single words and phrases, his pathetic half-lines giving utterance, are
as the voice of Nature herself, to that pain and weariness, yet hope of
better things, which is the experience of her children in every time*

Publius Vergilius Maro

This chapter first takes a look at the many different theories and approaches offered by the theoreticians across the ages of the child in a therapeutic role, as well as new ideas put forward to the understanding of the child in a said role. I intend to do this in the following manner:

- The history of the phenomenon will first be dealt with. I will show the evolution of theories from the supposed beginning to where we are today in terms of our understanding;
- After highlighting these, I will take a more in-depth look at the child, covering the different aspects of his nature, as well as those of his parents;
- His hypothesised prognostic will also be embarked on, albeit in a more general and perhaps less concise and or detailed manner, as I do not believe that one can necessarily predict the outcome of these children, nor should one stigmatise them. I believe that they are more resourceful than one is left to believe.

One will see that theoreticians have already brought much to the table. Thus, I believe that new terrain needs to be discovered. Therefore, a secondary aim of this chapter is to launch new approaches and/or fields of study for the question at hand; these leading up to and explaining the reason/s behind my hypotheses.

However, before venturing into theoretical waters, I believe it to be in my best interest, as well as that of the reader, to specify certain points.

Pre-theory remarks

Notwithstanding my partialness to the terms *child-therapist* and *child in a therapeutic role*, one should note that many terms exist, even though the theoreticians who offer these terms do not necessarily and consciously speaking of the phenomenon as such. The latter is of particular interest to me as, from my research, I've observed that the phenomenon is much more ubiquitous than one may realise, and thus that many have sought to understand the child in a similar type of role. What is interesting and

rather thought-provoking to me is that these theoreticians never once made the link between their theories and that of others whose aim was solely to highlight the therapeutic nature of the child. Among these theoreticians, I'm proud to mention French psychoanalyst and director of the Psychology Faculty at the University of Strasbourg, as well as president of the Thanatology Association in France, Marie-Frédérique Bacqué (2005) who tackles the subject on hand quite differently. However I've only made mention of her theory just to entice your curiosity and thus won't elaborate on it just yet.

I consider these different takes on the said phenomenon as a way of enhancing the richness of one's understanding of the child's "sometimes-intermittent" therapeutic role. Also, it goes to show that, contrary to what even I mistakenly used to believe, the issue does not go as unnoticed as one might think.

I may have put the cart before the horse so to speak in talking about those who did not directly tackle the topic head-on as Minuchin (1967) and Boszormenyi-Nagy (1973) did, these being the main forerunners. However this is anything but involuntary. The reason behind my decision is that many speak of the child's therapeutic role; and thus many names have been offered up – *adult child*, *robot child*, *parentification*, *parental child*, *etc.* – which may lead to a bit of confusion. Others have sought to explain the child's role without offering up a name. The reason behind the profuse naming and reasoning stems from the fact that the theories postulated find their origins in many different approaches – structural, anthropological and psychoanalytical just to name a few – each adding its own unique touch and specificity. As such, this may lead to some confusion when explaining the child's therapeutic role, especially when adding theories from the more modern day theoreticians. I ask the reader to bear this in mind and not to shudder in fear as they see the many different names being "tossed around".

Seeing that the approaches are numerous, it is inevitable that I will touch on some different fields – structural psychology, systematic approach, *etc.* – as well as some developmental theories – such as Bowen's *triangle theory* (1974). However, I may just make mention of these without delving deeply into them. I am therefore taking for granted that the reader has a basic understanding and basic knowledge of the said theories and approaches.

Finally, contrary to other – and it pains me to use this word – “psychopathologies” such as the psychoses and neuroses, there is no clear and net take on the child in a therapeutic role. Although being touched on by many, this explaining the numerous theories, it has not yet really been established as a pathological phenomenon. Few have classified it, namely Minuchin (1967), Boszormenyi-Nagy (1973) and Gisèle Harrus-Révidi (2004). As such, “exact” literature on the topic is few and far between, making it such that pinpointing studies does not come without its challenges.

At this point, I’d just like to make mention of the few that have really explored the child’s therapeutic role, and whose research has inspired me and been pivotal in understanding the phenomenon. The honour goes to Jurkovic (1997) and Chase (1999). These two theoreticians did much of the groundwork in conglomerating many past theories, as well as add a few of their own. The second honour belongs to France’s very own Harrus-Révidi (2001) who took a more novel and psychoanalytic approach to the child in a therapeutic role. She, however, did not dig deep into the origins of the phenomenon, but rather the root of the problem and the all-pervading nature of the child in a therapeutic role.

...3...2...1...and the theories are off!!

One would often see theoreticians (Chase 1999, Jurkovic 1997) citing Slovakian physician, psychiatrist and psychoanalyst, as well as only daughter of Klein, Schmidemerg, as the first to ever speak of a similar type phenomenon, i.e., the child in a therapeutic role. However, from my research, I have found that this is only partially true. Schmideberg was the first to *publish* her findings. Perhaps this is the reason why she is often credited as pioneering research in this field.

Nevertheless, with a little digging, one would see that the real honour should go to Dockar-Drysdal (1948, taken from Diamond date unknown), an Irish psychologist who worked ardently and fervently during the Second World War and beyond with children, most of whom were left homeless, without a father or mother to take care of them, because of the war. As a result, she founded the Mulberry Bush School in 1948 to help said children.

During the Second World War, she observed children with severe attachment disorders, children that were left emotionally handicapped because of their given circumstances. Together with Winnicott, she worked with these children in one to one therapy sessions in her school. Her husband also played a part in the school. What she noticed is that her school provided the children with a structure, an Oedipal structure, that which was absent, of which they were deprived in their very own lives. These children were described by Dockar-Drysdale as *frozen or psychopathic children*.

The child is seen as pre-neurotic as he is forced to *exist as an individual before his neurotic defences could form* (Bridgeland 1971). Whilst it may be true that Dockar-Drysdale makes no mention of children taking care of their parents, I believe that her work speaks of a child who is and/or could be in a therapeutic role if the opportunity were to present itself. Similar to children in a therapeutic role, and as we will see later, these children lacked the parental imagoes. The children described by the Irish psychologist show similar characteristics: they too were forced to grow up without the proper guidance of parental imagoes.

The difference with these children is that, unlike their child-therapist counterparts, they remain in a state of self-destruction and act egocentrically. They are *unable to make any real object relations or feel the need of them* (Bridgeland 1971). They exhibit less control of their emotions are very much prone to sudden and violent changes in their moods. ***Can one imagine that this is what the child-therapist would be like – through his lack of parental guidance – if it weren't for the fact that he has given himself a "mission", channelling his energy, his frustrations elsewhere?***

It's at this point that we join fellow theoreticians to speak of the first **published** origins of the child's therapeutic role. This goes to Schmideberg, who, in her article, *Parents as Children* (1948), spoke of her observations of children taking care of their parents, the latter being emotionally deprived. She stated that infantilization could be seen in all adults; however only in some do they reach a point where they unconsciously look to their children for parental care and nurturance (Chase 1999). What one can extrapolate from this is that, **similar to the children described by Dockay-Drysdale, these children did not have the parental guidance needed.**

Shortly after Schmideberg's observations, English anthropologist, social scientist, linguist, visual anthropologist, semiotician and cyberneticist, Bateson, would report his findings. In the early 1950s, through his work with families of schizophrenic children and their families, he spoke of what one would consider nowadays to be a less pathological form of the child in a therapeutic role. According to Bateson, there exists "*paradoxical communication patterns*" between the parents and children of these families. He even went as far as to say insinuate that the schizophrenia was a result of these paradoxical communication patterns.

"...the 'victim' – the person who becomes psychotically unwell – finds him or herself in a communicational matrix, in which messages contradict each other, the contradiction is not able to be communicated on and the unwell person is not able to leave the field of interaction." (Gibney 2006)

This would come to be known as Bateson's *double bind* theory to explain this: To uphold his theory, Bateson suggested that certain criteria needed to be met (Gibney 2006):

- ✓ Two or more people within the household needed to be involved, one of whom is 'victim';
- ✓ The trauma needed to be repeated to the point where it becomes expected. One can even go so far as to say that it would become part of the family's way of functioning;
- ✓ Three injunctions, a *primary negative injunction*, a *secondary negative injunction* and a *tertiary negative injunction* are required. Each injunction indicates a parent's need and power, as well as the child's helplessness and inability to express himself.

Bateson's research showed that the child is caught in a distressing situation in which he receives two contradicting messages from the parent. Each message negates and refutes the other. These messages also express the parent's need and power, creating a *double-bind*. These mixed signals confuse the child and provoke an internal conflict in him. He responds to this confusion by suppressing his own feelings and self-awareness. Bateson suggested that this confusion leads to the child's schizophrenia.

On the one hand, Bateson's suggested that the schizophrenic symptoms provided a means of escape for the child. On the other hand, they were also seen as an attempt at protecting the stability of the family system. This sacrifice can only be seen as, even though deleterious, therapeutic! Like the former theoreticians, Bateson showed that, through his schizophrenia, the child spoke of a wider family problem: parents that do not uphold their symbolic functions.

As time went on, other theoreticians decided to offer up their findings and observations.

Various unnatural roles were what Mahler & Rabinovitch (1956) (Chase 1999, Jurkovic 1997) spoke of when referring to the therapeutic role of the child. Their observations of children at the heart of marital conflicts led them to believe that the involvement of these children – under the guise of pawn, confidant or buffer – if not mitigated and alleviated by their parents, would bring about pernicious effects on the child's development. What is interesting here is that they did not speak of ridding the children of these problems, but rather easing them. **Can one take from this that these theoreticians may have believed that the child's involvement was not necessary pathological?**

Staying with the theme, "marital conflicts", one can say that these sometimes lead to parents separating or divorcing. As such, one can find single-parent households. Taking care of a bunch of kids is hard enough when you're part of a team (mother and father), up against a bunch of "more intelligent than many would like to admit" rugrats. However when you're the lone ranger, things get a bit more complicated. Sometimes, the sole parent is unable to uphold his role (let alone a dual role) and leaves the children to "fend for themselves", as well as take care of other siblings of the household. This is just what Rosenbaum observed in 1963 and spoke of in his article entitled *Psychological Effects on the Child Raised by an Older Sibling* (Chase 1999). Rosenbaum spoke of mothers whom were absent, unable to take care of their children full-time and thus provided them with the *mitigatory maternal figure* (Chase 1999). As such, the "typical" parental role being unheard of, the children's aggressive and murderous impulses are allowed to run rampant.

An older sibling may try to take care of the younger ones; however, as Rosenbaum states, owing to his psychological immaturity, he is unable to do this properly and becomes *overburdened*. His therapeutic role here is that of easing his mother's load, albeit his inability to be efficient owing to his premature psyche. Nevertheless, in doing so, he sacrifices his own development and – maybe I'm looking too much into this – remains *frozen* (Dockar-Drysdale 1948).

Still in the theme of broken homes, Anna Freud (1965) also put forth her theories. Instrumental in the development of psychoanalysis and its conception, as well as one of the pioneers and founders of child psychology, Freud used her knowledge of the workings of the child's mind to explain her findings. She spoke of children, issue of broken homes that bore witness to the troubles within the household. They would subsequently try to fill the void, or as Freud would call it, the *vacuum* (Chase 1999).

With the loss of the family system in broken homes comes parental death, the latter creating a vacuum. The child, although still immature (or rather premature) in terms of his psychological and emotional makeup, tries to help his current predicament by doing his best to uphold adult functions. Alas, he is unprepared and ill-equipped and suffers as a result.

Leaving broken homes for a while brings us to Zuk & Rubenstein who, in 1965, shared with us their findings on schizophrenic families. Parents were sometimes observed trying to work through unfulfilled family trauma that they had with their own parents, through their very own children (Chase 1999). Also, similar to Bateson, they believed that the child's schizophrenia was a symptom of a much wider problem within the family.

“A transition would seem to have taken place in the study of schizophrenia; from the early idea that the difficulty in these families was caused by the schizophrenic members, to the idea that they contained a pathogenic mother, to the discovery that the father was inadequate, to the current emphasis upon all three family members involved in a pathological system of interaction” (Samson 2009)

Secondly, they also stipulated that the child's schizophrenia was a means of keeping the family's homeostasis in check, to cover the family problem so to speak.

“The family is “stabilized by self-corrective governing processes which were activated in response to an attempted change.” (Samson 2009)

This child’s sacrifice enabled the other members of the family to escape the harsh reality and evolve under the best of conditions. As such, siblings would not be forced to sacrifice their own needs as one child has already given up his own personal well-being for that of the entire family.

“One child who develops schizophrenia may “stabilize the system sufficiently to allow the second child to escape.” (Samson 2009)

And finally, contrary to what many believe, this way of functioning is in accordance with the other members of the family. As such, and unbeknownst to onlookers, this has become their way of ‘resolving’ their family issue.

“Outside of the family the behaviour is labelled schizophrenic because the behaviour is not viewed within the acknowledged and accepted context that has been implicitly agreed upon by all the other family members.” (Samson 2009)

What one can take from this is that Zuk & Rubenstein (and also Bateson), without directly stating, touched upon the role of **each and every family member!** In other words, **the child’s therapeutic role is not solely a consequence of his parents’ absence, but rather a combination of his parents’ absence as well as his desire to help!**

As we may see, most of the forecited theoreticians all spoke of the child in a therapeutic role, yet one’s understanding was still in its premature stages. Their look was focused mainly on the parents’ part played in inducing a therapeutic role in their child. Nevertheless, one can take from these authors the following:

- ✓ The child’s therapeutic role sees no boundaries in terms of its expression. Psychiatric families, as well as those without psychiatric problems are at risk.
- ✓ Even though not dealt with on a larger scale, theoreticians still hinted at the child’s involvement – or non-passiveness – of the role.

As we are about to see, future theoreticians would elaborate even further in their observations as the child’s role. Some will even come to de-pathologise this role – such as Mincuhin (1967) – and broaden one’s scope of the phenomenon.

The all-stars/big boys come out to play ball...

At this point, things start to get complicated. Up until now, I have been wilfully using the terms *child-therapist*, *child in a therapeutic role*, or any of the derivatives. It was simpler as, unlike those to come, the theoreticians did not attempt naming the phenomenon. However, the **main contenders** brought with them many a nomenclature – notably Minuchin (1967) and Boszormenyi-Nagy (1973) – that would subsequently be adopted by future theoreticians.

It goes without saying that I hold Jurkovic's (1997) and Chase's (1999) work close to my heart. Their contribution to understanding the child in a therapeutic role goes unparalleled. However there is one for whom I consider to be the first to really explore and dissect the very intricacies of the child-therapist and his family: Minuchin (1967).

The Argentinian family therapist based his research on *Structural Family Therapy*. According to Minuchin's theories, the family is described as functional or dysfunctional, this being based on the capacity to adapt to certain stressors. These work hand-in-hand with **boundaries** being set up to delimit the different roles within the household: parents and children (Miller 2011).

However, in some families, things are not so clear-cut. Minuchin's work was based on "*Families in Slums*", i.e., families of lower socioeconomic classes. He observed that role reversal, or rather the child helping his parents in a therapeutic way, was a very common occurrence in these types of households. Mothers, over-burdened as the primary breadwinner, would sometimes "*flee into absolute abandonment and disengagement from her children*". Unable to assume certain functions, the children would take the baton and undertake certain instrumental functions such as childcare and grocery shopping, this being normally done by the mother. However, contrary to his predecessors, this was not a cause for concern and could actually prove to be beneficial to the child...under certain conditions of course!

Minuchin therefore “de-pathologised” the child’s therapeutic role and saw benefits to the undertaking of the said role. It would, according to Minuchin, provide the child with a vision of, a window to his future *self*. Tasting this would fuel the child’s will to grow, develop and evolve. Thus, this reversal of roles proved adaptive, beneficial and very much necessary – or rather crucial – to the child’s development. This would come to be known as the *parental child* by Minuchin (*parentified* = adjective).

However this “de-pathologisation” could only occur under certain criteria. To avoid the child falling victim to his therapeutic role, the following need to be satisfied (Heck et Pascal 2011):

1. “*The parental child’s role has a certain adaptive function clearly defined by his social and economic context.*” In other words, there is social legitimacy behind the tasks undertaken by the child, this relating to normative expectations;
2. “*The responsibilities undertaken do not exceed the child’s capacities (they may be shared amongst his siblings);* this correlating Jurkovic’s (1997) theory on ethicality and fairness as to the child’s role. The assigned tasks do not surpass the child’s psychological, emotional or even physical capacities;
3. “*The child receives recognition and support for his efforts made.*” The child is aware that what he is doing is not normally expected of him, that this is not his given role. As such, the child does not feel obliged to continue ignoring his needs and wants for those of others.

Minuchin’s greatest contribution was therefore showing the positive aspect of the child’s therapeutic role. **Does this therefore mean that this role could play a vital and therefore integral part in a child’s development?**

Also to speak of a lack of generational boundaries was American psychotherapist Haley (1977) who favoured and pioneered *brief therapy*, as well as contributed to the birth of family therapy and strategic psychotherapy. According to Haley, an alliance is sometimes forged between one parent and the symptomatic child. The child acts out; acting out being seen as a sign that the family structure, the family dynamic is in peril. The latter is pitted against the other parent, which forces him to violate generation **boundaries**. In doing so, the child:

- ✓ Does not fulfil his role and acts on par with his parental counterpart;
- ✓ As such, the family triangle disintegrates and the law isn't upheld. He defies the natural order and psychic law inherent to us all.

This refusal to accept the law can be seen as perverse. Hence the reason Haley makes use of his theory of the *perverse triangle* to explain the child who gives up his being for that of one of his parents. The child, getting involved in matters that are clearly beyond his level of comprehension, is seen as the *symptomatic person*, who is “*caught in a cross-generational coalition with one family member against another while at the same time that coalition is denied by the other participants in it.*” (Roberts et Greene 2002)

As we see here, one can say that the child's therapeutic role is not simply the result – and this a sign – of his parents' faults or shortcomings, but rather of a more global dysfunction within the family. It is therefore seen as an attempt by the child – albeit ill-adapted – to save the family system. Future theoreticians would continue observing this symptomatic role, as well as look at other aspects.

The *selfobject* is what Austrian-born American psychoanalyst, Kohut, used to explain the therapeutic nature of the child. One's psychological existence is, by nature, incumbent on the *self*, the self being that which is the result of one's own experiences. As such, for the child's self to come into being, for it to develop healthily, he needs to learn from experience. He “gathers” this experience from the *significant other*, whose role is of vital importance for the infant towards the development of a healthy narcissism. For Kohut (1971), the significant other provides the *selfobject* so to speak. In other words, he completes the child's self by acting as an “extension” of himself (thus “*his self*”), i.e., the child, unaware of the external nature of the selfobject, uses it to construct his own immature psyche. The selfobject achieves this through three processes (Banai, Shaver et Mikulincer 2005):

1. “*Mirroring, the need to be admired for one's qualities and accomplishments.*”
In other words, the child is given praise from his caregiver, which leads to “*grandiosity*”;

2. *“Idealisation, the need for the formation of an idealised image of significant others and to experience a sense of merging with the resulting idealised selfobjects”;*
3. *“Twinship, the need to feel similar to others and be included in relationships with them.”* Putting it differently, Kohut explained that children need to be made to feel as if they belong to a group, usually formed by the parents. The latter protect the child, promoting his growth.

In absence of these, the child is left to his own premature resources, and thus never gains approval from his parents. The selfobject does not exist and as a result, his narcissism does not develop properly. He caters to his parents' every need, **maybe in hope of initiating those processes necessary for his development?**

Parentification...the dawn of a new era

The most stereotypical name for the child's therapeutic role can be credited to Hungarian-American psychiatrist and one of the founders of family therapy, Boszormenyi-Nagy. Like Minuchin, this theoretician sought to “decorticate” the child's therapeutic role, or parentified nature. He looked at many aspects including type and transgenerational aspects.

He first used his term, *parentification*, to describe a “*ubiquitous and important aspect of human relationship.*” As such, he made mention of the universality of the child's therapeutic nature. It was and is – as we have seen thus far – independent of social economic class, geographical location, sex, etc. He also spoke of “*the distortion or lack of boundaries between and among family subsystems, such that children take on roles and responsibilities usually reserved for adults.*” (L. Hooper 2008) Roles seem to be confused within the household; no one seems to be at his or her rightful place. This last point leads me to believe that a confusion of **boundaries** led the parents to seek help from their child's therapeutic nature – or rather were not in a position to prevent or stop the child from taking on said roles – and was not limited to the parent-child dynamic.

Similar to his predecessor Minuchin (1967), this boundary confusion was not limited to the parent-child dyad, but could also be seen amongst siblings, or even lead spouses to occupy a therapeutic role for their better halves. Thus, Boszormenyi-Nagy, together with Spark, defined three types of therapeutic roles, each could be seen acting independently or combined. These are:

1. *Child-as-parent*, the child acts as his parent's parent. This role can either be instrumental or emotional;
2. *Child-as-mate*, the child acts as a confidant and is more emotionally involved in his or her parent's woes;
3. *Spouse-as-parent*, where a spouse may look to the other for that motherly touch, or father figure.

However, what Boszormenyi-Nagy & Spark brought to the table, that which their predecessors neglected, was the relationship between internal and external factors. Of these factors, one would find the child's **emotional availability** – hence the child is anything but passive in his upholding the therapeutic role – and **generational factors**. He stated that his parentification is:

“a process that occurs across generations in which unmet needs in one generation are experienced as ‘accounts due’ in the next, and result in children fulfilling some of the emotional and logistical needs of the parent(s). Parentified children sacrifice their own needs in order to take care of the needs of their parents.” (Castro, Jones et Mirsalime 2004)

This echoes somewhat previous theoretician's – such as Zuk & Rubenstein (1965) – take on the child's therapeutic role. Its origins are found in the parents' own childhood, where the latter lived through and never dealt with a traumatic experience. Consequently, they tried to alleviate the pain through the ‘use of’ their own children.

In addition, Boszormenyi-Nagy & Spark echoed, albeit differently, the effects on the *self* of a said role. Whilst they made no mention of Kohut's *selfobject*, they did speak of the child's feeling of inadequacy as he is unable to fully satisfy his parents' needs. This reflects his own image of himself – ergo his *self* – stunting his personal growth and development.

Boszormenti-Nagy's disciples...

With the birth of the term *parentification*, as well as Boszormenyi-Nagy's & Spark's work, came the dawn of a new era of theoreticians that would base their work on the former's findings. Amongst the many, one could find theoreticians such as Searles (1973, 1975), Karpel (1977) and Walsh (1979). However, despite basing their work on the Boszormenyi-Nagy's & Spark's, and using the same name – *parentification* – they all added their own personal touch in understanding the phenomenon.

One of the first to do so belongs to the pioneers of psychiatric medicine and specialist in the psychoanalytic treatment of schizophrenia, Searles (1973). He offered his theories of the *symbiotic therapist*. He explained that this was the result of parents inducing in their own child a capacity for concern. Consequently, the child, **through an innate desire to help his parents, would decide – hence showing the child's activeness and somewhat conscious, yet unconscious effort** – to take on a parental role to help his fragile parents. The two parties are dependent on the relationship; however this to the detriment of the child. He thus acts as a *symbiotic therapist*. **Can one say that it is a sort of parasitic relationship?**

American psychologist, Karpel (1977), echoed Searles' non-passiveness of the child in the therapeutic role. For him, the cause is representative of a *chain of social processes* for which *parentification* is the archetype for its other derivatives:

- ✓ *Adaptive or healthy parentification*
- ✓ *Unhealthy or destructive parentification*

In doing so, he inadvertently joined his predecessors such as Minuchin (1967) and Boszormenyi-Nagy & Spark (1973) in de-pathologising the child in a therapeutic role. His theories also showed that the child's therapeutic role could be beneficial to and promote the child's psychological and emotional development.

Karpel (1977) identified four characteristics that could give rise to an *unhealthy* or a *destructive parentification*. Of these four characteristics, two are found in the parent, two in the child (Chase 1999, Fitzgerald 2005).

In the parents, one would find:

- ✓ *A failure of parenting;*
- ✓ *Disappointment in marriage.*

Children would exhibit the following:

- ✓ *A capacity for concern;*
- ✓ *A readiness for responsibility.*

Karpel also spoke of the *good child*, he who remains at his parents' side – ergo *loyal* – in the face of difficulties. He is invisible as he learns that his needs are less important than those of others. As such, he represses his needs, his wants, this engendering the loss of his *self* (DiCaccavo 2006). These children are thus seen as *loyal objects*; faithful to their parents despite the pain it causes them.

Next to the table is Walsh, American clinical psychologist and American Association for Marriage and Family Therapy (AAMT) approved supervisor. In 1979, she put forward her theories as to the child's therapeutic role. She, like many of her predecessors – and I am beginning to see a pattern here – based her work on her studies and observations of schizophrenia. Like Bateson (early 1950s), the **child's therapeutic nature was seen as instrumental to the mental disorder**. Similar to her peers, she observed different roles being undertaken. The child did not only act as a parent to his own parent, but his therapeutic role also took on the role of a confidant or a mate. Also, like Boszormenyi-Nagy and Spark (1973), these roles were not exclusive to the parent-child dynamic, but also touched on the relationship between spouses, siblings, etc. (Le Goff 2005)

However what I find most interesting is that she spoke of a child who seemingly undertakes a therapeutic role, except for the fact that he does not truly uphold this role. His parents aren't exactly the benefactors of his 'therapy'. This was observed in borderline families where children "*take the form of split and projected images of a triangulated 'good child' and 'bad child'*" (Walsh et Anderson 1988). This was done in an effort to stabilise the family triangle and maintain the system. Together with Anderson, she postulated that the 'good' child assumes the aforementioned role; however contrary to the 'typical' child in a therapeutic role, he, whilst having access to power, does not undertake a truly nurturing role, but rather the mother assumes this function. Another contrast brought to our attention is that this child, unlike his

therapeutic counterparts, does act out, though skillfully and artfully through manipulation and ‘covert operations’. She gave the name *omnipotent/pseudo-parentified child*.

Scales, measures and more...

Not only did the following two theoreticians explore the child’s therapeutic nature, but they also provided a means of measuring it.

Mika, Berger & Baum (1987) highlighted the child’s loyalty conflicts within the family unit (Heck et Pascal 2011). However, their quantitative approach remains their most important contribution to date. Their *Parentification Scale (PS)* offered not only a means of identifying the degree of the child’s therapeutic role, but also the type (Hooper et Wallace 2009):

- ✓ *Child parenting his parent(s);*
- ✓ *Child acting as a spouse to his parent(s);*
- ✓ *Child parenting his siblings;*
- ✓ *Child taking on other roles generally taken by adults.*

Also to play his hand at a means of measuring the child’s therapeutic role was Jurkovic (1997). This next theoretician was one of the few to explore the child’s therapeutic role in the most minute detail. It is no wonder that Jurkovic (1997) was able to provide future generations of theoreticians and researchers with a questionnaire designed for analysing the degree of the phenomenon. However, before diving headfirst into the questionnaire, here are a few of his contributions to the understanding of the child’s therapeutic nature.

Jurkovic (1997) differentiates two major types of roles:

1. An *emotional role* where the child acts as a *confidant*, as well as an *ombudsman/mediator*;
2. An *instrumental role* where the focus of the child is essentially made up of material tasks such as maintaining the home, grocery shopping, looking after his siblings, etc.

His questionnaire enabled him to elaborate and define the different types of therapeutic roles, ranging from the non-pathologic – and thus beneficial – to the pathologic. (Le Goff 2005)

- ✓ *Destructive parentification;*
- ✓ *Healthy non-parentification;*
- ✓ *Adaptive parentification;*
- ✓ *Infantilization*

This last point is interesting as very few – if any – of the previous theoreticians have mentioned this: infantilization. Albeit seemingly contradictory to the typical therapeutic, ergo the adult role, it is in fact therapeutic in its very nature (See Garber, p.X), even though, for Jurkovic, this did not qualify as a therapeutics role.

The *Parentification Questionnaire* enabled future generations of theoreticians to pinpoint the degree of the therapeutic role.

The questions gave a series of affirmations to possible descriptions of experiences that one may have had whilst growing up. The responses were simple: *true* if it pertains to you; *false* if it does not. A sample of the statements is as follows (G. Jurkovic 1997):

- *I rarely found it necessary to do other family members' chores* (statement #1);
- *At times I felt I was the only one my mother/father could turn to* (statement #2);
- *Members of my family hardly ever looked to me for advice* (statement #3);
- *I felt most valuable in my family when someone confided in me* (statement #6);
- *In my family I thought it best to let people work out their problems in their own* (statement #8);
- *My family is not the kind where people took sides* (statement #14);
- *In my family there were certain family members I could handle better than others* (statement #17);
- *My parents had enough to do without worrying about housework as well* (statement #27);
- *If a member of my family was upset, I would almost always become involved in some way* (statement #30);

- *I could usually manage to avoid doing housework* (statement #31);
- *As a child, I wanted to make everyone in my family happy* (statement #33);
- *Members of my family rarely needed me to take care of them* (statement #37);
- *I was very uncomfortable when things weren't going well at home* (statement #38);
- *I was at my best in times of crisis* (statement #42).

What is noteworthy is that the questionnaire highlighted the child's activeness in the said role. It also touched upon dysfunctions in the family system and loss of roles.

To determine the degree of parentification, one would simply tally up the number of *true* responses: The higher the number, the greater the degree of parentification. However, one oversight of Jurkovic's questionnaire was that there was no normative data. It was designed for research purposes only. In addition, as Jurkovic pointed out, low scores imply an absence of destructive parentification. However, this is not necessarily a good thing. They could be indicative of overprotection, or *infantilization*. (G. Jurkovic 1997)

Theoreticians begin getting serious...

French psychiatrist and honorary member of the medical board, Le Goff, follows here. Whilst he may not have provided us with a means of measuring the child's therapeutic role, he – like Mika, Berger & Baum (1987) and Jurkovic (1997) – did provide an in-depth look and the phenomenon. Like his comrades, he stated that the child's therapeutic role exists in the pathological as well as non-pathological forms. To this, he made mention of several factors that can contribute to either form, these being attributed either the names *destructive factors* or *constructive factors* (Le Goff 2005). He noted the following:

- *The child is overcharged with responsibilities, these surpassing his cognitive, emotional and physical capacities;*
- *The parents implicitly seek the child's regression;*
- *The child's needs are neglected;*

- *The child's efforts are not recognised by his parents, nor does he receive praise;*
- *The child is criticised and his behaviour is deemed unwanted and bad;*
- *The child is implicated in an eroticised relationship with one of his parents;*
- *Parents' support for the child is absent;*
- *The parents are criticised by someone from outside of the family; this person holding an authoritative position.*

Just as destructive factors exist, so do constructive factors, namely:

- *Parents recognise the child's contribution and efforts to the household;*
- *Either the parents or another adult supports the child if ever he is in need;*
- *The child has known moments where he confided and trusted the parent who engenders the parentifying role;*
- *The parents avoid putting the child in a position where he is forced to choose a side;*
- *If the parents are unable to, another adult or even a sibling, recognises the child's contribution;*
- *Factual occurrences, such as the death of one of the parents or reconstitution of the family, impact the parentification;*
- *The child is not placed in any situations that hint at a sexual nature;*
- *The child is not criticised.*

It is worth noting that Le Goff did not say that the child is not to be free of responsibility; but rather the child's efforts should be praised and recognised. This assures that:

- The child is not taken for granted;
- That this is not his role. His is that of a child, to grow, develop, etc. and as such his parents occupy a specific place in the family system.

Not only did Le Goff clearly define these conditions, but he also spoke the *fragmented self*, a notion once developed by Kohut, to describe the child victim of destructive parentification. The fragmented self is the child's fight for completion, this completion being only imaginary. He looks to others as *empathetic self-objects* –

similar to Kohut's *significant other* – in order to achieve this. Through the process of *giving and receiving* (Le Goff 2005), as well as recognition of his efforts, the child's parents help him to reconstruct his faith and trust in others, find a sort of balance which allows for his self, albeit fragmented, to be formed.

The aforementioned theoreticians are all well-known for their contributions to the child in a therapeutic role. Their theories are all based on their predecessors and have thus adopted the term *parentification* to explain the child's therapeutic role. However others have put their hat in the ring and come up with different nomenclatures: *adult child*, *child-distraction*, etc. But before tackling their theories, I believe it worth mentioning another theoretician who also adopted the term *parentification* to describe the child's therapeutic role, yet in a completely novel way.

Honourable mention...

For the previous theoreticians, the term *parentification* was used to describe the child's therapeutic role. It represented an ensemble of roles that the child could undertake to help his parents live through some sort of unresolved (childhood) trauma. American psychiatrist, Garber (2011) adopted the term, yet explained that it was only a piece of a puzzle, of a much larger issue: *parental alienation* (Garber 2011). Parental alienation can be seen as a sort of *role corruption* which is defined by Garber as a “*convergence of relationship dynamics which cause an individual to express unjustifiable and disproportionately negative reactions to a targeted individual.*” (Garber 2011)

Similar to previous theoreticians, Garber believed that the child is not passive in parental alienation. Contrary to what the masses think, it is not always the result of one person's vindictiveness and ill-disposedness towards the other, but rather the *child's disproportionate rejection of one parent in favour of the other. Multiple “hybrid” conditions* that the child is exposed to have noxious effects on the relationship dynamic. These may interfere with the *intrafamilial and intergenerational boundaries* within the family system, resulting in (Garber, 2005):

- *Enmeshment*;
- *Estrangement*;
- *Alienation*

...giving birth to the *alienated child*.

This alienation takes three forms:

1. *Adultification*: This is used to describe a similar type phenomenon to the *child-as-mate* role as described by previous theoreticians. The parent treats his child as his peer, his equal, his confidant and ally. Garber sees this as different to, all the while being remaining relatively close in definition, parentification.
2. *Parentification*: The parent looks to his child for care, whether this be logistical or physical. This is usually a consequence of, amongst other factors, impoverishment, illness and or depression.

Garber also tackled the transgenerational aspects of his parentification. The parent looks to the child to help resolve a traumatic experience that he lived through his own life.

3. *Infantilization*: This speaks of a similar, yet often unnoticed therapeutic role of the child. In this case, the child is an *object*. His needs are taken care of, none left “unsatisfied”. In some instances, the parent exaggerates his or her child’s illness so that the former would be in constant care of the child. The parent therefore receives praise and/or sympathy from others for the efforts made in “assuring the child’s happiness”.

Although not very obvious, the child is in a therapeutic role. He is an object, without a voice. He sacrifices his own being so that his parents may feel needed. Ergo, through his “invisibility” and the erasing of his being, he allows his parents to flourish.

It should be noted that, despite Garber’s unique approach, he only covered the pathological form of the child in a therapeutic role.

Garber would be the last – to the best of my knowledge – to speak of the child in a therapeutic role using the term *parentification*. However some have, unbeknownst to them, offered up just as much without directly studying the phenomenon, or through

indirect methods. Their contributions speak just as much about the child in this role as do the former.

What's in a name? That which we call a rose by any other name would smell as sweet...

The previous theoreticians all adopted Boszormenyi-Nagy's & Spark's term *parentification*, or based their findings and theories on the said nomenclature. The following neither based their theories on previous authors, nor did they set out to describe the child in a therapeutic role. This sub-chapter is dedicated to those theoreticians whose novel ideas helped in understanding the varying nature of the child-therapist, even though that may not have been their intention.

First up is the American psychiatrist designated as one of the founders of systemic therapy, as well as one of the forerunners of family therapy: Bowen (1974). Through his theory on *triangling*, one would come to learn much of the role of the different members of the family system, bringing about stability of the family unit or dysfunctions. Bowen spoke of the child's therapeutic role under the name *adult child*.

According to Bowen, triangles exist when dyads in a family come under stress. A vulnerable third party gets involved to ease the stress, either by taking sides or providing an outlet for the anxiety. (Brown 1999) This is where the therapeutic nature of the child comes into play. He is the third party who comes to alleviate the suffering of the dyad.

However, this process is not necessarily pathological or a sign of a family dysfunction. Similar to previous theoreticians, the child's role is de-pathologised and only becomes pathological when the child is forced to bear the brunt of the family's problems. He sacrifices his own well-being and psychological, as well as emotional, growth for the betterment of the family system.

Harrus-Révidi (2001), French psychoanalyst and director of the Research Programme at the University of Paris-VII, also used the term *adult child* (*enfant-adulte*) to describe the child in a therapeutic role. She first speaks of the typical role taken on by said children, but then distinguishes two types:

1. *Regressed children in fixed systems* (my translation). These are children of dysfunctional families, or where addiction is present. As a result, the co-dependent – ergo auto-destructive – relationship is born. The child, owing to his immaturity, is unable to cope with his predicament, yet finds solace in defence mechanisms such as denial. Harrus-Révidi compares his way of functioning to that of obsessive-compulsive disorder. (Harrus-Révidi 2001)
2. *Hypermature children*, or more jokingly *triumphant children*. These are children who, even though faced with many difficulties such as anxiety, distress, family problems, etc. rise to the occasion and triumph. She echoes Winnicott's theory of a *false self*, allowing them to possess such a mastery of their emotions, their lives, that even under the harshest of conditions, they make the most of it. (Harrus-Révidi 2001)

She attributes the role undertaken and the difficulties faced to a more psychoanalytical reason: a *premature ego* (Harrus-Révidi 2001). Not only do internal factors count, but so too do external factors. She explains that – and once again she echoes Winnicott's theories – for the child's ego to mature, he would need to be in relation with a nurturing environment. Three criteria need to be fulfilled to promote the child's development of a healthy ego, this task being undertaken by his environment:

- The child must feel safe, secure and supported physically as much as psychically:
- The child needs be handled with care, played with. In other words, interacted with;
- The mother needs to be *good enough*. (Harrus-Révidi 2001)

A failure to provide this environment could leave the child at a loss and foster a therapeutic role.

Lastly, what Harrus-Révidi observed – and rightfully so – is rather worrying. The child's therapeutic role has become so ubiquitous in nature that it goes unperceived and/or under the guise of comedy in films and TV shows. It has even become part of reality TV – for example, “*Qui veut épouser mon fils*”? (*Who wants to wed my son?*) – where people flaunt their unhealthy living styles for the pleasure of others (I too need to admit that this is a guilty pleasure of mine).

Polish psychologist, Miller, renowned for her work on child abuse, spoke of *narcissistic abuse* to explain her theories of the child in a therapeutic role. This she described as parents, owing to their narcissism, demand that the child give up his wants and needs for those of the said parent's need for esteem. (Burgemeester 2013).

Australian child and family therapist, Barnett, teamed up with fellow Australian, Parker – the latter being a Scientia Professor of Psychology – to tackle the child's therapeutic role as they observed the children of alcoholic families. They too observed similar characteristics to previous theoreticians; however they also believed that *overpathologising* the therapeutic role that the child may show could bring about missed opportunities, i.e., beneficial aspects to being placed in a therapeutic role. This is just what Earley & Cushway (2002) and Kelly (2007) touched on. These theoreticians stipulated that a child's strength can be assessed in these types of situations and thus the therapeutic role can be used to help in counselling and treatment planning (L. Hooper 2008).

As one of my inspirations, Chase (1999), Associate Professor of Twentieth-Century Literature, provided one of the most in-depth looks at the child in a therapeutic role. She did not tackle the question on hand, nor did she provide any theories of her own per se. Rather, she gathered work from theoreticians from across the globe and throughout the ages. Although she made mention of the different terms used – *workaholic children, parentification of siblings with a disability, narcissistic and masochistic parenting styles, etc.* – the title of her book best described how these children feel: *burdened*. (Chase 1999) The very much apt title highlights the pressure that the children are under.

Chase also explained that the child's therapeutic role could be seen as a symptom, a cry for help from parents overloading his premature psychical resources. She based this on Coale's research, the latter being featured in Chase's book. The pressure put on the child is mostly from adults who are unable to help or support their child.

The main characteristics and precursors of the child's therapeutic were also tackled in her book and will be dealt with later on in this chapter. As a result, she put forth certain measures – these being gathered from her extensive research of various

theoreticians – to help alleviate the therapeutic symptoms, allowing the child to develop in the best of conditions.

At times, especially in the sports world, a person may be forced to give up competing on a competitive level for one reason or another. In some instances, this is due to injuries, or sometimes for women, because of pregnancy after which they are unable to return to their former level in the said sport. For some, the family life – car-pooling, football tournaments, endless parent-teacher reunions, etc. – would suffice. But for others, they still live in hope of making it big. However, seeing that they can't themselves do it, they look to live their dream through someone else; this more often than not being their child. The latter may or may not be interested; however that is neither here nor there for the parents. The child is an object that must obey; or rather a robot, adhering to the law of machines: obedience is law!

Argentinian psychoanalyst, Eiguer (2003) spoke of just that and offers up the name *robot child*. His theories speak of a child who, as the little anecdote showed, sacrifices his own well-being for that of his parents. He is an object, his needs and wants are put on the backburner for those of his parents. His parents live through him an unrealised dream from their own lives. Here, Eiguer speaks of the transgenerational aspects of the child's therapeutic role. His theories echo somewhat Miller's theories on narcissistic abuse to the child.

Eiguer didn't stop there. Elaborating on his theories, he spoke of *inter-fantasmatisation* (Eiguer 2003), this being a phantasmal movement between the psyches amongst the different family members, forming a "collective" of phantasies when a child is born. The child also takes part in this exchange when he is born, this helping him to develop on a psychological, as well as emotional front. However, in the case of the *robot child*, there is no exchange, but rather a projected image of what the parents want in their child. One can even go so far as to say that the parents **bring into being into reality their imaginary child**. The child that is born is not a child, but rather an inanimate object that must yield to his parents' every demand. As such, sexual procreation is gainsaid, as the parents' main and only mission is to engender themselves through their child.

Never before has one group of theoreticians studied such a large sample population to better understand the child's therapeutic role. Mayeseless, Bartholomew, Henderson & Trinke were able to get an astonishing 128 participants for their study.

Their findings showed that different degrees of certain criteria cater for different types of role reversals, and different extents (Mayseless, et al. 2004) (dealt with in more detail later in the chapter):

- Family background
- Role reversal
- Acceptance
- Current functioning

The different combinations would give rise to different types of therapeutic roles:

- *Guardians/protectors*: being responsible for instrumental chores, as well being an emotional support, they uphold the “stereotypical” role of the child in a therapeutic role;
- *Pleasers/compliants*: also show instrumental and emotional functions, yet what differentiates them from the former is their desire to please their mothers, albeit being unable to;
- *Spousified*: also displayed what the authors described as *role reversal*, but highlighted the eroticised nature of the relationship between the women and their fathers. They also mentioned the absence of the mother. This could give rise to incestuous relations.

The research from these theoreticians also offered much as to the child's prognostic, this being dealt with later in this chapter.

Another theoretician also spoke much of the child in a therapeutic role without referring to former theoreticians. French psychoanalyst and director of the Psychology Faculty at the University of Strasbourg, as well as president of the Thanatology Association in France, Bacqué (2005) speaks of the *child-distraction* (*enfant distracteur* or *enfant divertisseur*). This child came into being during her work with severely depressed mothers who were at risk for suicide. The child would come to his mother's aid and spend just about every moment of his life watching over his mother;

whether this be monitoring her breathing, calling for an ambulance if need be, etc. (Bacqué 2005). The mother-child relationship can be seen as fused because the mother's very existence – according to the child – is incumbent on her survival; this being what the child seeks to save. **This is, in essence, a child-therapist!**

Last, but certainly not the least, is a French medical doctor – Gouddard – who in 2012 spoke of the *Parental Alienation Syndrome*. This she adopted and elaborated on from American psychiatrist, Gardner (1980), who spoke of the syndrome when speaking of divorced families. This occurs when the child is pitted in a violent manner against one parent after a divorce. The child adopts the hatred and denigration of the said parent towards the rejected one. Seeing that a third party does not exist, the said parent has the child for himself. The child's development is hindered as his role is that of pleasing this parent, making sure that the well-being of the parent whose attitude he follows, takes precedence over his. This is, according to Gouddard, a modern day form of incest. (Gouddard 2012)

And our theories come to an end...for now!

Looking back on the theories offered up by the many, many theoreticians, I can't help but point out that there are many characteristics common to all the theories.

- The child's falling victim to (or even benefiting from the therapeutic role) is independent of one's socioeconomics status. As seen from Minuchin's (1967) work where he observed the phenomenon in households of lower socioeconomics background, and Eiguer's (2003) *robot child* where the parents were more comfortable. As such, the role undertaken by the child takes many forms and – in my opinion – **adapts to the lifestyle of the family**. In other words, the therapeutic role, being a symptom of dysfunction within the family system, is also an expression of the family and thus takes the form that would best explain the pain and suffering within the family. Mental health is also unable to infringe on the therapeutic role. One can even go so far as to say that the therapeutic role, when seen in psychiatric families,

bring to light the innate capacities of the children to adapt, this despite being plagued with a mental disorder.

To sum it all up, the therapeutic role is seen in all walks of life, at all ages and affects both sexes!

- The therapeutic nature is not necessarily pathological. As seen by authors such as Mincuhin (1967), Earley & Cushway (2002) and Kelly (2007) among others, there is a beneficial and this developmental aspect of the child's therapeutic role. It is, in its non-pathological form, crucial in the construction of the child's self and healthy narcissism.

Also, this would lead one to believe that it could also be used as a means of helping the child, i.e., as a form of therapy (Early & Cushway 2002; Kelly 2007)).

Also, there are different degrees of the child's therapeutic role, this hinging from the very much pathological and destructive to the adaptive form. One may then ask **how can one de-pathologise it in the child?**

- The therapeutic role is the fault of no one person, but rather a reorganisation of the family system to alleviate suffering. It's the family's 'self defence' mechanism. As such, each member of the family plays a part; or more colloquially speaking, it takes two to tango!
- From the previous observations, one should bear in mind that the child's therapeutic role is not born in the lifetime of the child. Rather, it is the expression of a past and unresolved trauma in the lives of his parents. The parents, in an attempt to get past this trauma, look to the child and rely heavily on him.
- Whilst my emphasis for this dissertation is on the child, the role is not limited to him. Each and every member of the family system can take on the role. For example, a wife may take on maternal role towards her husband, or vice versa, the husband takes on a paternal or maternal role towards his wife. Once again, this may not necessarily be pathological.

Furthermore, within the same household, I believe that one could potentially observe the child taking on multiple roles. For example, he may act as his siblings' keeper, all the while being in a spousal role with one of his parents...and maybe even an infantile role with another.

In a nutshell, the child-therapist is universal. Nevertheless, despite this universality, one can't help but wonder that there may be some common traits between one child and the next, this maybe shedding light onto risk factors. Are certain children more at risk than others? If so, what increases these risks?

Also, whilst there is some understanding as to what provokes this therapeutic role, who exactly is this child? What are his characteristics other than being more mature for his age?

I would therefore like to delve more deeply into the mind of the child, and also briefly into that of his parents.

The nitty-gritty of the child in a therapeutic role

Who is more at risk, girls or boys? What are their personality traits? What breaks down within the family system? These are just a few of the questions that will hopefully be answered in this section.

Battle of the sexes?

Whilst it's true that the therapeutic role is independent of a number of factors, the type of role undertaken does corroborate with several factors. In other words, seeing the child-therapist takes many forms, this form is based on many characteristics of the person 'afflicted'.

It therefore goes without a doubt that gender plays a role, not only in the prevalence, but adaptive mechanisms.

Sroufe and Ward (1985) found that mothers who look more towards their sons for care, displayed more of a more seductive role. Whereas, if there were to have older daughters, their attitude towards them would be one of hostility and anger. (Chase 1999). Can one take from this that the mothers displayed an ill-adapted jealousy towards their daughters? Did they see their daughters as rivals?

However, what has been observed is that boys are less adapted to the therapeutic roles, especially when it comes to acting as their siblings' guardian. This could be because of the fact that women have often had more of a 'maternal' role in society. As such, girls' assuming the said role is more accepted, both by girls and her. In addition, it has been shown that siblings are more accepting of a girl in a parental role within the family system than boys, this once again being attributed to the girl's "assumed role in society". (Chase 1999) In addition, one would find that the child-therapist would act differently depending on the sibling. The relationship between the therapeutic child and a sibling of the opposite sex was more positive than that of a sibling of the same sex.

The majority holding by girls was echoed by Mayseless, et al. (2004) in their study. They found that women have more of a tendency towards role reversal, ergo the therapeutic role with both parents than with men. Not only did these theoreticians speak of the child's role, but also that of the parent. Who is more likely to reciprocate and contribute to the therapeutic role, mothers or fathers? These authors found that mothers are at higher risk to the installation of this role reversal. (Mayseless, et al. 2004)

The former's studies also reinforced and debunked what one speculated on the child's adaptive role. This depended on the type of role undertaken.

- For the *guardian and protector* role, they highlighted the fact that, not only are girls more prone to the role, but they are also better adapted and their psychical resources are not overwhelmed by the role.
- This was not the same for *compliant and pleasers*. Women were more likely to fall victim to this. However, they were constantly rejected by their mothers and thus displayed periods of rebelliousness in their relationships with their mothers.

Even though they took on instrumental and emotional roles like their *guardian and protector* counterparts, the constant rejection and denigration from their mothers made it such that they were overwhelmed, hence the rebelliousness. One could say that they fought tooth and nail to get out of the role. Many a time, they would 'resign' the role to another. As to their future, the authors were not certain if the daughters continued in the said role or cut off all ties.

- The *spousified* role saw daughters facing a mother of contradicting positive and negative characteristics, as well as a dominant and revering male figure. The relationship between father and daughter saw many an erotic component. Mothers here weren't absent, but rather occupied being 'super-moms', etc. leaving the daughter to the her father. The mother, unable to be a mother was also unable to be a wife to her husband. The latter would therefore turn his attention towards his daughter and, as some women described, would be intimate with them and not their mothers. They also described their fathers as "charismatic", and others as "a pathological liar". It comes without surprise that, in these cases, there was a high risk of father-daughter incest.

Curiously, despite his intensive work on understanding the therapeutic role, Jurkovic (1997) made no mention of the differences between the sexes. However he did speak of the child's capacity to care. Chase (1999) too spoke of girls being more nurturing and positive towards younger siblings than boys – which I personally disagree with and am jokingly slightly offended – yet she did state that boys could occupy a therapeutic role, but this would be different. Boys' therapeutic role is more associated with work and play with their siblings (Minnet, Vandell & Snatrock, 1983, taken from Chase 1999), maybe also because of the role men hold in society. Nevertheless, whatever the role taken on by boys or girls, Chase correlates with Jurkovic's (1997) *capacity to care*.

Capacity to care...with great power comes great responsibility.

I recently saw a family, the Schutmann's, that came to me in therapy. They came as the eldest son had serious behavioural problems and was on the verge of being expelled from school. In addition, they were afraid of their son, albeit him being only 10 years of age. This seemed funny to me as the boy was small and very skinny. His mother was quite the large woman. And his father was tall and imposing. One of his arms was the size of his son! Yet they cowered in front of their son. They would avoid eating at the table because of the problems he would cause at the dinner table. They preferred eating in the living room, far from their sons' tyrannical ways.

For the first consultation, I saw the parents with only the “troublesome” child. I spoke to the family as a whole (those who came to the session, minus the children at home), then the parents alone, and then the son. The latter’s problems were dire and I thought it best to see the family as a whole, i.e., with the other children, to get a better understanding of the family dynamics.

The family altogether, I noticed the youngest, only four years of age, always with one eye on his parents. He would give them little drawings, sit on their laps when he thought they were sad and/or console them. He was a very loving child; and as his parents said, he made up for the troubles that the other children caused.

I won’t go more into the family problems. I’ll just say that I thought it wise that the “troublesome child” eventually see a pedopsychiatrist, the latter agreeing with my observations.

The above anecdote shows the youngest child’s ability to feel and echo his parents’ frustrations, as well as try to alleviate them. Infants have been shown to be attune to their parents’ woes and adapt their behaviour – crying less, or sometimes even more, depending on the problem, distracting their parents from the problems consoling mummy or daddy when they seem sad (Bacqué 2005), hiding pain after falling off a bike so as not to worry their parents etc. – for the benefit of their parents. I have recently even come across a video of a young boy, maybe three years of age, or four at the most, protecting his younger siblings from an adult make pretending to want to kidnap them (Unknown, YouTube 2014). What struck me was his will to protect his siblings, to sacrifice his life for his siblings. It went beyond instinctive! The video was disturbing, but it showed that at a very young age, the child’s capacity to care was intact.

Jurkovic (1997) stated that this capacity to care represents a *ubiquitous developmental process that places children at risk for exploitation*. Searles (1973) spoke of this being one of the criteria of the pathological form of the therapeutic role. He added that this is a form of “*innate therapeutic strivings*” in the child. (G. Jurkovic 1997) The child cited made his parents proud. Nevertheless, the latter were unable to see the danger to come for the child if he kept in this role.

As to when the child is able to portray this capacity is up for question. Some theoreticians say from twelve months, others say from two. Research has been shown to back evidence of the child's, or rather infant's capacities:

- One knows that the child's cognitive development begins in utero - studies have shown that foetuses and neonates can sense odours, this becoming a factor in adaptive responses, self-regulation, emotional balance, feeding and social interaction (Schaal, Thomas et Soussignan 2004);
- Other theoreticians believe that the *pre-attachment stage* begins from birth and continues to two months old. Babies, through the means available to them – crying, babbling, etc. – try to attract the attention of adults. (Unknown s.d.)

Whatever the take, the child's capacity to adapt and react to his surroundings can only be described as impressive. It should therefore not come as a surprise that he begins at an early stage to show a capacity to care and alleviate the pain and sufferings of those he holds dear to him.

We have also seen that, in some cases of schizophrenic families, the schizophrenia could be seen as the child's means of stabilising the family system. However it is not only true for mental disorders; diseases, handicaps in the family are a result of the child in a therapeutic role. As Lamorey pointed out in Chase (1999), where there are families where a sibling is victim of a chronic disability or disease, there is a reshuffling and renegotiating of roles within the family to cater for the educational and psychological needs of the sick child. Siblings need to adapt to and accommodate the differences in their siblings, thus usually yielding to the "child in need". In the case cited, the child without the behavioural problems is he who would suffer the most. He would never test the limits, be cheeky, etc. He stifles his curiosity for the benefit of his parents, so as not to cause added stress.

All in all, the capacity to care, whilst being admirable, can prove dangerous to the child as its exploitation could put the child in a never-ending vortex of pain.

Character

Another factor that plays heavily on the child's adoption or not of the therapeutic role is his character, or as Jurkovic (1997) called it, his character. His observations led him to believe that the child in the said role is shy and timid, *slow to warm up* (G. Jurkovic 1997) to others. However, this seems to be contrary to what Robinson (Chase 1999) observed. I am led to believe that the two theoreticians are correct, and have just observed the different types of child-therapist. The latter sees these children as *overly functioning children* (Chase 1999). They function higher than children of their own age, and seem to be drawn to stress. They function best under high intensity, stressful situations.

I met with a mother, Mrs Samara, who came to see me because she was worried about her daughter. Mrs Samara had divorced her husband for reasons of physical abuse.

When speaking to her daughter, I came to understand that her daughter wanted what most, if not all, children want: for mummy and daddy to get back together. She did witness the problems her mother faced, and even called the police for her father on one occasion.

Mrs Samara also had a son. However, neither of her children was in a therapeutic role. It was the mother that worried me the most. She explained that she had been taking care of her family, her friends, etc. all her life. She remembers that from as early as 4 years old, she would befriend the "rejects" at school as no one should be made to feel an outcast. She even remembers helping in conflicts between her parents at a young age, and that shortly afterwards, everyone was turning to her for advice, support and help.

She was currently pursuing her Masters' degree. She was struggling, not because she lacked the necessary capacities, but rather because she had no time. Between work, raising two children, helping her siblings, parents, extended family, etc. she was stretched thin. Nevertheless, she managed to pass all her exams, and as her entourage would tell her, "You see, you complain for nothing!" Everyone thought that things were easy for her, that the stress would not get to her. It did, but it also pushed her. It was as if she needed this stress to be inspired. Even though she was exhausted, she said that she did not know how to do otherwise. She also stated that she needed to rest, but she couldn't leave her family, she needed to be there.

This extract from a previous case of mine shows the of the child-therapist's "need" to be in stressful situations. In spite of all, they are *stress resistant*. This was observed by

Robinson & Fields, 1983; and Anthony, 1978 (Chase 1999). Just as Mrs Samara, they thrive under these conditions. Contrary to what Jurkovic (1997) observed, these children have remarkable social skills, make others feel at ease, are well liked not only by their peers, but also their teachers and other adults. Their character trait is described as *resilient* or *invulnerable* (Chase 1999).

However, just as we saw that Jurkovic (1997) observed a different type of child, one would see that not all children in a therapeutic role fit into the *resilient* or *invulnerable* role.

Rubin (1996) describes adults who suffered the most horrendous and traumatic pasts becoming upstanding members of society. It is true that they have been left with scars that they feel to this very day, yet are able to surpass these and lead relatively normal lives. They are called *transcendent children* by the author (Rubin 1997). She said that these adults learnt to *leave their families behind*. However this did not necessarily mean to leave in the strict sense of the term, but rather “disidentifying” with the family and its way of life.

Mrs Samara, in the clinical case is also an example of this. She suffered much, but refused to be a victim.

*What came as a shock to her family, friends and even the police was that, despite the violence she was subjected to, she refused to press charges on her ex-husband. This was, according to her, as **she did not want to be a victim, and wanted to move on to the next chapter of her life**. Pressing charged would only mean taking a step backwards.*

As such, this could help explain why some children in a therapeutic role escape difficulties that would normally accompany their counterparts later in life. Also, they look to surrogate parents or mentors to act as parental imagoes; this also giving them the necessary tools to lead proper lives.

Another characteristic that one may find is that these children are *hurried* (Elkind, 1981, taken from Chase, 1999). In times of difficulty, children may be thrust into more adult-like roles for the benefit of the family, this despite the emotional and psychological immaturity of the child. These children can sometimes become *family heroes*, helping the family overcome problems (Robinson & Rhoden, 1998; Wegscheider, 1979, taken from Chase, 1999). For me, this is rather similar to

transcendent children. The only difference is that these children help the entire family transcend, and not just themselves. It should not that I believe that this contradicts the notion that there needs to be generational family trauma for the child-therapist to exist.

Yet another characteristic is the child being one who is *responsible* (Black, 1982, taken from Chase, 1999). This plays more to the oldest child who takes care of his younger siblings.

The last characteristic is that of the *Type A personality*. A little reminder that this personality trait is described as someone who is:

“...ambitious, rigidly organised, highly status-conscious, sensitive, impatient, take on more than they can handle, want other people to get to the point, anxious, proactive, and concerned with time management.” (Unknown, Type A and Type B personality theory s.d.)

This, for the most part, is what the child in a therapeutic role does. He is very proactive in taking on more than he can handle: his family’s problems. As to being anxious, I am left to believe that this is a bit misleading as the child in this role is always in control of his emotions. Those with the Type A personality are often seen as *workaholics*, which is quite coincidental as Chase (1999), sees all the aforementioned as describing *workaholic children*. She sums up the child-therapist as relating to workaholics characteristics in the following table.

-
- **Puts more time into schoolwork than play**
 - **Has few friends and prefers the company of adults to that of other children**
 - **Shows signs of health problems related to stress such as chronic exhaustion, headaches, or stomach aches**
 - **Takes on adult responsibilities as keeping the household running smoothly, cooking, cleaning, or caretaking of a younger sibling**
 - **Strives for perfection in most things he or she does**
 - **Stays serious much of the time and carries the burden of adult worries on his or her shoulders**
-

-
- **Spends little time relaxing, playing fantasizing, having fun, and enjoying the carefree world of childhood**
 - **Has precocious leadership abilities in the classroom and on the playground**
 - **Seeks constant social approval from adults by striving to be a “good girl” or “good boy”**
 - **Demonstrates compulsive overachievement in church work, schoolwork, sports, or other extracurricular activities**
 - **Gets upset or impatient easily with himself or herself for making even the smallest mistake**
 - **Shows more interest in the final result of his or her work than in the process**
 - **Puts himself or herself under self-imposed pressures**
 - **Does two or three things at once**
 - **Has trouble asking for and receiving help**
-

Table 1 Characteristics of Workaholic Children (Robinson, taken from Chase, 1999 p.60)

Age

Age is not necessarily a factor for the child; however I'd just like to say a few words on this. Here, I am not talking about being the oldest or youngest child, just plain and simple age. Whilst not being a factor, it does play a part in the pathologisation of the phenomenon. The older the child, the more psychological and emotional capacities he or she would have to bear the burden. That does not mean that he or she is not affected, simply that he or she could possibly have a better hold or handle on things.

Lets look at the following.

We have a child of two whose parents look to him for comfort during a divorce, a pre-adolescent of 12 with a similar problem, and an adult taking care of and thus acting as a parent for his elderly parent. Out of the three, it comes as no surprise that the adult would fare best for the following:

- *He is more psychologically and emotionally mature. His psychical resources are more adapted.*
- *His entourage and peers can help more than those of the 12 and 2 year old*

The two-year old is he who would suffer the most as he is in the early stages of his development, this being infringed by his parents. The same will be said of the 12-year old. Entering adolescence, changes would come, this being forged by his environment.

Age also plays a part in terms of where the child is in terms of his psychological and emotional development. The child who looks to his parents for the parental imagoes, these being absent during the crucial Oedipal period would face more difficulties than an adolescent going through the genital stage. Whilst his parents' absence would provoke difficulties in his development, he is still at a much later stage than his younger counterparts. His cognitive capacities and reasoning, being far beyond the former, help him to have a better handle on his current predicament.

Closing remarks on the child

At this point, I would just like to remind the reader that not all children in a therapeutic role display all of the symptoms mentioned. It is rare – and would be worrisome – to find a child with all of these. Each child is unique and has different capacities and ways of dealing with trauma. As such, the symptoms displayed are relative to the individual child.

Also, the theories are sometimes contradictory. Some may see the child as “isolated”, as seen by Chase (1999) as she compares the child's characteristics to that of a workaholic, stating that the child has difficulties in making friends; whereas Robinson & Fields, 1983; and Anthony, 1978 saw the child as highly social and adaptable.

Nevertheless, what one can take from this is that the child is in no way passive in the process. He “consciously and forcibly” puts himself into the therapeutic role.

At this point, I'd like to turn to the other protagonist: the parents. Their role is also very much crucial to the process as, they make it such that the child finds himself in

this situation. I will however only touch upon them briefly as my focus is on the children.

Parents?

One may wonder why there is a question mark. The reason behind my choice is because many theoreticians claim that these parents are not in fact parents, this opinion mostly being held by Harrus-Révidi (2001). She raised the question, “*Are the parents immature or dead?*” That seems a bit harsh, but she explained that this “death” makes them absent as parental imagoes for their children, causing trauma in the latter.

She also explained that these parents do not consider their childhood. They remain indifferent. This being said, one can imagine that they are not yet ready to be parents, this probably beginning in their own childhoods, hence the transgenerational aspect.

Harrus-Révidi (2001) ‘struggles’ between whether the parents are psychically immature or live eternal youth. The parents of these children appear more often than not, younger than they really are. One would often hear, when faced with mother and daughter, “*Wow! The two of you could pass for sisters!*” I’m not ignoring the fact that genes could play a part, but here, it is a bit different. The parents not only look younger than they really are, but they also behave accordingly. Harrus-Révidi (2001) mentions that there seems to be a union between the body and mind, leading one to believe that there is a psychosomatic reason to the change. Can one say that, just as the hysteric exhibits his or her pain and suffering through psychosomatic means, i.e., a part of the body can become paralysed, so too does the immature parent, with the exception that this parents has mastered it, “affecting” his or her entire body?

Harrus-Révidi (2001) also speaks of the narcissism coming into play. Brown (2002) also brings this to light. She speaks of a *destructive narcissism* that the parents display, hindering the child’s development (N. Brown 2002). She highlights several characteristics of the parent:

-
- **Unresponsive to others needs or concerns**
 - **A strong self-focus or self-absorption**
 - **Indifference to others**
 - **Lack of empathy**
 - **An inability to grasp one's core self as there is nothing there**
 - **Shallow emotions**
 - **An inability to relate to others in a meaningful way**
 - **Strong admiration and attention needs**
 - **Consideration of oneself as unique and special**
 - **Grandiose, arrogant and contemptuous**
-

Table 2 Characteristics of the destructive narcissistic personality (Brown 2002)

There is some truth to what Brown (2002) shows here. The parent of a child-therapist does seem to be centred on his or her own needs and ignores those of the child. This is especially true of Garber's (2011) *infantilization*, as well as Gouddard's (2012) *Parental Alienation Syndrome*, where the parent uses the child as an object for his or her own needs. The parent revels in the attention received by the entourage and panders to it, this to the detriment of the child.

Brown (2002) goes on to further identify the characteristics. She says that, in families, to correctly diagnose this destructive narcissistic pattern, one or both parents should:

-
- **Constantly seek/s attention and admiration**
 - **Want/s to be considered unique and special**
 - **Try/ies (or has/have already) exploiting (exploited) others**
 - **Lack/s empathy**
 - **Is/are emotionally abusive**
 - **Give/s orders and expect/s immediate obedience**
 - **Has/have an inflated self-perception**
 - **Is/are arrogant or contemptuous**
 - **Exhibit/s an entitlement attitude**
-

Table 3 Direct characteristics of the immature parent

I would just like to point out at this point that the family described by Brown (2002) describes only one type of family. Also, one should not forget that the parents, too, are victims of their own right. They saw traumatic events in their own lifetime and use this as a means of coping.

Jurkovic (1997) best highlights this trauma and transgenerational aspect in his book.

- *Privation*, this being agreed on by many theoreticians. The origins of the phenomenon are found in the *parent's parenting*. They succumbed to *privation, exploitation, boundary disturbances such a sexual abuse, neglect, pathological parentification or overprotection* (G. Jurkovic 1997). It's no wonder that these parents are themselves unable to be parents. They too never knew the motherly touch, or saw the parental imagoes;
- *Attachment*, this also being hindered. They lacked this from their primary caretakers. As such, these parents look to someone to cover these needs; this unfortunately being their children;
- *Self-Differentiation*. Their own parents being absent, the primary narcissistic needs went unhinged. They, like their children, did not obtain the foundation necessary to gain a solid *self*;
- *Cognitive Schema*, this echoing Eiguer's (2003) inter-fantasmatisation. Cognitive processes are involved in the transgeneratioinal transmission of psychical processes. As such, failure in a parent's own lifetime would also hinder future transmission to his or her own children. However this transmission may take on a different form. For example, children who were put in a more adult like role may infantilize their own children.

The parents' characteristics all go to show one thing. The parents too were victims of their own right. It would seem that there is a sort of pattern from one generation to another, a vicious circle that keeps the family trapped in a perpetual state of turmoil, pain and suffering.

However what one can take from these is that there seems to also be characteristics within the family that foster this therapeutic role.

The family

The family **usually** functions as a unit, a system. Various circumstances can force a reshuffling or a reorganisation of roles to give rise to the child-therapist. Jurkovic (1997) spoke of stressors that could put a strain on the family dynamics. These include:

- *Substance Dependence*, this giving rise to a more destructive role being undertaken by the child;
- *Birth Order and Family Size*. The first-born usually has a more “privileged” role in the family and is often assigned tasks (and liberties) that the other younger siblings are not privy to. They are also more willing to accept this role.

Also, the larger the size of the family, the more likely are children to uphold certain functions to aid their parents. However seeing that these are shared by all (or most) of the siblings, there is less of a chance of the children falling victim to the pathological implications of the therapeutic role, this being one of the characteristics de-pathologising the phenomenon according to Minuchin (Heck et Pascal 2011);

- *Single Parenting*. Children of single parent households are more at risk as they can be seen as the reason for being for these parents. Whilst they may take on more adult roles, one can also imagine more confidant and peer-like roles with the parent;
- *Marital Dysfunction*. It is a well-known fact that children try to stop conflicts between their parents, this to the detriment of their own being. This was tackled by Freud (1965) who observed children trying to fill a *vacuum* in homes where conflict arose. Gouddard (2012) spoke of the Parental Alienation Syndrome where parents force a child to choose sides and lose part of his genealogy.

However what most theoreticians claim to be the most important family factor in the child's undertaking of this therapeutic role is a breakdown of *boundaries*. (Jurkovic 1997, Chase 1999).

Boundaries

The family is a system and is governed by a set of interrelated elements exhibiting coherent behaviour as a trait (Constantine 1986, from Morgaine 2001). There exist:

- Interrelated elements and structure;
- Patterns that interact, and thus can be seen as predictable;
- **Boundaries**, that include and exclude certain elements, allowing and forbidding certain interactions;
- Function by the Composition Law which stipulates that the whole is more than the sum of its parts;
- Make use of messages and rules to shape members;
- Subsystems exist (spousal, parent-child, etc.)

Other theoreticians have observed the aforementioned, albeit under different names. For example, Freud speaks of the Oedipal Complex and the Psychic Law which govern the family system and interactions that can (or cannot) occur. After the Oedipal period, the Psychic Law is inherent to the child; he associates himself to his father, etc.

The forecited also explain why the child would sacrifice his very own being for that of the family: the whole is more than the sum of its parts. As such, it is a willing sacrifice to save the family system, allowing all to function in the best way possible.

Of these, in families where the child needs to take on a therapeutic role, many theoreticians speak of a breakdown of boundaries.

Boundaries represent the social and implicit rules that govern a family and make for the different roles of the different family members (Chase 1999). As such, any discrepancy in these can bring about *boundary dissolution* and thus confusion within the family system. However this is quite a common occurrence, i.e., the breakdown

and remodelling of boundaries within the system. As such, not all boundary disturbances are pathogenic. (Chase 1999)

More often than not, one thinks of an absence of boundaries engendering the child's therapeutic role. However, as Jurkovic (1997) observed, rigid boundaries within the spousal system – as the family system is not the only system that exists within the family system; one can also find spousal, children, as well as parent-child systems among others – can induce child neglect, forcing the child to turn his attention either to one parent or another, or elsewhere for support.

Bowen's (1974) theory of triangles speaks of this shift of roles and relationships amongst the members of the family system. There usually exist dyads in a family; however when one family member experiences difficulties, he or she may look to a third party to lean on. Relationships change, albeit not necessarily pathological.

As Boszormenyi-Nagy & Spark (1973) showed, these boundary disturbances can be transgenerational in nature (Chase 1999). As such, the therapeutic nature of the child may take several generations to develop and express itself in its pathological form.

Different types of *boundary distortions* were identified (Chase 1999):

- *From dyadic to triadic interactions.*
- *Parent-child alliances*
- *Cross-Sex Parent-Child Alliances.*

Beneath the radar

Before Boszormenyi-Nagy & Spark (1973), the parents were to blame for the pathological form of the child's therapeutic role. However we now know that the child is not passive, but very much active, in the 'birth' of this role.

Nevertheless, I believe that one factor goes unnoticed, perhaps one that can really endanger the child. There are no theories for this, so I will base it on anecdotal evidence.

Entourage

By this, I mean all those who surround the child: extended family, friends, peers, neighbours, teachers, etc. Whilst they may not be privy to exactly what is going on within the families, they do sometimes react in a way as to foster and promote the therapeutic role of the child.

It was ironic that the Schutmann's came for their son, when in truth and in fact, the father was the one I was most worried about. Talking to him, I saw that he was in a therapeutic role and unable to escape it.

He has no memory of his life before 10 years old. That was his age when his parents divorced. His father never contacted him after that – Mr Schutmann contacted his father some 30 years afterwards, but his fears were proven to be reality, his father wanted nothing to do with him – and so he stayed with his mother.

His mother was an alcoholic. Mr Schutmann remembers taking care of his mother. He was ashamed, constantly making excuses for his mother's absence at events, meetings, etc. He saved her life on several occasions. He had an elder brother who had left the household and who had never helped him or his mother. Other friends and family were au courant of his mother's addictions; yet only one ever offered support. This help was to call and offer help; however Mr Schutmann never accepted.

He, in essence, saved his mother's life. He would take care of her as she lay passed out on the couch, cook, etc. Years afterwards, his mother sought the help she needed and recovered. The entourage all praised her, saying that she was a courageous woman who beat the odds. She was a hero among men! And what of Mr Schutmann who had sacrificed his life? According to everyone, it was "normal" that he did that. He got no praise.

It should also be known that he also occupied an infantilised role, i.e, objectified. He had to do his mother's bidding at all times because he "owed her".

Here, we see the role of the entourage. They could uphold one of three roles:

- *Support*, this is seemingly the most beneficial role of the entourage. They provide something or someone concrete for the child to lean on. This person may be seen as a mentor, or even just someone to speak to. However age plays a part in this. As shown in an earlier anecdote (p.X), with age comes stronger psychological resources, experience, etc. As such, even though children may

feel more comfortable speaking to their peers, it is not certain that the latter could help them in the way that they need, and could do more harm than good. The older the person, the more he or she can accommodate for the child's psychological limits and understanding;

- *Facilitator*, as in the anecdote, the entourage praised the mother, and never offered Mr Schutmann any help. As such, they fed the mother's narcissism whilst that of her son was slowly being destroyed;
- *Denial*, this being similar to the previous role. In doing nothing, in refusing to see the problem, or turning a blind eye, they feed the mother's destructive narcissism.

It takes two...in this case, more

What one can take from this subsection is that for the child to be in a therapeutic role, whether this be pathological or instrumental to the child's development, it is multifactorial. Some factors may be more or less pernicious, some can be overlooked. In any case, the multiple factors all lead to a possible reorganisation of the family system.

The future of the child-therapist

The first time I saw Mr Schutmann, I saw a man in his 40s who seemed to have everything together, and this came to be mostly true. Despite the problems with his son, he seemed to have a good life. He had a stable job with a good income. He was married, his wife also working. He owned his own home. He may not have had book smarts – this being partly due to his difficulties in school because of his dyslexia – but he was an intelligent man.

Mrs Samara was an attractive young lady of 33. Despite all that she had to deal with, she held down a stable job which had many benefits. She was also pursuing and succeeding her Masters' degree. Her children were well provided for and did not seem affected by their mother's past.

Despite this, I couldn't help hearing their pain and suffering. Words like "blocked", "stifled", "lost" and "tired" surfaced. They were looking for their identity...

Mr Schutmann also finally admitted to his marriage being on the rocks. He also spoke of the distance and inability to form relationships with the members of his family, i.e., brother, mother, etc. Mrs Samara also spoke of her difficulties in relationships with others. Although being attractive, she thought of herself as unattractive as she had always been berated by others, told by her ex-husband that she was ugly.

The above shows the apparent nature of the child in a therapeutic role. When it comes to many aspects of life, his capacity for adaption leaves him unparalleled. However they are chameleons, they mask their pain and put on a good show so to speak. They succeed in all aspects of life except that which seems to be the most crucial: the *psychosocial*.

The psychosocial factor is what many agree to be the most affected in the child, and that which will cause the most pain as he grows (Jurkovic 1997, López De Victoria unknown, (Harrus-Révidi 2001)McMahon et Luthar 2007). They shy away from social interactions because they feel undeserving of love for they never knew the motherly touch. As such, this is alien to them, and as I've just stated, they believe that they do not warrant love from others.

Other possible consequences for this child are as follows:

Loss of Childhood, Parents and Trust (G. Jurkovic 1997)

For me, all the problems that ensue the child in a therapeutic role stem from this. With the lost of his childhood, he loses his chance of a proper psychological and emotional development. His parents having failed him, he loses trust in others. Also, as Harrus-Révidi (2001) stated, he begins to feel that he is undeserving of love from others.

It should be known that this stems from the destructive form of the child's being put in a therapeutic role. They never meet their parental imagoes. They take on roles for which they are not adapted and thus miss out on their own childhoods. With the loss of parental imagoes comes lost of trust. These children grow into distrusting adults, maybe because they were failed by their own parents, possible also their entourage. The only ones they could have depended on were themselves.

Difficulty with adult attachments

A direct consequence of this loss is, for the reasons stated above, an inability to form healthy relationships as adults: friends, spouse and even children (López De Victoria unknown).

Intense anger and resentment

As Mr Schutmann and Mrs Samara often told me, they were angry but kept their emotions in check. I remember on one particular occasion where Mrs Samara was speaking about her troubles and started to break down from sadness and anger. She saw her son playing and quickly, before he could notice anything, repressed her emotions and was all smiles again.

As both Mr Schutmann and Mrs Samara told me, if ever they were to remove their control and let their emotions come through, they feel sorry for the recipient of their anger!

A master of his emotions, this anger remains dormant in the child-therapist. But where does come from? **Is it because of his parents' betrayal or abandoning him?**

He portrays a love-hate relationship with his parents. He resents them, yet remains loyal them. The anger that lives in the child-therapist could threaten the bond that still exists between him and his parents. As such, the child-therapist keeps it all in (G. Jurkovic 1997).

The root of this anger is not always known and maybe taken out on friends, spouses or children (López De Victoria unknown).

Guilt and shame

As with Mr Schutmann, for the one person who wanted to help him, he shied away. This was because of the shame he felt in admitting his mother's problems.

It is difficult to be happy when one you care about is in pain. This is what Jurkovic (1997) highlighted. As such, they keep their joy from their successes to themselves.

Also, the therapeutic child is a sign of a family dysfunction. Albeit carrying the weight of it all on his shoulders, problems still occur within the family. His failure to save his family brings on feelings of disappointment. In some families, the child feels disappointment towards his parents, yet seldom expresses these feelings.

Different

One problem of being mature for your age is that you don't fit in. You are a bit of an outcast.

I remember well of one such boy who came in to see me. He was the second of three, but in reality the third of four. He was given a double name for his first name. His name meant "re-born".

He always complained of being "different", that "no one understood him". And it was true. He was clearly different from children of his age. At 12 years of age, he spoke with a maturity and reasoning that would baffle many. And typical of children in a therapeutic role, he was well liked by his teachers and other adults. However when it came to his peers, he was an outcast and suffered as a result.

Mrs Samara also spoke of this difference. Even at her age, she felt as if people just didn't get her. They would worry over futile things and lose sight of the big picture.

Mr Schutmann too echoed this. He couldn't be bothered with people wasting his time with nonsensical problems. As such, he was bit of an outcast at work.

"Being different is not a flaw. We are all different in our own way!" This is what the young lad in the anecdote told me. Whilst this is true, when it reaches the point of making you not fit in anywhere, it becomes a problem.

Mr Schutmann touched on another consequence of the child-therapist.

Occupational concerns

The child-therapist's needs not met, he remains in an eternal quest for these needs to be fulfilled. One place he may look for it is at work. However he can sometimes experience job dissatisfaction for work will not provide him with what he needs, i.e., needs for dependency and nurturance (Weiss 1979, taken from Jurkovic 1997).

It should also come as no surprise that their choice of future jobs reflects their role. As such, many become psychologists, doctors, etc. as that is what they all know. Caring for others.

Personality Dysfunction

Narcissistic destruction is what causes great problems in the child-therapist's personality in the future (N. Brown 2002, and Miller 1979/1981 taken from Jurkovic 1997). Brown (2002) highlighted the following characteristics:

-
- **Generalised dissatisfaction with self and the course of life**
 - **Trying, but not succeeding, to be in emotional sync with others**
 - **Constant reflection on your flaws, incompetence, and other faults**
 - **Lack of meaningful and satisfying relationships**
 - **The inability to allow others to become intimate or close**
 - **Meaning and purpose in your life is lacking**
 - **There are interpersonal problems with family, friends and/or work relationships**
 - **You constantly feel isolated and alienated (i.e. not connected to others)**
 - **You are overwhelmed by others' demands or expectations**
-

Table 4 Personality dysfunction as a result of destructive narcissism (Brown 2002)

This reflects the loss of self, fragility of self-esteem, perfectionism related to high ego ideal, need to be special, intense fear of loss of love, strong tendency to conform and denial of true feelings (G. Jurkovic 1997).

Transference

As one may observe, the problems stem from *transference* of their own relationship with their parents to others. They try to occupy the same therapeutic role with their friends, families and co-workers, this usually ending in conflict and their isolation.

Uncharted waters; new horizons to explore

Looking back on everything, several things jump out to me:

- Rather than the child being taken care of, it is he or she who is in the nurturing role. As one has heard time and time again, he is his parents' parent;
- The child is very much in tune with his parents' emotions, as well of those of others. What does this say of his cognitive capacities?

The child lacks that which is necessary for his development, yet he develops. My question is, **how does he do so?** Before this can be tackled, I need to explain exactly what functions I am talking about.

Containing functions

One usually uses the notion of *the container* to describe the function used to help the child's psychological development. Here I will speak of the most widely recognised: Winnicott's *holding*, Bion's *alpha elements* and Anzieu's *skin-ego*.

Whilst they can all be compared, this is somewhat a bit misguided as the container metaphor is used differently by the three. Nevertheless, they all speak the child's psychical development.

“Going on being”...Holding and containing

This is perhaps the most apt phrase explaining English paediatrician and psychoanalyst, Winnicott's, theory on *holding*. “*Going on being*” explains that Winnicott's use of the container-contained function has to do more with the concept of time and safeguarding the child's coming into being (Ogden 2004).

When one thinks of holding, one thinks of the mother taking care of her child, bathing, changing, feeding him, etc. However it goes a bit deeper than this. The child is born into a world of man-made time. He is unaccustomed to this and this could prove harmful to him. Through *primary maternal preoccupation*, his mother first adapts herself to her infant's rhythm, making herself readily available for him. She

feeds him when he cries, changes his diapers, etc. She cushions the shock of a new time, albeit the severe emotional and physical costs to her.

This reminds me of Kohut's *significant other* (1971). The mother acts an extension of the infant, lending herself to her infant so that he could construct his psyche.

As the infant grows, the holding function changes from that of safeguarding to a more object-related way of being alive (Ogden 2004).

Shortly afterwards comes *handling*, which I'll just touch on. This is represented by the way the infant is, for lack of a better word, *handled*. This helps his psychical development, as well as his body and mind interaction.

Container-contained

This container-contained function was explained by British psychoanalyst, Bion. This speaks of the way we think and not what we think, i.e., the processes involved the conscious and unconscious psychological work on emotional experience (Ogden 2004). He speaks of the *alpha functions*, the *alpha elements* and *beta elements* as being vital to this process.

The *alpha function* is that which one uses to create *meaning out* of raw data (Glover unknown). This is what we all possess, with the exception of the infant. His mother, having this in her possession, is able to help her child and through her capacity of 'reverie', transforms the child's raw, archaic, tensions and anxiety – beta elements – to more appealing alpha elements. "*The mother and the child form a 'thinking couple' which is the prototype of the thinking process that continues developing throughout life.*" (Glover unknown)

The Skin-Ego, another protective container

In the child's early stages of life, his psychic ego differentiates itself from his body ego. Just as the skin encloses the body, so to does the skin-ego enclose the psychic apparatus. This is what French psychoanalyst, Anzieu, put forth to explain the

containing function in the developmental stages of the child. The nine functions of the skin-ego are as follows:

-
- **Maintaining of the psyche.** Just as the skin functions as a support for the skeleton, the skin-ego maintains the psyche. The mother acts as the child's skin-ego
 - **A *containing function*,** this being carried out mainly by the mother's *handling* of her child. A mental representation of interplay between the mother and child, allows the child to feel sensations and emotions
 - **A *protective shield*,** this being upheld by the mother until the child has enough psychic support of his own to confront his world
 - ***Individuating*,** differentiating what is outside from what is inside; what is in me and what is of you
 - ***Intersensoriality***
 - ***Support of sexual excitation*,**
 - ***Libidinal recharging***
 - ***Registering* of tactile sensory traces**
 - ***Self-destruction***
-

Table 5 The nine functions of the Skin-Ego, adapted from Birksted-Breen D. et al., 2009

All in all

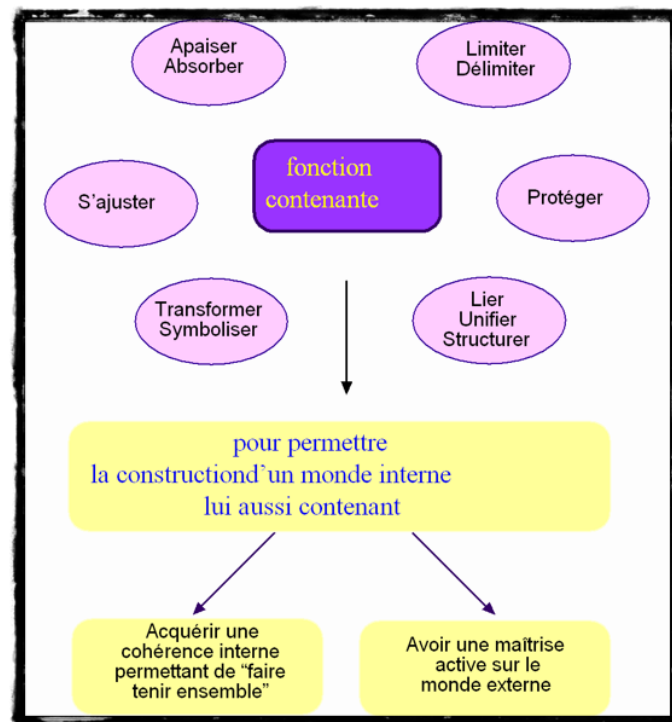


Diagram 1 Overview of the containing functions

The above best represents the general nature of the containing functions as described by the different theoreticians. They allow for the child to construct a stable inner world so to speak. They help ease anxiety and tensions. This is done through his mother who lends her own psyche to that of her child, the latter's being primitive and unable to cope with the 'harsh world'.

The functions she undertakes are as follows, this being the very nature of the containing functions of the three theoreticians mentioned:

- The mother eases and absorbs tensions and anxiety for which the child's undeveloped psyche is not prepared to handle
- She limits access of raw material to the child. She only allows that which he can cope with to enter
- She protects him from primitive stress and anxiety
- She adapts to the child in the beginning to ease his transition into the manmade world

- She transforms and gives meaning, a sense (symbolises) to what is around him
- She links, unites and provides structure to the child's primitive psyche

One might wonder why I have spoken about these containing functions. The reason is simple; the child may not have known these. Remember that on many occasions, the parents of these children do not uphold their parental roles. As such, how is the child to develop? Moreover, how can he help his parents if his own psyche is immature because of a lack of nurturing from his parents?

In your head

Albeit his psychological immaturity, the child-therapist has a knack for understanding his parents, as well as others around him. This makes me think of his *mentalization capacity*.

The term finds its origins in 1970's France. Psychoanalysts of this era *observed patients that suffered from somatic problems, yet showed a neurotic way of functioning* (Hawkes 2010). Soon afterwards, British psychoanalyst and clinical psychologist, Fonagy and Consultant Psychiatrist and Psychotherapist, Bateman, would take the reigns of this theory and develop their therapy based on mentalization. Mentalization finds its roots in Bowlby's attachment theory. It was developed to help people with Borderline Personality Disorder (BPD). This is another reason why mentalization is important for my dissertation: the child in a therapeutic role has been described by some as having some similar characteristics to those with BPD, without necessarily having a BPD.

Mentalization can be described as:

“the capacity to make sense implicitly and explicitly of oneself and of others in terms of subjective states and mental processes, such as desires, feelings and beliefs. It is a predominantly preconscious and imaginative mental activity, and constitutes a largely intuitive emotional reaction.” (Eizirik et Fonagy 2009).

Putting it simply, the mentalization process is the capacity to see **oneself** from the **outside** and **others** from the **inside**. (Fonagy et Roussouw 2015)

This can be linked to Eiguer's *inter-fantasmatisation* (2003). Like mentalization, it requires an exchange of psyches, i.e., an exchange of mental processes.

Mentalization must not be confused with:

- Mindfulness, i.e. being 'mindful' of one's own state;
- Empathy, putting yourself in the other's shoes.

The two previously mentioned, whilst being opposed, are two aspects of mentalization. For effective mentalization to occur, one needs to be mindful of oneself, all the while being empathic to the other. (Fonagy et Roussouw 2015)

The ability to mentalize, whilst being innate, is fostered by secure attachment; thus the ability to understand others depends on one's upbringing. However one's ability to mentalize can be hindered by stress related circumstances. The child-therapist did not undergo a secure attachment. His internal state was not mirrored by his caregiver, but rather ignored. He was left trying to modulate his internal state to that of his caregiver, maybe to seek attention, gain approval or maybe just closeness. Regardless, regulation of his internal states would prove difficult. In addition, the child-therapist may be encumbered by stress. What does this therefore say for his capacity for mentalization? Does he show a failure of mentalization? These are just a few questions that the child in a therapeutic role leaves us with. The comparison with those with BPD can maybe clear up some of these questions; however much research needs to be done on that.

Another reason that I question his mentalization capacities is that this capacity has often been used to refer to one's *social functioning* and *self-regulation*. It is also necessary in the forging of *meaningful early experiences* and the subsequent *representation* (Bouchard, et al. 2008). This also brings to mind Kohut's *selfobject* (1971). The mother guides her child in his psychical development, such as his mentalization capacities. As such, I return to my previous questions. If the child never knew these, how can he function socially? Is this the reason behind his psychosocial inaptness?

Borderline Personality Disorder (BPD) vs. Parentification

This section I believe important because I've heard on a few occasions that the child-therapist is victim of BPD. I'd just like to point out that children in a therapeutic role, in my humble opinion, do not suffer from BPD. They, unlike those with BPD, have a strong control over their emotions and are thus rarely impulsive. They also exhibit a strong capacity for concentration which is not necessarily the case for BPD. However they do share a few similar characteristics, namely in interpersonal relationships and their sense of self.

Like those with BPD, child-therapists show great difficulty in forging relationships. They do not believe that they are worthy of love, yet they unconsciously seek and hope for it. Similarly, those with BPD tend towards insecure, avoidant or ambivalent attachment patterns in relationships.

Also, those with BPD, as well as children in therapeutic roles, have trouble with their identities; they have a hard time knowing who they are, their likes and their value, etc. For the child-therapist, he does not know who he is for he was never allowed to, but instead made to know the likes and dislikes of others. This, coupled with their difficulty to forge relationships, makes it difficult for them make long-term relationship goals.

The following diagrams offer some more insight to the personality of borderline patients, and may help in explaining why child-therapists shouldn't be characterised as such.

TABLE 2			
COMPARISONS OF EGO FUNCTIONS IN NEUROTIC, BORDERLINE, AND SCHIZOPHRENIC PATIENTS			
Ego function	Neurotic	Borderline	Schizophrenic
Relation to reality			
Adaptation to reality	Intact	Superficially intact	Can be superficially intact but more often grossly deficient
Reality testing	Intact	Intact, except under severe stress	Often deficient
Sense of reality	Usually intact	Deficient	Deficient
Impulse control	Intact	Poor impulse control, low frustration tolerance	Poor impulse control, low frustration tolerance
Object relations	Mature, show depth, whole-object	Superficially intact, but tend to be part object and need fulfilling	Lack depth, tend to be part object and need fulfilling
Thought processes	Secondary process	Secondary process, but can regress to primary process in unstructured situations	Proclivity to primary process
Defenses	More mature, center around repression	Proclivity to use more primitive defenses: splitting, denial, projection, etc.	In addition to borderline defenses, often use even more primitive defenses, such as fusion, dedifferentiation, fragmentation delusions, hallucinations, etc.
Autonomous functions	Intact	Intact	Intact
Synthetic function	Intact	Impaired	Impaired

Diagram 2 Comparisons of ego functions in neurotic, borderline and schizophrenic patients

Here, it is best to look at the way the ego functions in borderline patients. As shown earlier the child-therapist may show questionable object relations and autonomy, this being somewhat similar to borderline patients. However, contrary to borderline patients, his sense of reality is anything but deficient, and it is this awareness that seems to make him aware of his surroundings and come to his parents' aid.

Additionally, his grasp on reality is not hindered by stress. In fact, it has been suggested that stress drives him. For now, there is not much information as to his thought processes, so I cannot rally give my opinion on that. Lastly, his synthetic functions, i.e., that which allows him to think, feel and act in a coherent manner seem to be more than intact. It has been shown that these children are the most adapted to their environment; however they do show psychosocial limitations (probably related to their questionable object relations).

Table 1. Diagnostic Criteria for BPD (DSM-5)

To meet a diagnosis of BPD under the DSM-5, at least five of the following criteria must be met:

1. Frantic efforts to avoid real or imagined abandonment
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3. Identity disturbance: markedly and persistently unstable self-image or sense of self
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., substance abuse, binge eating, reckless driving)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
9. Transient, stress-related paranoid ideation or severe dissociative symptoms

BPD: borderline personality disorder; DSM-5: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Source: Reference 23.

Diagram 3 Diagnostic Criteria for BPD (DSM-5)

Of the above, the child-therapist can only boast of:

- A pattern of unstable interpersonal relationships. However, from what has been shown, the child-therapist's relationships don't equate what is described here. He more has few friends and prefers the company of adults (Chase 1999).
- Identity disturbance. They do seem to have self image issues as described by previous theoreticians.

However, the child-therapist has been shown to be anything but impulsive. On the contrary, he has been shown to be a compulsive overachiever, insistent on demonstrating perfection (Chase 1999). In addition, he is the "stable one" in the family. In addition, to date, no literature has been found on suicidal behaviour.

When it comes to feelings of emptiness, research needs to be done on this topic. He does not believe that he is to be loved; however this does not necessarily equate to a feeling of emptiness (Jurkovic 1997, López De Victoria unknown, (Harrus-Révidi 2001)McMahon et Luthar 2007).

As such, I do not believe that the child-therapist is similar to BPD.

All in all, the two can thus be seen as a result of the failure of mentalization. As such, one can wonder if Bateman's and Fonagy's mentalization-based treatment would be effective for the child-therapist as it is for those with BPD. Mentalization can thus be used as another approach in understanding the child's therapeutic role; and also maybe in helping him find a way of escaping the prison he can find himself in.

In the absence of the mentalization process?

Notwithstanding the benefits of understanding the mentalization process, I believe that one would better and fully appreciate its effects if I were to touch on the effects of non-mentalization. In the absence of this process, one may see the following as highlighted in training programme, Mentalization-Based Treatment for Adolescence (Fonagy et Roussouw 2015):

- People do not make **sense**;
- Difficulty in knowing or understanding our **own feelings**;
- **Anxiety**;
- Sense of **loss**;
- Desire to **control**;
- **Anger**

Putting it differently, one can be left with an “apparent” uncertainty to oneself, as well as one's own surroundings, this giving rise to feelings of anxiety and fear. As such, one may look for a means of control. This control can lead one to exhibit similar mentalization-type processes, all the while not being proper mentalization. Thoughts

and assumptions can cloud one's judgement and overwhelm thought processes and emotions, leading one to (adapted from Fonagy et Roussouw 2015):

- Feel certain of our righteousness;
- Believe without a shadow of a doubt that we understand someone else's feelings;
- Attempt to regain control what seems to be out of our control;
- Project one's feelings onto others;
- Feelings of **paranoia** and **fear of losing** loved ones;
- Exhibit overwhelming feelings of **self loathe**.

As such, in the absence of mentalization, one desperately clings to one's psyche to find ways of coping, these processes being similar to mentalization, yet not the same (Fonagy et Roussouw 2015):

- Psychic Equivalence:
 - This occurs when one sees what one wants to believe. In other words, one actively equates the external world with internal constructs. As such, one may be intolerant of alternative perspectives. For example, one may take another's tardiness as proof of being disliked when in truth and in fact, the delay was a mere matter of being stuck in traffic;
 - This may lead one to treat others like labels as one uses these internal constructs to understand the world around oneself. As such, everything is neatly packed away into a little box.
- Pretend Mode:
 - There is no link between inner and outer realities;
 - There is a sort of dissociation as one may be speaking of feelings, but not really feeling them. As a result, no emotional connection can be formed, and thus the countertransference is inexistent.
- Teleological Stance:
 - This occurs when one looks for **concrete evidence** to supports one's point of view, even though this 'evidence' does not fall into the realm of a 'shared reality'. This is quite similar to psychic equivalence as one adapts the external surroundings to what one wants to feel internally.

The three previously mentioned, when combined or when standing alone, bring forth non-mentalization capacities (Fonagy et Roussouw 2015):

- Concrete mentalization:
 - Based on psychic equivalence and a teleological stance, one brings into reality one's internal constructs. One bases **physical circumstances** to understand **concrete concerns**, even though these may be erroneous;
 - May also be the result of **over-generalising**, and not giving way to other points of view of psychic expression.
- Pseudomentalizing:
 - An **inaccurate mentalization**, based on partial understanding of a given situation.
- Misuse of mentalization:
 - Here, one is able to understand the mental state of others, but uses that for self-serving purposes and manipulation.

Looking back, the reader may ask why I spoke of this non-mentalization. The reason is simple: I am questioning the child-therapist's ability to mentalize. I believe that the best way to go about this is to also understand what happens when one does not mentalize. The result is a scrupulous look at the child's psyche and psychical processes.

Summary: Review of the Literature

Terminology

The child-therapist is a something that has been observed for over 60 years now. It has been studied in many different fields of study: psychoanalytical, social, etc. Owing to this, there is a wide array of theories, as well as nomenclature. I, for one, prefer the term “child-therapist”.

The theories date back to the Second World War with Dockar Drysdale, who observed *frozen* children to describe children that were forced to exist as an individual before his neurotic defences could form (Bridgeland 1971). At this time, the phenomenon was observed, but no name was given for it. Many would follow afterwards, such as:

- Schmideberg (1948) who wrote an article entitled *Parents as Children*.
- Bateson (1956) who spoke of the double bind effect giving rise to the child-therapist
- A. Freud (1965) who spoke of children living in a vacuum
- Zuk & Rubenstein (1965), who spoke of the transgenerational effect of the phenomenon.

A host of reasons for the therapeutic nature were given, namely martial and psychiatric problems.

It wouldn't be until 1967 when the major contenders brought their theories. The first was Minuchin, who sought to “de-pathologise” the child's therapeutic nature. He explained that under certain conditions, it could prove beneficial. Minuchin gave the name the *parental child*. He identified several characteristics that could give rise to its pathological form.

Boszormenyi-Nagi (1973) would then come into play and coin the term for which it would become known: *parentification*. He, like Zuk & Rubenstein, highlighted the

transgenerational nature of the therapeutic role of the child:

“a process that occurs across generations in which unmet needs in one generation are experienced as ‘accounts due’ in the next, and result in children fulfilling some of the emotional and logistical needs of the parent(s). Parentified children sacrifice their own needs in order to take care of the needs of their parents.” (Castro, Jones et Mirsalime 2004)

He even delineated different forms of the child-therapist:

- *Child-as-parent*
- *Child-as-mate*
- *Spouse-as-parent*, this last form indicating that the role isn’t limited to the child, but could also affect adults.

Boszormenyi-Nagy had a few disciples, such as Searles (1973, 1975), Karpel (1977) and Walsh (1979), who, despite being inspired by Boszormenyi-Nagy, put their own personal touch on what they observed.

Others would speak of the child-therapist, but adopt different terminology to Boszormenyi-Nagy:

- Harrus-Révidi (2001) and her *enfant adulte*
- Garber (2011) spoke more of parental alienation, of which parentification was a part.

More theoreticians would lend their hand to understanding the child-therapist, some of which inadvertently spoke of the phenomenon, without directly studying it.

- Eiguer (2003) and his robot child
- (Bacqué 2005) and her *enfant distracteur*

All in all, much would be learnt about the child to help understand what he was living.

Characteristics

Many factors were discovered in the “birth” child-therapist. In the child, among

others, one would find:

- Age. The older the child is, the further he or she is in his or her development, meaning that the role would have a less harmful effect as compared to a much younger child
- Sex. Girls were deemed more prone to the role, this being because of societal norm of women as caretakers. However, they were also seen to be better adapted when in the role. In addition, siblings would go more easily to them than a boy who adopted the role.
- Capacity to care (Jurkovic, 1997 and Bacqué, 2005).

In the parents Miller (1979, 1981) spoke of a narcissistic abuse. This was somewhat echoed by Brown's (2002) destructive narcissism.

A lack of boundaries in the family was another trait to be considered (Constantine 1976).

To this, I added the societal effect on the construction of the child-therapist, and highlighted three roles:

- Support
- Facilitator
- Denial

The child-therapist's future was also debated, for it was shown that he or she suffered as a consequence. It affected more than ever his social life.

Uncharted waters

Despite the many theories, a few things have yet to be looked at.

Containing functions

The three major contributors that were looked at were:

- Holding and containing (Winnicott 1994)
- The alpha functions (Bion 1962)

- The Skin-Ego (Anzieu 1974)

An understanding of the containing functions would help understand their effect, if any, on the child-therapist.

Mentalization

Born in France and appropriated by the British, mentalization has found to be at the heart of all human interactions. Having a multidisciplinary background, it touches on quite a few of the theories from before, as well the containing functions.

It can be described as:

“the capacity to make sense implicitly and explicitly of oneself and of others in terms of subjective states and mental processes, such as desires, feelings and beliefs. It is a predominantly preconscious and imaginative mental activity, and constitutes a largely intuitive emotional reaction.” (Eizirik et Fonagy 2009)

Not only was an understanding of mentalization important, but so too was the effects of its absence, to wit:

- Psychic Equivalence
- Pretend Mode
- Teleological Stance

All the theories combined, one is well armed to tackle new frontiers of the child-therapist.



Research Questions and Hypotheses

This chapter deals with the questions raised and the hypotheses into which they breathe life. However, before diving headfirst into them, I would just like the reader to bear in mind the following.

For this dissertation, my focus is on the pathological – or ill-adapted – form of the child-therapist. That being said, I am in no way negating the benefits of the said phenomenon, and join fellow theoreticians such as Minuchin (1967), Boszormenyi & Sparks (1973) and Le Goff (2005) in saying the child's therapeutic nature could prove beneficial, if not vital, to the child's healthy development. However my aim is to better understand the child who suffers as a result, and to understand **how he ends up in this situation**, which could indirectly lead me to see if the child could possibly “re-gain” the beneficial effects after the (initial) pathologisation of the therapeutic role.

As such, the questions raised are those for children whom no longer see the benefits of the therapeutic role and ‘suffer’ as a consequence. These are children that have spent a significant part of their lives catering to the needs of their parents whilst neglecting their own psychological and emotional wants and needs. The period is deemed “significant” because the benefits that the child could have obtained are long gone; thus the ‘critical period’ for ‘implementation period for the pathologisation’, as described by Minuchin (1967) has been passed.

In spite of this, one should bear in mind that, albeit not being my focus, I may make mention of the more adaptive role of the child-therapist to better demonstrate the deleterious effects the child may see.

Another thing that the reader should be cognizant of is that I often refer to the ‘child’ as “he”, as well as the “parent” as “he”. In no way does this imply that only boys and fathers are affected. As we have seen, the child's therapeutic role, although being more commonly observed in girls and mothers, is independent of gender. One should note that one of the reasons that it is less commonly observed in the male gender is simply because men, by nature, are less demonstrative with their emotions and have a habit of ‘covering up’ and ‘hiding’ their true feelings, for it is erroneously and stereotypically not ‘masculine’ to show signs of weakness, aka emotions. They are therefore less likely to open up and allow people to see the pain they feel inside; the pain is sometimes considered as “weakness”. This may be a bit subjective and

somewhat diminutive to say, but unfortunately this is the harsh reality of the world we live in today: it is less accepted for the male gender to express emotions.

In addition, not only does my research focus on the pathological side of the child-therapist, but also on **children**. I believe that it is important to reiterate this point for, just as the therapeutic role is independent of gender, it is also independent of age. Adults too, whilst being more psychologically prepared to deal with it, can be subjected to the same therapeutic role, either with their own parents, spouse or other members of the family and/or their entourage. However children, being in the developmental stages of their lives and thus less psychologically and emotionally equipped, are more likely to be affected by the therapeutic role, be it pathological or beneficial. Hence an understanding of its instauration and the consequences that could possibly ensue would only prove beneficial.

What we do know

The theories brought forward several “truths” to the child in a therapeutic role. These truths crystallised certain observations that I’ve made over the years from former research and certain patients I’ve come to meet. These birthed my curiosity, and led me to try to understand the mind of the child-therapist.

For instance, the child-therapist is “hyper-adapted” to his environment. Not only is he able to respond to the needs of his parents – i.e. psychological and emotional needs – but he is also able to adapt to others. As such, he is the “perfect little specimen of a child”; of course *perfection* is subjective! However, catering to others does not go without consequences: he sacrifices his own psychological and emotional growth and development, just as Mrs Samara did in a previous example. This leads me to wonder about the development of his self, his ego, etc. and the processes involved in said stages.

The former reminds me that the child is his parents’ parent. On a side note, one should note that by parent, I do not necessarily mean an adult like role. I am rather simply implying that he takes care of his parents, whatever the form of the therapeutic role. Back to my trend of thought. One can wonder if and how, in the absence of

parental imagoes, was he able to develop psychologically. Parental roles being absent, so too are all the different contributions that they are to uphold (Oedipal, mentalization, etc.). What was therefore put in place to help him reach where he is today? Also, is his psyche “healthy”? Whilst theoreticians have put forward theories showing that the child’s self is fragmented (Kohut, 1971; Le Goff, 2005), one would agree that the child still does obtain a rather **functional’ self**; and this is what I intend to answer. Not what disrupts his psychological development, but rather **how is he able to develop his “psyche”?**

Also, the child is not passive in the pathologisation of the therapeutic role. It seems as if he actively seeks it out, looks to be the good child. Thus, despite the harmful effects, there seems to be a reason keeping the child in the said role. Does he benefit from it? If so, how?

If not benefitting from the therapeutic role itself, how and why does the child stay? Why does he just not **free himself of this seemingly never-ending nightmare**? Can he free himself of it and/or just accept the benefits of the role?

Lastly, and as I say time and time again, the child is hyper-adapted to his environment and to others. It is as if he is in tune with others and their emotions. He seems to be able to understand others and respond more or less exactly to their conscious and unconscious demands.

Different angles

The previous act as a guideline for my questions and hypotheses. They allow me to tackle the questions by approaching them from several different, yet comparative angles:

- The child-therapist in his purest form, i.e., his very essence, his very being, what he could possibly feel and express of his psychical expression and development;
- His containing functions: What role did they have, if any, in his development? The reasoning behind this is that the containing functions, a role that his parents must uptake, are part of the reason for his healthy psychological

growth and development. Are these containing functions present in the child's upbringing? If not, what impact does this have on the child's development?

- Owing to his being in tune with others, what can we say about his mentalization capacities? Are they impaired, enhanced or absent?
- All of the above, i.e., the interaction of the three previously outlined.

Questions raised

I'll be the first to join fellow theoreticians such as Kohut (1971), Boszormenyi-Nagy & Sparks (1973) and Le Goff (2005) in saying the development of the child's *self* is in peril. However I would like to go about it a little differently.

First and foremost, one cannot ignore the fact that the child, albeit the difficulties he may face in social interactions, does in fact develop rather well on the psychological front, i.e., he copes better than most in stressful situations, remains an upstanding member of society, etc. As previously mentioned, he is **functional**. Therein lies my first question. **How?** How can one who never knew the parental imagoes develop his psyche? Does his psyche really develop?

Inner strength, imitation or ignorance? Not knowing yet becoming

When a child is born, he is overrun by his *id*. His *id* is the only part of his psyche that exists upon his birth. All his wants, needs and urges are in dire need of immediate gratification. This is where Freud's (1933) *pleasure principle* (Cherry Date unknown) comes into play. Taking place on the unconscious level, it is driven by strong motivational forces and looks to satisfy our most basic and primitive urges such as hunger, thirst, anger and sex (Cherry Date unknown). As such, children seek to quickly satisfy needs such as hunger to **achieve comfort**. As they grow, through learnt behaviour as to what is socially acceptable, children learn to satisfy their *id* in

more appropriate and realistic ways, and no longer work on impulse. This is governed by the *ego*. This helps better weigh the risks of one's actions (Cherry Date unknown).

The child's parents normally help in nurturing the development of his ego, thus going from the pleasure principle to the reality principle. At first, the containing functions support his id as the child was thrust into the world of man, and thus, he does not know the law of the land. His parents ease him into the world by slowly bringing him to understand that his urges can be satisfied, but they do this through the proper means. They are responsible for "containing" him.

However, as it has been shown, for children of the pathological form of the therapeutic role, these parental imagoes are absent (Dockar-Drysdale, WWII; Rosenbaum, 1963; Minuchin, 1967; Jurkovic, 1997; Harrus-Révidi, 2001, etc.), which means that there are no parental imagoes, ergo no containing functions or guidance for psychological development. To add fuel to the fire, the children are supposed to uphold these said roles for their own parents. So how, how do they develop?

I am of the opinion that these children rely on their own primitive psyches to understand and cope with the world around them. But then why don't their urges take precedent? This, for me, goes hand in hand as to **why** the child stays in this role. My question contradicts what Rosenbaum stated; that in the absence of the mitigatory maternal figure, murderous impulses run rampant (Chase 1999).

First of all, the child's psyche, self is immature. With no one to teach him, he could (and should normally) let his primitive urges dominate; yet he does not: **he is more controlled and reserved**, even more than most. There is no sharing of psyches amongst the different family members.

I would have thought that he does this through imitation; however how can he imitate one that does not exist, one who does not act accordingly, one who looks to him for support? Actually, he does, through a sort of **trial and error coupled with satisfaction of a reversed projection** – "What?" You may ask – which can be seen as a sort of **conditioning**.

As mentioned, the child is a mere object and lives for the sole purpose of supporting his parents' fragile egos. As such, from a very early age, the child starts receiving a

projected image of what he should be like, how he should act. The right acts are “rewarded”. For example, if he doesn’t cry, his parents do not feel overburdened and there is peace and/or less tension within the family. Good and therefore obedient behaviour is therefore more privileged. Similarly, upholding this role, sacrificing himself is met with less tension in the family unit. He is thus **conditioned** to act accordingly.

As such, the **parents do unconsciously guide their child**, conditioning the perfect child; however they condition the perfect child for their own needs, and not the perfect child as is a “typical child”, an individual with his own thoughts, etc.

The child also looks to his own primitive resources to understand his environment and his parents, as well as satisfy his parents’ needs. **Acting out is forbidden, acting accordingly is required**. This leads me to my first real question. The child, in the absence of parental imagoes, looks to his own premature psychical resources to build and develop his psyche. He has no model to follow, so learns accepted behaviours through **trial and error**, these behaviours easing tensions within the family system. This lessening of tension can be seen as a reward for obeying, and thus as a sort of **auto-conditioning**. The child “teaches” himself and his psyche to adopt this as the proper functioning.

I should have rather said that the previous was a sub-question, because it does account for only a part of the pathological nature of his development. The child foregoes his wants, and thus suppresses his urges. He never explores his environment. From an early age, he adopts a more **environment-appropriate response**, i.e., appropriate to the given circumstances.

The former begs the question of the reality vs. pleasure principle. The child seems to subdue his wants and needs, his gratification. They are neither expressed, nor reformulated (reality principle). He is always in control, ensuring that his actions are correct (Robinson, taken from Chase, 1999). As such:

The reality principle is thwarted. The laws inherent to him leave him without an outlet to satisfy his primitive drives. He seeks and feels no pleasure.

However why would he feel obliged to stay in this area of discomfort? My hypothesis in this case revolves around the construction of his psyche, and also the benefits of being in a said role.

One should note that the child, albeit being a victim of his own right, does see some benefits to his position. He can be considered more autonomous, and is usually held in high regard by others around him. It can be quite gratifying. He is sometimes considered the *family hero* (Robinson & Rhoden, 1998; Wegscheider, 1979, taken from Chase, 1999). He can thus be somewhat tempted to stay in a role where he is revered.

In some instances, the child may not have always been in this role and adopted it to ease family tensions. As such, removing himself from the role would risk the return of the chaos that once plagued the family. Is that a risk that he is willing to take?

Also, this is all that some of the child-therapists know. They were constructed around the role, leading one to believe that their existence and therapeutic role are one and the same. Therefore, the child lives in a paradox. The therapeutic role, which causes him pain, is also one which he can't live without.

Firstly, he benefits from the role. In circumstances where he has a more privileged place in the family, and held in high regard for his therapeutic ways, his underdeveloped ego is complimented, reinforced, gratified and boosted. This supposed superiority keeps him entangled and ensnared in the role. He does not want to give up the role that allows him certain privileges.

This seems a bit contrary to the first questions raised which states that the child does not act on impulses. However it should be noted that here, the child **benefits from suppressing his impulses**. He is given a privileged place because of this suppression, as well as peace within the family system. This may be the only sort of “pleasure” he feels. Furthermore, and especially in those that have been therapeutic for the majority of their lives.

The child constructs his identity around this therapeutic role. It is who he is! Thus, he knows nothing else. As a result of his auto-conditioning, the child remains true to his nature: his identity is that of the loyal object (Karpel, 1977).

Also, for some, the therapeutic role is a welcome sacrifice for harmony within and survival of the family system, as well as their own survival. Leaving the role would mean chaos and confusion for the rest of the family, as well as for the therapist. This thus keeps the child-therapist ensnared in the therapeutic role. His **capacity for concern** (Searles, 1973) thus leaves him unable to leave the role and the family system to better his life.

His own survival is also incumbent on the therapeutic role. On the one hand, his identity, his very essence, person is linked to it. On the other hand, to avoid (more) feelings of discomfort from tensions that could arise and could possibly befall him, he remains fidelitous to his therapeutic role.

Joining the previous line of questioning, one would say that:

The child has forged a sort of incarnate “false” superego that prevents him from ever leaving the role and from exercising any form of pleasure.

As such, this leads me to officially formulate my first hypothesis, which states:

The child’s psyche learns and develops through auto-conditioning, this being the result of trial and error of accepted behaviour, as well as rewards of lessening tensions within the family, and of his “privileged place” within the family unit.

In tune

As seen, the child sacrifices himself for others. He adapts! Whilst ignoring his own *self*, and whilst not having the parental imagoes to teach him, he seems to be in tune with others, and project the image of what they’d like him to be. In other words, he sees what others want of him and portrays it. He makes *sense implicitly and explicitly of oneself and of others in terms of subjective states and mental processes, such as desires, feelings and beliefs* (Eizirik et Fonagy 2009). However he does this only too well.

This leads me wonder about his capacity for mentalization.

The child’s understanding of others goes unparalleled. But does this equate to mentalization? Is he overwhelmed and over-sensitized?

This capacity was born through his **auto-conditioning**, as mentioned in the first hypothesis. In constant search of his parents' solace, he learnt to only see himself through the eyes of others, and act accordingly.

This last bit makes me wonder. He sees himself through the eyes of others. In other words, he is a reflection of how others see him. Does this mean that his mindfulness is absent, this being a fundamental part of mentalization? Mentalization is, after all being mindful of oneself whilst being empathic to the other (Fonagy et Roussouw 2015). As such, does he truly mentalize as previously stated, or only does he only do "half the work"?

Contained or concealed?

A major part of the child's development at an early age is centred on the maternal figure's ability to *contain* her child. On a side note, this "containment" I believe to not only be part of his childhood, but also reappear in different forms in moments of stress.

What are contained in the beginning is the primitive agonies, urges, etc. The maternal figure takes these and transforms them into more manageable constructs for the child, until his psyche can deal with them on its own. However I postulate that the child-therapist, seeing that he never knew the parental imagoes, never saw the containing functions. So what did he do with these primitive agonies? Just as he suppressed his wants and needs, so too did he suppress and bury his primitive agonies. He never dealt with them. So what became of them?

He was also abandoned, left to find his way on his own, without anyone easing (containing) his development. As such, I believe that this does not go without consequences (other than what has already been cited). Even though they actively uptake a parental role, these children may still harbour a sort of resentment towards those who failed them, who did not show them how to be...and **still seek their parental imagoes!** However, he does not show this for he was auto-conditioned to repress them.

His identity isn't his own, or rather unknown. He is crippled in social situations, with (only) the absence of parental imagoes and their teachings to blame. Also, just as Harrus-Révidi (2001) stated, it is difficult for him to seek love for he believes that he is unworthy. His was unwanted and unloved by his own parents. This leaves him uncertain of others, and questions if others would or could accept him. Also, he can't be accepted by others for he too does not know who he is. How can someone accept him if he doesn't even know who he is? Lastly, I believe that when he searches for a significant other, i.e., partner, he actually looks for **the significant other**. However that will unfortunately not be touched upon for this dissertation.

Returning to our trend of thought:

The child-therapist has suppressed his very own wants, needs and desires. Those who should have taken care of them forewent his needs. As such, he feels a sense of betrayal. Always in control of himself and his emotions, he never expresses this pain. Added to this is the fear of not being accepted and not knowing who he is other than a therapist. This pain grows and little by little, anger ensues.

The child therapist thus harbours resentment for his parents for failing him.

Returning to the paradox, the child wants out, but does not want to give up the role (maybe for fear of being failed and betrayed once again). He wants his parental imagoes to save him from this nightmare, but has lost faith in them. He is the only one whom he can depend on.

Overview and hypotheses

Hypothesis #1: auto-conditioning paradox

This first hypothesis deals with the process of becoming a child-therapist and explaining why he could remain in the role:

The child, in the absence of parental imagoes, looks to his own premature psychical resources to build and develop his psyche. With no model to follow, he learns through trial and error of accepted behaviours, these behaviours easing tensions within the family system, and not promoting his own growth. This lessening of tension can be seen as a reward for obeying, and thus as a sort of **auto-conditioning**, teaching himself and his psyche this is the proper way of functioning.

The child also lives in a paradox. The therapeutic role, which causes him pain is also one which he can't live without. He finds within the role a benefit – a privileged place within the household and amongst his entourage – this keeping the role enticing. It strengthens its hold on him and the role undertaken. As such, giving up such a position is difficult.

That which tightens its grasp on the child is seen in the construction of his identity. The child constructed his identity around this role. Thus although painful, giving it up would mean giving up who he is, i.e., his existence.

A secondary measure keeping him ensnared is survival, his very own survival and that of the family. He is the glue that binds it all together. His removal of the role would mean the end for all, hence he feels a great sense of responsibility and his sacrifice is worthy. As such, his capacity for concern means that he remains fidelitous, a loyal object.

Being born in the image of the child-therapist, he invokes in himself a false superego, that which keeps him from straying from the path, preventing him from experiencing any form of personal pleasure.

As such, the first hypothesis states that:

The child's psyche learns and develops through auto-conditioning, this being the result of trial and error of accepted behaviour, as well as rewards of lessening tensions within the family, and of his "privileged place" within the family unit.

Hypothesis # 2: (un)contained

Here, we are looking at the absence of containing functions and what would ensue:

No parental imagoes means no containing functions. This being absent, the child was never helped in dealing with his primitive and aggressive tendencies. His own course of action was to suppress them and be the good child; however this meant that these tendencies remain harboured within him. As such, he holds within him anger and resentment towards his parents' betrayal.

This inability to express himself also leaves him crippled in forming healthy social relationships with others.

Joining hypothesis #1, the child still lives in hope of being reunited with his parental imagoes, but having being failed and betrayed in the past, he is in fear of letting go of the reins.

My second hypothesis therefore reads:

The child never received the affects needed, nor the emotional element to help cope with anxieties. He received all the primitive aggressions; however they were not filtered. They were therefore not reformed, but rather suppressed in him harbour anger.

Hypothesis # 3: “being as others see me”

This last hypothesis revolves around the child's capacity for mentalization:

The child's life being dedicated to the service of others, he is always vigilant of the image others have of him, as well as his acts. To be able to maintain the health of the family system, he seems to be in a constant state of understanding others' mental states.

This capacity was born through his **auto-conditioning** (hypothesis #1). In constant search of his parents' solace, he learnt to only see himself through the eyes of others, and act accordingly.

Hypothesis #3 states:

The child is unable to mentalize for he only knows half the method: empathy. Stemming from failed containing functions, which did not help in social interactions

needed to develop his mentalizing capacities, the child is left to portray false mentalizing capacities.

Summary: Research Questions and Hypotheses

The child-therapist's mind is an interesting one. His capacity to understand others, as well as his ability to adapt, is impressive. However, he seemed to have developed these in the absence of parental imagoes, but for his parents. In other words, he developed to help reduce tensions within the family.

He may also feel resentment for those that failed him. However, this is never seen for his emotions are contained. I therefore believe that he harbours some bitter resentment for those that failed him.

The three points above – ability to understand others, developing to ease tensions and contained emotions – have led me to postulate the following hypotheses:

Hypothesis #1

The child's psyche learns and develops through auto-conditioning, this being the result of trial and error of accepted behaviour, as well as rewards of lessening tensions within the family, and of his "privileged place" within the family unit.

Hypothesis #2

The child never received the affects needed, nor the emotional element to help cope with anxieties. He received all the primitive aggressions; however they were not filtered. They were therefore not reformed, but rather suppressed in him harbour anger.

Hypothesis #3

The child is unable to mentalize for he only knows half the method: empathy. Stemming from failed containing functions, which did not help in social interactions needed to develop his mentalizing capacities, the child is left to portray false mentalizing capacities.



Methodology

The most challenging aspect of any methodology is the respect of the person's psyche, and the person on a whole. There exist many tools, many ways of coming to understanding the human mind, but not all are suited to the individual in question, nor are they all suited to the surroundings that that the researcher finds himself in. As such, the researcher needs to act with great flexibility and ability in order to maximise results, all the while maintaining the person's respect and dignity.

To open, I'd just like to point out that this chapter deals not only with the methods put in place to test the aforementioned hypotheses, but also show the challenges faced and how I surmounted them without tainting the heart of my research.

In a perfect world – “perfect” being relative – I would have been able to design my methodology solely based on what I wanted to find; however as time and reality would show (and teach) me, I would not only have to adapt my method to that of my sample population, but also to where I was allowed to carry out my research. In other words, my method needed to put the well-being of the subjects first, at least in my humble opinion. Yes, the well-being is always of priority; however being the budding researcher that I am, I wanted everything to go perfectly, to use the latest techniques; however taking into account the subjects' state of mind and well-being meant that I had to rethink my enthusiasm.

This would prove to be the major challenge: given the constraints faced, how was I to adapt my method to assure the subjects' psychological security, as well as respect, all the while getting the maximum amount of information to test my hypotheses. The research needed to be ‘profitable’ and/or ‘beneficial’, as well as respectful to everyone.

This opened my eyes as to the field of research as it somewhat ‘forced’ me to think outside the box, and hone my research and psychological skills. Contrary to what one may think, things do not always go as planned, but this is not necessarily a bad thing. One just needs to be flexible, especially when in the field of research. This adds to the richness of the topic being researched, and can provide the researcher with much valuable information.

In addition, too much forethought could bring about unwanted and unforeseen biases. As such, I came to realise that the unexpected can actually be beneficial in ‘figuring out’ your method as it pushes you to explore new horizons, as well as get back to the basics. Also coming to light, these unforeseen measures actually do help in “unlimiting” one's research as it leaves room for liberty of expression in the subjects, and allows for a more natural, more heuristic approach, thus limiting what one may consider parasites in your research.

As such, despite my plans – and believe me, I had plans, big plans – the reality of things would show me that sometimes **simplicity is the best-case scenario**. This would enable me to ‘pass beneath the radar’ and put at ease those that participated in my research. Their ease, their relaxed state of mind would allow for more natural acts, more natural behaviours to be shown, and therefore more ‘purity’ of expression. Biases would therefore, as previously mentioned, be limited, thus helping the researcher. At risk of repeating myself, test subjects and researcher alike would be more inclined to act more naturally, and thus foster more relaxed, yet fruitful in terms of information. As such, these ‘purer’ reactions and results would be less prone to ‘politically or context correct’ responses.

Not only would finding the best method prove challenging, but finding my sample population also brought with it several questions.

Whom would I be able to run my test by, and under what circumstances? Seeing the vast nature and repertoire of the child-therapist, how was I supposed to choose the best reference population? Boys, or girls, Which age group?

The challenges were just that: challenges, obstacles to overcome. In addition, confronting them only proved useful and provided information in understanding my topic, and the child-therapist. This would also prove to be a learning experience for me. One can say that I learned much, not only about the child-therapist, but also about myself and the diverse nature of psychological research through the birth of this methodology.

So without further ado, I ask the reader to join me as I walk you through the realisation of my method, and the obstacles that one would think hindrance, yet in truth and in fact nurtured and breathed life into this dissertation.

Methodology 1: First steps/strides

Going in blind: Target age and sex

What I would first like to mention is that I acknowledge that the child-therapist is independent of age; it can therefore be seen in adults. However, the focus of my research is children, so I will forego any adults in my target population.

“Children” is a pretty large category: babies, infants, etc. Are adolescents even considered children? Whilst it may be true that children have different developmental stages, and that these stages may have an influence – whatever it may be – in the instauration of the therapeutic role, I saw this as rather beneficial; for each stage requires a parental imago, a ‘symbolic champion’ so to speak. Seeing how the child copes with (or not) this ‘deception’ would only prove useful in understanding the impact of the therapeutic role on the child’s development. As such, I believed that it would be unwise to restrain and/or limit myself to a specific age group. It would be best to leave it open to those still in the development stages of life, BEFORE adulthood. As far back as studies into the capacities of children have been done, theoreticians have observed and published findings showing that children, an even new-borns, have an amazing capacity to adapt their environment (Berry Brazelton 1962). It is for this reason I am leaving the category of children open, for this suggests that even new-borns could fall victim to the pathological side of the therapeutic role.

However, being ‘open’ is in no way synonymous with being overseen. Their stage in development was to be taken into account, as the child’s therapeutic nature being prone to the pathological nature, the interactions ensued, etc. would only prove useful in determining the impact and influence on the child’s development.

Another thing to take into account was that the occurrence is more observed in girls than in boys. Albeit this observation, I wanted to be able to see the effect of the said phenomenon in boys as well. Again, was I to choose an exact number of girls and boys? I opted not to for, as we would see later on, too much ‘control’ could hinder the results. Yes, this was a risk, but one I was willing to take, as I wanted the results to be

as natural as possible. By this, I mean that I wanted to experience it spontaneously, rather than by forcibly looking for and choosing those deemed ‘worthy’ of the name child-therapist. Similarly, just as I’d have to analyse each age group depending on the stage of development, I’d also have to analyse girls and boys depending on their development, their reactions towards their parental imagoes, etc.

Finally, I’d just like to add that no two people are alike. Thus, just as I’d analyse ages groups differently, as well as gender, so too would I have to analyse each case individually as. By this I mean that, hypothetically speaking of course, even though two boys of the same age may be in the same developmental stage of their lives, this does not mean that they experience them in the same way as their life experiences are different, and they are also very different people. As such, how and if they are influenced (and I dare not say affected) would be different...or in rare cases, the same.

To summarise, I thought it best to **go in blind!** This would provide valuable information that I could not get had I outlined certain criteria.

- For one, even though on a small scale, this would allow me to see if in truth and in fact, girls are more affected by boys;
- In addition, going in without any preconceived notions would allow for a greater variety of the therapeutic role.

Identifying a child-therapist

The child-therapist does not walk around with a sign around his neck stating his role, nor does he have it tattooed across his forehead. As such, only through the course of my research would I be able to determine if the child/ren in question was/were in a therapeutic role. This added a bit of a challenge (and necessary risk) as I needed to be able to work with families where the phenomenon existed. However, how could I bring to light the said role in a family? An added risk was that I was not sure to come across a family where the child’s therapeutic role occurred.

One might believe this to be foolhardy, but as one would come to realise, this only added to the authenticity of my research and findings. It would limit personal biases, as well as those born through research, not to mention any anxieties.

Nevertheless, this meant that I would have to first of all figure out a way to determine if a child is in a therapeutic role before I could put in place the rest of my research. Certain criteria would need to be considered in order to determine the a child in a pathological therapeutic role, emphasis on “pathological”, this being the aim of study of my dissertation. As such, I needed to come up with a method, or rather a list of telling signs of a pathological, therapeutic role. This will be explained in more detail later on.

Lastly, the setting needed to be able to shed light as to the intricacies of the interactions, to allow my observations the psychical exchanges amongst the different family members, all the while allowing for ‘natural’ interactions that wouldn’t be tarnished by my presence; or rather as little influenced as possible by the researcher’s presence.

That being said, despite the challenges that presented themselves, what was left for me was to design the best method to study these exchanges.

So, being the optimist I am, I set out looking at organisations where parents and children interacted. Many seemed promising, but it would be more difficult that I had thought to get my foot in the door.

It was only through the aid of my supervisor for my dissertation that I would come to carry out my research in one of the organisations that I was looking at.

Setting

I came to find my sample population through the help of my dissertation advisor. She put me in touch with RESCIF (Recherches et Etudes Systémiques sur les Communications Institutionnelles et Familiales). Albeit being a small organisation, they have many missions, mostly dealing with training and research. They have

published quite a few articles and through their research, developed different methods of intervention with families. In addition, most of their practices find their influences in the English-speaking world.

Additionally, they work on conjunction with the Departmental Council, the Child Protective Services, ES Strasbourg, Children's home, etc. Their main goal is providing training and supervision, as well as offering research internships with these institutions.

Research being one of their main foci, they often seek young researchers to further their work; thus their interest in PhD candidates. They are therefore bombarded annually with applications.

They agreed to provide me with my sample population under one condition: My research must be beneficial to the families and the organisation's mission.

However, that was the first level. I needed approval on two levels, the second being their partners: the Departmental Council. They, too, agreed and had similar requirements. My research needed to, not only help the families, but also provide new methods of helping all the contributors.

As a result, I was therefore given the title of "researcher" and job description:

Chad Cape, PhD student in the field of Psychology, whose aim is to study parent-child relationships through intervening in supervised visitations at RESCIF, with the aim of understanding the family dynamic. His previous research was in the field of family psychopathologies such as pathological violence and incestuous-type relationships

RESCIF

RESCIF is a small structure of about 10 employees. Albeit being small, it oversees quite a few operations. Its foremost operations are training programmes and research (hence their interest in 'young doctoral students in their prime'). Their research revolves mainly around families and children that they work with, and they have published quite a few of their findings.

They also made their mark in the psychological world as being one of the few places to train in and use the systemic approach; however they do touch on other fields such as psychoanalysis, developmental psychology, etc. as those working there are not pure systemicians, but rather have varying backgrounds and training in the social sector.

As stated earlier, the organisation has quite a few operations. The main ones are as follows:

- Insourcing and outsourcing training programmes, mainly based on the systemic approach. These touch on many fields, namely in the medico-social world. As such, those who assist the training programmes include psychologists, psychiatrists, social and care workers, nurses, etc.

Their intervention focuses on families and children: conflicts within the family, difficulties that children and families may face, divorce, etc.

Their programmes also range from working with psychiatric families, with troubled children and couples, to handling finances within the household. Their intervention is thus multidisciplinary.

They are also involved in management training. I won't go into detail because management is not my forte.

- Research. The organisation, albeit its small status, covers quite a few research projects and, as previously mentioned, has published their findings in several psychological reviews in France.

Their findings revolve around families and individuals that come seeking therapy and/or other types of aid.

Amongst the topics covered are anorexia, violence within the household (domestic or child abuse), divorce, etc.

Their research is also aimed at improving therapeutic care for children and families, at finding the best ways to help those in distress.

- (Psycho)therapy to families and individuals covering a wide range of issues, from psychiatric problems within the family unit, to troubled teens and underperformance at school.

Many of the articles that they publish come from their work with these families.

The same is for their research. Through their research, they come up with different methods of intervention better suited to the needs of their clients. They have come up with different forms of group work that can be compared to other forms such as the Balint Group, ‘théâtralisme’, etc.

- Mediation. This involves a mediator who acts as an ‘ombudsman’ to help recently separated couples part ways under the most harmonious of conditions, reaching an agreement as to assets, visitation rights to children, etc.

This is normally done so as to avoid being brought in front of the family judicial system, which could sometimes lead one to ‘lose out’ so to speak.

- One of their subsidiaries handles group therapy for families with difficulties. It is more of a support group than a therapeutic group.

This subsidiary also benefits from the research done, this by working with families and introducing new tools and methods designed at better helping families.

- Supervised visitations, where I intervened. Being one of the major organisations offering supervised visitations, through their experience, they are also those that train future supervised visitations monitors, as well as foster families. Their training programmes also deal with all those involved in supervised visitations (social workers, psychologists, etc.) and work hand in hand with the Child Protective Services, usually training staff there. As such, the monitors are also training coordinators, basing their training on their own experience.

According to the director and those working there, my needs seemed to be best met in supervised visitations...

Placed children

In some cases, parents are seen as unfit and unable to take care of and provide for their own children. However, this isn’t always the case. In other situations, it is seen as a precautionary solution. By ‘precaution’, I mean that there was some worrying information about a family, like suspected interfering of a child by a parent. As such, to protect the child, social services may intervene and on some occasions, the children

are taken away from the parents and placed into foster care on a temporary, observational basis.

Reasons for children being placed into foster care are numerous:

- Physical or sexual abuse;
- Precariousness;
- Child negligence;
- Mental health problems;
- In some instances, the parent may ask that the child be placed into foster care as he or she (the parent) may feel that he or she is inept and that it would be in the child's best interest to be placed elsewhere;
- Etc.

In some cases, the Child Protective Services are not at the heart of placement, but rather the parents who are aware of the difficulties they face and seek out the Child Protective Services to temporarily take care of their child/children, until they can get their feet on the ground and be better able to provide for the latter. Similarly to those causing concern, the reasons behind the decision are various:

- Precariousness;
- Poverty;
- Homelessness;
- Mental health problems;
- Violence within the household, this usually being domestic violence, with the victimised person fearing for the safety of the child/children;
- Etc.

Whatever the reason for placement, i.e., forced or volunteered, it is organised by the *Family Court* and *Child Protective Services*. Through a court order, the children are placed with *in loco parentis*:

The legal doctrine under which an individual assumes parental rights, duties, and obligations without going through the formalities of legal adoption.

In loco parentis is a legal doctrine describing a relationship similar to that of a parent to a child. It refers to an individual who assumes parental status and responsibilities for

another individual, usually a young person, without formally adopting that person. For example, legal guardians are said to stand in loco parentis with respect to their wards, creating a relationship that has special implications for insurance and Workers' Compensation law. (Legal Dictionary 2008)

In loco parentis takes different forms. The caregivers could be either:

- Foster parent, an individual whose job it is to look after the child, assuming many 'parental' responsibilities without be the said child's parent. It is, as stated, a job. The foster parents need to apply for the role and usually need to attend a training programme readying them for their role, and once accepted, they receive a monthly that allows them to take care of the child.

The number of parents that a foster parents can welcome into the household is limited, this being three, which means that siblings may sometimes be separated.

The reason behind the limitation stems from the need to properly cater for and be there physically, emotionally and psychologically for the children that may have sometimes lived through traumatic experiences. The foster parents need to be present for these children, as with all children, so as to help them through what can only be described as a difficult period in their lives.

In addition, being separated from one's parents, whatever the reason, is difficult. As such, the 'small' number of children being welcomed into any given household allows for the foster parent to be all the more present to cater to the child's needs, and help him or her though whatever he or she may be going through. This allows for the child to have someone available – psychologically and emotionally – if the need ever arises.

Lastly, some children may exhibit psychological problems, or display handicaps, whether these be psychical and/or mental. Thus, small numbers of children allow for better, more individualised care.

It should be noted that some foster parents might have children of their own, their children either being grown, or still living with them.

- A children's home, this being an establishment which takes in children that have been separated from their parents. Those who take care of the children are trained childcare workers. They work as a team to take care of the children placed in their care.

The number of children can be as much as 50, sometimes even more.

These establishments often help the children find training programmes and internships to give them a better chance for life after placement.

Similar to foster care, the number of children that can be accepted is also limited to the number of spaces available. Thus, like foster care, siblings can be separated.

Also, where siblings are placed together, they may not necessarily see each other because they are placed in 'dorms' based on their age and gender. As such, unless similar in age and gender, they may still find themselves separated.

- Small children homes. These are similar to the children homes previously described, except for the fact that they offer a more 'homely' environment. Fewer children are accepted within a large house, and not an establishment as in the previous type. As such, they get to experience more of a camaraderie and 'family' setting.

Around 10 children may be seen at any given time.

Those working there are also trained professionals, some living on site.

The age of children placed into care, be it a foster parent or a children's home, varies: from new-born babies (although they are usually placed with foster parents) to adolescents at the age of 17. However at the age of 18, the 'child' is legally an adult and is free from the system and left to fend on his or her own. In some cases, the foster parents may decide to continue being a foster parent, although not being paid for it. In other cases, where the 'child' is 18, but presents a mental handicap or other difficulties, which prevent him or her from inserting him or herself amongst others, arrangements may be made to give him or her a better chance at life.

As previously stated, children homes help in finding training programmes and internships to help the child for life after the age of 18.

In addition, not all siblings may be placed. Sometimes, one may be placed, this being the child who suffers the most, or is the only one being victimised. When this is the case, a close eye is kept on the others. Social workers follow the family and visit them quite often to ensure the safety of the other children.

With placement comes a change of everything: school, friends, etc. In other words, placement can be seen as synonymous with ‘starting over’. Children may change the region they live in, the town, etc. As such, they change schools and thus lose contact with any of their old friends. Not only do they lose contact, but they are forbidden from having any contact with anyone from their ‘former lives’ – friends, family, etc. – whatever the relationship.

One of the reasons is that the children may have been embarrassed from what they lived through and need a fresh start. Another is to protect them as their parents may try to get others to get into contact with the children. Another is availability of places for them to live. Nevertheless, this is often seen as harsh, and is the source of much pain, anxiety, discomfort and distress in the children. They are literally cut off from their lives, and their origins. Some live their entire lives never knowing who their other relatives are, except through pictures. As such, at the age of 18, they may be at a loss.

Sometimes, the Child Protective Services is aware of this and may put into place visitations between the child and other relatives – such as a grandparent – these relative not having any reason to the child’s being placed. This is usually at the request of either the child who has fond memories of the said person, or directly from the relative who wants to be part of the child’s life.

On other occasions, for siblings that have been separated, ‘sibling visitations’ are put into place. This is also sometimes done at the initiative of the different foster parents of the different siblings.

Noncustodial parent

It should be noted that the *noncustodial parent*, i.e., the parent who does not have physical or legal custody of his or her own child is not without rights. He or she is still, in most cases and unless otherwise dictated by the judge, the legal guardian. As such, he or she still needs to give his or her approval for the child’s daily activities: school, holidays, medical intervention, even getting his or her hair cut, etc. This allows the parent to still feel included in the child’s life, and to still have a parental role.

Social workers

Each case is handled by a *social worker* who meets the families (parents and children separately). It is he or she that is originally contacted about worrying circumstances within the family, and who may suggest or not that the child be placed, and who plays a major role in the evolution of the parents' rights to their child/ren.

He or she meets with the different parties, and collects all the necessary information, transmitting it to the *Juge des Enfants* who has the final say in the parents' rights to their children. The *Juge des Enfants* is a magistrate in France who specialises in problems that occur in childhood. The bill was passed 2nd February 1945, following incidents of child delinquency (Ordonnance n° 45-174 du 2 février 1945 relative à l'enfance délinquante)

Despite the crucial role, the social worker does not work alone. He or she coordinates his or her efforts within the Child Protective Services, as well as stays in contact with all who surround the child – parents, professionals (psychologists, monitors, ...), etc. – and is in contact with the child. Through these interactions with the different parties, reports are written giving different perspectives on the future of the parent-child relationship. Other parties also write reports; however the social worker's reports acts as a coordinated and collaborative report of all the different opinions.

The social worker never sees the parents and children together, or rather I should say never sees them interact together for this is not his role. Whilst it may be true that he may have been at the origin of the placement, as mentioned above, through his reports, he is not the one who observes and analyses family interactions. His role is to reassemble, to gather the different points of view from all the parties involved: child/ren, parents, psychologists, etc. As such, his role is not to facilitate the parent-child relationship, but rather to co-ordinate the contributions of those involved. In other words, he is not the one to help them work at their relationship. And this is where the organisation I intervened in comes into play.

Supervised visitations

The Child Protective Services evaluates the parents' rights to their child, as well as the parents' possible return to the custodial parents. As such, they need to see if the parent-child relationship is on a positive path, if the parent would fare well as a parent. As such, they look to professionals who evaluate the parent-child relationship and help the families work through whatever problems that they may have. However these professionals must first and foremost provide a safe and secure environment for the children to meet their parents. Moreover, the environment needs to be **neutral**, meaning that it is supposedly free of any bias. In other words, the professional overseeing the supervised visitations must free him or herself from any prejudices, all the while keeping in mind the reason for the visitations. He or she must do his or her best to work through whatever reason brought the family to this point.

However, despite being neutral, the environment must allow for as much as a natural setting as possible. Whilst the setting may be artificial, i.e., unfamiliar and 'un-homely' territory, it needs to be welcoming enough so that the parent/s and child/ren could exist in the most realistic and 'almost normal everyday' setting. This is often quite difficult for both parents and children as the unfamiliar territory leaves them uneasy, promoting anxiety and fear. For some, the unknown may be just to anxiety inducing, or rather anxiogenic, thus inhibiting any real work to occur. On other occasions, unfamiliar surroundings may actually 'liberate' the child, acting as a sort of support – emotional, psychological and sometimes physical – for his narcissism, reducing anxiety, and giving him the courage to confront whatever demons may be plaguing him. This may reinforce his *self* and allow his *self* to be expressed, without fear of suppression from his parent. The role of the professional in this setting is to help in either of the scenarios, to appease tensions, but more importantly to promote a safe environment, as well as expression and allow for past trauma and miscommunications to be worked through. The child can express his woes, his troubles without fear of being persecuted by the said parent.

This occurs in what is referred to as supervised visitations; this most commonly being seen in and used for **high conflict cases**. A high conflict case exists where there may be underlying pressure on the child, leaving him or her vulnerable to problems that

could potentially hinder his development, and have negative consequences on his or her being. It also occurs because the nature of the placement may lead to a lack of co-operation between parents, and thus the child may be pitted against one or the other parent. In cases where the parents are still together, there may exist a sort of disharmony within the family system, and thus the 'oedipal family' may not exist.

In other cases, returning custodial rights to a parent is, for lack of a better word, impossible. This may be because the parents are heavily affected by mental health problems and can't even take care of themselves, far less their child. Another reason may be that the child was terrorised to the point that he or she would suffer if ever returning home. Finally, in some cases, the 'crime' of the parents can only be seen as 'heinous' (paedophilia, child pornography, etc.) and thus the courts decide that these parents can never again be entrusted with their child.

The examples are numerous (and warrant interest); however I believe that it would be best to not digress too much, and thus sum it up by stating the high conflict cases exist where the child is in danger and an outside party needs to get involved to cater to the interest and well-being of the child, and thus the family system.

Whilst it may be true that supervised visitations' aim at helping family relationships, in some cases where one may deem the parents as 'unfit' – mental health problems – the sole purpose is to 'maintain' a relationship, or simply contact. This may help the child to mourn, and eventually get over grief and loss of a parental imago that he or she may have never had.

One may wonder why, in some cases where children were traumatised by their parents, these parents do not lose their rights as parents. The answer is simple, yet complicated...and debatable. Parents, too, have rights! Whatever they may or may not have done, these parents have brought a life into the world and have rights to see their child. I know that this may spark some outrage. I too have often asked this, but working with such families, and through **reflective analysis sessions**, I have come to understand that this is necessary. Things are never black and white, but rather a murky grey, and one therefore needs to take each case individually and understand everyone's role into what brought about the placement. Only there and then can one reach an informed decision as to the future of the the family system, only there and

then can one decide if it is truly in the best interest of the child to refute the parents' rights, and allow the child to cut off all ties with his or her parents.

This does not seem cut and dry; however the code of ethics protects and helps the children and parents in this case. On the one hand, it takes into account the person's individuality, and does not limit him or her to a situation. This is reinforced by Code of Ethics #25 which states that (my translation):

The psychologist is forewarned of the relative nature of his evaluations and interpretations. He takes into account the person's evolution. He does not reach conclusions that may denigrate a person or group's psychological and psychosocial resources.

This protects parents and children's rights, as well as allows for respect for the person's psyche and being. The psychologist is to treat each and every patient or client individually, and not fall victim to prejudices and categorisation. He needs to be wary of everyone's psyche, and the fact that one can evolve. As such, the psychologist is open to the possibility that these parents, despite what they may have done in the past, can be helped. He must therefore not shut the door on these parents and must help in any way he can, within the confines of his role.

The psychologist is also there for the children, whether this be to see the parents' evolution, or mourn the loss of a failed parental ego.

Finally, whilst the psychologist looks towards the betterment of the parents and children, he can sometimes be brought to the conclusion that it would be in the best interest of all the parties involved were to part ways. As such, the psychologist has a difficult role: he or she needs to analyse the situation and help understand what would be the best course of action, protecting the needs and psyche of all those involved.

Supervised visitations

The organisation of which I am speaking offers just this, an area where parents and children may work through and resolve trauma, or just maintain contact. The Child Protective Services outsources these cases to this, among other organisations. In turn,

trained staff within the organisation work with the said families to help foster healthy parent-child relationships.

The children see their parents under supervised conditions, meaning that only with the trained staff present do the parents see their children. Their training is diverse: from those in the field of psychology, to those in sociology. Others may not have had any psychological or social training, but may have done a training programme allowing them to exercise the role.

The trained member of staff comes under many names: monitor, third party, etc. For my dissertation, I will use the term *monitor*.

Each organisation of has its own set of rules, this being the result of the resources available to them, the setting, etc. However there are many rules that are common across the board, these being focused on child safety. These rules are set in place to ensure the child's safety, as well as the parent-child relationship to be worked on. However before getting into the rules and regulations, I believe it wise to better explain how I ended up there and how that 'influenced' my research methods.

Multiple personalities...when life gives you lemons?

One of the limitations of my intervention was that I would have to work as one of the monitors, as well as act as a researcher. I would be given a dual role; this could not be circumvented; I had to occupy a dual role: monitor and researcher.

Another limitation was the use of material. For the supervised visitations, neither pen nor paper was allowed in the room; nor was I allowed to record (Dictaphone, video camera) what was happening, as this would, according to other monitors and the running of the organisation, cause unwanted anxiety and stress in the families. It was understandable as, putting myself in their shoes, it would be unsettling watching someone write whatever you do as you spend time with your child. Also, visitations are more often than not 'lively' and thus no one stays in place for me to use my Dictaphone. In addition, it would seem strange if I were to be running behind someone with a Dictaphone; I would stand out more than usual and inhibit any 'natural' behaviours.

Thus, I need to adapt my method, this upholding the Code of Ethics, notably #12 which states that (my translation):

When the psychologist is confronted with limitations, or when the person's abilities are impaired, the psychologist works to create the conditions for a respectful relationship of the psychic dimension of the person.

The limitations, or rather constraints here, were related to the limitations imposed by the organisation and the dual role that I was to undertake. My research needed to be beneficial to me, yet respect the person, as well as the organisation.

As such, I saw it wise to **become part of the research**. Hold on to your hats, I know that this sounds like madness; however I will soon clarify.

It seemed daunting at the time, but I saw it necessary to widen my scope of research methods that would take into account my dual role. This would lead me to a previously and erroneously thought by me out-dated method, used in Freud's era: **observational analysis**. Freud built his theories on the sexual life of children around his observations of Herbert Graf, better known as the 'Little Hans' (1909). He based his findings on collecting observations to build his theory on the sexual life of children. However Freud received many criticisms for his methods as he failed to take into account the respect for the child's psyche. I did not want to have this bias.

Nevertheless, given the constraints, observation seemed to be the best suited for my study. It respected the parents, as well as allowed me to collect vast amounts of data.

Observational method

Observation in its purest of forms, as described in clinical psychology, comes from the Latin "ob", meaning opposite; and "servare", meaning to look, protect and conserve or preserve (Pardinielli et Fernandez 2015). In other words, observation entails looking at someone, all the while preserving that person's psyche, from an 'opposite' standpoint, or rather asymmetrical point of view (analyst-analysand). This alone makes modern-day observations more ethical than Freud's methods of a past, but not forgotten era, and also coincides with today's Code of Ethics.

The method of observation comprises other characteristics as described by Pedinielli and Fernandez (2015). Among these, one would find (adapted from Pedinielli et Fernandez, 2015):

- Adaptation of the researcher to the given environment;
- Respect for a Law, as well as respect for the analysand;
- Focusing of one's attention on the topic on hand;
- Having a critical mind, yet not lending to criticisms.

As such, the analyst aims to preserve and respect the analysand, by remaining open and respecting the latter's psyche, yet still maintaining a sense of being, able to critique he who is being analysed. More importantly, this allowed for me to adapt to the environment I found myself in.

The main advantage of this technique is that it allows for large amounts of data to be "easily" collected on everyday situations, such as sleep patterns, games and personal care; as well as better understand reasons for distress, pain and suffering; and finally shed light on reasons for separation in groups of people formerly held together by a common bond (adapted from Chahraoui et Bénony 2003).

Furthering my appreciation for this method, observation also leads to the analyst taking note and interpretation of very discreet behaviours, or even the very subtlety of emotions and gestures. As such, through interpersonal interactions between subjects, observation allows for behaviours to be analysed in the finest of details; their interpretation being in accordance with the approaches and theories based on the field of study (psychoanalytical, social, etc.) (Chahraoui et Bénony 2003). This would prove beneficial to the setting I found myself in, as it would allow for me to view many subtleties that may go unnoticed with other methods.

However, it does come without its own 'flaws'; however these very flaws are what set it apart from other tools and serve rather as 'unavoidable assets' to the observational method.

One can find five major supposed drawbacks, these being provoked by the observer's own anxiety (Devereux, taken from Spiro 1969):

- **Distortion caused by perception**, this being an unconscious effort by the investigator (analyst) to exclude all that may cause anxiety;
- **Distortion by projection**, foiled by his own anxieties, misinterprets his subjects' behaviour, unconsciously seeking to satisfy his own needs;
- **Distortion caused by the 'methodology'**. The methodology, usually thought as objective, is seen by Devereux as distancing the investigator from his subjects, as putting up a wall between himself and the analysand. This, *"reduces the affective and anxiety-arousing character of research and interaction but, in doing so, also filters out what be some of the crucial variables to his study"* (Spiro 1969). In other words, rigid methodology can be seen as 'de-personalising' and maybe even de-humanising;
- **Distortion caused by unduly limited frames of reference**, i.e., to ease his own anxiety, the investigator limits his frame of reference to that which he is looking for, to the social and/or cultural domains;
- **Distortion by unduly generalised theories**, meaning that the investigator chooses theories that account for that which reduces his anxiety. As such, his theories are not complete, and remain only partial theories;

Devereux argues that the above are not to be shunned, but rather be embraced. Thus, tests and other tools, albeit being useful, could in fact remove objectivity in any research, as the researcher looks to reduce anxiety-arousing elements from his study. As such, Devereux believes that it is *neither possible, nor desirable to eliminate 'subjectivity'* (Spiro 1969) in **behavioural sciences**.

However, where does this anxiety that I've just spoken about come from, and what are we to actually do with it?

Countertransference

Countertransference, a concept developed by Freud, is seen not only in the therapeutic setting, but occurs everyday in interpersonal relationships. As such, it is unavoidable.

By definition, it refers to the unconscious processes that specifically affect the analyst. It is defined as the overall reactions of the analyst to the patient as a person and towards his or her transference (Laplanche & Pontalis, 1967; taken from Giami,

2001). Simply put, countertransference is the analyst's reaction to the subject's transference ; it is a secondary process that comes from the analyst's own neurotic conflicts and his or her reactions to the analysand (Giami 2001).

This is normally seen as negative, or rather parasitic to any research ; however as Devereux stated, one's reactions should be analysed, as what the subject is made to 'feel' is anything but unimportant. As such, countertransference can be seen as positive and is thus a useful source of information to any research. It is, as Devereux stated (Spiro 1969), a *crucial ally*.

As such, I needed to apply a certain strategy to bring forward the benefits of countertransference in my research: accept and use countertransference, whilst 'controlling', or rather understanding it as much as possible; thus also inspiring me by helping in my interpretations of the scenes observed (Giami 2001).

Thus, not only was I the **observer**, I was also the **observed**. In other words, my presence, my dual role, my position played a part – and a very important one – in what transpired in the visitations. **My role, my place would help me better understand what was happening, as well as the psychical processes in play.** As such, I needed to analyse my role, and the impact (if any) of my presence. Unlike other types of research, I could not (and should not) ignore the countertransference, but rather embrace it, and benefit from it. This would allow for (Spiro 1969):

- Use of subjects' affects as important sources of data and not as hindrances to the experiment;
- Exploit my own affects rather than ignore them, becoming detached and depersonalised;
- Make the most of **my own countertransference reactions as a creative source for explanatory and interpretive theories, rather than repressing them in a phobic manner.**

This last point couldn't be truer for my dual role, and echoed Winnicott's take on countertransference in the therapeutic and analytic setting. Winnicott spoke of the importance of countertransference in such settings. In his paper entitled "*Hate in the Counter-Transference*" (Winnicott 1994), he explained that the analyst should be aware of his own feelings towards the patient, and needed to be himself analysed. He

compared the therapist to a devoted mother who must put aside her own needs and feelings to be available and objective for her infant, allowing her to give her child what he or she truly needs. He added that, in certain stages of certain analyses, the *analyst's hate is actually sought by the patient, and what is then needed is hate that is objective* (ibid, p. 353).

My role would therefore be described as *impartial* instead of *neutral*. It had an effect on what transpired in the visitations, as would the role of any researcher has an impact in his or her research. However:

- I remained impartial
- I chose to use this impact to better understand what was happening, for I would be part of the system in play (and this would only prove very beneficial to understanding the family dynamics of my sample population).

Reflective analysis

However, before being able to see the profitable side of countertransference, I needed to work on my own anxieties. This I got from trimonthly **reflective analysis** (*analyse de la pratique*) sessions. I'm not going to lie, at first, I HATED them and would just sit back in my chair with my arms folded, as I did not see the point of them (Yes, I was a bit of a rebel!). However, as time went on, I came to see their use and got more involved, this helping me better understand what was going on in the supervised visitations. Unfortunately, I cannot go deeper into what I talked about. I'll just say that I had to get to know myself better and get over certain obstacles, personal obstacles that could have potentially negatively affected my countertransference. We all have a past and a present, plus we also project a future. These influence, or rather have an impact on our daily lives, our work, our interactions, etc., whether this be unconscious or not. They also shape the way we see things and understand the world we live in. Reflective analysis allowed me to better understand, and to not let my life experiences hinder my research.

Reflective analysis also allowed me to better understand, and be more open-minded to parents that one would deem as cruel, undeserving of children. Being of this opinion could have potentially been harmful in analysing the parent-child relationship.

Reflective analysis allowed me to see that, as previously mentioned, things are never all black and white, but have many nuances of grey. It allowed me to better understand **parents, children and the family!** For example, even the ‘cruellest’ of parents, those that ‘the stuff of nightmares are made of’ (as I used to think) are in difficulties, and in need of our help. This goes hand in hand with the Code of Ethics #25 cited earlier.

This being said, although my first role was to analyse the interactions between the family members, **a secondary objective was to observe myself**, the role I held and the possible effect my presence had, this allowing me to also understand countertransference.

However just simply observing was not enough; I had to figure out the best type of observational analysis.

Observational research

Simply saying that I was going to observe my sample population was not enough. Simply stating that I was also going to also analyse my role was not enough either. I still had to find the best observational-type method that would coincide with my research, the context I was put in, that would allow me to test my hypotheses.

Seeing that my role was not only that of a researcher, but also a psychotherapist, the method of observation proved to be the best bet as it is also focuses on therapeutic properties in research (Thurin 2012), this accommodating for my dual role.

There exist different types of observation methods, each with its own strengths and limitations. As for what I decided upon, I opted for a sort of ‘hybrid’ between *natural observation* and *participant observation*.

I deemed it ‘natural’ as, whilst not being in a their “natural” habit., the families were allowed to act as if they were home alone . They were allowed to act as they wanted. Yes, I stated that they were in a ‘controlled’, or rather artificial environment; however the aim of the supervised visitations, the disposition of the rooms where the visitations took place, were designed to make the families feel as comfortable as possible, this despite my presence.

My approach was also considered participative as I was present. No beating around the bush for that one. I took part in the ongoing process (EMMUS 1999).

Whilst it is true that this does not come without its limitations, I believe that the pros outweigh the cons. In addition, the limitations fell within the parameters of the organisations rules, so my accounting for them from the start only lessened their impact.

Limitations

- No recording is allowed, and one needs to wait until alone before noting anything. One therefore needs to rely on one's memory, which could result in some information being lost (McLeod S.A., 2015).

For one, I have an excellent memory, but that's neither here nor there. More importantly, what one remembers are the things that stand out the most. That, I believe, that sticks with you, is what can be considered the most important details, and that, in my opinion, needs to be analysed. Just as one analyses the countertransference, one should analyse why these remembered details are important, why did they stand out and leave an impression.

- Becoming too involved and losing objectivity (McLeod S.A., 2015). Focus is of utmost importance; however this becomes almost null and void if we take into account Devereux's take on this, we should not ignore such things. We should analyse what made us lose, even if momentarily, focus.

The participative method encompassed all that I needed, all the while taking into account the limitations imposed. It would allow me to gather vast amounts of **qualitative data**. However, I needed to find a method that completed this, one that would help me analyse said data.

Another reason that the participative method in observational analysis was the most suited was because of how I would be introduced into the organisation and presented to the families. The participative method required a period of transition, where I would undergo a sort of training, or rather I would be accompanied by one of the other monitors before eventually being on my own. This would last depending on several factors:

- The monitor who was with me, if he or she believed that I had acquired enough knowledge to be left on my own;
- My level of comfort, did I feel ready to be on my own;
- The families, if they felt comfortable enough to be with me, or wanted to have me stay

This is better explained in the next section.

Meeting the families

Once all had been said and done, once I had gotten the approval of those in care of the families, the next step would be to meet the families. The other monitors knew of my topic and wanted to place me with families that they believed would satisfy the criteria for the child in a therapeutic role. However I explained to them that I would rather go in blind so as to not cater to any anxieties that could arise, these being anxieties that Devereux believed should be embraced. As a result, they spoke with certain families about me and my role, and explained that if I were to be with them, I would eventually be the main monitor.

Of course not all families were keen on meeting me, but there were some. In addition, it would take time to get to see multiple families because they all came on different days, and had different rights to their children. Some saw their children once a week, others one a month. As such, waiting on a reply, as well as meeting them would take time.

The day came for me to meet the first of the families. I was to meet with them before a visitation, as well as the foster parents (because I would be liaising with them as I would have to return the children to them after visitations). I needed to know exactly how to present myself, what my role was, etc. The first family helped me with the rest, this being in terms of wording.

The first consisted of a both parents (mother and father) and their child. The original monitor had already explained who I was to the parents and children in a prior visitation, but thought it necessary to explain it again, especially the fact that there

would be two of us for some time before I would be left alone (as this meant yet more eyes “scrutinising” them).

I had my speech all planned out. I believed that it was important for the families to understand who I was, what I was doing (without them feeling as if they were being attacked or judged negatively). This also goes hand in hand with the Code of Ethics. I planned on saying, “*I am Chad Cape, a doctoral student who studies family dynamics, etc.*” I am consciously leaving out the rest as you will soon understand why.

All I got to saying with the first family was, “I am Chad Cape, a doctoral student, ...” when the mother cut me off and spoke to her daughter.

“Look X, he is hear to learn from us. We will teach him.”

I was taken aback by this, but in a good way as the families, contrary to what I was fearing, took my presence positively. Rather than feeling criticised, or judged, they took pride in “*helping this poor little doctoral student*”. Some families took pride in it!

I also explained to them that it was a trial basis, that if they did not want to participate, that I would not handle their case.

One mother had an interesting reaction. She said that it was neither here or there, that she was accustomed to having “interns” analyse her, so if it wasn’t me, it would be someone else. She accepted my presence.

I did one visitation with each of the families and then met with them afterwards to see if there was a good feeling so that we could continue working together. All in all, I met with 15 families; however this would be reduced to 12 afterwards.

The reason for the reduction of families was because there was one father who literally, for whatever reason, could not stand me! He did not want me there at all; my presence would only hinder any work that could be done with him and his children. Also, as I had told all the families, once someone within the family does not want me there, I would not come. As such and by extension, the ex-wife of this gentleman, who actually did want to work with me, could not be part of my sample population. Even though she and her children were welcoming of me, the fact that the father (and

ex-husband) did not want me there, for me, this meant that I should not work with his ex-wife and their children, even though the two parents have different rights. My presence with the ex-wife and children could provoke problems in the visitations between the ex-husband and the children.

As for another family, the father was willing to work with me. His daughter also accepted. However, I noticed that the girl was uneasy around men. Because of what she lived through, she was very uncomfortable around men. So, even though she was willing to work with me, I thought it wise and humane to not put her in a situation that could possibly make her uncomfortable. It would not have been fair or ethical to her.

Methodology 2

The previous section dealt with getting me to working with families. This section is more geared to the methodology, in the strictest sense of the term.

I came to meet with the families. I introduced myself. Even though I had to abide by the rules and regulations of the organisation, I was granted certain allowances. A little informative meeting was held with all the families individually.

This was done after my training period that lasted 3-4 months where I shadowed another monitor.

The duration depended on:

- The families: their readiness and preparedness. Some had fewer visitation rights, and so the transition would take place longer. This is especially true for families that saw each other once a month. They would need more time to adjust to a new monitor.
- Another factor was the monitor. Did he or she believe that he or she had imparted all the know-how? Did this monitor also believe that I was ready?
- A final factor was my own personal readiness. Did I feel up to the challenge?

I was in a secondary position where I could have observed the families, but also how to work with families. My interactions needed to be fruitful to the families AND my research.

During my time, I came to observe the different rules and regulations. Some were quite strictly enforced, others offered a bit of leniency. This also depended on the families and how they dealt with rules, as well as the monitor's style. I was therefore expected to succumb to the monitor at the time's way of conducting the visitations.

Secondary role

In a secondary position, I had to abide by the primary monitor's way of doing things. One might expect this to be the perfect time for me to observe the families and start analysing; however I was of a different opinion for different reasons:

- This was a time to learn and understand the supervised visitations. I didn't think it wise to start the "hard-core" observations and recordings of what transpired in a world I was still unfamiliar with. The reason being is that I could misinterpret certain actions, these having totally understandable and plausible reasons for their occurrence. Observations could therefore prove to be untrustworthy and misleading.

As such, I benefited of this time by making preliminary observations, i.e., filling out the table to determine if a therapeutic role existed, and if so, what type. However, I am not going to deny that this simple table could prove valuable.

- The families, even though accepting of my presence, would need time to get to understand me, to get accustomed to having me around. As such, I preferred to wait until their anxieties were at a minimum, so that they could act more naturally around me. In a heightened – yet unconscious – state of anxiety, families' actions could find themselves falsifying their actions to give a more positive impression of themselves. Yes, this can also be analysed, but it would be preferable if they natural, to let their conscious and unconscious acts speak for themselves.

However, when I speak here of analysing, I mean the nitty-gritty of it all. For instance, why a child becomes a therapist to his parents. What I could observe in the interim is if the therapeutic role exists in any of these families. To do this, I would have to establish certain criteria to observe the presence of the role.

Theoreticians such as Jurkovic (1997) and Mika, Berer & Baum (1987) have made 'parentification scales' to identify parentification. They were very much interesting, and I was inspired; however their scales would not work for my research. The reasons will be highlighted in the following section.

As such, I needed to come up with a way of measuring the said role in its different forms. I therefore put together what I believed were the main points for identifying the phenomenon.

My scale: similarities and differences

Similar to Jurkovic (1997), my scale was to be used for research purposes only. It is not a measure that can be used in therapeutic sessions, and like his, it has not been standardised. Mike Berger & Baum's (1987) aim was to, first and foremost, identify the role, eventually leading it to be used as a therapeutic tool for those in need.

The theoreticians also identified different types of the therapeutic role.

Reminder: Mika, Berger & Baum (1987) looked at the child taking on a more adult-like, parental and sometimes spousal role. Jurkovic (1997) identified two major roles – emotional and instrumental – however unlike the aforementioned, he did not only focus on the more adult-type roles, but rather also infantilization. In addition, he made it such that one could identify healthy roles, as well as unhealthy roles.

Jurkovic's (1997) scale also offered the advantage of being simple, and it is in this simplicity that I drew inspiration. I could not use the aforementioned scales because they weren't conducive to my research, as they took a personal look at their lives to identify the therapeutic role. This could have lead to personal subjectivity, and possibly biases, as not everyone in the family would see things the same way.

Jurkovic accounted for this by somewhat adding the frequency of observations, and I adopted the same. This accounted for the degree of the said role.

However, seeing that my method was that of observation, so too needed to be my method of identifying the therapeutic role. As such, I would have to identify the role based on my observations. This would, in my opinion, removed or rather lessen personal subjectivity by “**uniformising**” the look, by having one person observe.

As such, this has the advantage of taking away personal feelings, and examining people with the same was as much as possible.

The following is an excerpt of my model:

1. Greetings

Children go spontaneously towards their children	Always	Sometimes	Rarely
Parents go spontaneously towards their children	Always	Sometimes	Rarely

Frequency:

Inspired by Jurkovic (1997), I took into account the frequency of occurrences. This would account for if the phenomenon was observed in a more adaptive role as described by Minuchin (1967) in that if it was observed for short periods, it would be beneficial to the child by giving him a view of his future self. However, if observed over long periods, it would move more to the pathological side.

Jurkovic’s (1997) scale was a one-off, i.e., it was done by subjects remembering their experiences. However my study was **longitudinal**. I observed the families’ interactions – whilst in a secondary position – over **the course of 10 months** to have a broader idea, a broader scope. The idea behind this is that each visitation is different. I could have just happened to come across one which gave me this role; however this may have been an isolated incident. As such, observing the families over a period of time would give a better idea. If the phenomenon was observed on a

regular basis, it would be thought of as being the ‘normal’ functioning of the families. Thus, my model was filled out over time.

Different roles and behaviour:

Like Jurkovic (1997), I was looking for different roles : child-as-parent, child-as-spouse, child-as-object. As such, my model needed to be suited to this.

Jurkovic (1997) also looked at the family, but from the subject’s perspective. I found this to be a little misleading for, as I have stated before, this is subjective. In my model, I accounted for parents and children separately, i.e., how they interacted with each other. For example, when I accounted for vocabulary:

Vocabulary (parents to children)

Adapted to child’s age	Always	Sometimes	Rarely
Advanced (outside intellect)	Always	Sometimes	Rarely
Childlike	Always	Sometimes	Rarely
Non-existent (privilege actions)	Always	Sometimes	Rarely
Non-existent (no actions)	Always	Sometimes	Rarely

Vocabulary (children to parents)

Adapted to child’s age	Always	Sometimes	Rarely
Adult-like	Always	Sometimes	Rarely
Reassuring/comforting	Always	Sometimes	Rarely
Non-existent (privilege actions)	Always	Sometimes	Rarely
Non-existent (no actions)	Always	Sometimes	Rarely

Resigned	Always	Sometimes	Rarely
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I took into account the vocabulary of the parents to the child, as well as the child to the parent. This accounts for both parties being involved as, from we have seen, the therapeutic role does not depend on one person, but on both parties: *therapist and patient*. One is contingent on the other. As such, even if the child were to have a vocabulary that was seemingly more mature for his or her, this would need to be confirmed by a comportment that fostered this in a negative way. Maybe the child learnt it in school and was testing the waters. If the parents reacted in a way as to remind the child of his place, it would counteract the therapeutic role, and thus not be pathological.

This would also join the previous point on frequency, as this was also a determining factor. No parent is perfect and this may sometimes act inappropriately. Once in a while was okay; however it's constant occurrence would tell another story.

Interactions

Another difference to my model is that it took into account the different interactions between the different family members, INCLUDING siblings. I had the added advantage of observing first hand the families, hence the reason I could benefit from it. I saw how the siblings would react if a child were to be in a therapeutic role. For example:

Attitude amongst siblings

Seemingly equal status	Always	Sometimes	Rarely
One child manages the others	Always	Sometimes	Rarely
Siblings go towards a specific child	Always	Sometimes	Rarely
No relationship	Always	Sometimes	Rarely

This would be interesting in seeing if the others were accepting of the role or not.

In addition, family interactions would be seen by:

Greetings

Children go spontaneously towards their children	Always	Sometimes	Rarely
Parents go spontaneously towards their children	Always	Sometimes	Rarely

Ambiance

Easy-going	Always	Sometimes	Rarely
Cordial	Always	Sometimes	Rarely
Tense	Always	Sometimes	Rarely
Inexistent	Always	Sometimes	Rarely

These all being indicators on who occupies what role. For example, parents who leave all to their children would show a more tense atmosphere as the child tries to make the best of the visitation. Whereas parents who infantilize their children might be a little too laid-back. Once again, these are just examples. I would have to see if these held true for the families.

Another aspect I believed to be important was attire. This, for me, would be a telling sign. This went hand in hand with gifts for, more often than not, parents buy clothes for their children. Whether or not the children wore them was one thing, and what the children wore would speak volumes about how they saw themselves. As such:

Attire

Parents and children dress accordingly	Always	Sometimes	Rarely
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Negligence in the children	Always	Sometimes	Rarely
Negligence in the parents	Always	Sometimes	Rarely
Child dresses more adult-like	Always	Sometimes	Rarely
Child dresses younger than he or she is	Always	Sometimes	Rarely
Parents dress younger than they are	Always	Sometimes	Rarely
Similar clothes	Always	Sometimes	Rarely

Gifts

Age appropriate	Always	Sometimes	Rarely
None	Always	Sometimes	Rarely
Exorbitant/excessive gift-giving	Always	Sometimes	Rarely
The parents expect gifts	Always	Sometimes	Rarely
The parents give gifts based on the child's wants	Always	Sometimes	Rarely
The parents gift gifts because they know what their child wants	Always	Sometimes	Rarely
All children get gifts	Always	Sometimes	Rarely

My model therefore accounted for a whole hosts of characteristics of the parents, children and siblings; however not only characteristics, but also interactions.

In addition, it took into account outside factors not normally observed such as gifts (type, etc.), attire, etc.

Finally, it remained simple so as to not complicate things which could have resulted in lost observations, or even erroneous ideas being brought on by my own personal anxieties (Devereux, 1969).

Filling out the form

I would simply note the occurrences with a tick; however I also left room for note, any little observations that I might find.

This also left room for my overall impression, because I would have to take into account what happened in the visitation, as well as the previous, as there is always a reason for why things happen. This could not be ignored.

Case history

One would argue that I could have simply read the case history to see if the child would be a viable candidate for the therapeutic role. However I believe that would have been an added bias as these reports also come from numerous different sources, and at times, they could be misleading. In addition, these could have a parasitic nature to my observations as I might have been trying to confirm the reports.

As such, going on blind would have reduced these aspects. All I asked was:

- Why were the children placed, as this would be important in how I dealt with the families.
For example, there were some children who were placed for reasons of child prostitution, and were therefore very much withdrawn and kept a distance – physical, emotional and psychological – from people. I needed to be wary of this so as to not offend anyone, leaving me to show only respect for their person, and psyche;
- If there were any mental problems, for some parents and/or children. Whilst I am of firm belief that they should not be treated any differently, it would have been foolish to ignore any difficulties that they had. As a psychologist, I should be able to better respect their person, their very being.

An example of this is of a mother being diagnosed as a paranoid-schizophrenic. I was able to better understand her, this helping to protect her psyche, protect her, and keep the children feeling safe.

- Extenuating circumstances. For example, there was one case that was very dangerous where there was the threat of being kidnapped (mine as well as the children). I kinda needed to know these types of things.

The chosen few

My model would give me some families that filled the criteria. This left me with a choice: either I work ONLY with them, or with all families.

I opted for working with all families for the following reasons:

- Responsibility to the organisation. They hired me on the basis that I work for them. It would have been unprofessional to rescind on this agreement.
- Responsibility first and foremost to the families that agreed to participate.
 - Firstly, those that agreed to participate put their confidence in me. To leave them high and dry would have been disrespectful and unethical to them. They would be seen as objects to be used, and not as people. In addition, they would have no one to supervise their visitations, and thus parents and children would no longer be able to see each other. The previous monitors were to start with other families, or have other projects, so they could not retake the cases.
 - This could stigmatise families that I stayed with as they would feel as if something was wrong with them. On the other hand, they could have felt that they were doing something right.
- Respect to research. Even though I am a researcher, my priority is respect of the person's psychological being. My leaving would have been in direct violation of my teachings.

In light of these, I kept on with all the families, but limited my observational method to those who filled the criteria.

Changing roles

Little by little, the primary monitor took more of a backseat, leaving me to run things. This transition made it possible for me to implement any changes necessary, i.e., to assume double role.

Not until I was the official monitor did I truly start my observational method to test my hypotheses, for there is a difference between having two monitors, and having one. The change could have an effect.

Of course I had some observations before, mostly dealing with identification of the said role, however my main observations came when I was in the official role that I had prepared my method for.

Finally, the time came for me to officially uphold my double role.

Supervised visitations rules

The organisation had its own set of rules, these being based on the running of the association, as well as protection and security of the children. I reiterated these rules to the parents, explaining their importance, and followed them. However, having a double role meant that I would have to offer other rules, this ensuring the protection of the families in my research, as well as the validity of my research. These rules were accepted by the organisation.

Also, seeing that I am who I am, i.e., someone with a different personality and role, how I would conduct myself would be different, more, as many have coined, 'Chad-like'. Each monitor had his or her personality, and thus his or her way of running the visitations. I too, with my very much unique personality, would have a different way of running things.

When on my own, I met with each of the families and explained to them my way of doing things. Seeing that parents were only allowed to see their children under supervised conditions, and for specific dates chosen by the Child Protective Services, I met with parents and children individually:

Supervised visitations rules: parents 1

I always started by asking the parents why they were there. It was my starting question. This was an important opportunity to learn who they are, and their understanding of their current predicament.

This question was followed by, “*Who are X (the children) here to see?*” Again, another learning experience. Whatever the response, I always explained (or reiterated) that the children were there to see the parents, and not me! The reason being was that I was not part of the family. Whilst I was there to accompany the family, I wasn’t to take over the parents’ roles.

This was not done by chance. My aim was two-fold:

- First of all, this would reinforce my role as the observer, ergo researcher;
- Secondly, this gave the parents a sort of validation, or value. Having anyone observe you, or rather scrutinise, is difficult.
- How they interacted with me was important.

In a nutshell, I told the parents to act as if I was not there, even though I was.

Supervised visitations rules: parents 2

As both a researcher and monitor, protection of the subject’s/family’s psyche is of utmost priority. I therefore explained that in extenuating circumstances, i.e., if I were to deem the visitation too difficult for either parent or child, I would be forced to stop the visitation.

This was decided to protect both parties, as well as the relationship. What would happen if I were to force parent and child to stay when things were difficult, uncompromising? What would that do to their psychological health and their relationship?

Supervised visitations rules: parents 3

Parents and children were only to see each other in the supervised visitations room. This was put into place by the organisation to avoid putting the child in a

compromising position, where he's confronted by two authoritative – and symbolic – figures: parents and foster parents. He could be caught in a loyalty conflict, undecided on whom he should obey, and not want to betray anyone.

Supervised visitations: parents 7

Whatever the duration of the visitations, I always set aside 10 minutes before and after to talk about the visitations. This was, for me, an interesting part in understanding how the parents saw things.

This was optional, and depended on the parents, their needs and wants. For me, this would open up questions as to initiative, drive, etc.

Supervised visitations rules: children 1

Why are they there?

Similar to the parents, I met with the children to explain to them how things would go. They didn't have rules per se, as their role was to be a child. Nevertheless, I wanted to talk to them about the supervised visitations.

I first asked them what the reason was for being there. Their answers were nothing short of interesting. This gave me a feel to their person, as well as an understanding as to how they saw themselves.

I explained to them, just as I did the parents, that it was their time to do as they pleased (within limits of course). However I also added that I understood that they would sometimes be apprehensive about anything, and so if they ever had any difficulties, they could come through me to help.

In addition, I explained that if they were to have any concerns, they could let me know. Concerns could come from anywhere: their parents, even my presence. It could happen where I misinterpret something. I am, after all and even though rarely, prone to error. I basically wanted the children to feel at ease, an open.

I added that if ever things were to go array, though no fault of their own, or their parents, as sometimes things could be difficult, I would stop the visitation.

Supervised visitations rules: children 2

Like their parents, I explained to the children that I would be free 10 minutes before and/or after if ever they wanted to talk to me. It was optional for them as well.

Similar to their parents, this would provide useful information to me about their role. One should note that even taking advantage of this would speak volumes about their investment.

Then what?

So, I had my sample population, my method. But what was I to do with that?

First and foremost, I believe that it should be important that I explain what I would observe. The answer is simple: everything. I would write everything that came to mind, everything that stood out. Basically, I found myself with observations on the visitations.

That's all well and good, but what would I do with them? I needed to analyse them...but how?

Interpretative Phenomenological Analysis

Observation allowed me to collect raw data for my observational analysis. However I needed to be more specific about how I would analyse the data.

I opted for the above, *Interpretative Phenomenological Analysis*. The reasoning behind this is that this method allowed for exploration of *how participants make sense of their personal and social work, the main currency of an IPA study is the meanings of particular experiences, events, states, ...*". In addition, this approach allowed for, *"detailed examination of participant's lived experience, exploring personal experiences and is concerned with an individual's personal perception or account of an object or event..."* (Smith & Osborn, 2007).

What more can anyone ask for? This method allowed for analysis of events and participants, as well as for interactions. According to Denzin (1995), this allowed for observing symbolic interactionism. In other words, I would be able to analyse how and why the parents and children acted the way that they did, as well as their relationship.

It also allows for *depth analysis* (Smith & Osborn, 2007), meaning that

However, most importantly, it required a *theoretical alliance*, which meant that the researcher and participant worked TOGETHER. It therefore took into account my double role, as well as any countertransference that could ensue.

A further benefit was that it required little material, and was adapted to small sample populations: 1 or 2 to 10. The analyses would therefore be detailed, theme based.

Novel approach

My novel approach to this was threefold:

- I was using the method for multiple people in the same setting.
- An observational method was used to gather information, instead of the usual methods like an interview.
- It would be used for a longitudinal study.

The combination of the IPA method and observational analysis seemed the most adapted for this as:

- Observational analysis allowed me to gather vast amounts of information for multiple people at once. I would be able to observe their behaviour.
- The IPA allowed me to differentiate different themes. Its use with my observations would allow me to detect different themes for multiple people at once.

Data analysis

There are two ways of analysing data using this method. The first deals with analysing one set of data according and finding different themes. The idea is to use these themes as a basis for the other accounts.

However I opted for the second method, which was to analyse each set of data on individually, and afterwards compare the themes. This would prove to be longer, but would prevent a narrowing viewpoint of observations.

I would then compare the different themes throughout to see if there were any correlations.

Summary: Methodology

The aim of my research is to study the child-therapist. I needed:

- A sample population that would provide me with those that filled the criteria of a child-therapist.

I carried out my research at RESCIF (*Rescherches et Etudes Systémiques sur les Communications Institutionnelles et Familiales*), by intervening in supervised visitations.

I went in blind, i.e., I did not know if the families I worked with exhibited signs of the therapeutic child. This would remove certain biases and stressors that could normally occur when looking for one's sample population; however it was also a risk; one that was worth taking.

I used a table of criteria to determine in which families I saw the child-therapist in a pathological role. I started with 12 families; 5 of which satisfied the criteria for my research. I worked with them for 10 months, making my study a longitudinal one.

- A method that would give me the most amount of data, within the constraints of the organisation in which I carried out my research.

The method chosen was *observation*. Observation, in its purest of forms, as described in clinical psychology, comes from the Latin “ob”, meaning opposite; and “servare”, meaning to look, protect and conserve or preserve (Pedinelli et Fernandez 2015). In other words, observation entails looking at someone, all the while preserving that person's psyche, from an opposite standpoint, or rather asymmetrical point of view (analyst-analysand). There exist different types of observation methods, each with its own strengths and limitations. As for what I decided upon, I opted for a sort of ‘hybrid’ between *natural observation* and *participant observation*.

As such, I had qualitative data to analyse.

- I used the IPA (Interpretational Phenomenological Analysis) method to analyse the data. My study used the IPA method in a novel way.
 - This was the first time it had been used with multiple participants at

one given time.

- An observational method to gather the information to analyse was used, instead of one-to-one interviews.
- It was used for a longitudinal research.

Each case would be analysed individually, instead of looking for fixed themes for all.



Anamneses

Before giving the results, I believe that it would be best to give a brief history for each of the families involved. These can be found in Appendix 2.

Because I went in blind, the anamneses given here are after-the-fact, meaning that it came as I got to know the families.

The Maraj family:

Farha (6-7), Chandrahas (2-3) and their parents

Case history:

This case involves siblings Farha and Chandrahas, both of whom have spent a major part of their lives in foster care. Farha, being older at the time of placement, has vivid memories of time with her parents. Chandrahas, however, entered the system at an early age of his life and so has no memories of living with his parents.

Details of the case are sketchy. The parents do not quite understand the reasons for the children being placed into foster care, and are unable to really explain what transpired. Mr Maraj says that it is because of the mother's psychiatric problems, the mother seems to not have "real" idea as to what is happening.

Both parents are immigrants, and have been residing in France for a number of years. Mrs Maraj has been living here for over 10 years, and as such boasts often of this, using this to explain her "mastery" of the French language. Nevertheless, one isn't really certain as to how long she's actually been living in France, nor with whom, as her story is constantly changing. However, from certain references, such as "collège" (middle school), and lack of knowledge of the school system in her native country past a certain age, one can conclude that she has been here for quite some time. Also, the fact she sometimes considers herself Alsatian leads one to believe that she has been here for quite some time, and thus believes that she has been here long enough to feel a part of the culture.

Mr Maraj came afterwards through an arranged marriage, after which was born

their first child. He spoke little to no French in the beginning, and still exhibits difficulties in the language to this very day. He owns a small grocery store, which also runs, and thus spends much of his time there.

There is a significant age difference between the two, but this is uncertain for Mrs Maraj is not clear as to her date or year of birth. It would seem that she has different dates, this owing to her religion.

With respect to the children, it is not quite clear how everything came about, and so I've done my best here to describe the events that transpired, as described by the parents. Things were sometimes a bit incoherent, and timelines were a bit confused.

Mr Maraj often returned to his native country to visit, or to get things to sell in his store. He and his wife had one child at the time, Farha. They had agreed to not have any more children; however on returning from one of his trips, Mr Maraj was met with a new baby boy, Chandrahas. He did not hide his feelings of betrayal for this, and even speculated that the child wasn't his. As such, the relationship between him and his son was limited.

Underlying tensions between the couple rose, and Mr Maraj neglected his wife even more than before, as well as his son.

Upon further questioning, one would discover that the parents had been having problems for quite some time. Mr Maraj was consumed by his job in the store, this he later explained as a ploy to escape his wife who he saw as "crazy". As such, he would work very long hours in the store, and come home only to sleep.

When he'd return home, his wife would be sleeping on the sofa, and his daughter would be in the couple's bed. Mr Maraj idolised his daughter.

Soon after the birth of their son, a care worker came to follow the family. The reasons behind this are unknown; or rather who made the claim to the Child Protective Services rests unbeknownst to the family. Chandrahas was described as a child having difficulties in forging relationships with others, needing reassurance before getting to know anyone. Farha was one to "laissez-faire", i.e., she never had any initiative and just followed the programme so to speak. In other words, she did as she

was told, and did not act unless directed. Nightmares also haunted her at nights, these being related to the tensions between her parents.

At first, neither child was placed into foster care. Chandrahas was still very young (a few months). Owing to the difficulties his mother presented, as well as the difficulties in development that Chandrahas showed, it was decided that mother and son be placed into an in-care mother-child unit in the psychiatric home. Mrs Maraj would return home with her son every evening.

Mr Maraj explained that he had no idea of what was going on; he thought that his son was going to nursery school. Then one day, he was asked to sign a piece of paper, and low and behold, his children were taken away. He blames his wife for this, and his anger is apparent.

I started the visits, and noticed that Mrs Maraj quickly warmed up to me. I remember her saying at the end, “Je l’aime bien, le monsieur. Il est calme.” Mr Maraj was just very compliant. Farha was very “touchy”, and had lots of questions. She seemed to also try to seduce me to be able to get her way. In addition, she was the centre of attention throughout, and the “garante du cadre”. Chandrahas was neither here nor there. He was off in his own world. Eventually, I would be alone during the visits. This took a bit of time, mainly because my colleague was concerned about Mrs Maraj. She seemed to sympathise greatly with her, and worried about her mental state. However, the transition went well. Mrs Maraj had no problem because I was “a very nice person”. Mr Maraj accepted it as well. He seemed somewhat “relieved” at first. The children saw no problems. Farha saw no difference. Chandrahas was in his own world.

The Leininger family:

Jennifer (11), Johnny (7), Susan (5), Dora (4) and their mother

Case history:

When it comes to this case, not much is really known. No one really talks of what really brought on the children's being placed into foster care. What I did come to understand was that the mother's addiction played a major part in the children's placement. No one ever cited what she was truly addicted to, but I would have to image some sort of illegal substance.

Another reason that could have lent its hand to the placement was the fact that the mother still lived at home with her own mother. She was also unable to work because of her addiction (no one would hire her), and so had no income of her own. She lived off of welfare. Ms Leininger also comes from a gypsy culture.

As such, the fact that Ms Leininger was unable to properly provide for and take care of her children must have played a major role in placing the children into foster care.

Ms Leininger has 4 children: Jennifer (11), Johnny (7), Susan (5) and Dora (4). Jennifer and Dora share the same father who has passed away. They are both brunette like their father. Ms Leininger would always remark that Jennifer looks like her father, especially in terms of size. Johnny and Susan have the same father. They are both blonde like their mother.

When the children were first placed into foster care, they would see their mother in another association, which allowed them more "freedom". They would be able to go to the park, for walks, etc. However officials noticed that Johnny was always invisible in his mother's eyes whenever his sister, Jennifer, was around. Ms Leininger seemed to always only be focused on Jennifer. The young girl had a very important place in her mother's life, leaving the others, especially Johnny, invisible. As such, the officials thought that it would be best to try a different form of visitations, i.e., supervised visitations.

Again, not much is known of their history because they never talk about it much.

One thing that I believe worth mentioning is my first impression of the family members. I remember vividly waiting with a colleague to meet them. At that point, a young girl – I would say about 15/16 – with very long blonde hair, dressed in a "chavy" way (purple jumpsuit), walked into the visitation room with a large bag. I wondered who this young girl was. My jaw almost hit the floor when I was told that

this was the mother. She was very polite, soft-spoken and “compliant”. She shook my hands in a weak manner. She was willing to help in any way possible, and had no problem with my being there. Only when I caught myself (because of her youthful appearance) did I come to really see her. Despite looking much younger than she really was, she was negligent in some aspects of her appearance. She had very few teeth in her mouth. She was also very slow in her demeanour and speech patterns. It would sometimes take her some time to get a phrase out, this maybe due to the drugs. However I could tell that she was rather intelligent (despite these “drawbacks”). I spoke to her about what I was doing there, and she explained to me what she had planned for her children. The bag she walked with had a bunch of goodies for them.

I then went to see the children. As I went to the visitation room, I saw this frumpy, old, rather “large” woman with glasses. There were two little girls with her. Then I saw a blonde little boy keeping a distance from them. As my colleague introduced me, I had to contain my surprise when she told me that this old-looking woman was the 11-year old daughter. The boy, when he heard that I would be joining them, he just looked at me and smiled. Like her mother, Jennifer was willing to work with me. So too did the others. On a not so separate note, Jennifer resembled her foster mother who was an elderly woman.

From then on, I was with them for supervised visitations until I was left on my own. I noticed what I did in the initial observations, and saw that this family satisfied the criteria.

During my initial observations, I noticed Ms Leininger’s reverence of Jennifer, and Johnny’s refusal to participate in any activities. He would just try to stay with me throughout. The other two children would play mostly by themselves. Jennifer was the one who took care of everyone, and ensured the best visit for all. Her sisters would run to her if ever they needed anything. From now, this is what happens when I’m on my own with the family. This family took much shorter than the others to be “comfortable with having me alone” than the others. After only a few visits, the case was handed over. The difference is that now that I am alone, I am more implicated in the visits, and can’t just stand idly back.

It should also be known that Ms Leininger is pregnant when I start with the family.

She is a good few months in, and should be having the baby soon.

The Ferhat family:

Omar (12), Hamza (9) and their father

Case history:

This case involves two brothers, Omar and Hamza that have spent a significant part of their lives under the protection of the Child Protective Services. They were both born of the same mother. However as to who the father/s was/were, there was much doubt until quite recently.

Their mother is of French origin, their father from a North African Arabic country. Their time together gave them their first child, Omar. However, a few short years afterwards, Mr Ferhat was imprisoned for acts of violence towards his then wife, the mother of Omar. The violence occurred in Omar's presence. Around this time, she was with another man and gave birth to her second son, Hamza. Her husband at that time recognised Hamza as his own, and gave him his name.

Me Ferhat left prison a few years afterwards. His ex-wife and mother of his child stated that Mr Faerhat threatened her life. For fear of her life, she, with her two children, fled the town she was living in, and they moved across France several times, eventually arriving in Strasbourg where the mother found accommodation in a woman's shelter.

The Child Protective Services of Strasbourg came into play shortly afterwards as the mother shows difficulties in raising her children, namely school, an inability to place limits and finally, the bond between her two children. Following this, each child was placed into specialised schools (different schools for each child). Omar was also placed in a children's home, whereas Hamza was still allowed to live with his mother. Despite in a children's home, Omar's mother was still able to see him when she

pleased.

Hamza exhibited signs of boisterousness, and was at a great disadvantage in school. As such, he also benefitted from an out-care patient programme, but this did not last long as his mother was often absent.

At this time, the mother still had custody of her two children. However when Hamza was 7, he was brought in to the A&E where he spent two days in intensive care. Events that led up to his hospitalisation revolved around a television set falling on him. The authorities were suspicious and questioned the mother for hours upon hours before finally letting her see her child.

The authorities also found out that Mr Ferhat had not only been in contact with the mother and her children, but also that he had been living in the same apartment with them.

The mother also tried to flee the region with Omar.

Suspicious about what had transpired, as well as other worrying information, notably the presence of Mr Ferhat, made it such that the Child Protective Services thought it best to remove the mother of her rights to both of her children, and place her children under protection.

Following this, both children were placed in the same home. However it would soon be observed that there existed tensions between Omar and his brother, Hamza; the former often being violent. On further examination, it was learnt that Omar was only carrying out his father's orders to be his brother's keeper. His role as the big brother was muddled with that of being a figure of authority, this also existing when the two boys were living with their mother. Because of the violence shown, the two boys, albeit being in the same home, were separated into different pavilions.

Mr Ferhat, now making his presence known, became involved in Omar's life. He saw his son during supervised visitations in the children's home; however these were difficult for the children's home to manage. On speaking one-on-one with him, those intervening at the time found his was of speaking and expressing himself to be very difficult and convoluted. Mr Ferhat also seemed to be containing himself and his

emotions.

Mr Ferhat also indicated that he was sent by Allah to save his children from their mother and the difficult lives she put them in. According to him, she was an alcoholic and never looked after her children, the apartment was unsanitary, etc. Mr Ferhat was there to put them on the right path and save them all, the mother included.

Interactions with Mr Ferhat did not exist. Any challenges to him, any form of constructive criticism, or simply a difference of opinion, were met with great discord as he would feel attacked, this forcing him to lash out and claiming that he was being treated with a lack of respect.

What would soon come to light were questions pertaining to Hamza's paternity. It was speculated that Mr Ferhat was Hamza's real father. Mr Ferhat wanted this, so DNA tests were asked. Awaiting these results, Mr Ferhat would rely on Omar to take care of his little brother, and to send the latter messages.

Amongst the requests that Mr Ferhat wanted of his sons, one would find that Mr Ferhat constantly insisting that his sons eat only halal foods.

Even though the children were of utmost concern, the parents were put under psychiatric assessment, because of noticeable difficulties and pathological nature of the alliances within the family. It was also noted that the children were used as tools to create troubles within children's home, and within the family.

Things became more and more tense. In an effort to ease tensions and to take pressure off of Omar, visitations were prolonged for half an hour with Omar.

It would come to be known that Mr Ferhat was in fact the biological father of Hamza. As a result, he would be, after two years of placement, afforded visitation rights with his son. It was noted that Hamza would look forward to these visitations, but afterwards would be more agitated, and expressed violent tendencies. What made this worse was that Mr Ferhat expected the same of Hamza, as he did Omar, especially when it came to food. He insisted that Hamza eat only halal foods. The children's home did not offer this. As a result, both parents insisted that Hamza not eat any meat at the children's home. This affected Hamza because he was very fond of meat, and

was caught in a loyalty conflict. At first, his mother allowed him to eat meat, but not pork. However when Mr Ferhat came back into their lives, she adopted his stance on only halal foods.

It should be noted that the mother was not Muslim.

There were talks of placing the children in a foster family, this being though of being the best for them; however this was refused as both parents were vehemently against the idea.

The mother became less and less present, and after some time, her whereabouts were unknown. Mr Ferhat would be the only person to be in contact with the two boys.

It should be noted that Mr Ferhat underwent two psychiatric assessments. On both occasions, he was assessed as being psychopathic, with hysteric tendencies.

It was at this point that the Ferhat family would come to the small organisation for supervised visitations.

The situation was to be given to a female colleague at first; however after the first few meetings, before officially getting it started, she backed out for fear of Mr Ferhat.

Mr Ferhat was allowed weekly visitations for one hour with both children. It should be noted that he had never before met with both children at the same time for supervised visitations.

The Roos family:

Dave (16) and his father

Case history:

This case involves a young man, Dave, who is 16 years of age when he starts having supervised visitations in this organisation. From what we gather, he has spent the better part of his life in and out of institutions. He spent time with his parents, not

sure if with both or one. Figuring out a timeline was very difficult. Things were muddled.

Just before going into placement again, he was living with his mother and (half) brother. He would also spend time with his father. He was removed from his mother's care after accusations of interfering and/or sleeping with a minor. Dave had been diagnosed as a paedophile. There was an active investigation, which meant that Dave could see be charged and imprisoned. At this time, he was placed into a specialised children's home.

Dave was short, but a very hefty young man. He was always smiling, and acted very – or overly – politely to others. I could not help but detect a hint of seduction in his ways. At times, he would dress as a pauper, and on other occasions, he was very stylish. His hair was always on point, and his cologne was strong.

His father was an elderly gentleman. He seemed older than he truly was. He was much slimmer and always boasted of his shape. He would wear brand name clothes, usually “hand me downs” from his son. He would also spoil himself with Nike or Adidas sneakers.

What was striking was the fact that Dave would openly talk about his paedophilia, as did his father. He seemed too comfortable doing so. The two would talk a lot about the family members, but figuring out who was who was still confusing.

Another subject of discussion was Dave's turning 18. Both father and son were eagerly anticipating Dave's “coming of age”, so that he could leave the system and go live with his father.

The Schuster family:

Violette (10) and her mother

Case history:

Not much is really known of the family. They speak very little at the beginning, and only with time would anything really be known. All they've told me was that Violette was placed into foster care because of negligence. Ms Schuster acknowledges that her child had a difficult time.

Ms Schuster never gave the full extent, but it was common knowledge that her home (before placement) was filthy. In addition, Ms Schuster would often leave Violette at home alone with her brothers (when she was 7), and go out partying or other stuff. There were talks of a cupboard that she'd sometimes leave her daughter in. In addition, Violette would feed herself and her brothers with whatever they could find in the house, often unwholesome things. They also spoke of corners in the apartment where there was human waste.

Ms Schuster is also known for her aggressiveness towards others. She refuses to accept any rules and speaks her mind. She seems to be at war against everyone, and wanted no one to interfere in her affairs with her daughter. I remember before starting with her, I would hear her shouting and arguing with the former monitor. One should bear in mind that the rooms are isolated and so it should be difficult to hear anything coming from the room. This is testimony to how loud she was.

Ms Schuster would break all the rules. She would use her mobile phone during visits, won't wait for the monitor afterwards and simply leave. Plus, she did not hide the fact that she HATED all monitors, psychologists, care workers, etc. And she hated them with passion. As such, many were worried about my intervening.

As I introduced myself, she looked at me and said, "Doesn't matter. I'm accustomed to interns." I explained that I was not an intern, but rather a psychologist. This was much to the dismay of my colleague at the time – for Ms Schuster HATED psychologists – but the mother didn't seem to care. She accepted me and allowed me to work with her.

The first thing I noticed about her was her odour. It was repugnant. It may sound discourteous, but the truth is that you could smell her coming a mile away. As I spoke to her, my eyes burned. She donned a putrid jumper/coat...that item of clothing that is thick, with a fluffy hoody (I'm not the best when it comes to naming clothes). Her hair

was filled with flakes that were falling all over. Her face had buttons and scabs that she would pick at. What was left of her teeth was rotten. When she shook my hand, it felt grimy and slimy. She seemed to be one of the most unkempt people I've ever seen.

Despite her crude way of speaking, I did notice intelligence in her. Contrary to many that have been in visitations, this mother seemed to have fairly good intellectual capacities.

I met her daughter, and saw a marked difference. She was 10, and she looked her age. She was petite in stature, and spoke in a very squeaky baby voice. "Spoke", as she said very little. She just observed. Her mannerisms were those of someone much younger, maybe 6 years old. Yet she just observed everything.

As testimony to the mother's intelligence, she also explained to her daughter why I was there, and she explained it very well. I noticed that she was very protective of her daughter, and so would lambast me if ever her daughter felt uncomfortable with me.

That's the basic history. Nothing else is known of their past. Nothing else was spoken of at that point in time.

It would take a bit longer for me to be alone with her because my colleague was apprehensive. Her "angst" (for lack of a better word) was owing to the aggressive nature of the mother. Funny enough, I was never "victim" of Ms Schuster's rage. I did notice how she would speak to my colleague. I also noticed the rules being broken, etc. She would take her daughter with her to the visitation room instead of waiting in her separate waiting room. Violette would be on the phone messaging her father, or sometimes even call him. I would always look in awe at how she would speak to my colleague, but more so of my colleague's inability to calm her. This mother had lots of rage.

Every once in a while, the stepfather would come, in addition to Ms Schuster's last son. The stepfather had a physical handicap, which made him reliant on crutches to get around.



Research Findings

1

Introduction to results 1

These first set of results aim at identifying the different types of child-therapists found in our sample population, as well as get a first look at the mechanisms involved in the child's therapeutic role. This may shed some light and give a few answers to the hypotheses put forward.

Of the 12 families seen, 5 of them exhibited signs of the existence of a therapeutic role exist. The exact nature of this role is yet to be determined. This first section deals with visible observations, i.e., what I saw in the families within the first visitations, before an in-depth analysis of the running of visitations. It should be noted that these are just general observations, and that some of these observations may be confirmed, reinforced or invalidated later on in the study.

We will also look at the profiles of each of the families as I deem these important in understanding the role undertaken, as well as the mechanisms that could occur.

Nevertheless, As to what form would be seen later on. Tables 4.1 and 4.2 highlight the profiles of the families in question. The tables after these give a more in-depth look into the general first observations, or rather impressions of the family dynamics...

<i>Child</i>	<i>Age</i>	<i>Gender</i>	<i>Parent/s during visitations</i>	<i>Contact with other parent</i>	<i>Siblings</i>	<i>Contact with siblings</i>	<i>Frequency of visitations</i>	<i>Number of years in visitations</i>
Farha	6 ½	Female	Father and mother	NA	Brother: 2 ½	Yes, live together	Weekly	1 ½ - 2 years
Jennifer	11	Female	Mother and stepfather	None: deceased	Brother: 7 Sister: 5 Sister: 4	Lives with brother; sees sisters during visitations and “siblings visitations”	Bi-monthly	2 years
Omar	12	Male	Father	Little to no contact with mother	Brother: 9	Only during visitations	Weekly	Unknown, in and out for years
Violette	10	Female	Mother and sometimes stepfather	None	4 brothers, ages unknown; however all younger	None	Monthly	3 years
Dave	16	Male	Father	Yes, bi-monthly visitations	Brother: 12 Half sister: >18	None	Bi-monthly	3 years

Table 6a Profiles of children

Table 6a highlights the following:

- The age at which one can observe a therapeutic role varies. It ranged from 6 ½ to 16 years within the sample population, this covering a wide range of psychological developmental processes. I would just like to point out that these children have been in placement for a number of years. One can therefore postulate that these children would have occupied the therapeutic role well before their placement, if not, at least for an extended period of time. As such, one can infer that the instauration of the therapeutic role occurred at a younger age than we see here, or maybe even before being placed into foster care. This shall be elucidated in Results 2.

The actual age of instauration is therefore unknown, but may be clarified upon further investigation. For now, we do not know when it started; we simply know that it is present.

Thus, even though we may see a wide range of ages here, we still do not know at what age the therapeutic role was instated, and consequently the psychological processes that could have possibly been affected. However, what we can infer is that the therapeutic role can be observed and exhibited at any age.

- The children have all been in placement for a number of years. For some, like Omar and Dave, they have been in and out of placement for a number of years. The exact duration is therefore unknown.
- 2 out of the 5 children that exhibited the role are female. This difference not significant enough to give any bearings as to the disparity of the role amongst the sexes. The type of role occupied has not yet been defined. Until that time in which we clarify the roles, not much can be said for not on the different genders observed.
- Of the families, only one child saw both biological parents in my presence, i.e., at the same time: Farha. One other child – Violette – saw her biological mother and stepfather during supervised visitations, with her stepfather only attending supervised visitations occasionally. The others saw only one parent in my presence; however this does not mean that they did not see other parents on other occasions:

- One saw only her mother: Jennifer. Her father passed away many years ago;
- Two saw only their father: Omar and Dave. It should be noted that Omar has no contact with his mother at the time of visitations; and Dave did see his mother, but with another monitor.
- All of the children had siblings who may or may not attend supervised visitations. Contact with their siblings was not a given, i.e., they may not have been placed in the same institution as their siblings. As such, they may have only seen each other during specific times as dictated by the judge. Another reason was that for some of these families, not all siblings were placed into foster care.
 - One child lived in the same foster family as her brother: Farha.
 - Another child, Jennifer, lived with the same foster parents as her brother. However she only saw her other siblings during supervised visitations, as well as siblings “meetings”.
 - Another, Omar, only saw his brother during supervised visitations. The two brothers were both in different institutions.
 - The others had no contact with their siblings. Some, like Dave (whose brother was still living at home with his mother), were prohibited from any contact with them. Other children had no contact simply because nothing had been organised for them to meet their siblings.

As such, apart from two children, contact with siblings was very rare, and only time would tell if this played a significant role in the instauration of the therapeutic role.

- Piggybacking off the previous point, for all but one child – Dave – they were all the first-born of the family. In addition, for all but Jennifer and Dave, the others all have boys as siblings, i.e., brothers. However it should be noted that Dave’s “main sibling”, i.e., that with whom he was regularly in contact and with whom he lived before placement, was a younger brother.
- The families saw each other in supervised visitations at various degrees: weekly – bi-monthly – monthly. They usually saw each other for an average of 1 hour per week (with the exception of Farha who sees her parents 1:30 per week).

<i>Child</i>	<i>Intellectual disabilities in the child</i>	<i>Intellectual disabilities in the parents</i>	<i>Intellectual disabilities in the siblings</i>	<i>Mental health problems in the child</i>	<i>Mental health problems in the parents</i>	<i>Mental health problems in the siblings</i>
Farha	None → highly intelligent for her age	Father: none Mother: yes	None	None	Father: none Mother: yes, but unknown	None
Jennifer	None; average at school	None	None	None	None; however a recovering drug addict	None
Omar	Nothing noticeable; however difficulties at school	None	Yes, serious a serious learning disability; specialised school	None	Yes: psychiatric evaluation of psychopath, with hysteric tendencies	None
Violette	None	None; highly intelligent mother *Father has physical disability	Unknown	None	None	None
Dave	Yes, intellectual disabilities; however nothing drastic, still in a specialised school	Yes	Unknown	Yes: paedophilia	Yes: paedophilia	None

Table 6b Profiles of children 2

Table 6b offers the following information:

- Intellectual abilities varied in the **children**. They ranged from those that could be seen as advanced for their age (Farha), to exhibiting slight intellectual deficiencies (Dave). For those with intellectual difficulties, it was not very noticeable or flagrant. Nevertheless, these children with (minor) disabilities attended specialised schools (to learn a trade) to account for this.
- Of the children, only one exhibited a mental disorder. Dave has been diagnosed as a paedophile, and is currently following a medicated form of therapy, as well as psychotherapy. This is common knowledge for the case as Dave spoke very openly and very freely of this, from the very first time we met. The others have not been, nor have they exhibited any “remnants” of mental disorders.
- Intellectual disabilities also ranged within the parents. However, we saw that the majority of parents displayed average or above average intelligence (one parent, Violette’s mother exhibited above average reasoning and intelligence). Farha’s mother is the only one who showed an intellectual disability, this being very noticeable.
- When it comes to mental disorders in the **parents**, not all showed this:
 - Farha’s mother showed visible signs of a mental disorder, this from the way in which she would speak and act. The exact nature of her disorder was unknown at this time.
 - Dave’s father had the same diagnostic as his son: paedophilia. It was not something that one could visibly observe; however, like his son, it was a topic that father and son embarked on quite easily with everyone, and from the every first encounter.
 - Omar’s father was diagnosed as having psychopathic traits, as well as displaying hysteria. This was common knowledge, and seen as a means of forewarning all those that came into contact with the family. This, too, was not noticeable. Omar’s father also spoke about it from the get-go, and vehemently denied the “accusations”.
 - Jennifer’s mother had no mental health problems. However one quickly noticed a certain slow manner (or rather demeanous) in which

she conducted herself, in which she spoke. This was due to her previous drug addiction problems.

- The other parents displayed no noticeable problems, nor was I informed of anything of that nature.
- When it comes to **siblings**, only one child – Omar's brother – showed an intellectual disability, this being serious. It was very noticeable from the very first day that you saw him, this coming from the way in which he would speak and conduct himself. For the others, nothing was observed, or remained unknown.
- Mental disorders were seen in none of the siblings.

<i>Field</i>	<i>Initial observations (child)</i>	<i>Initial observations (siblings)</i>
Greetings	Hesitant to go towards her parents; however her parents would spontaneously go towards her. They seemed to be overjoyed, and would vie for her attention. Each would wait his or her turn to greet her.	Would very rarely (if not, never) go to his parents. He would go off and play with toys in the visitations room. He seemed to avoid his parents. His mother would go to him to greet him, this only as she awaited her turn for Farha. Chandrahas would always pull away. His father kept a distance and did not greet his child.
Vocabulary (parents to children)	Very rarely adapted to her age. Ranging from infantile, to adult like conversations depending on the parent. Mother: infantile, as if Farha were still at home, and of that age. She would also use actions, such as combing her daughter's hair, and putting moisturiser on her. Father: Didn't speak much, but would sometimes speak ill of the mother. Privileged actions.	Mother spoke in an infantile manner to her son. She would also systematically change his diaper and put moisturiser on him. The father hardly ever approached his son, so there was no exchange.
Vocabulary (children to parents)	Mostly reporting on mischief her brother had done, or giving advice. Reassuring to both parents, highly concerned with their well-being, especially that of her mother. Would meddle in fights her parents would have. Hardly ever spoke of herself. Was very much present and observant throughout the visitations. Very verbal, and hardly used actions.	None. He did not speak to his parents. He kept a distance.
Topics embarked on	Father: limited conversation, may ask about school. Mother: would speak about herself and her "copines". Would sometimes bring up demeaning information about the father, this revolving around conflicts. However, neither parent ever spoke about Farha, her daily life, her difficulties; and Farha would not speak of those things either. She would ask about her parents' lives, report on her brother, and occasionally speak about the foster parents.	None. If any questions were to arise, his sister would speak for him.
Attitude towards adults	Too, if not overly comfortable. Ease in speaking about and opening topics not suitable to her age. Very touchy. Displaced vocabulary and topics. Authoritative, to avoid conflicts. Gets annoyed and frustrated when met with resistance. A "weird" type of care shown; very methodical, controlled and calculated in her care and actions. Never childlike and helpless; mastered her environment. "Omnipresent" Very touchy with her father, always on his lap for meals.	Difficult to really say. Towards his parents, he kept a distance. However no limits when it came to other adults; would tour the organisation after visitations tell everyone bye, and "faire les bises". Never showed any care or concern, never childlike. Absent only towards his parents.
Parents attitude towards children	Unequal. All attention was on Farha.	Unequal. He seemed to be invisible, or a means to appease his mother as she waited her turn for Farha.
Child's attitude towards parents	Uneasy, happy, yet seemingly forced or "necessary". Always around.	Distant and resigned.
Attitude amongst	A tyrannical mother, or dictator. Always telling her brother what to do, speaking in his place.	Avoided his sister, or resigned when she would chastise him.

siblings		
Attire	Everyone dressed appropriately and accordingly. However Farha would often be dressed and redressed in the finest garments from her parents' country of origin.	Dressed his age.
Gifts	Received an abundance of gifts, exorbitant. Gifts were adapted to her age; Farha would also give her father a list of gift items. Parents would bring more than what she asked for.	Would sometimes get a gift, but not necessarily based on his likes or dislikes, rather "stereotypical" boys gifts.
Mannerisms	Does not act her age. Adult like, sometimes seductive towards her father, and towards male figures (the mediator).	Acts his age, yet also very independent for his age.
Initiative for visitations	Based on Farha. The mother would choose what she deemed appropriate for her Farha.	Based on what the mother thought would please Farha.
Ambiance	Tense during meals. Forced.	Did not stay at the table; would go to play with the toys in the visitations room.
Child's general behaviour	Always adapted, if not, perfectly adapted to her parents' expectations. Tense and on edge. Did not seem overly concerned with having a good visitation, but rather just that things went smoothly. Rarely relaxed. Submissive? Never withdrawn.	Did not seem to be part of the visitation.
Parents' behaviour	Rarely adapted. Tense and fight for Farha's attention. They both seemed very needy.	Did not interact with him.

Table 6.1 Initial general observations of visitations: Maraj family

Table 6.1 gives the following results:

Firstly, one observed **resistance** in Farha in the way in which she approached her parents, notably in greeting them. However this was contradicted by a **submission** as she conceded to her parents' joy of seeing her. The latter displayed what could have been described as **hysterical** reactions upon seeing their daughter. A sort of "need" or "necessity" was also observed in the way that the parents approached Farha. Each parent seemed to vie for his or her daughter's attention. They would adorn her with lavish gifts, don her in the finest garments from their country of origin. Chandrahas, however, hardly ever received anything, except for the occasional toy car.

On the other hand, Chandrahas exhibited **avoidance** towards both his parents. He seemed to prefer playing with whatever toys were at his disposition in the visitation room. His mother did sometimes approach him; however this was only when Farha was occupied with her father. Chandrahas' response was the same: to avoid his mother. Mr Maraj, however, did not approach his son.

As previous results showed, Farha came across as someone of high intellect. Nevertheless, the way in which her mother spoke to her was independent of her daughter's intellectual abilities. The latter spoke to Farha in an infantile manner. She also spoke and referred to her daughter as to "who she was before placement", i.e., she would often say what Farha used to like to do when she was still under her mother's care, and proceeded with said actions. In addition, Mrs. Maraj always systematically combed and moisturised her daughter at the end of each visitation. Mr Maraj hardly spoke and preferred to use actions or material items such as gifts. On the few occasions in which he would speak, Mr Maraj would speak ill of his wife.

When it came to Chandrahas, his mother spoke to him in an infantile manner. The latter would also systematically change his diaper at the end of each visitation, whether or not this was necessary. His father hardly ever approached him.

Farha's main focus of attention was keeping the peace during visitations, giving advice and providing reports of her brother's actions (mainly his wrongdoings). She would also often be behind her brother, telling him what he should and shouldn't do. If not directly to Chandrahas, she would "instruct" her parents as to what he brother should or should not be doing. Chandrahas would often either avoid his sister, or

display a resigned attitude. Farha would also often intervene in disputes between her parents, trying to ease tensions between parents, or provide explanations. She would hardly ever voluntarily speak of herself and her daily life. Farha was therefore very much present during visitations, and privileged verbal over actions. Chandrahas, on the other hand, hardly ever spoke during visitations and kept a distance from his parents.

Piggybacking on the last point, not only did Farha not spontaneously speak of herself, but also her parents hardly ever asked her about her life. Mr. Maraj would sometimes ask about school; however this was limited to, “How is school?” and there was no enquiry afterwards. Mrs Maraj would often ask about Farha’s “copines” (friends), but not enquire further afterwards, and nor would she pay attention to the response. She did, however, bring up issues she had with her husband, these usually of a demeaning nature. As such, very conflictual topics were embarked on with Farha. As for Chandrahas, his parents hardly ever asked him anything. On the rare occasion that he was presented with a question, Farha would answer in his place.

Farha’s attitude towards adults echoed aforementioned. She displayed a certain ease with them, which could be described as “overly comfortable”. She was also very “touchy” in that she would often physically touch others when talking. This is not to be confused with her not being one to privilege verbal over actions when speaking to and getting her point across. Her tactile nature would be seen when, for example, talking to me or other adults. She would touch their clothes, or their hand. This could have been taken as seductive and inappropriate. This type of behaviour was also seen in how she interacted with her father.

Farha’s way of partaking in her parents’ discussions, i.e., getting involved in her parents’ affairs seemed to also manifest itself in the way in which she interacted with other adults. She would bring up topics that weren’t her for her age and ask personal questions. She was also authoritative, and would get annoyed and frustrated when met with any form of resistance. Her actions also seemed very methodical and calculated. She also never solicited help from others, but would rather also be the source of any solutions for others. She had what one describes as “darting eyes”, meaning that she observed everything around her, and got involved in everything. Nothing got past her, which gave her a sort of “omnipresence”.

Chandahas' behaviour towards adults was quite difficult to decipher. He kept a distance from his parents; however he showed no limits with other adults. In fact, he was overly "close" to other adults. For example, everyone within the organisation knew whenever he arrived for he would tour it to tell everyone "hello", and even "faire les bises" to some. The same would happen when he would leave.

As such, we observed to variants:

- One child, Farha, who was the centre of attention;
- Another, Chandahas, who was seemingly invisible.

Despite the attention shown to her, Farha seemed uneasy. Her attitude seemed forced, or rather "necessary", whereas Chandahas always seemed distant and resigned.

The overall ambiance was rather tense. It seemed as if Farha's aim was to have a smooth-running visitation. I observed a Farha who was very attentive to her parents' needs, and responded to her parents' expectations of her. This was contradicted by a Chandahas who did the exactly the opposite. Farha as the centre of attention, whereas Chandahas seemed absent.

<i>Field</i>	<i>Initial observations (child)</i>	<i>Initial observations (siblings)</i>
Greetings	Spontaneously goes to mother, and vice versa. Jennifer brings news and reports.	Mother greets all; however longer greetings with Jennifer. Johnny would ignore his mother and go straight to the toys in the visitations room.
Vocabulary (parents to children)	Relatively adapted, even though topics embarked on weren't suitable for Jennifer's age.	Adapted to each child.
Vocabulary (children to parents)	Rarely adapted to her age. Would bring more of a report.	Adapted to each child.
Topics embarked on	Report, dos and don'ts for the others; would sometimes speak of herself, but not "intimate" topics. The children's difficulties would be brought up, this also in the form of a report. Jennifer's resemblance to her mother, or rather her surpassing her mother in size was often brought up. The mother's difficulties were sometimes brought up by Jennifer, but under "unspoken" terms or through hidden means. They would speak of the grandmother.	They would sometimes talk about themselves, but the time was monopolised by Jennifer. Johnny spoke to no one and would isolate himself.
Attitude towards adults	Very, or rather extremely polite towards adults. Very caring towards others, which seemed to be her role.	Varied. Johnny was contentious, except with the mediator and male figures. Susan was an angel, and Dora was resigned.
Parents attitude towards children	Jennifer was the centre of attention, and seemingly idolised and her mother's confidant.	Despite her "preference", the mother would try to interact with each child.
Child's attitude towards parents	Always by her mother's side.	Would not spontaneously go to their mother. The two younger girls would play by themselves. Johnny would isolate himself.
Attitude amongst siblings	Nurtured them, took care of them all. Would get them all ready and ensure that all were fed before she would eat.	Would run to Jennifer for anything; except Johnny who would defy his sister.
Attire	Negligence in the mother, dressed like an adolescent. Clean, but had very few teeth. Jennifer seemed old and drawn; bigger in stature, wore clothes that made her look old and "frumpy".	Dressed their ages, very stylish as well.
Gifts	Sometimes special gifts for Jennifer; but all in all, each child received a gift that he or she would like.	
Mannerisms	Jennifer did not act her age; an "old spirit". Confidant to and caretaker of her mother and siblings.	Acted their ages.
Initiative for visitations	The mother would plan some things; however Jennifer oversaw everything.	
Ambiance	Seeming easy-going, but with an heir of tension in Jennifer as she tried to make visitations go smoothly, to avoid her siblings not having a good time, and looking out for her mother.	
Child's general behaviour	Very much adapted. Not tense per se, she enjoyed the visitations, but kept an eye open to ensure that things went well. Unspoken concern about her mother's health and well-being.	Susan and Dora: carefree Johnny: isolation
Parents' behaviour	"Adapted" in the sense that she tried to do her best for her children, even though this seemed to be difficult. Something was just missing. Needy of Jennifer.	

Table 6.2 Initial general observations of visitations: Leininger family

Table 6.2 gives the following results:

We notice Jennifer's spontaneity in going to her mother, this being reciprocated by her mother. In addition, the mother greets all the siblings equally. However there is one, Johnny, who keeps a distance and isolates himself. One can therefore observe Johnny's **rejection** of his mother. On the other hand, Jennifer is quick to go to her mother. However, as we see from the table, this is usually to bring news and/or give reports of the others.

The vocabulary used was adapted to Jennifer's age; however the topics embarked on were not. We could therefore say that the speech was adapted for inappropriate topics. This went both ways, i.e., mother and daughter shared this. When it came to the other children, vocabulary and topics were adapted to their relative ages. Each child was able to speak about his or her life, etc. However Jennifer **monopolised** most of the time. She was more often than not by her mother's side. Johnny remained isolated, or rather "self-isolated".

Amongst the topics shared between Jennifer and her mother, one would find:

- The dos and don'ts for the other children
- Difficulties faced by the others
- Jennifer's resemblance to that of her mother; however this was more geared to Jennifer's height. Her mother would marvel at how her daughter was as tall as she was.
- The mother's difficulties, even though these were spoken of in a covert manner. This came across as a **family secret**, revealing a hidden secret.
- Jennifer's grandmother was also a topic for discussion.

What we could take from this is that Jennifer was **absent**. She was often being **compared** and looked at in **awe**, even **reverence**. The mother's problems were very much present in conversations. Jennifer was therefore also her mother's **confidant**.

Jennifer's attitude was that of a very polite person towards adults, and one who was very much conscientious of others. She was very caring towards her siblings. She would nurture them, take care of them, etc. She would also always ensure that they were all fed before she even ate.

Her siblings' attitudes varied. They acted as children: charming when need be, mischievous at other times, etc. For example, Susan was an Angel, whereas Dora was resigned. The two girls shared a similar trait. The two would always run to Jennifer if ever they needed something, and not (or hardly ever) go to their mother. Johnny, on the other hand, had a very contentious attitude with all, except the mediator and other **male figures**. He seemed to gravitate towards them. He rejected everyone else, including his sister.

Ms Leininger looked neglected in some aspects. She dressed like that of a teenager, and she was clean. However she had very few teeth. Jennifer dressed as what can only be described as "frumpy". She seemed old and drawn, as well as bigger in stature. She did not look her age. The other children were dressed in a very stylish manner, in the latest fashion. They dressed as others their own age. Susan dressed in a very chic way, and Johnny took great care in his appearance so as to "please the ladies".

The visitations were easy-going, albeit with an air of tension as Jennifer did everything possible to ensure that everything went smoothly. She oversaw everything, even though her mother had planned everything beforehand.

Reiterating the previous observations, Jennifer's general behaviour was adapted. She did not seem tense and seemed to rather enjoy the time spent with her mother; however she always kept an eye out to ensure everyone's well-being, and "voiced" her concerns about her mother's health. Mrs Leininger did seem to try and do her best to ensure that her children enjoyed the visitation; however something was lacking. Apart from Johnny who remained isolated, the other children seemed to be carefree.

<i>Field</i>	<i>Initial observations (child)</i>	<i>Initial observations (siblings)</i>
Greetings	“Spontaneously” go towards their father, this after the father getting angry with and telling off his children for not coming straight to him. The father does not go towards his children, but waits for them to come to him.	
Vocabulary (parents to children)	Adapted to adults, not to his children.	
Vocabulary (children to parents)	Vocabulary adapted to his father, and adults in front of him.	Speaks his age, of things that interests him.
Topics embarked on	The father speaks of himself and his problems, as well as his efforts and sacrifices to get his children back. Often glorifies himself by speaking of his good nature. He would ask questions about the daily lives of his children, and expect specific answers that would please him, and it would all come back to what he wanted and expected of them. However, the father monopolises the conversation and does not leave any space for his children.	
Attitude towards adults	Uneasy, tense, fearful, submissive, never letting his guard down. Dominated. Very respectful. Always looking to please adults. Would imitate his father’s ways.	
Parents attitude towards children	Was the centre of attention. The father would always speak to Omar.	Was ignored.
Child’s attitude towards parents	Submissive, would always look down to the ground. Constantly seeking approval by showing that he followed his father’s ways.	Idolised his father and would fight for his attention, but would not get it. Just wanted to play with his father.
Attitude amongst siblings	Would try to teach his brother in the same way his father taught him.	Idolised his brother, would just want to play.
Attire	Father was very well presented and in good shape. Took great pride in his appearance. His children dressed appropriately, rather relaxed. Omar was a bit on the hefty side.	
Gifts	No gifts per se; but food to take with them, as they could not eat “properly”, i.e., halal.	
Mannerisms	Depends on the adult in front of him, but usually very resigned and submissive. Never child-like, always mature.	Always jovial, wanting to play.
Initiative for visitations	The father. However Omar would ensure that things go smoothly by curtailing by circumventing certain topics.	
Ambiance	Extremely tense. The children are on edge.	
Child’s general behaviour	Adapted, tense, submissive, withdrawn (of his own wants).	Childlike, wanting.
Parents’ behaviour	Ill-adapted, overly concerned with having a good visitations, needy for his sons’ admiration.	

Table 6.3 Initial general observations of visitations: Ferhat family

Table 6.3 offers the follow information:

Both children would go “spontaneously” towards their father, this being in inverted commas because they seem to go under **obligation**. This was the result of their father reprimanding them for not greeting him on once occasion. However, Mr Ferhat does not go towards his children, but instead waits for them to come to him.

Omar’s vocabulary was adapted to his father, as well as towards adults. We can describe his attitude to his father as **pious**. He also seemed very uneasy, tense, fearful and submissive towards adults. He would never let his guard down, and seemed to be **dominated**. Omar has a tendency of always looking towards the grown. He was also shown to be in a constant quest for his father’s approval by showing that he followed his father’s ways (Islamic traditions), as well as trying to impart this knowledge onto his brother.

His brother, Hamza, acted his age and spoke of things that are of interest to him. His attitude was very childish and playful. Nevertheless, he was very respectful to others. He would also try to get his father’s attention, sometimes by imitating Mr Ferhat.

Mr Ferhat spoke only of himself and the problems or rather difficulties caused by his children being placed into foster care. He would also constantly bring up all the efforts and sacrifices that he’d made for his children. As such, he spoke of himself in a good light, meaning that he would often glorify himself, as well as his acts and good nature.

Questions would arise about the two boys; however their father expected specific answers that would please him. The result of this would be Mr Ferhat explaining to his children what he expected of them, as well as what he wanted of them. Despite his questions about the daily lives of his children, Mr Ferhat would monopolise the conversation, as well as the visitations.

Mr Ferhat presented himself very well. He was in excellent shape, and took great pride in this. His children were more relaxed in their attire, and Omar was a bit hefty.

Visitations were very tense. Omar was often very adapted, yet withdrawn and submissive towards his father. Hamza showed a childlike behaviour, as well as

“wanting” of his father. Mr Ferhat seemed overly concerned with having a good visitation, as well as needy for his sons’ admiration.

<i>Field</i>	<i>Initial observations (child)</i>
Greetings	Spontaneously goes towards his father; father reciprocates.
Vocabulary (parents to children)	More words used in admiration and awe, also seeking approval.
Vocabulary (children to parents)	Intellectual disabilities, so vocabulary could be very basic; however more centred on concern. Reassuring, comforting and affectionate words used.
Topics embarked on	Intellectual difficulties, so conversations void of real “value”. Nevertheless, sometimes speak of everyday life, but mostly of their respective difficulties, and problems within the family, with Dave having an opinion on the running of the family. They speak of his becoming 18 and consequent freedom, living with his father.
Attitude towards adults	“Overly comfortable”, sees them as equal. Seductive, sometimes authoritative towards his father, caring.
Parents attitude towards children	Dave is the perfect child, the one he wants to hold on to. The others are a let down and should be avoided.
Child’s attitude towards parents	Always concerned with his father’s well-being.
Attitude amongst siblings	Albeit not in contact with them, he is still the one who chastises them, corrects their bad behaviour from afar. He takes care of them from a distance.
Attire	Sometimes negligent in Dave, holes in his cloths. Other times, well dressed. Father is always well dressed because he gets hand me downs from his son, plus buys himself new things to how his son.
Gifts	Gifts go both ways; however Dave is the one who offers the most. He would come with bags of clothes for his father so that his father could dress properly; the father’s birthdays are of great importance with the matter giving his son a list of what to get him. The father always looks at his son’s “new” clothes and asks when he would get them.
Mannerisms	Sometimes acts his age, but tries to act older or more mature than he really is. Acts as his father’s friend, and tries to act that was with others.
Initiative for visitations	Dave.
Ambiance	Relaxed and easy-going.
Child’s general behaviour	Always adapted and relaxed.
Parents’ behaviour	Not very adapted. Needy, i.e., always looking for approval and recognition. Nevertheless, always relaxed.

Table 6.4 Initial general observations of visitations: Roos family

Table 6.4 offers the following information:

We see that Dave would go spontaneously towards his father, and his father would reciprocate. One notices that Mr Roos looked and spoke admiringly of his son. He also seemed to seek approval of his own appearance: weight loss, clothes, etc.

Intellectual disabilities lent themselves to very basic vocabulary usage. Despite this, we observed a specific way in which Dave would express himself when speaking to/with his father. **Reassuring**, **comforting** and **affectionate** words were used: “papounet”. He always seemed to care about his father’s well-being. We would also see an authoritative Dave towards his father. His father’s response to all of the previous observations would be to speak highly of his son. Dave was the perfect child. Mr Roos also seemed “needy,” as he constantly looked for to Dave for approval and recognition. Moreover, Dave was the only “good one of the lot”, and should therefore avoid the others so as not to be tarnished. As such, Dave seemed to hold a moral stance over his siblings, and “freely” gave his input as to what the others should and should not be doing. He could be highly critical of what the others may or may not do.

This care for others extended to his father, where Dave would often brings clothes that no longer fit him for his father. Dave’s attire fluctuated from his being either impeccably dressed, or enrobed in tattered wear. His father, on the other hand, was always well dressed, either with his son’s hand-me-downs, or boasted of his new clothes.

Sticking to the “material” theme, gifts were exchanged; however Dave was the one who gives the most (clothes, etc.).

The topics centred on their respective difficulties and problems within the family: the reasons for being placed into foster care, the “mischief (bêtises) that Dave “got up to”, etc. As such, there was no real “substance” to their conversations.

A topic that was always embarked on was Dave’s coming of age, i.e., an adult in the eyes of the law (18 years of age).

We also noticed that Dave seemed to be overly comfortable with adults. Not only did he seem to try acting older than he really is, but he also tried to act as his father's friend.

<i>Field</i>	<i>Initial observations (child)</i>
Greetings	Would always run to into her mother's arms in the waiting room, as well as the visitations room. Seemed forced.
Vocabulary (parents to children)	Adapted; however sometimes a bit beyond her daughter's intellect. Sometimes privilege actions like sitting on the couch and listening to music; other times non-existent where Violette would send text messages to her stepfather if he were not present. When her stepfather is there, Violette focuses on him.
Vocabulary (children to parents)	Baby-like speech and tone, non-existent and sometimes resigned.
Topics embarked on	Violette's daily life: however she does not talk much about it. The mother would speak of her brothers. Violette more wants to talk about them. Hardly of any likes and dislikes. The mother "knows" what her daughter likes. They also speak of the difficulties Violette faced, and the mother's desire to have her children live with her again.
Attitude towards adults	Varied. Despite appearances, does not seem comfortable with mother as her eyes are always looking at the clock, and once the time comes, she gets up and leaves. Never authoritative, just accepts whatever is done. Caring when it comes to her brothers. Childlike, or rather baby-like with her mother. Ever present.
Parents attitude towards children	Only girl, special place. Very important role to her.
Child's attitude towards parents	Calculated, adapted, "well thought out" sometimes uninterested, but "plays the game".
Attitude amongst siblings	No contact with them, but concerned for their safety and well-being.
Attire	Violette dresses "accordingly", but sometimes younger than she is The mother is very negligent in her attire: odours, picks her face because of acne, unclean, does not wash, bath or shower, dirty clothes
Gifts	Mother buys same clothes as herself, but a smaller size, for her daughter. Violette never wears them. Gifts aren't age appropriate, for what Violette used to like when she was younger.
Mannerisms	Violette does not act her age. She looks and acts much younger, so much so that one worries about her entering middle school. However adapted to the adult, for she's more mature with other adults.
Initiative for visitations	No one really. Seems to be a game where Violette "manipulates" to make things go well; however the mother seems to follow her child.
Ambiance	Very easy-going for the mother, tense for Violette because her mother can be aggressive with mediators and caseworkers. Her childlike demeanour seems to appease her mother.
Child's general behaviour	Always adapted to her mother's needs, yet tense. Overly concerned with making her mother happy and having the visitation run smoothly. Very much reserved with feelings. Submissive in the sense that she does not speak her mind and allows whatever happen to happen.
Parents' behaviour	Adapted, never tense, unconcerned, relaxed, even too relaxed, sometimes withdrawn.

Table 6.5 Initial general observations of visitations: Schuster family

Table 6.5 gives the following observations:

Violette would always run into her mother's arms, albeit this seeming forced.

Ms Schuster's speech was adapted to her daughter, even though it may sometimes be beyond what Violette is capable of. Violette often spoke in an infantile manner; her intonation was "baby-like". However, she would also come across as non-existent and sometimes resigned. This being said, Violette was very reserved, and seemed to just wait for the time to pass (she would constantly look at the clock). She also seemed to be tense and uneasy, partially due to her mother's aggressive nature towards past mediators (all female). On the other hand, Ms Schuster seemed to always be relaxed, and sometimes withdrawn.

Actions such as listening to music are sometimes privileged. The mother's mobile phone is very much present, as Violette would constantly send messages to her stepfather. When mother and daughter would speak, Violette would avoid speaking of her daily life. Her mother would speak of Violette's siblings, with Violette showing great interest/concern about them. Her daughter's return home, as well as that of her other children, was a topic that Ms Schuster always brought up.

Violette's mother always "knew what her daughter liked". Violette never said anything to contradict this.

When it came to others, Violette exhibited the following:

- She was never authoritative towards adults, and therefore accepted whatever one said or did.
- Caring when it pertained to her brothers
- Childlike, or rather baby-like with her mother. She even seemed to dress younger than she really was. However she seemed to be more mature for other adults.
- Ever present

Conclusion of Results 1

Certain markers and factors have been identified in determining a therapeutic role, such as:

- Place in the family
- Certain behaviours and attitudes that could explain specific roles being undertaken. These occur in one or more members of the family. Of these, one would find:
 - Adoration
 - Resistance
 - Submission
 - Affect
 - Absence
 - Expectations
 - Tension
- Other factors such as physical appearance of both parents and children come into play.
- Intellectual disabilities and mental disorders exist in some of the families. This will be discussed in the following section.



Analysis

1

Introduction to preliminary analyses

These first analyses deal with the first set of results. These results will be used to determine the type of therapeutic role observed in the families. They deal with how the family functions, and not necessarily the in-depth family interactions. In-depth family reactions will be analysed in the second Analyses using the IPA method.

Everything that comes to mind as I analyse the preliminary results will be noted, whether or not they pertain directly to the hypotheses and/or study. The reason being that they might serve as a means of discussion and open doors to further studies. Or, they may simply be interesting and cause you, the reader to see things differently.

I would also like to point out that some of what I may talk about has been dealt with in the theoretical section (for example, which gender more adheres to which type of therapeutic role). However I prefer to look at each case with a fresh new set of eyes, and start each and every one with a blank state, rather.

As a reminder, I would just like to call your attention to the hypotheses as the first analyses may shed some light on some of them.

Hypothesis #1:

The child's psyche learns and develops through auto-conditioning, this being the result of trial and error of accepted behaviour, as well as rewards of lessening tensions within the family, and of his "privileged place" within the family unit.

Hypothesis #2:

The child never received the affects needed, nor the emotional element to help cope with anxieties. He received all the primitive aggressions; however they were not filtered. They were therefore not reformed, but rather suppressed in him harbour anger.

Hypothesis #3:

The child is unable to mentalize for he only knows half the method: empathy. Stemming from failed containing functions, which did not help in social interactions needed to develop his mentalizing capacities, the child is left to portray false mentalizing capacities.

Overall view of demographics

First and foremost, what stands out to us is the age of the children: they vary. As stated in the results of table 4.1, we do not know exactly when the therapeutic role started. However we do know that the role had been active over an extended period of time, mainly because the role takes some time before it can be considered detrimental to the child's development, and therefore pathological. As such, we can infer that the role occurred during processes that are necessary for child development, such the Oedipal phase, seeing the containing functions, mentalization, etc.

The above may lead one to believe that age is not necessarily an important factor in the instauration of the therapeutic role. However we will save this inference for later on, mainly because we are unsure of the starting date of said role. Nevertheless, it is difficult to ignore the fact that children later in life may "integrate" the therapeutic role better in their lives than those who see it in the later stages of their development. They may be seen as psychologically stronger. Looking at each child's case, I will be able to better test the validity of this.

What one can be certain of is that the role is independent of developmental stage, i.e., can insert itself at whatever stage of the child's psychological and emotional development. However as to what extent is another question. As such, this leads me to wonder the effect (or not) of those parental imagoes.

Parental imagoes

At this point, I am hesitant to say which parental imagoes play a part – if any – in the instauration of the therapeutic role. One would believe that the mother is the primary instigator, and that maybe the father may hinder this role. However the results that have been accumulated thus far do not provide conclusive or substantial evidence to prove or disprove either theory.

One can be lead to believe that the type of role depends on the type of interactions:

- Mother and daughter
- Father and daughter
- Father and son

However there were no mother and son roles here.

Nevertheless, I think it's worth exploring the information thus far, for further investigation in the second results may better elucidate the role of each of the parental imagoes.

A father figure is present in each of the cases. Bear in mind I am not – for the moment – speaking of “substitute father figures” outside of the biological family. I am well aware of the fact that there exist multiple fathers (biological, imaginary, symbolic, genetic, etc.), and that others outside of the biological sphere may uphold the symbolic function. Children are resilient and could therefore look elsewhere for that which is lacking within their household. I purposely put this aside for, when it comes to the families of these demographics, experience has shown that the room in which the parental visitations take place seem to play by a different set of rules. In other words, the families seem to revert to their former selves, and outside influences may be temporarily quelled. These families are there to work through some sought of trauma or other experience that proved detrimental to the child's well-being. True, outside influences may impact the families, but from what I have gathered, there seems to be a sort of **regression** when these families come together.

As stated, a father is present. One could argue that Jennifer's father has passed away, and so this point may be null and void. However, her father may be alive and present,

but on the imaginary level. As such, even Jennifer's father can be thought of as part of the family. He was voiced, which means that he does have a role. As to what role this was, this is uncertain for the moment.

Where fathers being present, one may ask what role he upholds. Does he uphold one, does he have the mental capacity, or dare I say fortitude to uphold one. Is he allowed to uphold one?!

When it comes to Omar and Dave, their time was spent exclusively with their father. Does this impact the type of therapeutic role that has befolded them? This will be revealed later on when I analyse each child's overall situation.

That being said, it would be unwise to forget the mother's role in this. However, more data would be needed to better understand this.

Siblings

Sticking with the theme of family members, I believe it necessary to point out the fact that the siblings are not necessarily neutral in this. Further investigation into each family could help better understand the therapeutic role.

For now, we see that the first in the household, and not necessarily the first-born is the one who upholds this role. I insist on making the distinction between **first of the household** and **first-born**, for the families in supervised visitations usually come from broken homes. In fact, only Farha came from a family where the two biological parents still lived together, and a family in which she and her brother were the only children.

A consequence of this is that many of these children may not know of other siblings – younger or older – and therefore organise their role (symbolic or otherwise) around those with whom they are mostly in contact. As a consequence, for those like Dave where he came from a broken home, he was the eldest of those with whom he lived. As such, he saw himself as the first-born, and acted as such, eventually with his extended siblings as well. As such, we can conclude that the “first child” in a given family, living under the same roof, is more likely to uphold the therapeutic role. This

corroborates Jurkovic's (1997) findings, in which he states that birth order is important. The first born has a "privileged" place in the family and is therefore more willing to accept the therapeutic role.

Following the last point, one can also cite a bit of **confusion** as a source of the therapeutic role. For example, of all the children, only Farha and her brother, Chandrahas, came from the same parents, as well as lived together. Where this is absent in the other families, the children may strive to navigate their place in such an extended family system, which may contribute to their upholding the therapeutic role. For example, Jennifer must find her place within her family when she is faced with siblings that have different fathers and live elsewhere. Omar and Dave come from the same parents, but this was not always the case. Violette's case is unclear. We do not know which of her siblings share the same parents, if any. One can suggest that the therapeutic role can offer a bit of **control** in their very "tumultuous" environment.

Returning to the initial statement of this part, the child that upholds the therapeutic role is the first-born in his or her "perceived family". As to what role they uphold is yet to be seen. Could this confusion lend itself to the instauration of the therapeutic role, and if so, does it have an influence as to what type of role is issued?

Sex/Gender

For now, all I'd say is that gender does not seem to be a factor in determining. This correlates to Jurkovic's (1997) theories that sex does not play a role. Further investigation into each child will better elucidate this claim, for it could be shown that sex does play a role, as outlined by Chase (1999) and Minnet, Vandell & Snatrock (1983). This may therefore even help in determining the type of the role the child may or may not uphold.

Periodicity/Regularity

This joins an earlier point made. Whilst it maybe true that the regularity in which the children and parents see each other may not play in role in the instauration of said role, it is worth noting that this highlights the **durability** of the therapeutic role. One

would think that the children, being away from their parents, would evolve, the opposite seems to be true. For example, Farha saw her parents once a week, whereas Violette saw her parents once every month. Despite this disparity, both children exhibited the therapeutic role during visitations. Joining a previous point, the children, as well as the parents, **regress** to their former selves when they meet. Even though the theories speak of a different type of population, this occurrence could be related to Harrus-Révidi's (2001) regressed children in fixed systems, in which the children and by extension the families, revert to former ways of functioning when they meet. Could this be a means of lessening tensions?

Again, we do not know the exact time that the said role was born (and will never know for it is gradual). However, we could infer that, being incorporated in the developmental processes, the therapeutic role became a way of functioning within these families, and each person within the family upholds a role, albeit a pathological one, inside the family unit. It could therefore be tied to the child's development, and seen as part of his or her identity. Could this be the key to answering our first hypothesis by giving us some insight as to why the role comes into play?

Intellectual disabilities

Intellectual disabilities do not seem to have any apparent effect on the instauration of the therapeutic role. They may affect the expression of said role, but for the moment, we have no conclusive evidence of this. However, this reinforces Zuk & Rubenstein's (1965), as well as other theoreticians, when they said that the therapeutic role sees no boundaries in terms of expression. By that, they meant that the role is independent of mental health and intellectual capacities.

As we have seen, intellect – or what we consider intellect, i.e., IQ – does not play a role in the child being a child-therapist. The therapeutic role is, by nature, independent of intellect, whether one speaks of the parents, children or even the siblings.

Varying levels of intellectual capacities were observed: from the highly gifted child (Farha) to having difficulties (Dave). This highlights the child's flexibility, plasticity and ability to adapt to his or her surroundings, in spite of "recognised measures" of intellectual capacities. Even when taking into consideration the parents as they relate

to the children, this bears no fruit either. The parents' intellectual capacities with respect to those of their children showed no correlation. For example, Mrs Maraj showed visible signs of a mental disorder, as well as intellectual difficulties, whereas Ms Schuster seemed rather intelligent.

However, I should just like to point out that the intelligence spoken of here – as previously mentioned – refers to IQ. In my humble opinion, intelligence does come into play here. The children displayed a different form of intelligence, that which may not be able to be measured by any known scale. This is a form of what I'd like to refer to as **psychic intelligence** or **fortitude**, which differs from IQ. By this, I am pertaining to a child's capacity to adapt and find ways of supporting others, albeit an undeveloped psyche. This can also be seen as **resilience** and/or **plasticity**.

This psychic intelligence or fortitude of which I speak mimics what Robinson & Fields (1983) and Anthony (1978) observed. The children are *stress resistant*, and therefore show themselves to be *resilient* or *invulnerable* (Chase 1999).

Mental health problems

Like intellectual capacities, mental health problems did not seem to play a role in these cases (reinforcing earlier theories by Zuk & Rbenstein, 1965). The only correlation that could be made is transgenerational, and for now, this applies only to Dave. We observed paedophilia in both father and son. This leads me to believe that something else is taking place, like a sort of fragility in the parents; however this is not related to any mental disorders.

Would further investigation uncover a correlation? Does the transgenerational aspect of which Boszomeenti-Nagy (1973) and other theoreticians spoke exist?

Initial conclusions

Initial analyses show that **confusion** and a lack of proper definition or assignation of places and roles is the first sign of the therapeutic role, and a major factor. These children seemed to strive for understanding and structure within a given household.

Remember that many of these children came from broken homes and failed parents. One could therefore believe that the children adopted the therapeutic role and took it upon themselves to redefine the nature of the roles, as well as bring about some order (similar to Freud's theory of vacuum in 1965). They became *child-therapists*, and offered up a way to redefine the roles of each person within the household, so as to assure that each person had a place, albeit not the "right" place.

This can also be seen as the child's attempt to **control** his or her environment for the aforementioned.

This does not fully answer our first hypothesis, but does lead us in the right direction. Assuming that the role allows for a family system/structure/unit to be formed, this may allow for lessening tensions. But is it auto-conditioned, or is it simply a means of survival? What instigates or drives it?

We also see that the role transcends developmental stages. As such, it is more than likely that the therapeutic role had an impact on them. Coupled with parental roles, which may or may not have been upheld, it can be assumed that socially acquired processes such as mentalization were affected.

I would just like to point out (or rather reiterate) that these families seem to regress when they come together. One usually regresses as a defence mechanism to an earlier state of development where tensions were at a minimum, and to avoid dealing with unacceptable impulses. As such, a few questions come to mind:

- In whom does the regression occur? Being a child-therapist is difficult enough as it is, so why do the family interactions regress?
- Why regression? One often sees regression as reverting to an infantile stage of development. However, child-therapists may not have shown infantile or childish mannerisms, but rather always displayed a comportment that was beyond their age. As such, adopting the role is a sign of regression. One can even suggest that becoming a child-therapist was part of their development.

I believe the answer lies in the word "family". The family on a whole regresses because, even though to the outsider this seems harmful to the child, adopting a new way of functioning could prove even more traumatic and cause greater distress for

each and every one of the family members. As such, reverting to the former way of life seems to accommodate everyone. In addition, as I've just mentioned, the birth of the therapeutic role can take place at any known developmental stage. The role associated itself to a given developmental stage. Thus, I believe that it became a developmental process for which the child could regress, or rather **attached itself to a developmental stage**. The child therefore regresses to this stage where the therapeutic role first showed itself as damaging.

In addition, one could argue that the family functions as a unit. As we've mentioned in the theoretical section, survival of the family is more precious than survival of the different family members. As such, the family on a whole regresses with the child.

This above is somewhat similar to what previous theoreticians. For example, when the family is under stress, the child takes part in *triangling* (Bowen 1974). He adapts (regresses) to what the family needs to alleviate certain stressors within the family.

Lastly, I would like to speak about what I coin **psychic fragility**. Mental health problems and intellect do not seem to play a role in the therapeutic role in these cases. However, I maintain that the psyche does play a role, hence term psychic fragility. This pertains to the parents, as opposed to the children who display **psychic intelligence** or **fortitude**. The parents are, for whatever reason, unable to uphold their symbolic role, i.e., they are unable to support not only their own psyche, but also those of their children. They are psychically fragile. The children are resilient, and display astonishing psychic capacities to develop on their own, in absence of parental imagoes whilst simultaneously supporting, not only their parents, but the family system on a whole. But why these children and not the others?!

The Maraj Family

Rebel vs. Saint

This next analysis is of the Maraj family. When I first started this, my aim was to really focus on the child that I deemed subjugated to the therapeutic role. However, as

time went on, I observed the interactions at the heart of the families and soon realised that one cannot truly speak of the child-therapist without also speaking of the other members of the family. In other words, the child-therapist's role is contingent on the rest of the family. This has therefore has an influence on my analyses. For example, one would need a psychically fragile parent with a child displaying psychic fortitude. The latter provide great evidence as to the "why" in becoming a child-therapist.

In the case of this family (table 6.1), the case of the Maraj family, several things jump out to me.

Imaginary vs. reality; Yin-yang

Before embarking further on this, I'd just like to point out that I am aware that, when a couple is pregnant (and I use the term "couple" on purpose), the parents create and imaginary image of the child they want. This image exists until the child's birth. At this point, parents go into mourning and accept the child in front of them. Yes, they may imagine their child's future, but they combine this with their "real" child's individuality and psyche. As such, there is an exchange of psyches amongst all involved – mother, father and child – this being similar to Eiguer's (2003) inter-fantasmatisation. This also reflects well as Kohut's theories of the significant other and selfobject. Lastly, this speaks of the mentalization processes.

However, in the case of Farha, it would seem that, not only did the parents have an imaginary impression of their child, but this was also their chosen "reality". This seemed to be the catalyst for the therapeutic role in this instance. From the little titbits that we have seen in table 6.1, the parents spoke and referred to and of Farha as that which she was not. This may seem a bit unclear, so I'll try to explain.

When it came to the mother, one would notice that she would speak to someone who was not really in front of her. For example, at times, she would not see a 6-year old child, but rather a peer or an ally. She would put her daughter in a more adult-like and friend-like role. As table 6.1 suggests, Mrs Maraj would bring up very demeaning things about her husband in her conversations with her daughter. I hesitate using the word "conversation", for it seemed to be more of a **monologue**. I don't really remember Farha really responding, but rather just listening. If we look at table 6.1, we

notice that much of what the initial observations showed that Farha was on the receiving end of information. In any case, how was she supposed to respond? Topics pertaining to the couple's problems were not for her age. The use of the term monologue seems interesting as it highlights the image that Mrs Maraj unconsciously held of her daughter in this instance: none, or rather that of an **object**. One can even say that she was a receptacle, i.e., a hollow object used to contain something.

Farha was absent in her mother's thoughts, and her mother seemed to "think in her daughter's place". Nevertheless, her mother would speak to her and attribute certain qualities that her daughter did not possess: the psychological and intellectual capacity to properly comprehend and discuss such problems, as well as allude to a possible **alliance** and **allegiance** to her mother. Returning to the imaginary role that the young girl held, her mother ascribed to her these last two traits: alliance and allegiance. One could even suggest that an absence of resistance from Farha fed the mother's delusion. Farha seemed to willingly accept this role. One should note that being "willing" to accept a role is not synonymous with "liking" the role.

It would seem that the focus thus far has been solely on the mother. This may be because of her personality for she had a very strong presence. However, the father was not innocent in this. He, too, had a presence, albeit being subtler. One could make the parallel that the father's presence echoed that of his son, and the mother's echoed that of her daughter. In other words, the father seemed to be more absent, just like his son. However I hesitate to assume as such, because I believe that they all had great presence, but just expressed it differently. For example, Chandrahas' avoidance made him stand out just as much as a mother who was omnipresent. And Mr Maraj's quiet demeanour and calm made him "a breath of fresh air" in an otherwise chaotic environment.

Returning to the father, one would expect him to occupy a symbolic role of separating a daughter from her overwhelming and "overbearing" mother. However, table 6.1 does not give much evidence of this, except for the fact that he would have his daughter on his lap when eating. In absence of an overt separation role, can one be led to believe that he did not uphold this function? In any case, table 6.1 does show that he did in fact act in a similar way with his daughter as her mother did with her, even if

more subtly so. He, too, would speak ill of the mother, but privileged actions such as putting his daughter on his lap to eat. This calls to mind a few things:

- In a way, he did separate mother and daughter, because having his daughter on his lap did actually limit Mrs Maraj's interactions with Farha.
- However, this "separation" put Farha in a similar position: an object, but that of her father. The exact nature of this was two-fold:
 - On the one hand, she was a princess. She had a privileged position within the family. She "oversaw the commoners". Just like a child-therapist, she oversaw the way in which the family functioned.
 - This also kept her in an infantilised state. She was old enough to sit and eat on her own, yet her father saw it fit to have her on his lap to feed her as a child.
- Like his wife, Mr Maraj would dress his daughter in the finest garments. It would seem that she was a doll to be played with, ergo an **object**. As such, by preventing the mother from appropriating her child, he was able to do appropriate Farha.

The imaginary role that Farha occupied leads one to believe that both parents had two ways of interacting with their child: they would **infantilise** and **objectify** their daughter. Even though the roles can be similar and are sometimes used interchangeably, I prefer to make a little distinction.

- As previously stated, Farha was a sort of doll for them to play with. For example, her mother was constantly combing her daughter's hair and putting moisturiser on her. She was also dressed in the finest garments from her country of origin. This here highlights the **objectifying** role. Farha had no say in what was happening. In addition, what happened was independent of age.
- Her father putting her on his lap and feeding her is an example of the **infantilising** role. Not only was she an object, but she was also treated as younger than she truly was.

One could argue that this is common behaviour between parents and children, i.e., providing for and spoiling their child a bit. However one would need to look at how

Mrs Maraj treated Chandrahas, as well as the young lad's response, to truly appreciate the infantilising and objectifying roles.

Let's take a look at Chandrahas for a moment. As table 6.1 points out, Mrs Maraj would systematically change his diaper and put moisturiser on him, whether or not this was needed. She was therefore attempting to do the same to Chandrahas – notice that I said, “attempting” – as she did with her daughter. She had an imaginary image of him as well: a baby. However, contrary to his sister, he seemed to refuse any attempt of being put in this role. The observations in table 6.1 highlight **resistance**, **avoidance** and whatever synonym could be used to describe how the young lad “interacted” with his parents. It was that flagrant! He seemed to keep a distance – physically, psychically and a “real” one – from them. For example, he would not greet them, he'd play on his own, etc. He even kept his sister at bay. His mother's attempts at objectifying and infantilising him failed. She did have an imaginary image of him; however he did not entertain it. When it came to his father, he was ignored. The young lad seemed to not be bothered by this and ignored his father in turn. This, I believe, is the major difference between the two children: one accepted the role, whereas the other fought incessantly against it.

As I stated, Chandrahas seemed to even shun his sister. However, Farha was still trying to occupy a more motherly role towards him, even if it was that of a tyrannical mother. For example, she would speak in his place and try telling him what to do. She would even try to tell her parents what her brother was and was not allowed to do, and her parents would concede. Nevertheless, Chandrahas refused this as well. He would not let his sister occupy this role with him. So, why is it that Chandrahas was the **rebel**, whereas Farha was the **saint**? Could it be that Farha had more of a connection with her parents because she knew them longer? Could it be because of her capacity to care? Or was it something else? We'll get back to that.

Lack

From the last section, Mrs Maraj seemed to uphold a stereotypical instrumental motherly role, but that which showed no true affect. It was deemed instrumental because it dealt with the physical aspect of childcare. Sure, in her mind, her “taking

care” of her children was a sign of affect, but it may not have been the form that was truly needed or wanted. As such, each child was an **object**. Once again, the imaginary role that the mother had of her children did not correspond to a common reality.

To summarise, Mrs Maraj responded to every single one of the children’s **inferred needs**. For example, as table 6.1 suggests, she would comb her daughter’s hair, dress her in what she believed her daughter would like, etc. Her daughter’s own likes never entered her mind, yet she gave all she thought that Farha needed and/or wanted. She was forever present to provide that which she believed her children “needed”, so that the children were without any **lack**. A correlation between this and the mother carrying out a monologue with her daughter can be made. What I find fascinating is Farha’s complementary role. Like her mother, Farha was omnipresent. She was always looking to fill one role or another, and respond to her parents’ cries for an object. She showed great understanding of their needs, ergo **empathy**, as well as flexibility in adapting to them. She seemed to forego her own needs to satisfy the role that was attributed to her. However this does not mean that the imaginary child became real. Farha simply occupied a given role, but she was still Farha, whoever that was. In addition, she filled her parents’ lack and need. They desired an object, and she gave it to them.

As a consequence, two forms of *lack* existed:

- The mother’s perceived lack in her children, compelling her to carry out certain functions that were not necessary.
- A lack of certain needs in the family, or more specifically, roles.

The first makes me think of the containing functions, or rather Winnicott’s holding where the mother responds to all of her child’s needs so that the child is never without. However, as stated, Mrs Maraj responded and satisfied her children’s perceived needs, “perceived” being the key word. One can therefore stipulate that, Mrs Maraj seemed to be somewhat stuck in a sort of *imaginary holding phase*, where the mother needed to predict and respond to her child’s needs. Mrs Maraj had an imaginary image of her children, one that required her to predict and decide everything for them. She seemed to be stuck in a state where her children needed her to respond to all their needs: clothes, food, changing diapers, etc. Could we therefore

believe that the parents who treat their children as an object remain stuck in this role? And if so, why? The observations suggest that the mother remained in an imaginary state of holding, or more generally an **imaginary containing state**, which reinforces once again the imaginary image she had of her daughter. The **primary maternal preoccupation** persisted, which saw a mother adapt to an imaginary rhythm that she attributed to her child.

There was also the need for a confidant, an ally, someone with whom she could speak to, and who would confirm her biases (which were directed towards her husband). This was another lack that the mother needed.

However, there was also a need for structure within the family. This was also lacking. No one seemed to be in the correct role, as many roles were left vacant. And this is where Farha came in; she saw a *void* – or rather a *vacuum* (Freud 1965) – and filled it. Farha seemed to be a very proactive child, concerned with management (Black 1982), and showed similar characteristics to Robinson's (Chase 1999) workaholic children (Table. 1).

The mother never allowed her children any *imaginary lack*; and Farha never allowed any *lack* of roles within the family. Farha tried as she might to provide stability to a failing structure. Two things come to mind here:

- Remember when I said that Farha was like a receptacle? This is what I thought of when I saw Farha adapt. She was hollow (void of her own being) to contain or rather fill any role that needed to be filled. In other words, she seemed to be busy organising and adapting to ensure everything went well (Black 1982, Chase 1999).

She became the person who took care of the family, the one who responded to all the needs. She took care of them all, like a parent, rather than her parents taking care of her. She listened to her mother complain. Albeit being rejected, she tried being a (tyrannical) mother to her brother.

- Control, as spoken about before, seemed to be what Farha was after. However, it wasn't a malicious attempt at control, but rather to give order to an otherwise agitated environment.

And this leads me to the yin-yang theory. Farha's role was complementary to her mother's, which sustained the therapeutic role. One can't go without the other. For there to be a child-therapist, there needs to be several things:

- Confusion within the family: roles, places, etc. this echoing Hooper's (2008) theories which explained that a confusion of boundaries led to the child adopting the therapeutic role. Constantine (1986), Jurkovic (1997) and Chase (1999) also spoke of the absence of boundaries in a similar manner.
- A lack that the parents fail to confront. This should not be confused with lacks that children face and overcome. It is a lack of structure, roles, etc.
- A child who is willing to attempt a seal
- Parent/s who do/es not prevent the child

Like her mother, Farha's father placed her into a role, which did not exist. He also seemed to have lack, which forced him to place his daughter in this position. What can this teach us?

This imaginary and objectifying nature of the relationship that both parents had with their daughter makes me think about mentalizing capacities. The need for her parents to respond to each of their needs and an imaginary state of containing also lend themselves in better understanding their interactions. Mentalizing is a two-way process, and basically requires one person to have the other in their mind (Fonagy et Roussouw 2015). It requires one person to hold the other in his or her mind, which allows for mutual understanding and an exchange of ideas and psyches. However this did not seem to be the case. As I have just mentioned, both mother and father attributed certain qualities onto their daughter (and son), and did not hold a proper image of Farha in their minds. Their mental image of their daughter was flawed, and did not correspond to a common reality. They did not try to help their daughter evolve, but rather kept her in a certain state. What this says for me is that neither parent mentalized, nor did not help their daughter learn how to mentalize.

In absence of mentalization, what could this mean of their daughter's capacity for the same process? This responding to each and every one of her children's "inferred" needs should highlight to an absence of mentalization, not so? However I won't be so quick to judge just yet. One more thing needs to be looked at.

Two things come to mind. First, Farha's omnipresence and quick adaptability leads one to believe that she was constantly "on the metaphorical prowl", where her prey was any hint of uneasiness and tension, or rather lack as stated above. Farha occupied every role that needed quelling: ombudsman, peer, mother, etc., whether or not this was wanted (like her brother who refused). One could stipulate that her empathic capacities were off the charts, i.e., she understood very well the feelings and needs of others, and adjusted to suit. However, despite this, despite all the interactions that took place, and looking back on table 6.1, in no way do I see Farha's needs. She is seen everywhere, but there is no evidence of her *self*. She was idolised by her parents, which is testimony to her prestigious role, however nothing is known of her being. She was at the service of others. This leads me to think about the third hypothesis, which speaks about empathy and mentalization. Farha seemed to have a strong capacity to understand others' emotional states and needs, but does she understand her own? From what I have observed thus far, I hesitate to answer. Nevertheless, this makes me question her capacity to mentalize.

For the moment, it would seem that Farha's empathic capacities seemed to dominate. It would make one believe that she was in tune to others. It would therefore seem that she was using a form of pseudomentalization, i.e., it was based on a partial understanding of the situation. The partial understanding of the situation was her understanding of others and others alone. She adapted to her surroundings because that was what was needed for the others. She did not understand herself and her "basic needs".

I may even go so far as to say that she was misusing a form of mentalization for self-serving, yet altruistic, purposes. That may seem a bit harsh, but it should not be taken negatively. She used a form of mentalization to lessen tensions within the family, so that things would run smoothly. This allowed for no conflicts. Farha's omnipresence seemed to be constantly extinguishing fires, or rather tensions that could and would ensue. In other words, she was occupying different roles to lessen tensions; she was going where she was needed. This leads me to my first hypothesis, which speaks of a sort of auto-conditioning, and maybe this could help explain it a bit. However further investigation would be needed, but I will still attempt to give an explanation. Farha's identity seemed to have been forged around easing tensions. She adapted and

occupied different roles that called for someone. As such, occupying a role led to supposed peace within the family. This could be a good motivator, or rather conditioning factor, for a child to continue occupying a given role, because no one likes tension. However, in this case, the child seemed to forge her identity around the given role: her aim was to appease her family and lessen tensions. Farha seemed to have always occupied different roles within the family, for without her, there was no telling of what could have happened. As such, one could believe that the role is like that vicious circle that we all hear about. The parents experience a lack, which provoke tensions and instability within the family. The child senses these tensions and takes it upon him or herself to carry out damage control. He or she fills the lack, even though he or she lacks the necessary psychical capacities. This is repeated, and the child forges his or her identity around this. In the end, this becomes the child's reason for living.

However, it should be noted that, despite filling the role, Farha always seemed to start the visitations with a bit of apprehension. Could this mean that, on an unconscious level, she did not want the role? Remember, I said that accepting the role was not the equivalent of liking it. This was the lesser of two evils.

Initial conclusions

This case highlights several things. First and foremost, identifying the type of therapeutic role is not as clear-cut as once thought. Through my observations, I observed that one child could occupy several different roles. Table 6.1 leads us to believe that Farha occupied the following:

- *Child-as-parent*. She was a mother to her brother, and seemed to be a parent that enjoyed the smooth running of visitations.
- *Child-as-spouse*. This more took the role of confidant and peer. She seemed to be occupying the role of a spouse with her father; however this needs further investigation. She was also seen to be her mother's ally – ergo peer – in Mrs Maraj's quest against her husband.

- *Child-as-object*. We saw two forms here: object and infantile. She was a doll to be dressed and taken care of, whether or not she wanted it. She was also treated as someone that was incapable of taking care of herself. This is evident from her father feeding her.

As a result of the multiple roles that could be held by the same child, we believe that the child displays a strong sense of adaptability and flexibility: **psychic fortitude**. He or she responds to any form of lack that could exist within the family. As such, the child seems to display a strong sense of empathy and understanding of others, as well as surroundings and surrounding circumstances. However, we hear very little of the child in this case, and thus no true sense of self (however this needs further investigation).

Our findings here also highlight the imaginary image that the parents hold of their child. One can say that the therapeutic role is issued from a **delusional state** within the parents; they see the child as that which they'd like, and not that which he or she is. In other words, the child is seen at a stage where the parents need to be wary of and respond to all the child's needs, as in a sort of imaginary holding phase. As such, it would seem that an **imaginary containing state** was observed. Thus, the parents kept the child in a state where they leave the child without any perceived lack. As such, the parents seemed to have been stagnated in a stage, which required containing functions.

Stagnation of containing functions means hindrance and/or errors in socially (parent to child) acquired capacities, such as mentalization. A provisional conclusion can be made: mentalization does not occur. Instead, a form of pseudomentalization, which allows for the child to mimic mentalization, is seen. In addition, a misuse of mentalization is observed. However, the misuse is not for personal gain or noxious intent, but rather for the perceived betterment of the family and control of a hectic environment: the process is used to ease tensions.

The constant adaptation to a given role seems to occupy the child's mind, as if his or her identity were forged around it. As such, the child seems to have been auto-conditioned to upholding this role: occupying the role eases tensions within the family. That is the reward for the role.

The Leininger family

The findings in this family compliment some of what was previously observed. However, before getting into the different themes to identify the type of therapeutic role that was held, I believe it wise to first speak of that which first stood out to me, or rather downright shocked me. Table 6.2 does highlight this, but does not do it justice, and so I believe that further elaboration is necessary for you to understand the severity of the role. I may also use what many may consider to be hyperboles, but this is not for shock value, but rather to better understand what I observed to better appreciate the analysis.

I remember the day when I met this family. This was before I even introduced myself. I saw someone in the visitation room and wondered, “*Who is this little girl?*” My age shows a bit here, for “little girl” for me means an adolescent around 16 years of age. She was petite in stature and rather soft-spoken. She was dressed in a tracksuit and looked physically like – and I apologise for the rhetoric used here – like a chav! Her soft-spoken and “humble” ways contradicted the stereotype. My jaw almost dropped when she was introduced to me as Ms Leininger, the mother. I was shocked to hear that he had four children. I was so taken aback by her appearance that I did not notice until later on that she only had very few teeth in her mouth.

When I went to meet her children who were with their foster parents, the first person I noticed was an old, frumpy, but rather large in size, woman, dressed in clothes designed for an older woman. There were two girls with her. A boy was nearby, but kept a distance from her. The boy looked at me and gave a big smile, which seemed to be one of relief (I did not make much of it at the time). The two little girls and the boy were all dressed to perfection. Then I found out that this “old woman” was the eldest daughter, who was only 10 years old! Once again, my jaw almost dropped.

This little observation speaks volumes to me. From the get-go, I observed that Jennifer encompassed a more adult like and motherly role. However, not only did she seem to symbolically take on this role, but it also manifested itself physically in herself. She looked tired, haggard and neglected, like a mother who was on her last. And she had two little children at her side, her younger sisters. She looked old,

whereas her mother looked young. This showed me that the young girl's therapeutic role seemed to be psychosomatic. She embodied the role; she wore the mental age that was bestowed upon her. Likewise, her mother also made the role real; she was the daughter. The mother seemed to take on a more youthful appearance, whereas the child showed the effects of time.

The above seems to be an almost perfect example of Harrus-Révidi's (2001) theories, in which she explains that the therapeutic can be psychosomatic. She explained that the parent (and I'll add by default the child) shows a mind and body union, just as the hysteric would exhibit his or her pain through psychosomatic means. Jennifer and her mother, not only exchanged roles, but also embodied the new roles.

Imaginary vs. reality

I hesitated using the same subtitle as before, for there was nothing imaginary here. It would be the "imaginary image of Jennifer became real". It would seem that the mother's projected image of her daughter came to past. Mother and daughter seemed to have exchanged roles. Jennifer became the mother who neglected herself for her children. However, I'm not saying that her mother was all dolled up. On the contrary, she simply looked and dressed young, but not chic per se. However the other children seemed to be ready for modelling contracts. These differences in attire should show the disparity seen in the family. Jennifer seemed to have taken on everything to allow the other children to live, just as Bateson et al. (1956) stipulated. Through Jennifer's sacrifice, her siblings would be able to evolve under the best conditions.

The main observation in the interactions between Ms Leininger and Jennifer was one of idolisation, as well as peer and confidant. Ms Leininger seemed to look up to her daughter. She would revere her daughter, and look in awe at her. She would marvel at her daughter's stature. Here, Ms Leininger displayed one of the destructive narcissism traits as developed by Brown (2002). She showed strong admiration of her daughter. Jennifer was almost as tall as her daughter, and her mother would be in awe over it. She would speak to Jennifer as if they were equals, or best friends. She would ask for information on the others, and Jennifer would give it to her. If not asked, Jennifer

would freely give up information. As table 6.2 showed, once Jennifer was there, everyone else was absent.

In addition, Jennifer was her mother's confidant, and "bringer of news". Table 6.2 shows us that Jennifer would often bring news and reports on her siblings.

I was itching to say that Ms Leininger has a fantastic or imaginary representation of Jennifer. I would rather say that Jennifer was an extension of her mother, or a substitute for her. She was able to do what her mother couldn't do outside of visitations. I wouldn't say that it was a phantasy of being a mother through her daughter, because it was a reality. What makes me differentiate this is that, other than the haggard way of dressing and old look, Jennifer seemed to uphold this role rather well. **It seemed to suit her; it was natural.** This is the opposite of what was observed with Farha (Table 6.2). In addition, there was no tension, and Jennifer exhibited no uneasiness.

This strengthens the argument that the child-therapist exhibits psychic fortitude. However where it seemed unnatural and forced with Farha (and also more blatant), it seemed second nature and natural with Jennifer. I noted no uneasiness of psychic difficulties in Jennifer, as opposed to Farha. As such, it may be a bit controversial to say, but I find it difficult to speak of regression here. The family did regress to their former "family issue of a child-therapist" role. However, contrary to the Maraj family, it seemed more natural and less harmful to Jennifer than with Farha. In addition, Jennifer seemed to take on this role naturally with other adults (this is a similar trait to the workaholic children as described by Robinson (Chase 1999). Maybe this made it more dangerous for Jennifer. Further investigation would help elucidate this.

The aforementioned lead me to believe that Jennifer, first and foremost, complemented her mother. She did not take care of her mother per se, but rather acted as an extension of her mother to the outside. She was an ally. She was also revered, and looked at as an equal and peer or friend. Jennifer was never a mother to her mother in the strict sense of the term, but she did uphold a motherly role, which will be described.

Siblings

Similar to the previous case, one cannot speak of Jennifer without speaking of her siblings. As table 6.2 shows us, Jennifer would bring reports on her siblings. First and foremost, this put her in the place of her siblings' keeper. She was the one who needed to be au courant with everything about them. In addition, the reaction of her two sisters reinforced this role of siblings' keeper. The two girls would run to Jennifer instead of their mother.

This last point is rather curious. The two girls would go to Jennifer for things. What makes this interesting was that Ms Leininger would try with the others. She would speak to them appropriately, ask questions (after Jennifer's reports), bring the snacks and whatever they needed. However, the two girls still went to their big sister. This suggests two things for me:

- The two sisters saw their mother's "failure" to uphold the role, as well as their mother's fleeting interest in them. In addition, Jennifer's and her mother's role inversion was very much apparent. As such, the children sought the one who better upheld the motherly role: Jennifer.

So, as much as Jennifer occupied a role, her sisters saw that it needed filling, and so "welcomed her" into the new role. It would seem that this was the way the family functioned, similar to Zuk & Rubenstein (1965) and Bateson (1956). They both suggested that, the Ms. Leininger, Jennifer and her sisters were all in accordance with Jennifer's role.

There was a vacuum that needed to be filled, and Jennifer was up for the challenge.

- **Confusion** existed in the family. Jennifer was thrust into a role, one that did not belong to her. Her sisters looked to her for what they should normally look for in their mother. Finally, Ms Leininger also occupied a role that she should not have.

These last findings reinforce the findings that we also found in table 6.1 (the Maraj family). The family is in a state of turmoil, confusion. There is also a lack that needs to be filled. The two of these seem to heighten the probability of a child-therapist being born.

I would just like to point out that, when it came to her relationship with her sisters, Jennifer seemed to struggle more here. She seemed to be a mother struggling to keep her children happy. This contradicts the ease in which she seemed to relate with her mother.

As we see in table 6.2, Jennifer was extremely polite to adults. I mentioned that it just seemed to be her role that she was meant for. She seemed to relate well with them. For the moment, I am not sure why this is. Further investigation is needed.

Despite all, these last findings show that Jennifer upheld a more motherly than sisterly role with her sisters. She took care of them, and was their mother on the outside. As such, Jennifer was a mother to them, but an ally to her mother. Mother and daughter formed a team to take care of the younger ones. The other children were allowed to live their lives and flourish, whereas Jennifer was stuck in this motherly role.

This last point makes me believe that Jennifer, like Farha, was very much empathic. She saw to the needs of her siblings and mother. She was also very keen to please other adults. However, she was very much absent. Based on this, one can equate this to Farha, and stipulate that Jennifer did not mentalize. However, as I've said before, there was a net difference in how the two girls expressed their therapeutic role. As such, I hesitate to say whether this pertains to my third hypothesis or not. I prefer to wait for more information before I make such a claim.

In addition, I hesitate to say if the therapeutic role is auto-conditioned in Jennifer. Again, this comes down to how she expressed the role. Unlike Farha, it did not seem to be doing her a disservice.

Family secret

One thing that stands out here is a family secret, or rather something that remained unspoken. Here, there were two things that were downplayed. They were either avoided or spoken of in covert ways:

- Ms Leininger's health previous drug addiction
- Jennifer's grandmother.

When it comes to Ms Leininger's drug addiction, no one brought it up. They would allude to it, but that's all that one would get. However, I would notice concern in all the children (except Johnny). I could therefore stipulate that this concern could have reinforced the role:

- Jennifer did not want her mother having to worry about anything. I may even go so far as to say to prevent a relapse. Then again, I wouldn't know because no one ever spoke of it. In any case, this could have caused Jennifer to want to lend a hand to her mother when it came to her sisters.
- Susan and Dora saw their mother's difficulties, and so went to their sister who was already filling a void, ergo lack.

Jennifer's grandmother was also spoken of in hidden terms. However I currently have no information other than that she was "unspoken of".

I wouldn't brush with a broad stroke and say that family secrets fostered the child-therapist. I would rather say that what this family secret revealed the child-therapist: concern for her mother. In addition, this shows that the other children are also active in the making of the child-therapist. They seem to designate one who displays psychic fortitude to uphold certain roles normally held by the parents.

A rebel is born

Like the Maraj family, there seemed to be one sibling who refused to allow his sister to uphold any semblance of the child-therapist: Johnny. Not only did Johnny reject Jennifer, but he also rejected his mother and younger sisters. He would isolate himself. She showed great resistance. He seemed fervently against Jennifer and his mother. I could postulate that this was because **he refused to let his sister take up a role that belonged to someone else**. Similarly, he resented his mother for not upholding her role. This might suggest that Johnny also acted as a **symptom**, i.e., someone other than Jennifer who showed that there was dysfunction in the family. He also showed what was wrong in the family.

I also noted that Johnny was contentious with everyone except me and other male figures. One could argue that it was simply because Johnny was a boy, and so wanted

a male figure. However one could also argue that this was what was missing in the family: **a father figure**. Each child had a father, but none were present in the visit. There was no one to provide law and order, no one to establish rules, etc. This is similar to what was missing in the Maraj family. The father who wasn't present did not seem to uphold his symbolic role.

This leads me to believe that the rebels in the family (Johnny and Chandrahas) play a key role in the family. They fight for "normalcy", they point out the errors in the family and they show what (or who) is missing in the family. In addition, contrary to his siblings (Susan and Dora) who saw the family dysfunction and helped set out create the child-therapist, Johnny fought against it. However I'd rather wait for the analyses of the second results to really speak more about this theory.

In any case, Jennifer was idolised whereas Johnny isolated himself. This only serves as a reinforcement of confusion within the family.

Initial conclusions

This case shows that, like Farha, Jennifer upheld multiple roles. However, unlike Farha who held several roles with the same person, Jennifer's were more clear-cut.

- *Child-as-spouse*. Here, Jennifer's form of the role was more like that of an ally. She complemented her mother just as couples complement each other when raising children. However, what was curious here was that this role seemed natural for Jennifer.
- *Child-as-parent*. In this instance, Jennifer took care of her sisters in the same way that a mother would take care of her children. Contrary to the previous role, it would seem that Jennifer displayed more difficulties in assuming this role than the child-as-spouse role.

However, our findings into answering the hypotheses do not provide conclusive evidence to either prove or disprove any of them. Whilst one can extrapolate from Farha's case, there is one major difference between the two: the expression of the therapeutic role. For Jennifer, it seemed more natural. I noted no tensions in the initial

observations, which leads me to believe that I should wait before saying anything about the hypotheses her.

Nevertheless, we can conclude a few things:

- Confusion does play a major role in establishing the child-therapist. This confusion does not only push the child in taking on the mantle of child-therapist, but it also pushes the siblings to designate a child-therapist. This correlates with Hooper (2008), Constantine (1986) and other theoreticians that have spoke about confusion in roles and a absence of boundaries leading to the child-therapist being born.
- Like Farha's case, there is a rebel. It may be coincidental that it's also a boy in this case. Nevertheless, the rebel raises some interesting questions:
 - Not only does Farha show family dysfunction, but also her brother
 - He seems to also try and establish order by rejecting the child-therapist. And in this case, it would seem that he is highlighting what is necessary; however this warrants further investigation.

The Ferhat Family

The only true parallel that I believe that I can make with this case as opposed to the others is that Mr Ferhat held an imaginary image, not only of his children, but also of himself. He was the one who came to save his children, he “self-worshipped”, “self-idolised” and expected his children to worship him in turn.

There is a lot of “me” in the father's discourse, as the father spoke of himself and his problems. This meant that Omar and his brother were absent. Mr Ferhat seemed to have no mental image of who his children truly were in his mind. Everything was focused on him, and he seemed to do everything in his power to get it.

This all goes hand in hand with his narcissism, or rather boldness because of his diagnosis as a psychopath. His extremely high self-confidence and self-assertiveness were evident, and he showed meanness with his children, i.e., he displayed an extreme lack of empathy towards them. After all, his children were the ones that were placed

into foster care, yet table 6.3 shows no care or concern for them or their pain, suffering and well-being.

This shows that Mr Ferhat had no mentalization capacities whatsoever. There was no mindfulness, i.e., being mindful of one's state. Whilst it's true that he focused on his perceived "pain", self-awareness was lacking. He was not in touch with reality. He seemed to imagine his circumstances affecting him differently to how they really were. His lack of self-awareness led him to see himself as his children's saviour. In addition, there was no empathy whatsoever, this being evident by how he acted with his children. Table 6.3 shows a father who liked to gloat. He was one who was certain of his self-righteousness, and believed without a shadow of a doubt that he knew what his children were feeling, or rather what they needed: a saviour. The above shows that Mr Ferhat seemed to have been the poster boy of Brown's (2002) destructive narcissism.

So, what did this mean for Omar? Simply speaking, Omar had to look for a way to interact with his father. The young man was unable to be himself, so he "extinguished" himself, and being what can only be described as an object. He became an object, being subjugated by his father. There was no exchange of psyches or ideas; there was no social interaction. What stood out the most in this case are the domination, the subjugation and the crushing of Omar. **His absence was overwhelming.** He was invisible.

As table 6.3 points out, Omar's vocabulary was adapted to his father; he would circumvent certain topics to appease his father. In addition, he would look down to the ground when speaking to his father. What this showed was a young man who was absent and subdued. He would try to impart his father's knowledge onto his brother. However, this was not an attempt at being a father to his brother, but rather an attempt at pleasing his father, doing as his father commanded. All in all, Omar catered to his father's needs and desire for worship. He adjusted his very being for his father. He was his father's object.

Further observations that showed he was his father's object was his desire to please his father by imitating his father's ways. He was to be moulded in his father's image.

He was the clay, and his father was the sculptor. His father had an image in mind of what he wanted to be sculpted, and the young man adhered to this image.

Omar seemed to be driven by a desire to please his father, and he seems to have internalised this image as a way of being. What strengthens this point of view is how Omar interacted with others. As I pointed out in table 6.2, his reaction depended on the adult in front of him. However more often than not, he was very much resigned and submissive. It was as if he had internalised this tyrannical father, and projected him onto all adults. So, not only was he absent for his father, but he was also absent for others. When it came to Omar, there was no self! Let me rephrase that. I'd rather say that there was an unhealthy self being shown, and Omar's true self was to be seen by no one. One may even wonder if he knew who his true self was.

Mentalization as a means of protection

The last point brings me to mentalization. Similar to Jennifer, it isn't as clear-cut as that. The thing is, Omar was very emphatic, and so could predict his father's emotions. He knew what his father wanted, and adapted to suit. However – and here is where it gets tricky – Omar seemed to be mindful of his own state, but the state that he had seemed to be the negative internalised image that his father had of him. Can this be considered mentalization? Omar reacted based on the perceived image that his father had of him. Unlike Farha who seemed to force an image and constantly adapt, Omar seemed to have been true to himself. He did not constantly adapt depending on who was in front of him. Like Jennifer, he was the same with everyone (adults).

Whilst it is true that there was a lack, as in the previous cases, Omar didn't rush to fill it. He was expected to fill it. He was forced to. He did it through fear and domination.

In addition, there was also no regression when it came to visits, which attests not only to the durability of the nature of Omar's therapeutic role, but also to the extent to which he had internalised this image of himself. Omar was the same with everyone. This leads me to believe that Omar internalised a negative form of self, and thus question his ability to show empathy. Whilst it's true that he predicted his father's moods very well, he seemed to project this onto everyone. He was the same resigned person with all adults. He projected and transferred his father's exigent and tyrannical

nature onto all, and acted to suit. Omar seemed to be stuck in pretend mode, where his inner and outer realities were conflicted. In his inner reality, everyone was like his father – or rather was his father – whereas the outer reality said otherwise.

For now, I'm not entirely certain if Omar exhibited false mentalizing capacities, which disproves my third hypothesis. Omar internalised and incorporated an erroneous and unhealthy image into his very being, but it did speak for his mindfulness. However, his inability to detach himself from projecting a tyrannical father onto everyone showed that he could not show empathy with anyone other than his father. This last part speaks of pretend mode (Fonagy et Roussouw 2015), where Omar there was no link between Omar's inner reality (the projected image of a tyrannical father) and outer reality (others not being his father).

In addition, I've spoken of psychic fortitude and fragility before. It is complicated in this case. One could argue that Mr Ferhat is psychically weak because he seeks approval and reverence. However, we see that he dominates his son. This could suggest that Omar is psychically weaker than his father to:

- Allow his father to dominate him
- To internalise an image that may have been forced upon him.

This warrants further investigation; however I believe that the child-as-object in this case shows a child who does not have the psychic fortitude to fight for himself, and gives in to being an object, a slave to his parent's desires. I believe that this differs from Farha, for she assumed several roles. She displayed some sort of mental gymnastics, whereas Omar was just crushed. As such, I believe that the difference is because of several factors:

- Omar upheld this role, and this role only
- The role was driven by fear, and not an innate desire to want to help his father.

Choosing sides

Contrary to the previous cases, there was no confusion of roles. Mr Ferhat upheld the role of a father, albeit a tyrannical one; and Omar was the child to be taught. Even though the roles seemed to be upheld in a pathological manner, they were occupied.

However there is one thing that stood out. Mr Ferhat seemed to be in need of his children's approval and admiration. This corresponds to the narcissistic traits I mentioned earlier (Brown 2002). This is different to the self-idolisation described earlier. He was the king who needed the love of his loyal subjects. He needed his children to support his ego. Contrary to the last two cases where the parents seemed to idolise their children, Mr Ferhat sought this idolisation in them. This further reiterates the role as an object that Omar held.

What is a bit surprising here is his brother's reaction to this. Like Omar, Hamza was expected to be a certain way. However, he was himself: childlike and spoke of his interests. One could say that this was because of his mental retardation, but we know that the child-therapist is independent of intellect. So why did Hamza escape the therapeutic role, but Omar become ensnared in it?

Table 6.3 shows that Hamza also desired to have a relationship with his father; he idolised his father. However table 6.2 also shows one thing that could separate the two boys: Hamza was ignored! Yes, it is true that Omar's self was ignored, but at least he was given one (albeit being erroneous). However, Hamza did not even have a forced self. It would seem that this not only reiterates the passive-active role, but also lays claim to a choice. The child-therapist is not chosen by accident, but is the chosen one in the family. Contrary to the previous siblings, there was no rebellion against his father; yet Hamza was rejected.

Omar actively chose to be the child-therapist, and his father accepted his application.

But what brought on this choice? Why did Omar choose this role? It is not as clear here. One could argue that it was to ease tensions within the family. Occupying this role meant that his father was happy, and that the visitation would run smoothly. However, as we see in table 6.3, it was Mr Ferhat who was obsessed with having a good visit. One would believe that having a good visit supported the positive image

he had of himself. One could argue that Omar did it to be able to have a relationship with his father, to interact with his father.

For now, I hesitate to say if it was auto-conditioned or not. One thing is for certain; the child-as-object role was forced onto Omar, and then spread onto others. The role was a means of survival, but not of the family unit, but of Omar himself. Tension and fear seemed to make him adopt the role.

Initial conclusions

In this case, Omar occupied one role: child-as-object. Omar adapted to all his father's needs. He adapted his way of speaking, acting, etc. He adopted this role, and this role only.

This role was not only geared towards his father, but also to all adults that he encountered. This role was met with someone who demanded it, a father in need of glorification for his efforts. However, Mr Ferhat showed self-glorification. Like his counterparts, there was a lack to be filled, this being Mr Ferhat's need for worship. However, unlike his counterparts, Omar's presence was demanded. One could argue that he willingly accepted it, but it would seem that this role was more drawn out of fear.

Regression did not exist here, as Omar seemed to incorporate this way of being with everyone. As such, being a child-therapist was his only form of being. It seemed to be more ingrained in him.

What we see here is that Omar also showed a difficulty to mentalize; however he did not show false mentalization capacities. Omar exhibited pretend mode where his inner and outer realities did not coincide. As such, the third hypothesis was somewhat disproved as there seems to have been failed interactions. However there is no evidence as to containing functions, etc.

The Roos Family

In this family, we saw something similar to Jennifer's relationship. As table 6.4 shows us, we had a young man who dressed rather poorly on occasions, and a father who always boasted of the latest brands, and who constantly sought his son's approval. It seemed to be a father seeking "approval" from his son, just as a child would look to his father. There was an evident inversion of roles. We also saw reverence, idolisation. Yet he also looked to his son for this. I'll explain further.

Daddy dearest

Three words came to mind for the interactions between Dave and his father: reassuring, comforting and affectionate. However these more describe how Dave acted towards his father, and not the opposite. Dave seemed to be his father's keeper, and supported his ego. His way of addressing his father – *papounet* – showed this. This "pet name" was not reciprocated.

Whilst it's true that table 6.4 shows that Mr Roos would use a vocabulary expressing awe and admiration for his son, it was more to do his size and presence. It was more like a child admiring "how big and strong daddy" was. Mr Roos would simultaneously seek approval, just as a child would with his father. Mr Roos was the child looking to see if his father noticed his changes. Mr Roos was in dire need of his son's approval, love and affection. This is similar to the admiration that Brown (2002) described in his theories on *destructive narcissism*. The parent seeks admiration from the child-therapist.

This was similar to what we saw with Mr Ferhat, except for the fact that Mr Ferhat wanted to be idolised for his paternal capacities, whereas Mr Roos wanted to be spoilt as a child. They both sought approval and glorification.

In addition, he would admire his son for his role in the family: Dave was the only good one, the one to light the way for the others. Mr Roos looked to his son for discipline and order within the family, which one would think is the father's role.

This showed a real role reversal between the two. Dave was the father who needed to lay down the law. This is very telling of what was lacking in the family: the symbolic father. Mr Roos failed at this, and looked to his son to undertake the role. Dave was the law. Mr Roos seemed to try and pass off this role onto his son. As we see in table 6.2, Mr Roos considered Dave to be the “good child”, and Dave always had an opinion on the running of the family.

Not only was Dave the law, but he was also the provider. What showed this role was the handing down of clothes from Dave to his father. He would give clothes that no longer fit him. This is what one would normally find between siblings.

Dave, in essence, held the parental role in the family. He was instrumental (clothes) and emotional (looking after his father’s needs). He was the law, as well as the provider.

Dave internalised this role. Like Omar, this role did not change depending on whom he interacted with. The role was internalised, and he believed himself to be on par with everyone. He was also seductive with adults, including me. This I believe to be very curious, and leads me to believe that he may have had manipulative ways to reinforce a certain image and impression of himself.

Like Mr Ferhat, Dave seems to have a very high impression of himself. And he seemed to want others to also think well of him, hence the seduction.

All this leads me to suggest that there is massive confusion of roles within the family. The roles are reversed, and then perverted to give what we see here. The word perverted was not used by accident, for both father and son have exhibited perverted traits: paedophilia. As such, they are accustomed to not only not following the psychic law, but twisting them as well.

As such, one can question the origin of Dave’s therapeutic ways. Things were perverted so that he could be seen in a good light. They were twisted and thwarted to bolster Dave’s very positive image of himself. I am therefore hesitant to suggest that this was auto-conditioned as my first hypothesis suggests. The role seems to be more of a benefit than an obligation in Dave’s case.

There is also no sign of regression, for Dave is like this with everyone. He is equal to all adults. One could argue that it was because of his age; however providing clothes for his father and having a say in the running of the family say otherwise.

Dave was everyone else's peer. Whilst it is true that I am looking at the family, Dave did try to uphold a therapeutic role with others, but as one's peer.

These first analyses show what I've mentioned earlier: psychic capacities. Mr Roos seemed to be psychically weak, whereas Dave was psychically stronger. The latter was able to uphold a role that his father let go. And he did it with style so to speak. He seemed to have mastered it to the point that he received adoration, as well as other benefits.

Mentalization

Whilst it is true that Dave had a very positive image of himself, which one could argue did not coincide with our reality, it did coincide with his. On the one hand, his father exhibited the **teleological stance** (Fonagy et Roussouw 2015). He looked for concrete evidence to prove his positive image of his son, even though this did not pertain to a common reality, and could sometimes be imaginary. The clothes his son gave him, etc. proved his son's greatness. One can therefore conclude that Mr Roos did not mentalize with his son.

As I said, Dave's reality did not correspond to our reality; however it did correspond to his surroundings, that which he was accustomed to. As such, one can say that Dave's internalised positive image of himself did actually exist. It would seem that Dave lived in **pretend mode** (Fonagy et Roussouw 2015). As such, he was mindful of his state. In addition, he did seem to accurately empathise with his father. It would seem that he was able to mentalize. However, as I've said before, Dave was seductive. One could argue that he misused mentalization to fill a lack to reinforce his ego. As such, this contradicts the first hypothesis of being auto-conditioned, for it would seem that this therapeutic role was somewhat forced, and therefore sought benefits. In addition, this also disproves the third hypothesis, as there was no false mentalization, but rather a misuse of mentalization.

Initial conclusions

This case was a little different for the main protagonist, Dave, although proving himself to be a child-therapist, showed himself to be a bit of a manipulator in his ways to assume the mantle of child-therapist. I could postulate that Dave did not exhibit the classic signs of the child-therapist, and was closer along the lines of the **omnipotent/pseudo parentified child** as described by Walsh & Anderson (1988). However, further investigation needs to be done.

Nevertheless, Dave showed himself to uphold two roles:

- *Child-as-parent*. This was seen in the way in which he interacted with his father, and also how he navigated himself within the family.
- *Child-as-spouse*. This is a little tricky, as Dave saw himself as a peer with other adults, but not his father.

This case also reveals that the child-therapist can use mentalization, but to manipulate his environment, whether the intentions are pure or not. This is more along the lines of a **misuse of mentalization**. Whilst it is true that there was a part of genuine concern, the seductive nature leads one to believe that there were also some self-serving reasons.

The Schuster Family

This next case sees two things:

- A child playing a role, adapting to her surroundings.
- A child who embodied her role

First and foremost, we see a child with similar plasticity to Farha. As table 6.5 reveals, Violette, responds to a mother who does not see her for who she is. Ms Schuster seems to have an imaginary image of her daughter: younger than she really is. Violette, through her behaviour and attitude, adopts this role. Her speech and overall her mannerisms were those of someone younger: vocabulary, intonation, etc.

Like Jennifer from a previous case, she exemplified this role by her way of dressing and acting. She embodied the role; she was her mother's little girl.

What stood out was that Ms Schuster would buy clothes for her daughter, but clothes that matched hers, just in a smaller size. This would lead us to believe that Ms Schuster sought to make her daughter into a mini version of herself; it was as if her mother was trying to make a carbon copy of herself. I hesitate to say that this resembles Harrus-Révidi's (2001) theories as only the daughter adapted, i.e. showed a psychosymptomatic response to the therapeutic role.

Returning to the imaginary image that Ms Schuster had of her daughter, the mother never gave her daughter these clothes through any perceived malicious intent, nor did she "force" her daughter. On the contrary, Ms Schuster seemed to believe that she was doing right, that she was doing what her daughter wanted and liked. However, I would argue that she unconsciously wanted to see her daughter be a mirror reflection of her. This also echoes Mrs Maraj who imagined her daughter's needs. Whilst it may not be on the same level as Mrs Maraj, Ms Schuster seemed to somewhat contain her daughter. The social aspect, i.e., the exchange of psyches did not exist here.

In addition to the clothes, Violette would be given gifts that weren't appropriate for her age, i.e., for someone much younger. This reinforces what was said earlier about the imaginary image Ms Schuster had of her daughter.

This desire may come from the fact that Violette was the only girl in the family. She had a very important role to fill for her mother.

There was therefore a very evident lack in the family, and Violette filled it for her mother. Her mother wanted a daughter that would be a projection of herself, and Violette did her best to give it to her.

In terms of adaptation, this role changed when it came to her brothers. Even though she had no contact with them, she was concerned about their well-being. She seemed to want to make sure that they were okay, like a mother would. As such, Violette went from being a child to a parent.

This adaptation was also seen on the outside. With some, she was a child; with others, more mature. However, even though she was more mature, she still did whatever was asked of her. She succumbed to their will. She was, by definition, everyone's object.

Rebellion

Like some of the previous cases, Violette embodied the roles, even on the outside. She seemed to have internalised this role and way of acting, and used it to interact with others, i.e., she saw it fit to adapt so that no one knew who she really was. However, what is interesting is that, despite this supposed internalisation, Violette seemed to rebel a bit when it came to her mother. Several things highlight this:

- She never wore the clothes her mother gave her
- She kept her eye on the time
- Avoidance in speaking about her life

It would seem that Violette separated things. Where she would purposely fill a role with her mother, she would still try to protect her self, and keep her mother out. For example, table 6.5 shows us that mother and daughter would hardly speak, and Violette would avoid talking about her daily life. She would also privilege other forms of neutral media to interact with her mother, like music. This would avoid them having to talk about anything truly personal. Whilst the clothes made her mother happy to give, and Violette would never wear them. In addition, she would constantly watch the clock to see what time it was. Thus, Violette seemed to keep a distance from her mother.

This leads me to believe that Violette fought, in her own way, to maintain some sort of self, and reject her mother's projected imaginary image of her. One can believe that there was maybe some sort of resentment; however I'll need to further analyse the second part of this study. Nevertheless, it is apparent that Violette wanted some distance, even though she adopted the role. This could relate to my second hypothesis, which speaks about harbouring anger towards the parent for his or her failure. However this does not speak of primitive aggressions, but rather just resentment.

But why adopt the role?

As table 6.5 highlights, Ms Schuster was very aggressive. Violette's may have adapted to appease her mother. Her adopting the role would ease an easily angered mother. Violette was there always tense and on edge. Like Farha, she had darting eyes, and observed everything.

As such, Violette seemed to be looking for signs of tension.

However what is also interesting and what I mentioned in the results, is that all the previous people intervening in the case were female. One can therefore imagine that a mother's role, or failure of a mother's role, may have played a part in this. However I don't have much information to go on for the moment. Nevertheless, I can argue that maybe Ms Schuster's own mother failed her, did not see a symbolic mother, and in turn, is failing as a mother as well. This speaks of the transgenerational aspect.

Mind power

There is no doubt that Violette was psychically strong. It must have been tiring looking for signs of tension, like fires to extinguish. She adapted based on whom she was in interaction with. She read the room so to speak. She also adapted to other adults.

Like Farha, she displayed great empathic capacities; however I doubt that she knew her *self*. She showed no mindfulness. As such, this leads me that Violette, like Farha, exhibited false mentalization capacities.

On the other hand, Ms Schuster showed psychic weakness or fragility, for she was unable to see her daughter for who she truly was, and this "impregnated" an imaginary image of her daughter. Neither mother, nor daughter, mentalized.

Confusion

I wouldn't say that there was a confusion of roles here. On the contrary, when together, Ms Schuster upheld her role of mother, and Violette upheld her role of daughter. However what is different is that Ms Schuster held an imaginary image of her daughter, and Violette gave her mother a much younger child.

Initial conclusion

When it came to Violette, she also held multiple roles:

- *Child-as-object*. Like Farha, this had to forms. She was infantilised by her mother, and “objectified” by other adults.
- *Child-as-parent*. Whilst there wasn’t much to go on, her concern for her brother’s well-being seems to hint towards this.

This case also showed that false mentalization capacities dominate. This also speaks of the containing functions (Fonagy et Roussouw 2015).

What this case highlights that others did not was the fact that the child could harbour some resentment for the parent, and seek ways of rebelling. The child is not comfortable in the role, and only adopts it under certain circumstances.

For now, I am hesitant to say whether or not Ms Schuster contained her daughter. The evidence points to this direction; however it is not truly conclusive.

Conclusion of Analysis 1

First and foremost, our first analyses show us that the child-therapist can exist in multiple forms within the same child. Farha, as well as Jennifer and Violette, displayed multiple facets of the therapeutic role, whereas Omar seemed to show only one. Dave was a bit of a paradox, for he showed only one side. The image of a peer is left to be decided. However, what Dave showed resonated with the others. The child-therapist's role is not limited to the family relationships, but affects all relationships. It would seem that, more often than not, the role and the child's identity are intrinsically tied. The child's existence seems to be at the servitude of others. However the parents' form of interaction depends on the type of child-therapist they needed. For example, Mr Roos idolised his son, Dave, who occupied the parental role. Mr Ferhat dominated his son. In addition, just as the child-therapist may occupy different roles, the parents may do so as well. Farha's parents went between needing an ally, a spouse, a friend, a parent and being an omnipresent parent.

More often than not, the child-therapist, regardless of the type of role, is idolised (even though the parents may also seek worship). He or she is revered for the role being undertaken, and has a privileged – albeit ill-adapted – place in the family. This could account for part of the reason he or she occupies the therapeutic role.

There are several factors that account for this role. The main one seems to be the imaginary image that the parents have of their child. They see their own reality, and the child's self does not exist. Each parent sees what he or she wants, or rather needs. They confirm their biases within their children. The children therefore incorporate this, and respond to their parents' demands, at times on the physical level. This shows two things:

- Pretend mode (Fonagy et Roussouw 2015), in that there is no correlation between inner and outer realities. This relates to both parents and children. In the parents, I linked this to an imaginary containing state as the parents (when their children are the child-as-object) seek to satisfy all their children's perceived needs.

In the children, it was more complicated. This related more to Omar and Dave in that they seemed to be held hostage to an inner reality that did not correspond to an outer reality.

- Teleological stance (Fonagy et Roussouw 2015), in which the parents seem to look for concrete evidence to confirm their impressions.

As shown, the child-therapist can show psychosomatic symptoms in that he or she becomes the living manifestation of his or her parents' desires. For example, Jennifer looked old, whereas Violette embodied a little girl. This closely resembles Harrus-Révidi's (2001) theories in which she explained that there seems to be a sort of psychosomatic expression of the parents and children in this type of relationship.

This all seems to happen because of yin-yang. For each child-therapist, there is a parent in demand. Each parent has a lack, which the child seeks to fill. Part of this lack is for absent roles. The child therefore adapts to the given situation and upholds whatever role is needed. I identified Freud's (1965) theory of the vacuum, in which the child looks to fill a void in the household. This also mimics Robinson's (Chase 1999) theories explaining that the child is proactive, taking on more than he or she can handle, in managing a given situation.

That being said, to reinforce my initial analysis in the beginning of this chapter, the therapeutic roles and the form roles seem to be independent of sex, but rather incumbent on circumstances: **need and lack**. Holding multiple roles is not limited to male or female. Here, I join Jurkovic (1997). This contradicts Sroufe & Ward (1985) who theorised that gender does play a role. Further investigation is required.

Occupying the role also eases tensions, which seems to be what fostered the role to begin with. This leads me to believe that the role was, if not wholly, partly rooted in **auto-conditioning**. Adopting a role meant easing tension within the family. As such, the child-therapist seems to have forged his identity around it. He or she internalised the role, as well as the imaginary image one given to him or her. This responds to my first hypothesis of the therapeutic role being auto-conditioned. However we have seen that this isn't always the case. Other factors come into play, each depending on the role and its expression. The parent also plays a huge role in this. However this is just

an initial conclusion. The second results will either reinforce or refute this statement.

As such, parental imagoes and all that goes with them are lacking. This has an influence on the child-therapist's development. Socially acquired skills are negated, or flawed. In the case of mentalization, this seems to be the case. However its expression, or absence thereof, has more to do with the form of the therapeutic role and its expression, as well as the degree to which it is internalised. As such, mentalization capacities can range from false mentalization capacities (Farha) to pretend mode (Dave). In some, one can imagine that the child is able to mentalize (Jennifer), but further investigation is required.

Another aspect of this is that not all child-therapists display what I call **psychic fortitude** or **intelligence**. I use this to describe a different type of intelligence, unrelated to IQ, but similar to resilience.

- It comes from the fact that the therapeutic role is independent of intellectual capacities. Bateson (1956) and Zuk & Rubenstein (1965), through their research, showed this. In fact, problems of such nature could be seen as the result of governing processes that were activated to an attempted change, in other words, to help the family (Samson 2009).
- Robinson & Fields (1983) and Anthony (1978) described the children of being *stress resistant*. Chase (1999) called this character trait as *resilient* or *invulnerable*.

For me, I encompass all of the above in the term **psychic fortitude** or **intelligence**, for these children, as it requires a unique plasticity of one's psyche. However, it does seem to be common in most of the children or type of therapeutic undertaken. The exception that confirms this rule is Omar.

Psychic fortitude could be linked to the role being undertaken, as well as the parent's way of complementing the role. For example, all the children sacrificed themselves for the role, but seemed to be very resilient to help the family. However Omar seems to have had his self crushed, and was forced into a role to appease his father. He seemed psychologically weaker than the rest. Likewise, the parents' psychic fortitude depended on how they "harmonised" with the role. Most parents seemed **psychically**

fragile and therefore needed their children. However Omar's father's psyche seemed strong, but pathological. He dominated his son.

Parental imagoes were absent. However as we have seen, containing functions may still play a part in the role. In the case of the child-as-object, the parents seem to have internalised an imaginary image of a child in need, and so seem to be stuck in some sort of never-ending containing phase where they respond to all their child's perceived needs. The child's psyche and self never come into play, and the parents provide all that they believe their children need. They seem to be present for the child who they believe needs them. This mirrored persistent and pathological forms of:

- Kohut's theories on the *significant other* and *selfobject*. In helping the child's psyche develop, the parent acts as an extension of the child, completing him. And like Winnicott's holding phase, as the parent responds to all the child's needs; however, these are what the parent perceives, and not necessarily reality (pretend mode). It is as if the primary maternal preoccupation still exists and persists, as the parent adapts to the child's rhythm. However, as shown, this is an imaginary or perceived rhythm.

This also shows a lack of inter-fantasmatisation (Eiguer 2003). There is no exchange of psyche, but rather only a perceived understanding of the child. This also reinforces the absence of mentalization in the parents described above. It should be noted that this only seems to apply to the *child-as-object* role.

Only one case showed a form of rebellion. All the children seemed to be comfortable, or subservient to the role. However only one showed covert signs of a rebellion: Violette. This leads me to believe that the child wants an out, and there is **underlying resentment**. However this is only true for one case, and warrants further investigation in the other cases to strengthen this argument.

Finally, the child-therapist's siblings seem to speak volumes of the errors in the family. Their adherence to the child-therapist (Susan, Dora), as well as their rebellion (Chandras, Johnny) speaks volumes as to what is lacking. The child therapist is not only incumbent on the parents, but also at times on the other children seeking someone to fill the role (Susan, Dora). On the other hand, rebellion of the child-

therapist also shows what is lacking, but also that the child-therapist is not in his or her proper place.



Research Findings

2

The results here are based on the findings of observations using the Interpretational Phenomenological Analysis method (Appendices 3 and 4). Each analysis was done individually, i.e., I started afresh looking for themes for each individual case, and did not set about looking for general themes in all cases.

The themes that were discovered will first be presented (Appendix 3). There are many protagonists for each case. As such, each family member may or may not have exhibited certain phenomena. However, only the major themes will be listed as some only appear once or twice and/or seem to have no true bearing on the study.

What is truly interesting is the coalition, or the occurrence of different themes (Appendix 4). In other words, the apparition of different themes could be contingent on the apparition of others.

That being said, I will first elucidate each case separately, and then show any similarities if they occur.

The Maraj Family

Table 7.1 highlights quite a few different themes. The terminology used is quite general, so I'd first just like to a brief explanation of what they all mean.

Theme	Explanation
Absence of boundaries	This is self-explanatory and is evident in the difficulty that the parents had in placing limits between themselves sand their daughter. This coincides with the next theme that was found, an absent father .
Absent father	The absence of a father figure is the best way to describe this theme. It speaks mainly about the physical presence, as opposed to the symbolic presence.
Attachment problems	This highlights the difficulties that one may have for attachment. This can be seen as a family member being overly affectionate with people, showing no limits.
Child-therapist active in role	This showcases the child-therapist, Farha, upholding her therapeutic functions. As we have seen before (Results 1 and Analysis1), Farha's therapeutic role adapts to the family's demands. As such, this theme covers the different roles that can be held.
Compliant/Subservient	This shows a family member giving in to the demands of another. This may or may not be justified.
Conflict/Absence of communication	This occurs mainly with the parents, where tensions are such that they fail to communicate. It also describes the butting of heads between the two.
Confusion/Unknown	Uncertainty of the narrative and an inability to understand best describe this theme.
Delusion of grandeur/Different reality/All-powerful	This describes one's failure to reach a common reality, which mostly shows one's "powerful nature". It also describes the inability to see things for what they truly are.
Demanding of place/ Separation/ Sibling rebellion	This highlights the fight for one's place with a parent, as well as his refusal and rejection of others.
Denigration/Rejection/ Helplessness of father	This shows the rejection or denigration of Mr Maraj, or the latter's incapacity to impose himself
Desire for father	The search for Mr Maraj to occupy a certain role.

Disappointment in/ Frustration because of mother	Self-explanatory, this is seen in cases where the children show their disappointment in their mother for her failures.
Rejection of sibling/ Displacement onto sibling	Chandrahas would be the most implicated here, for he would be cast aside by his parents, or used as an outlet for one's anger.
Inability to uphold the role of the father	Similar to helplessness (above), this describes Mr Maraj being unable to uphold his fatherly duties. The failure to uphold a symbolic role is also showcased here.
In search of identity/ Indifference of parents	The child-therapist is mostly concerned with here. This highlights the rejection of parents and/or therapeutic role.
Intrusive mother	Self-explanatory, a mother who invades her children's space.
Invites mother	This describes a child who is in search of a mother.
(Latent) Anger and resentment	Repressed (or expressed) feelings of hostility and resentment to another
Less anxiety	Breathable atmosphere, not harboured by tensions
Manipulation/Seduction	Tactics put in place by certain family members to obtain what they desire. It could be seen as a tentative to gain control.
Need for control	A desire to control others, as well as one's surroundings.
Objectification	Not taking into account others, imposing one's thoughts and opinions onto others.
Obsession/Desire/ Reverence of child- therapist	Putting the child-therapist on a pedestal and the incessant need for her.
Prohibition/Guide	This takes several forms; however the main goal is to put everyone in his or her own place. It would be the strict law, or simply guiding parents and children to occupy their roles in the best way possible.
Rejection of mother/ Absent mother	Refusal of Mrs Maraj, as well as her absence.
Rejection of rules/prohibition Testing limits	Self-explanatory, refusing any change, any restrictions on the usual way of functioning imposed by others
Revenge on mother	Linked to latent resentment, this can be seen as one's attempt to seek one's revenge on a failed mother.
Routine	Describes a seemingly unbreakable pattern/way of functioning
Rulebreaking	Similar, yet different to the rejection is rules, because this describes

	common, integrated and “accepted” rulebreaking.
Seek separator/father	A constant desire for someone to get involved
Adoption of role by someone other than child-therapist	Someone other than the child-therapist adopting a therapeutic role

Table 7.1 Themes observed for the Maraj family

I will now present the themes as they appear according to each of the family members, as well as chronologically (Table 8.1 of Appendix 4). I believe it best to identify the themes for everyone involved and not just the child-therapist, for this would help in understanding the globality of the therapeutic role in the child. I would just like to point out that some themes are more prevalent than others, whereas others occur with major themes, i.e., they only occur within other themes. Lastly, I will only give a few examples of each theme, those that are the most telling. However, there are many examples of each theme throughout.

Maraj Family

Confusion, rulebreaking and **routine** are the common themes found in the ensemble of the family:

- P. 34 of Appendix 2 highlights this in showing that the reason behind the children’s placement was unknown. No one knows the exact narrative.
- Rulebreaking and routine seemed to go hand in hand in some instances. As p. 40 of Appendix 2 suggests, not abiding by the organisation’s rules was a common occurrence. It was “routine”.
- However, this “routine way” of organising visitations seemed to go beyond this. For example, the visitations all seemed to follow the same process: gifts-food-freshening up-leaving.

Chandrahas

Chandrahas exhibited mostly signs of **demanding his place, separation and sibling rebellion**. The **desire for a father** often accompanied this. This takes several forms:

- As early as page 38 of Appendix 2, we could see Chandrahas demanding a place on his father's lap. In showing a desire for his father, or have a place next to him, he separated father and daughter.
- Other instances of this are
 - P. 42 of Appendix 2 where Chandrahas respected his father's authority when his mother was unable to control him (Chandrahas). He was restless when his mother tried to change his diaper, yet gave in easily when his father got involved.
 - P. 46 of Appendix 2, Chandrahas was agitated when he was placed in the highchair and seemed to want to go on his father's lap. Here, he exhibited a clear desire for his father. Farha was subsequently removed from her father's lap and place on a chair next to the latter. What is interesting is that Chandrahas did not stay with his father for long, but soon left to go to his mother, whilst Farha stayed on the chair.
 - P. 64, of Appendix 2, the relationship between Chandrahas and his father showed an improvement. However, one of the observations stated that Chandrahas only called out to his father when his sister was on the latter's lap. He would then sit on his father's lap for a short time, then leave. His sister would not return on her father's lap afterwards. Here, he separated father and daughter.
 - P. 78 of Appendix 2 shows that Chandrahas was starting to impose himself more and more on his father, this highlighting his desire for a father.

It is worth noting that as time went along, he separated father and sister less and less, but showed more of a desire for his father. This corroborates previous results that showed a **rejection for his sister's therapeutic role**.

This rejection went further and saw Chandrahas **rebel and avoid** his family, notably his mother. The observations are plastered with "*Chandrahas off living his own life*", or "*rushing to leave*". This is seen as a sort of rebellion against the family. This coincides with the previous results, which showed his **avoidance** of his parents. More precise examples are as follows:

- P. 40 of Appendix 2 showed Chandrahas bolting for the door and not bothering to tell anyone bye. This is a common occurrence for him throughout, but tapered off towards the end.
- P. 41 of Appendix 2 had Chandrahas hardly greeting his father and going off to play. Throughout the 10 months, apart from obvious desires for his father and towards the end of the time period, Chandrahas showed no real connection with anyone. He was by essence independent.
- On p. 42 of Appendix 2 (previous example), Chandrahas refused his mother's intervention for that of his father.
- P.57 of Appendix 2 saw Chandrahas refusing his mother when she wanted to play with him. She tried attracting his attention, but he rejected her.
- On p. 66 of Appendix 2, Chandrahas was absent whilst his parents focused on his sister. He went off on his own to play.
- P. 67 of Appendix 2. Other than remarking that his mother was sad, Chandrahas showed no real concern for her.
- P. 81 of Appendix 2 gave an apprehensive Chandrahas when faced with his mother. He exhibited no desire to see her. On the contrary, he refused to see her. He subsequently ignored his mother throughout (p. 82 of Appendix 2).

Chandrahas also showed signs of **attachment problems**:

- On p. 36 of Appendix 2, it was noted that Chandrahas showed difficulties in forging relationships.
- P. 40 of Appendix 2 showed a Chandrahas that had no limits on others. Contrary to the previous example, he went easily to others that weren't his family, kissing them on the cheek as he says bye.

Farha

It should come as no surprise that Farha's themes revolved mainly around the therapeutic role:

- Her mother first **objectified** her, as the former brushed her daughter's long, beautiful hair (P. 40 of Appendix 2), even though this was not necessary. This

objectification takes place throughout the observation period. In other words, it happened in every visit in which Mrs Maraj was present.

- Farha showed concern for her mother's well-being, i.e., taking on a parental role after her mother's "breakdown attempt at control" (p. 59 of Appendix).

However, it is shown that Farha's themes are also laden with **latent anger and resentment**. With this, we can also see Farha **rejecting her mother**, as well as **disappointment in her mother**:

- Farha cut her "long, beautiful hair", which annoyed her mother (P. 40 of Appendix 2).
- On p. 55 of Appendix 2, Farha rejected her mother's meal, but ate her father's.
- Farha notices her mother's shortcomings in certain games (Guess who) and decides to end the game (p. 63 of Appendix 2).
- One came to learn that Farha cut her hair whenever she was angry (p. 84 of Appendix 2).

Manipulation and seduction, as well as **a desire for her father**, was also seen.

- On p. 49 of Appendix 2, Farha kisses her father and compliments his parental skills. This is seen as a form of seduction, which lets Farha get chocolates and other gifts.

What is also interesting is that Farha was also seen to be **rejecting prohibitions**. However, a **desire for a separator or rules** counterbalances this.

- Farha actively defied my rules (p. 44 of Appendix 2) when I forbade her from going through her father's things. She went behind my back to get her father's okay to do that which I had forbidden.
- P. 70 of Appendix 2 gives us a Farha that was happy to be given a role more adapted to her age, as well as gave her a different place next to her father. This occurred when I involved her in more instrumental tasks to help her father.
- Farha rejected my authority less towards the end, and became more open and talkative with me (p. 73 of Appendix 2).

- P. 82-85 of Appendix 2 showed Farha actively putting me in-between me and her mother, helping her keep a difference from her mother.

Finally, we saw Farha having a different **identity** in which she did not occupy a therapeutic role, but was rather content being on her own, reading a book, whilst her father is with her brother (P. 76 of Appendix 2)

It is worth mentioning that when living with her parents, nightmares haunted her nights, these often revolving around the tensions between her parents (p. 36 of Appendix 2).

Siblings

Farha and Chandrahas showed signs of **rebellion** with each other and shared **desire for their father** (previous examples showcase this). They also shared the common theme of **rejecting their mother**. What was not mentioned before is that they both showed signs of **reduced anxiety** after their father left their mother (p. 68 of Appendix 2). This was also seen in a previous example cited, where the Chandrahas was playing with his father, whilst Farha was calmly reading a book by herself.

Father and children

What is interesting here is that in the very first visitations, it would seem as though father and children were in their **rightful places**. Mr Maraj was found between his two children, each on either side of him. Coincidentally, this was in the absence of the mother (p. 37 of Appendix 2). Upon Mrs Maraj's arrival, everything was disrupted. A similar occurrence is seen on p. 52 of Appendix 2, where in the absence of the mother, there was **less anxiety**, and everyone had a place (admittedly not necessarily the most adapted place). This was seen later on (p. 77-78 of Appendix 2), in which each child seemed to have his or her place, and was respected for his or her individuality.

However, we also saw **triangulation** with them, albeit seeming more pathological. For example, p. 39 of Appendix 2 showed us Farha who took on a parental role (an

authoritative one), whereas her father took on the more nurturing role, leaving her brother as the child (father-mother-child).

Me

My role could be best described as the **prohibition**. It served to separate parents and children, and put everyone in his or her respective places. It was seen throughout, and has interactions with all the members of the family. Another aspect of it was enforcing the rules, as well as protecting the children.

However, my role did not only serve as the law, but also as the guide in upholding parental roles.

- Mrs Maraj reached late one day and wanted her children to eat once again (p. 38 of Appendix 2). One of my first interventions was stopping the mother from forcing her children to eat more when they had already eaten their father's food.
- Helping the father interact with his son during the diaper change (p. 38 of Appendix 2) was another form of intervention.
- Mrs Maraj hardly showed any affect (or no affect) when changing her son's diapers. P. 42 of Appendix showed me accompanying her, helping her interact with her son.
- Enforcing rules (p. 52 of Appendix 2) so that the children weren't privy to their parents' conflict was another part of the prohibition's functions. Another example of this was redefining the rules of visitations, where I forbade the parents from accompanying their children, as well as reduced the amount of time spent eating (P. 70-71 for Mr Maraj and p. 84 for Mrs Maraj, of Appendix 2)
- P. 81-84 of Appendix saw separating and protecting the children from their mother.

It is worth mentioning that my intervention became less and less as the time went along with Mr Maraj; however it became more necessary with Mrs Maraj.

Mr Maraj (Father)

Mr Maraj's themes come under several categories. We first saw him as being very **compliant** and **subservient**, unable to assert any authority. It seemed to be the very aspect of his nature (P. 39 of Appendix 2). He may not have agreed with the rules being implemented, but he conceded to my demands. For example, as discussed, Mr Maraj came with no gifts for his children, nor did he accompany them to the foster family. As p. 70 of Appendix 2 stated, *"I am not Mr Maraj's favourite person."* However, this did not prevent him from breaking rules, for he did so, usually behind everyone's backs. For example, Mr Maraj would rush out after visitations to see his daughter as she drove away, this being against the organisation's rules (p. 48 of Appendix 2). He therefore **resisted the prohibition** in some instances.

As such, we see often saw his **obsession over the child-therapist**, as well as his **need for her**. He would sometimes try **seducing her** with gifts. The entire case is plotted with instances of Mr Maraj giving his daughter elaborate gifts, as well as his need to have her on his lap during meals, feeding her like a baby (**objectifying her** in a different way to her mother), or maybe even being seen as Farha being on a throne.

What is interesting however is that, despite his "apparent reluctance", Mr Maraj seemed to simultaneously **seek a separator**. This can also be seen as a need for understanding, as well as for someone to bring some order. On p. 37 of Appendix 2, Mr Maraj seems to be relieved by a new, male monitor. One may not look much into it, except for the fact that this desire to have a separator is seen on other instances:

- Mr Maraj was grateful for my enforcing certain rules, and allowing him to voice his concerns over his now ex-wife (p. 43 of Appendix 2).
- Mr Maraj looked to me for help when faced with two children that were constantly vying for his attention (p. 73 of Appendix 2). He exhibited signs of **helplessness** in these cases.

What is also noticeable is that Farha wasn't the only one with (**latent**) **resentment and anger** towards her mother. Mr Maraj shows many signs of this as well:

- Mr Maraj blamed his wife for the children's placement (p. 36 of Appendix 2).

- Mr Maraj, like his son, **avoided his wife** after visitations (p. 40 of Appendix 2).
- During a discussion with Mr and Mrs Maraj and myself, Mr Maraj expressed his anger for his wife (p. 43 of Appendix 2). This came after I noticed repressed anger in Mr Maraj, and tension between the parents.
- P. 62 of Appendix 2 highlighted **conflict and tensions** between the two parents, as well as Mr Maraj's anger towards his now ex-wife.

Father and son

At first, there was very little interaction between Mr Maraj and his son. What was observed is **rejection and displacement of anger onto Chandrahas** by his father.

- P. 53 of Appendix 2 showed Mr Maraj's callous nature in dealing with his son as he changed his son's diaper.
- This was also seen in the disparity of gifts in the beginning, where Farha would receive elaborate gifts, whereas her brother would hardly receive anything.

However, towards the end, Mr Maraj seemed to accept his **son's identity**, and they each held a rightful place.

- Mr Maraj got his son a gift that he knows that he will like. The gift is adapted to Chandrahas' likes: a Cars tablet (p. 78 of Appendix 2).
- Towards the end of the time period, Farha still tried every once in a while to control everything. However her father was able to **uphold his function** and allow his son his rightful place.

Father and daughter

This has been dealt with earlier. At first, Farha was the focus of her father's attention. However, as time went on, each found his and her rightful place, allowing Farha's identity to be shown.

Mrs Maraj (Mother)

The themes found in the observations of Mrs Maraj were recurrent and rather consistent throughout. Only in the last visitation with her were certain themes exaggerated. In addition, her themes seemed to be somewhat conflated and overlapping.

Like her son, Mrs Maraj showed **attachment problems**. However, this coincided with **difficulties in reality** and **self-glorification**. **Delusions of grandeur** were also quite noticeable throughout.

- Mrs Maraj showed no difficulty in the transition, but gravitated to me rather quickly. She said, *“I like him. He’s very kind.”* (P. 36 of Appendix 2). This wouldn’t be much on its own if it weren’t for similar instances of “perceived complicity” throughout.
- Mrs Maraj would constantly wink at me during my conversation with her and Mr Maraj (P. 43 of Appendix 2). She got the feeling that we were accomplices, that I was her friend. This highlighted her **failure to be in a common reality with someone**, as well as her **attachment difficulties**. She also spoke of all her *“copines”* (friends). She seemed to believe that everyone is her friend. As such, she believed to be liked by everyone (**self-glorification**).
- Another aspect of her delusions of grandeur and self-glorification was her constant need to boast of her talents, which did not truly exist. For example, she boasted of the many different languages that she spoke (p. 57 of Appendix 2), when in truth and in fact, she was limited in all.

Mrs Maraj had a tendency of **objectifying her children**, as well as showing a **need for control** of everything and everyone around her (leading to her objectifying her children), as well as **obsession over the child-therapist**, Farha. She was also shown to be **intrusive**.

- P. 40 of Appendix showed us that Mrs Maraj would brush her daughter’s hair like a doll, and change her son’s diapers, both whether or not they were necessary. Not only did this highlight objectification, but also a failure to recognise her children’s identities, as well as a need to control everything and

everyone around her and be intrusive. This is a common occurrence throughout. *“Mother knows best.”*

- When Mrs Maraj accompanied the child to the foster parents, she monopolised the time as if taking people hostage (p. 40 of Appendix 2).
- Mrs Maraj seemed to be unable to adapt to her son’s choice of activities and was constantly trying to persuade him to do what she wanted (P. 56 of Appendix 2). In addition, even though she was with her son, she remained focused on her daughter.
- Mrs Maraj wrote a letter to her children (p. 82 of Appendix 2); however in the letter, she professed her love for her daughter. Her son seemed nonexistent.
- The need for control, delusion of grandeur and lack of reality were never more apparent than when she lost it when Mr Maraj announced the divorce (p. 65-67 of Appendix 2). Mrs Maraj has a nervous breakdown and was never the same afterwards. She was unable to see her children for who they really were during the last visitation, and showed distress in not being able to “respond to their perceived needs (p. 80-85 of Appendix 2).

To “get her way” (i.e. objectify her children), Mrs Maraj employed certain tactics, such as **manipulation and seduction**. P. 49 of Appendix 2 showed Mrs Maraj trying to seduce her daughter with activities and presents, this to separate her from her father. This was also another aspect of Mrs Maraj; she would try to separate her daughter. Another way of doing so was by denigrating Mr Maraj in front of Farha. For example, Mrs Maraj threw shade at her husband when he was clearing the table, explaining that he is not spending time with his children (p. 41 of Appendix 2).

However, her manipulation and seduction tactics were not unique to her interactions with her children, but with everyone around her, especially with those trying to enforce rules. As such, we often saw her trying to “curtail or circumvent rules”, or simply **reject them**. **Rulebreaking** played a big part in her themes as well.

- We saw that Mrs Maraj disregarded my request to continue describing her daughter as ugly, and also comparing her to her brother, saying that, unlike her, her brother was nice (p. 58 of Appendix 2).

- Many would sympathise with Mrs Maraj because of her mental health problems. As such, no one would want to cause her any stress (p. 37 of Appendix 2). Upon my insistence on not denigrating her daughter, Mrs Maraj seemed to fake a nervous breakdown, which I can only assume was an attempt at getting me to back down (p. 59 of Appendix 2).
- Rulebreaking was a “normal occurrence”. For example, Mrs Maraj seemed to find it difficult to:
 - Arrive on time for visitations (this occurs quite often throughout).
 - Not accompany the children to the foster families.

However, rulebreaking and lack of recognition of others (objectification) seemed to coincide with a **routine**. Mrs Maraj seemed to have difficulty doing otherwise. The way in which she tried carrying out the visitations could only be described as routine (food, activities, freshening up her children, accompanying them to their foster parents). Any attempt to change was met with resistance (as previously described).

There also seemed to be **confusion** in the mother, this being highlighted by her difficulty to recognise her origins, give her date of birth, etc.

What should be noted is that whilst her themes, unlike the other members of the Maraj family, remained more or less consistent throughout. Only in the last visit do they seem to be exacerbated.

Mother and children

There were no true instances of the mother interacting with her children. It would seem that her presence makes it such that she takes up a lot of space, and no relationship could be seen.

Other observations

Whilst it's important to understand the different phenomena observed using the different themes, I believe that it is important to understand their interactions. The

reason for this is that there are multiple parties, and the (non)occurrence of a theme or phenomenon may be contingent on another.

Prohibition/Chandrahas

A noticeable occurrence is the correlation between Chandrahas and my role. In the beginning, the two seemed to occur at the same time, and also seemed to be concurrent with the parents' need/obsession for Farha, as well Farha's active role. P. 38 and 39 of Appendix 2 showed the father's desire to have his daughter on his lap. Chandrahas separates them. In addition, Mrs Maraj was focused on her daughter, and tried forcing her children to do her activities. I stepped in and suggested that she follow her children.

A similar occurrence happened on p. 41-44 of Appendix 2. Chandrahas was once again agitated at the table. He avoided his parents and sister. I got involved and insisted that his mother be firmer in making him stay. Even though she was unable to follow through at 100%, Chandrahas managed to come every once in a while to eat. This also coincided with the objectification of both of the children, as well as the parents' obsession over Farha.

What is interesting is that Chandrahas stopped intervening and seemed almost invisible until later on, even though the other parties seem to continue functioning as usual. He returned to his old ways when things start improving and he started having more time with his father (at my initiative). What also occurred at this point was that, even though Mr Maraj kept a distance from his son and was not as emotionally involved as with his daughter, there were instances of the children being in more or less their rightful places. This also coincided with Mr Maraj's attempts at seeking a separator, but mostly after an increase in tensions, as well as a breakdown of communication and more conflict, between his parents (p. 64 of Appendix 2). Shortly afterwards, the parents announced their divorce (p.66). Chandrahas avoided his parents when they want to announce their divorce.

After this event, Mr Maraj seemed to uphold more and more of a role, and Chandrahas seemed to demand more of a place, and come between his father and sister. This was first met with his Mr Maraj's difficulty to uphold his role, and

eventually with a father who seemed to be able to uphold his functions, and his need for my intervention. Chandrahas returned to separating father and daughter.

During this resurgence of activity, my presence seemed all the more evident.

Lastly, under no circumstances did Chandrahas seek his mother, or rather “a mother”. In addition, we saw no interactions other than conflictual between brother and sister, other than the one instance where I forbade Mr Maraj from accompanying his children to the foster parents. The two children skipped hand in hand through the corridor (p. 71 of Appendix 2).

Farha’s correlations

Farha’s first acts were to reject my intervention. This came at a time where her father sought a separator (p. 43 of Appendix 2). I asked her not to go through her father’s things (p. 44 of Appendix 2). Her response to this was to disregard my request, and seduce her father for control and disregard the rules. This coincided with her father putting her in control (by asking her opinion on whether or not they eat or wait for their mother), as well as the mother’s “control from afar”. This visitation also showed Mr Maraj’s difficulty to assert his authority (subservient father). Farha’s active therapeutic role occurred in spite of my intervention. In fact, it seemed to coincide with Mr Maraj’s need for his daughter.

This seemed to come to an end when Mr Maraj looked to enforce rules, and Farha sought a father (p. 54 of Appendix 2). In addition, Farha seemed overwhelmed by her mother, as she had been showing signs of rejection to her mother. After this, we saw more signs of Farha seeking a separator from her mother, as well as rightful places being helped in father and children. The occasional therapeutic role occurred thereafter, but not with the same frequency or intensity as before. In addition, Farha’s interactions with her mother changed. She invited her mother to partake in her activities (p. 61 of Appendix 2), but also showed frustration of her mother’s faults (p. 63 of Appendix 2, upon recognising her mother’s shortcomings, Farha ended the game Guess Who.

Around the time of the parents divorce (p. 66 of Appendix 2), Farha's identity and individuality began to show, and she sought the theme "seeking a separator" more and more. However the occasional therapeutic role did exist. P.81 of Appendix 2 showed that for the first visitation with their mother after a long time, Farha fell back, albeit briefly and temporarily, into to therapeutic role. However, Farha sought more and more a separator. This coincided with the exacerbation of her mother's need for control, as well rejection of rules and my intervention, manipulation and seduction, and objectification, and lastly, finding an identity.

Parents and prohibition

Mr and Mrs Maraj met the prohibition differently. Whilst both show resistance, Mr Maraj was more "openly compliant", whereas Mrs Maraj tried manipulative and seductive tactics, as well as outright refusal or rules and in incapacity for change. One parent was (grudgingly) accepting of change, whereas the other was not.

The Leininger Family

Table 7.2 highlights quite a few different themes. Similar to the themes found in the Maraj family, the terminologies are quite broad. As such, I give a brief explanation of what they all mean in the table.

Theme	Explanation
Absent mother	A mother who is absent or ill-adapted. This also describes a mother who relinquishes her role to another
Ambivalence (desire-rejection)	A compounded feeling of double nature, i.e., experiences two conflicting emotions/desires at the same time
Child-therapist active in role	This describes Jennifer as being active in the therapeutic role
Culture/Family history/Society/Secret	The influence of said themes on the family dynamic
Desire/fight for mother	The need for the mother and subsequent "battle" for her affection and/or presence.

Compliance	This describes a yielding or submissive nature in someone.
Erased/Invisible/Secondary	Being forgotten or going unnoticed
Freudian slip (Confusion)	The unconscious mind bringing forth otherwise apolitically correct observations
Infantilizations/Removal of mother	Putting the mother in a subpar position
Less anxiety	Marked by a breathable atmosphere where tensions are at a low
Absent father	Absence of a father, be it physical or symbolic
Negative self image	A negative portrayal of one's self
Objectification	Marked by projection of one's beliefs of another onto another, removing individuality
Prohibition	Similar to the Maraj family, this takes several forms; however the main goal is to put everyone in his or her own place. It would be the strict law, or simply guiding parents and children to occupy their roles in the best way possible.
Rationalisation/Denial	Defence mechanism to reduce anxiety
Emotional repression	Subduing one's emotions
Reverence/Need for child-therapist	Similar, but somewhat different to the Maraj family. Reverence is more common here than in the Maraj family.
Resistance to being the child-therapist	This can be seen as a quest for one's identity; however it is more marked by the child-therapist's attempt to remove herself from the role
Rightful places/Triangulation	Everyone is at his or her rightful place, and the mother upholds her role.
Search for or attachment to father or male figure/prohibition	Desire for the physical presence of a male figure, as well as symbolic
Search for authority/separator/limits	Similar to the above, but more geared towards the desire of an authoritative figure
Siblings go to child-therapist	The siblings actively seek Jennifer
Siblings reject, refuse or are frustrated with child-therapist; strategies put in place	This describes the sibling's "active protest" to Jennifer's role

Tension	Marked by tension within the family
Confusion	Confusion in roles and other family processes

Table 7.2 Themes observed for the Leininger family

Leininger Family

These themes come from the chronological thematic table 7.2. Like the Maraj family, I will give the major themes, as well as a few examples of each. It should be noted that the examples are not exhaustive, but only those that could be considered the most representative.

The themes that are mostly common involve **culture**, **family history** and **society**. This is first seen early on (p. 87 of Appendix 2); little is known of the family or the reasons behind the need for foster care. However, what is shown in the very beginning is the **absence of a father figure** for two of the children, one of whom is the child-therapist. Jennifer's and Dora's father passed away. Other examples of culture, family and society playing a part are as follows:

- Jennifer was mainly raised by “mémé”, her grandmother (p. 97 of Appendix 2). Jennifer had a very close bond with her, and was her grandmother's favourite. Mémé often sent Jennifer special gifts.
- Society had an infantilization effect on the mother. The foster family does not believe that Ms Leininger was able to handle talking about the death of Dora's father on her own, and want to be involved (p. 100 of Appendix 2). I heard the foster parents' concerns, but subsequently explained to them the Mrs Leininger was capable of doing it on her own. I add that I would also be present. We also saw that for this scenario, mother and children were at their **rightful places** and Ms Leininger occupied her given role as mother.

Only one other theme was seen here: **confusion**. This was seen on p. 103 of Appendix 2 when Ms Leininger arrived late. This seemed to have thrown the entire visitation off. All the children seemed to run amok, including Jennifer who acted childishly.

It is also worth mentioning that, like the Maraj family, there was a **routine** in the way the visitations were carried out. Each visitation took place in the same way.

Dora

Very little of Dora was seen throughout. Dora seemed to have **put in place certain strategies** to isolate herself with her mother. This is seen on p. 91, 98 and 100 of Appendix 2. Dora asked her mother to take her to the washing room, away from everyone so that she could speak to her. Only on one occasion was she seen **actively seeking the child-therapist**. This was done with Susan. The two girls went to their sister for everything during the visitation (p. 87 of Appendix 2).

Dora was also seen looking for a **male figure/prohibition**. Again, this was with Susan. The two girls actively defied their mother, and I stepped in. From then on, they looked to me before getting into any mischief (p. 99 of Appendix 2).

Lastly, Dora seemed to find a rightful place (p. 103 of Appendix 2) when her mother spoke to her about her father.

Susan

Like Dora, Susan was very much absent throughout. The first concrete observation of her was under the theme **erased and invisible**. This was concomitant with Susan, together with Dora, **looking for a male figure** (p. 98 of Appendix 2, described above). The search for authority was seen afterwards:

- P. 99 of Appendix 2 showed us a Susan who “looked before she left” when it came to getting in to mischief.
- P. 99 of Appendix 2 also showed us Susan trying to greet me as she would her family members.

Susan’s **desire for a mother** was seen throughout after that. For example:

- Susan was overly concerned for her mother’s well-being for this visitation (p. 104 of Appendix 2), as her mother was exhausted and unable to give her all. She also expressed her **disapproval and frustration** with Jennifer, remarking the Jennifer took up all her mother’s time.

- Susan looked very worried when her mother explained that she wouldn't be able to see her children for some time (p. 108 of Appendix 2).

Lastly, Susan came face to face with an **absent father** (p. 106 of Appendix 2). It is discovered that her father did not want to see her, but only his son, Johnny.

Johnny

There was only one occurrence of Johnny being **invisible**. This was in the presence of Jennifer and his mother; once Jennifer was around, no one else existed (p. 88 of Appendix 2). Otherwise, Johnny's major themes are as follows:

- **Search for male figure.** Very early on, Johnny was shown to gravitate towards male figures. P. 88 of Appendix 2, Johnny smiled on seeing me. Throughout the period, Johnny stayed close to me during visitations, so much so that even his mother remarked this. Whilst playing with Lego, Ms Leininger explained that she knows that he liked me, and that she was appreciative of this (p. 107 of Appendix 2).
- Johnny also showed **rejection and avoidance of his mother**. However, he also showed **great desire for her**, which gave an **ambivalent attitude** throughout.
 - Johnny refused to participate in activities and preferred staying with me (p. 89 of Appendix 2). Johnny also mocked his mother when she wasn't in the best state for the visitation; Ms Leininger was exhausted because of her medication. Johnny seemed to **avenge** himself here (P. 105 of Appendix 2).
 - P. 106 of Appendix gave us a Johnny who would get the most thoughtful gifts for his mother. It was shown throughout that he was the child to put the most thought in everything he gave to his mother. This was therefore coupled with a **desire for recognition**. However, Johnny didn't seem to "accept" this recognition, and often belittled his gifts (p. 106 of Appendix 2). He also showed a very **negative image of himself**. Johnny seemed to always go for broken toys, and asked me to keep them safe for him (p. 93 of Appendix 2).

- His **ambivalence** was seen in his rejection of his mother, coupled with a simultaneous desire to have her. For example, Johnny refused to play Connect 4 with his mother and sister. He subsequently chose a game to play with his mother: Connect 4 (p. 83 of Appendix 2).

This somewhat contradicts previous findings stating that Johnny avoided his mother. Yes, he rejected her, but he also showed great desire to have her with him.

- A final aspect of Johnny was his adamant refusal and rejection of his sister. He **refused the child-therapist**, as seen in the previous example (p. 83 of Appendix 2). He would not play the same game with his sister, but chose the same. Jennifer and Johnny were butting heads throughout.

Jennifer

It should come as no surprise that Jennifer occupied mostly the **child active in therapeutic role**:

- In the very beginning, I noticed her “frumpy” look (p. 88 of Appendix 2).
- P. 90 of Appendix, I observed that Jennifer seemed to put herself in an authoritative position. Contrary to Results 1, her siblings didn’t spontaneously go to her. On the contrary, “she brought them to her”.
- Jennifer would give reports about her siblings to her mother (p. 106 of Appendix 2), as if she were a “mother at distance”.
- Jennifer also had a tendency of speaking for the others. For example, she would speak for her sister (and over her brother) to explain Dora wanted to return to her foster mother (p. 90 of Appendix 2).
- Jennifer would always see about everyone else before seeing about herself. For example, she would organise the snacks for her siblings before even seeing if there was anything for her (p. 98 of Appendix 2).

The reactions of Susan and Dora above, as well as what is described here, shed new light as to the relationship amongst the sisters. Susan and Dora did not necessarily go to Jennifer. On the contrary, Jennifer seemed to have put herself in a position to respond to their perceived needs.

However, there was a thorn in Jennifer's side: Johnny. The two seemed to have a very conflictual relationship, and Jennifer was always very **authoritative and intrusive** with him. As such, there was often much **tension** between them:

- For Johnny's birthday, Jennifer wanted to tell him how to put his birthday candles. This led to a conflict between the two children (p. 91 of Appendix 2).
- When Johnny was showing his mother that he could read (a book adapted to his age and below that of Jennifer). Jennifer wanted to interrupt to show how she could also read (p. 92-93 of Appendix 2). This could also be seen as an Jennifer's attempt to **exist** and **show her identity**. This echoes the relationship between Farha and Chandrahas. It would seem that, like Chandrahas, Johnny rejected his sister's role. These last examples also highlight another aspect in Jennifer: **Desire/Need for recognition**.

The above findings contradict previous findings. Jennifer was not as absent as once thought (Research findings 1). On the contrary, she was very much, if not, too present. Susan also echoed this.

Strangely enough, there was very little interaction amongst the three girls. The only truly notable interaction was the need for an **authoritative figure** to help their mother talk about the death of Dora's father. Here, Jennifer was in her **rightful place**, as her mother upheld her role.

There was one other example of Jennifer seemingly showing her **identity**, or rather an identity outside of the child-therapist. This occurs when Ms Leininger arrived 20 minutes late and the usual routine could not be upheld. Jennifer seemed to "let her hair down", and acted all childlike. I also noted on p. 95 of Appendix 2 that Jennifer seemed to be a bit awkward at times, as in the case of the above example where she wanted to show her mother that she could read the same book as her brother. Jennifer seemed to be looking for her role in the family, ergo identity.

Ms Leininger

In the beginning, two themes stood out:

- **Absent mother who relinquishes her role.** P. 89 of Appendix 2, Ms Leininger relinquished her role to Jennifer. The latter organised everything for the children.

In addition, Ms Leininger looked to Jennifer for information on all the children.

- Ms Leininger relied heavily on Jennifer for information on the other children (p. 90 of Appendix 2).
 - She asked Jennifer for all information on Peter (p. 106 of Appendix 2). It seemed that Jennifer was allowing her mother to be a mother at distance.
- Similar to the above, Ms Leininger seemed to **project** feels onto Johnny. For example, Ms Leininger wanted to reassure Johnny that he hadn't lost his place since his brother, Peter, was born, even though Johnny was extremely happy to have a little brother (p. 102-103 of Appendix 2).
- **Need for and reverence of child-therapist.** From the very beginning, Ms Leininger expressed her awe and marvel over Jennifer's large stature (p. 94 of Appendix 2). In addition, she spent a significantly greater amount of time with Jennifer than with the others, and/or gave Jennifer extra gifts (like extra hair clips as seen on p. 97 of Appendix 2). She spent vast amount of time styling Jennifer's hair, contrary to a small amount of time spent on Susan (p. 101 of Appendix 2).

This confirms the previous findings (Research Findings 1), in which Ms Leininger's need for Jennifer was observed.

One was also noticeable was that Ms Leininger seemed to have been removed from her role as mother by her own mother. Firstly, she lived with her own mother (p. 87 of Appendix 2). Secondly, it was discovered that Jennifer's grandmother was the one who raised her (p. 97 of Appendix 2).

Towards the end, there seemed to be instances of an **absent mother**, as was the case where she arrived 20 minutes late (p. 106 of Appendix 2). This was followed by the **search for authority**, in which Ms Leininger offered cake for the first time (p. 110 of Appendix 2). Jennifer did the same here. It should be noted that preceding this

visitation, Ms Leininger had spoken of returning to the previous place of visitations, as there were more things to do there. None of the children responded to this.

There is one more thing worth nothing. Ms Leininger was very **compliant**. She **suppressed her emotions** and never showed any distress when things befell her. For example, when Dora arrived 45 minutes late, Ms Leininger stated that it's okay, even though it was difficult for her (p. 95 of Appendix 2).

Me

My role here was that of the **prohibition**. This took on a few aspects:

- Giving the other children a voice as was the case where Jennifer looked to correct her brother over what he had just said regarding his pc games. I removed Jennifer from her role, and allowed Johnny to give his version of the story (p. 90 of Appendix 2).
- I prevented Jennifer from talking over her brother when he was trying to show his mother that he could read (p. 93 of Appendix 2).
- Allowing Jennifer to take care of herself as well. I insisted that she also take some snacks for herself as well, instead of distributing them amongst her siblings (p. 107 of Appendix 2)
- Reiterating the mother's place as well as enforcing rules:
 - I reinforced Ms Leininger's capacities when the foster parents didn't see her as capable of speaking about Dora's father (p. 100 of Appendix 2).
 - I reinforced Ms Leininger's rules of not riding around the radiator (p. 98 of Appendix 2). Mrs Leninger **upheld her role**.

There is one theme which occurred once, but which is nonetheless very telling. I made a **Freudian slip** in my report, saying, "*Mrs Jennifer turns to Jennifer.*" In other words, I gave the family name (the name of the mother) to Jennifer.

Unlike the Maraj family, there was no resistance to my intervention. On the contrary, the family was quite compliant and "demanding".

Other observations

Quite a few themes have already been shown to correlate, such as Jennifer's and Johnny's rejection of each other, as well as Susan's frustration with Jennifer.

One thing that jumped out is that quite often, after a prohibition was put into place, a sort of triangulation was completed, or Ms Leininger upheld her role. I'll take a previous example where I forbade the foster family from intervening in explaining to Dora about her father. After this, the theme "mother assumes her role" is seen (p. 100 of Appendix 2).

In addition, there was a period, in which my intervention was more evident (p. 100-103), after which the family dynamics seemed to change a bit. Jennifer and her siblings seemed to look for an authoritative figure (p. 99 of Appendix 2), Susan expressed openly the desire for her mother (p. 105 of Appendix 2) and Jennifer rejected her therapeutic role (p. 103 of Appendix 2).

The Ferhat Family

Table 7.3 highlights quite a few different themes. Just as with previous cases, I will give a brief explanation of each theme.

Theme	Explanation
Absence of structure/Difficulty in relationship	No clear definition of any structure.
Absence mother/Rejection of mother	Absence of her physical or symbolic presence; refusal of any form of her
Violence	Violence, physical or psychological
Acclimatisation/ Submission/ Acceptance	Accustomed to a given circumstance, and acceptance of things as they are.
Allowed to be	Free of negative influences and allowed to express oneself freely without

	any hindrances
Ambivalence (apprehension vs. excitement)	Contrasting and contradicting emotions, held within the same person, or by two people living the same experience.
Anger	Anger directed towards someone
Anger/Vengeance/ Frustration in son	Anger in the son “as a reaction to”.
Anxiety/Angst/ Fear/Dread	Great fear in facing or confronting someone or something
Attack on/Distrust of child-therapist	The child-therapist is seen as the bad object
Awareness	Aware of rejection by another
Child-therapist active in role/ “culpability”	Child-therapist upholds his role, and/or blames himself for a given circumstance
Confusion	Incomprehension, confusion
Delusion of grandeur/ Need for self- glorification/ Confirmation bias/ Reality	Saviour mentality and need for reverence; confirmation of one’s delusions through a distorted view of reality
Displacement	Transfer of emotions onto another who is not the destined/rightful target
Distraught/ Disappointment	Sadness and disappointment in a given situation
Family secret/ Culture	Unknown family history or culture having an influence on present-day occurrences
In search of/ Found identity	Quest/Fight for identity; knowing and expressing one’s identity
Manipulation/ Seduction/ Threats	Mechanisms to gain control
Need for/ Focus on child-therapist	Need for child-therapist’s presence
Objectification/ Control/ Projection/ Unawareness of others	Ignorance of the existence of others
Prohibition	Law, rules, guide to being a parents
Projection onto adults	Projection of anxieties and other behaviour because of the father onto

	other adults
Rejection/Denigration of prohibition	Refusal to respect rules or allow outside influences
Rejected/Invisible/Unconsidered/Erased	Not considered by others
Repercussions on child	Child's behaviour affected/influenced by circumstances
Repression of emotions/Contained	Controlled emotions to keep from "exploding"
Seek father/Separator	In search of a father figure, or someone to separate
Tension	Tension
Test of strength	Time for the children to test their strength against mine
Mother present	Mother is physically present in the children's lives
Rulebreaking	Rulebreaking
Rightful places	Occupying healthy places in the family
Eats a lot	Eats a lot

Table 7.3 Themes observed for the Ferhat family

The themes outlined above can be found in chronological order of appearance for each member of the family (Table 8.3 of Appendix 4). I will now list the main themes found with a few examples of each occurrence.

Ferhat family

Similar to previous cases, details of the family's history are not really known. Whilst it's true that the father brings up his role on several occasions throughout, it would be wise to doubt the authenticity of his statements because of his recurring **delusions of grandeur** and **difficulty to share a common reality**.

What is known is that there was:

- **Violence.** Mr Ferhat was known to be violent towards his wife, to which Omar was a witness (p. 110 of Appendix 2).
- **The unknown** and **secrets** existed quite often. No one knows exactly when Mr Ferhat re-entered the family and was living with his ex-wife and children (p. 110 of Appendix 2)

- **Family** was an issue, or rather who made up the family? The questionable nature of Mr Ferhat's relationship to Hamza was unknown (p. 112 of Appendix 2). It would soon be proven that Mr Ferhat was in fact Hamza's biological father.
- Because, but not solely because of the above, there was much **tension**.

Another observable aspect of this family is the **routine nature** of visitations. They all went more or less the same way. This coincides with the previous families.

Hamza

When it came to Hamza, he showed certain phenomena, all seemingly linked. Of the many instances shown. Hamza **sought a father**. This was no mystery and appeared quite frequently; however this tapered off towards the end and became non-existent. Hamza was always happy to come to visitations to see his father for her finally had one. In the past, he would be the only child in his children's home to not visit his father (p. 112 of Appendix 2).

This occurred for quite some time; however it was intertwined with feelings of **rejection by the father**. Mr Ferhat would focus on Omar and leave Hamza "on the sidelines" (p. 116 of Appendix 2). Another instance of this occurred when Mr Ferhat and his sons were at the table together. Mr Ferhat showed interest only in Omar, and had nothing to ask Hamza (p. 119 of Appendix).

Subsequent to this, Hamza was **distraught** and **showed disappointment**, mainly because he became **aware** of his father's "non-desire" for him.

- Hamza and Omar were both disappointed after their visitation with their father (p. 117 of Appendix 2). The atmosphere was sombre that day as Mt Ferhat "lambasted" them because Omar brought up their mother.
- Before one of the visitations, the caseworker that accompanied Hamza explained that Hamza "*knows that his father does not want to see him without Omar,*" and that he was very much disappointed for that (p. 129 of Appendix 2).

This had repercussions on Hamza's behaviour in the children's home. It got worse as explained by the caseworkers (p. 122 and 126 of Appendix 2)

Mother

The children's mother appeared very little "**physically**", but her **rejection** was seen throughout.

- In the beginning, her presence was synonymous with an **absence of structure** for she was constantly moving around with her sons around France (p. 109 of Appendix 2) because she was in fear for her life because of Mr Ferhat. She eventually found accommodation in a woman's shelter.
- She also tried to flee the region with Omar (p. 110 of Appendix 2).

However, she was more often voiced by Omar throughout, but subsequently rejected and vilified by Mr Ferhat. He "forbade" her name from entering the visitations. Her name was synonymous with bursts of **violence** (verbal) and **anger**.

- Mr Ferhat was "*enraged*" with the "*mere mention of the word 'mother'. He started speaking in a very derogatory manner about the children's mother.*" (P. 116 of Appendix 2)
- Mr Ferhat erupted once again when Omar mentioned his mother (p. 120 of Appendix 2). He attacked his son and spoke disparagingly about his mother.
- When Omar explained that he came from a multicultural background, his father ignored his French side and insisted on his Arabic origins (p. 122-123 of Appendix 2).

Omar

Very early on, Omar exhibited signs of **submission** to his father. It was discovered that he was carrying out his father's orders concerning educating his brother (p. 110 of Appendix 2). This is seen throughout:

- Omar would always look down when speaking to his father. This occurred for every visitation. In addition, like his brother, he dared not say anything

negative about his father, even after the latter hurt them. When I spoke to the two boys after the first time their father erupted (as well as other times), they could not bring themselves to say anything negative about their father (p. 117 of Appendix 2).

- In addition, Omar seemed to project this onto other adults. For example, “*he dared not look me in the eye; neither did he address me without asking*” (p. 113 of Appendix 2). He was very **compliant** and **subservient**.
- Omar also seemed **accustomed** and **accepting** of his situation. After stopping a visitation after 14 minutes because of Mr Ferhat’s volatile and aggressive nature, Omar explained, “*I’m accustomed. That’s my father. He does not want to hear anything. Everything is about him.*” (P. 130 of Appendix 2)

Submission, more often than not, coincided with Omar being **active in the child-therapist role**. Omar was his brother’s teacher before visitations, hence the need to separate the two boys. He used to carry out his father’s orders and try to teach his brother the right ways (p. 110 of Appendix 2).

- Omar was constantly trying to show his father that he was following his teachings, and would also try to impart this knowledge onto Hamza. He would try to teach his brother about what he should and should not eat (p. 115 and 116 of Appendix).

However, attempts at **finding his identity** did occur.

- Omar would sometimes test the waters (p. 113 of Appendix 2).
- Omar’s caseworker explained that he (Omar) was finding it more and more difficult trying to live in his father’s image (p. 122 of Appendix 2).
- Omar started questioning what he should really be eating. He stated that he came from two cultures and wondered why he should adhere to one culture’s teachings and not the other’s (p. 124 of Appendix 2).
- Omar questioned the necessity of visitations, if all that would happen would be him being ridiculed by his father (p. 134 of Appendix 2).
- Omar was riled up and wanted **vengeance** (p. 135 of Appendix 2).

Vengeance was accompanied by **frustration** in Omar, which led to him exhibiting great **anger**, **rejecting his father** and **finding an identity**.

- P. 137-142 of Appendix 2 showed the heated exchange between Omar and his father as well as Omar separating from him and “being able to breathe”.

What became a ritual for Omar was **testing his strength** against me (as he did with his male caseworkers, but never with female caseworkers). He vowed to one day be strong enough to win (p. 113-114 of Appendix 2). This was done before and after all visitations. Hamza eventually joined in.

Lastly, it should be noted that Omar **ate a lot**. He was known for his healthy appetite, and ate constantly during visitations.

Mr Ferhat

The first thing that is noticeable is Mr Ferhat’s **delusions of grandeur** and difficulty to apprehend “**reality**”.

- From the very beginning, Mr Ferhat explained that Allah sent him to save his children from their mother and the difficult lives she put them in (p. 111 of Appendix 2). Throughout, he boasted of his greatness, his success, his shape, etc. He was his children’s saviour.

Mr Ferhat also showed a great **desire to control** his sons, as well as his surroundings. His sons were constantly being **objectified**. In addition, he used **manipulation**, **seduction** and even **threats** in attempts to get his way.

- Omar was very much **objectified** by his father. Mr Ferhat seemed to want to make Omar a carbon copy of himself. And it would seem that Mr Ferhat **needed** this. For example, he would criticise his hair and weight, and then point to his own physique, explaining that Omar should be more like him (p. 119 of Appendix 2).
- The visitations were planned, and Mr Ferhat wanted everything to go his way. In addition, he would ask Omar leading questions, and expect certain responses (p. 116 of Appendix 2). Mr Ferhat would also cook his children

food, and explain that thanks to him, they'd finally be able to eat properly (p. 117 of Appendix 2).

- Mr Ferhat showed **compliance** in the beginning, but soon rejected (violently) any interference between him and his son. He would give me his back (p. 130 of Appendix 2) or threaten me (p. 134 of Appendix 2).

Through the above, Mr Ferhat also showed his need for Omar, the child-therapist. The visitations revolved around Omar and his teaching Omar. He needed to be wanted.

- Mr Ferhat felt betrayed when his sons do not go to greet him in the kitchen. He was unaware of reality (that his sons couldn't go there) and others', but in this, showed his need for Omar (p. 116 of Appendix 2). In addition, this highlights his need for **glorification** (as well as **self-glorification**).
- He showed **anger** and expressed his feelings of betrayal whenever Omar beings up his mother.
- Mr Ferhat also refused to come to the visitations if Omar wasn't there. As such, he refused seeing Hamza in absence of Omar. He also showed great distress when he was unable to see Omar (p. 129 of Appendix 2).

However, Mr Ferhat also showed a contradictory attitude towards Omar. Omar beame the **bad object** and Mr Ferhat shows his **distrust** of Omar. He blames Omar for all the bad that has befallen them (P. 139 of Appendix 2).

Mr Ferhat also showed his **unawareness** of others when he shows his children a video of him with other children, unaware of the fact that this would hurt them (p. 123 of Appendix 2).

Rulebreaking was also seen, even though this was rare as Mr Ferhat hardly broke any rules. This occurred towards the end when there were accusations about Omar interfering with a child, but forbidden from talking about it with his father (p. 129 of Appendix 2). This coincided with **anger** in Mr Ferhat.

Me

Prohibition is the simplest way to describe my role. However, it was multifaceted.

- Protection of the children and restoration of “peace”. Each time Mr Ferhat would erupt, I would intervene to calm things down. For example, when Mr Ferhat erupted on hearing “mother” and took out his cheques to prove his worth, I had to stop him. The children were worried (p. 120 of Appendix 2). On a few occasions, I would have to ask Mr Ferhat to leave the premises. For example, I escorted Mr Ferhat off the premises when he verbally attacked Omar, calling him a nothing, gay, fat, etc. (p. 131 of Appendix 2).
- Allowing the children to have a voice and their opinions expressed. This came during the visitations where I defended them, or the conversations we would have before and/or after visitations. A concrete example of this was when I interjected when Mr Ferhat pulled up Omar for using the informal way when addressing me. I explained that I asked him to do this (p. 116 of Appendix 2).
- Guide Mr Ferhat in his role as a father. For example, by **breaking the routine** and getting him to play with his children instead of constantly educating them (p. 126-127 of Appendix 2).

What is of interest here is that Omar systematically and physically put me between his father and him for each visitation. He gave me the role as **separator**. However, there was one instance where he did “reject” me. This occurred in the final heated visitation. Omar did not want me interfering. He wanted to handle things on his own.

Other observations

It is seen that when the judge denied requests to suspend the father’s rights (p. 132 of Appendix 2), Mr Ferhat showed more signs of **rejection of the prohibition**. He also **attacked** Omar and showed more instances of **delusion of grandeur**.

The above was accompanied by **angst** and **aggression** in the boys, as they dreaded coming to visitations (p. 133 of Appendix 2). Shortly afterwards, Omar started to look for an identity and **vengeance**. Omar was, *“fed up and was going to look his faher directly in his eyes and tell him how things are.”* (p. 135 of Appendix 2) Mr Ferhat became more and more forceful in his approach (**threats**), exhibited more of a need for control, tried to keep every tentative of separation out of the visitation.

Finally, once the father was out of the picture, Hamza is **allowed to be**, and Omar **found his identity**. Omar explained that it's as if a huge weight had been lifted off his shoulders (p. 141 of Appendix 2). Thereafter, Omar was much less submissive, Hamza was cherry once again, and the two had a healthier relationship (p. 142 of Appendix 2).

The Roos Family

Table 7.4 highlights quite a few different themes. Just as with previous cases, I will give a brief explanation of each theme.

Theme	Explanation
Absence of control/ Limits	Absence of personal control and respect of limits
Absence of substance/ Superficiality	Conversations void of substance
All- powerful/Tyrannical/ Delusions of grandeur	All-powerful attitude over everyone
Awaiting 18th birthday	Anticipating 18 th birthday where Dave is no longer a minor
Child-therapist active in role	Dave exercising his therapeutic role
Confusion	Lack if understanding of what is going on
Defence of...	Defending someone of...
Denial	Refusing to acknowledge a given situation or behaviour
Distance/Avoidance	Keeping a distance from someone
Distraught/ Disappointment/Trauma	Extreme sadness over an event
Glorification of...	Honour with praise and admiration
Gratitude	Gratefulness
Infantilization of father	Treating the father like a child, having an adult stance next to him
Manipulation/Seduction/ Force	Tactics used to get one's way
Need for child-therapist	Need for the child-therapist to be in this role
Objectification of...	Treating one like an object, ignoring his or her individuality
Oral fixation/Eats a lot	Constantly eating or showing an extreme desire to smoke
Proximity	Becoming physically close
Reality	Unable to share a common reality
Rebellion/Rejection	Fighting against...

Rejection of father	Pushing away the father
Rejection/Active defiance of prohibition	Refusal of rules and other points of view
Rightful places	Occupying more or less correct places
Routine	Same way of doing things
Rulebreaking	Not following the rules
Seeks prohibition/ Separator	Looking for someone to enforce rules
Self-glorification/ validation	“Self- honour” with praise and admiration
Size/Hair	Changing size, awe over size, obsession over hair
Tension	Tension
The unsaid/unspoken	That which is not voiced, but very much present
Trivialisation/Ignorance/ Dismissal	Making light of otherwise serious transgressions
Lack of structure/Attachment	Absence of structure, inability to forge proper relationships, too easily attached to someone
Difficulty to project future	Inability to see where one hopes to be in a week, or two years
Family history	Family history
Less anxiety	Less stress and tension
Prohibition	Rules
Encourages son	Encouraging son’s undesirable habits
Absent father (role)	Absence of symbolic father
Adapted role	Role adapted to individual

Table 7.4 Themes observed for the Roos family

Dave and father

Unlike the previous cases, it is more difficult separating father and son. The two seem very much intertwined.

Contrary to the previous cases, Dave did not seem as “active” in the **child-therapist role**. However, this does not mean that it was not absent, but rather that it was

overshadowed by other earlier themes. In fact, Mr Roos seemed to enhance the “childlike role” to the point that he seemed to make Dave appear as the adult, and Dave responded. His **need for Dave** was far more glaring and vocal than in the other cases. This coincides with and confirms what was found in the first research findings.:

- Mr Roos looked at Dave’s clothes, and reminded him that if Dave had any clothes that he couldn’t wear, to bring for him (p. 163 of Appendix 2). P. 165 of Appendix 2, Dave brought the clothes his father asked for. With this, Dave also seemed to **infantilise** his father.
- Mr Roos asked Dave to call him because he had no credit on his phone (p. 164 of Appendix 2).
- On p. 166 of Appendix 2, Mr Roos asked Dave to print out all the photos for him because it “*was not expensive.*” He explained exactly how Dave should do it, but would not think to do it for himself.
- P. 174 of Appendix 2 showed Mr Roos give Dave a long list of gifts that he wanted for his birthday. This seemed to be the equivalent of a child writing a list for Santa Claus. P. 176 of Appendix 2 showed Dave with all the gifts his father requested for his birthday. He subsequently showed disappointment for not being given the mugs he asked for, and said that Dave would have to get him a new coffee machine for Christmas (p. 177 of Appendix 2).
- Mr Roos asked Dave to call his half-sister to set her on the right path (p. 179 of Appendix 2).

Mr Roos also seemed to need **validation** from his son, and also **self-validated** and **self-glorified** on many occasions.

- After boasting of his physique (slimness), Mr Roos looked to Dave for compliments, as if he were “*looking for daddy’s approval.*” Dave gave this to him (p. 165 of Appendix 2).
- Mr Roos sought once again his son’s approval for his slimness (p. 167 of Appendix 2).
- Mr Roos boasted of his going to change to be “*the father that Dave needed,*” this drawing praise from his son (p. 171 of Appendix 2).

Not only did Mr Roos self-praise and look for praise, but Dave also did the same at times.

- Dave would show his “*impressive size and strength*”, his father looking on in awe at his “*strong father.*” Dave would show his biceps, etc. (P. 165 of Appendix 2).

However, this need for validation grazed the lines of **reality** for Mr Roos was anything but slim, and Dave was, as coarse as it may seem, fat, bordering on obese. Also, Dave would boast of his strength, barely manage two pushups, and then ask his father to feel his muscles (p. 165 of Appendix 2).

This also showed the **superficiality** of their relationship, as seen in Research Findings 1. By this, I do not mean in terms of looks, but rather in terms of substance. Their conversations seemed void of any true substance, or following through. They were things that were just said. For example, Mr Roos boasted of how he was going to be the father that Dave needed on many occasions; however, he never exactly said how or showed any actions towards realising this.

Another example of Mr Roos not following through was in relation to Dave’s size. As much as Mr Roos was in awe of his son’s “size and strength”, he also noticed a bit of reality, i.e., that Dave was getting bigger. However, he **encouraged** his son by always buying him goodies to eat. This was coupled by Dave’s incessant **need to eat**, as well as smoke, which leads one to think that he had an **oral fixation**.

In addition to the above, Dave and Mr Roos showed signs of being **all-powerful**, this alluding to their **delusions of grandeur** above. They were, in essence, the good objects to follow, whereas everyone else was the bad object. In addition, Dave was the shining light to follow (p. 164 of Appendix 2).

- Mr Roos was constantly berating Dave’s half-sister, and on a few occasions, he asked Dave call her to set her straight (p. 179 of Appendix 2).
- After having broken rules of not calling people his extended family, Dave was confronted with a sister who had nothing but choice words for him. He was distraught. Mr Roos reminded him that he was the “*good child*,” and said that he should not listen to her (p. 183 of Appendix 2).

Their all-powerful nature also came with **tyrannical** and **demanding** ways.

- Mr Roos “*demanded his coffee*” from me, and was subsequently met with opposition from me (p. 163 of Appendix 2).
- Dave was a tyrant in the children’s home, and would even bully the other caseworkers. The only one he wouldn’t attempt that with was his main caseworker, a rather large, hefty man (p. 167 of Appendix 2). He even tested limits by demanding his coffee as well (p. 167 of Appendix 2).

However, Dave was also very **manipulative** and **seductive**.

- This was first noticed early on when I stated that I noticed that Dave seemed to run the show, and he’d try to make others do his bidding (p. 168 of Appendix 2).
- Dave tried to manipulate (bully) his father into signing papers allowing him to smoke (even though he was already smoking, but hiding this). He tried pitting his parents against each other (p. 174-175 of Appendix 2).
- I noticed that Dave was very seductive towards me, especially when I’d be authoritative. He’d smile at me and flex his biceps (p. 182 of Appendix 2).

Piggybacking off this last point, Dave seemed to **objectify** everyone.

- He forged empty relationships with girls. He had one girlfriend and, when pressed for information, I saw that he knew nothing about her (p. 166 of Appendix 2). He then met a girl at midday before the following visitation (the visitation started at 2pm) and said that she was the one. He asked her similar questions to what I had previously asked her to prove to me that he knew her (p. 167-168 of Appendix 2). This also showed **attachment issues** in Dave.

Dave and his father had a habit of **trivialising** Dave’s transgressions to keep Dave as “the good one.”

- Mr Roos also spoke of Dave’s transgressions as little mistakes (p. 163 of Appendix 2). This would become a common theme throughout.
- When I would bring up the gravity of things, Mr Roos would explain that Dave’s sister is worse (p. 185 of Appendix 2).

Another reoccurring theme was **Dave's 18th birthday**. Both Dave and Mr Roos were eagerly awaiting this, for it meant two things:

- Dave could go live with his father (p. 177 of Appendix 2).
- Dave could leave the system and do as he pleased (p. 177 of Appendix 2).

These themes reoccurred throughout, and there was a similar **routine aspect** to the visitations as with the previous families. However their frequency and intensity increase with the **prohibition**.

Me

My role was, for all intents and purposes, that of the law or **prohibition**. It was mainly to:

- Bring reality (p. 164 of Appendix 2, I insisted on the gravity of Dave's transgressions).
- Keep Dave from being his father's keeper. I explained that Dave was not the one to call his father, but the other way around (p. 164 of Appendix 2). I also explained that Dave could not be expected to buy everything on his father's birthday list (p. 174 of Appendix 2).
- I tried helping Mr Roos stand up to Dave when Dave was pressuring him to sign the document allowing him to smoke (p. 175 of Appendix 2).

However, this was met with great **resistance**, especially by Mr Roos, which brought **rulebreaking**:

- I asked Mr Roos to not ask his son to call him (p. 168 of Appendix 2). When the visitation ended, Mr Roos told his son to call him (p. 170 of Appendix 2).
- When it came to trivialising Dave's transgressions, father and son both maintained their positions. Dave, who was one to always speak easily of his transgressions, said that he was fed up of hearing about it (p. 164 of Appendix 2).

- Dave looked to justify and wanted to proceed seducing a young boy, even when I and others had forbidden him from doing so (p. 181 of Appendix 2). Dave seemed to refuse to acknowledge the generational difference.

As such, Dave also manifested **anger** to my authority. He also explained that he had grown as a person and was therefore perfect (p. 185 of Appendix 2). Mr Roos seemed distracted and refused to get involved. This occurred when I brought up Dave testing limits more and more. He showed **anger** when faced with the prohibition.

What is of interest is that the frequency in which these occurred coincide with Mr Roos' need for self-validation towards the end. My intervention became more and more as did my intervention. This is concordant with Dave **rebellling** against his father (He refused to acknowledge his father's efforts for his birthday, p. 184 of Appendix 2), favouring his own self-glorification, and taking a distance (**proximity**) from his father (he no longer wanted to hug his father, p. 188 of Appendix 2). These were all more concentrated towards the end.

Mr Roos can be described as **desperate for his son** in the end, only to lose Dave, leaving him **distraught**.

Finally, early on, I felt **frustrated** as I was **confused** as to who was who in the family (p. 162 of Appendix 2). The lines were so blurred that I lost sight of the family's roles. In addition, they were so blurred that the atmosphere could only have been described as **creepy**. This occurred as I watched Mr Roos look at his son in awe over how "big and strong he was." (P. 164 of Appendix 2)

The Schuster Family

Table 7.5 gives the major themes observed for the Schuster family.

Theme	Explanation
Absence of desire for father	There is no attempt to go to the father
Absent father	The father is absent, symbolically as well as physically
Active in child-therapist role/Compliant/ Submission	Violette upholds her therapeutic role, gives in to parents demands
Avoidance	Avoiding someone
Escape	Removing oneself from a given (stressful) situation
Distraught	Deeply saddened or affected
Fear/Dread	Reluctance, apprehension and panic for a given situation
Hiding identity/Family secret/Repressed Emotions	Removing traces of one's existence, the unspoken family history, not expressing one's emotions
Identity found/In search of identity	Looking to exist/exist
Indifferent/Uninterested/ Infantilization of/Infantile mother	Showing an absence of emotions for a given situation, putting the mother in a childlike position, the mother acts childlike
Lack of structure	Absence of structure
Latent resentment	Present, but not visible feelings of displeasure
Need for/Focus on child-therapist	Need for Violette
Objectification/ Infantilization/ Conviction	Ignoring someone's existence, thinking in another's place, convinced that one has the right thoughts about another
Prohibition/Triangulation/ Acknowledge roles	Law, completing the family triangle
Protective/Aggressive/ Territorial nature	Refusal to let anyone harm the child-therapist, or come in-between the

	mother and her daughter
Reality	Not in touch with reality, not seeing things as they truly are
Rulebreaking	Breaking rules
Rejection of authority	Refusal to acknowledge one's physical presence
Seeking/accepting of separator	Seeking/accepting of rules
Stress in absence of prohibition	Anxiety when I step out of the room
Unnatural desire/Seduction of father	Unhealthy need for father
Rightful places/Accept rules	More adapted placed help

Table 7.5 Themes observed for the Schuster family

Mother

Ms Schuster was known as someone to **refuse authority** and **reject rules**.

- Ms Schuster hated psychologists and other forms of authority (p. 144 of Appendix 2).
- Ms Schuster never waited in her waiting room and would go to her daughter in the foster family's waiting room, this being against the organisation's rules (p. 145).

Because of this, Ms Schuster was often seen as **aggressive** in nature. However, contrary to the previous cases and contradicting her aggressive nature, Ms Schuster seemed to **look for and/or accept a separator** from the very beginning.

- Ms Schuster was very accepting of my presence (p. 144 of Appendix 2).
- Ms Schuster accepted my intervention when I intercepted her and prevented her from going to her daughter in the waiting room (p. 145 of Appendix 2). For the following visitation, she enforced the same rules (p. 149 of Appendix 2).

In addition, other than me, there was only one other person that Ms Schuster respected and listened to. The female judge who was handling her case; the same judge who saw about Ms Schuster's case when she herself was a child (p. 156 of Appendix 2).

However, this tapered off towards the end, and was replaced with **absenteeism**, **distress** and **repressed emotions**. This was in response to hearing that her daughter no longer wanted to see her.

- After hearing that her daughter no longer wanted to see her, Ms Schuster made no mention of it in the following visitation, to me or to her Violette (p. 157 of Appendix 2).
- Ms Schuster seemed to have lost any and all enthusiasm for the visitations. She seemed to only be there through obligation (p. 160-161 of Appendix 2).

This showed a stark contrast from her earlier themes where Ms Schuster showed a **great desire** for her daughter, which was accompanied by **objectification** of the latter. She showed **conviction** in her thoughts about Violette.

- Ms Schuster often referred to Violette as "*ma fille*" (p. 147, 150, 152, 155 and 157 of Appendix 2), and on some occasions, using this to show that she knew what her daughter liked.
- Ms Schuster was preoccupied with Violette, talking to her about any and everything. She even asked her questions, even though Violette's mind was elsewhere (p. 146 of Appendix 2). When Violette's brother was present, Ms Schuster would pay no attention to him, and focused on Violette. Her husband even reminded her to not forget her son (p. 147-148 of Appendix 2).
- Ms Schuster bought her daughter matching outfits (p. 147 of Appendix 2). However Violette never wore them.
- Once Ms Schuster saw her daughter, she was happy (p. 149 of Appendix 2).
- Ms Schuster "knew" that her daughter would feel hurt because her brothers would be getting some time to spend at home (p. 151 of Appendix 2). However, this seemed to be Ms Schuster's **confirmation bias** for whilst it was true that Violette seemed distant, it was not for that, but rather for fear for her brothers being with their mother (p. 152 of Appendix 2). She seemed to often **interpret** her daughter's needs. (**Holding**)

However, this occurred less and less towards the end. This was coupled with a change in Violette's behaviour towards her mother. Before diving into that, there is just one more thing that seems to be of importance. It is shown that not much was known of the family's history. There was little anecdotal evidence (p. 143 of Appendix 2). In addition, Ms Schuster seemed to always **erase any traces** of her passage after the visitations.

- When I returned to the visitation room after accompanying Violette to her foster mother, the whiteboard had been cleaned; so too were the cups. There was no trace of Ms Schuster having been there, except for the fact that she was waiting for me (p. 149 of Appendix 2). This occurred systematically after every visitation.

This could be seen as linked to her emotional repression as she let no one in.

Albeit being less noticeable than for the previous families, Ms Schuster also showed signs of not being in a common **reality**, maybe because Violette responded to her demands. Ms Schuster “knew her daughter” and would always bring things that her daughter would like. Her reaction was also the most “difficult” when she was confronted with the reality of her daughter not wanting to see her.

Violette

Violette was very active in the therapeutic role. There seemed to have been a sort of **routine switch on** when she'd see her mother.

- Violette would jump to her mother and cry, “*Mummy!*” whenever her mother arrived. On page 146 of Appendix 2, she did this before I prevented her from accompanying her mother. However, she repeated this on seeing her mother seconds afterwards.
- Violette would always want to prepare her mother's coffee, which reminded me of a little child who wanted to help her mother (p. 148 of Appendix 2).

- She would often snuggle up to her mother (p. 149 of Appendix 2), which seemed odd, as Ms Schuster was very much **unkempt**, whereas Violette was a “clean, pristine little girl.”
- Violette professed her love for her mother through drawings on the whiteboard, then proceeding to make that her mother acknowledge them (p. 151-152 of Appendix 2).

On the other hand, she acted differently with her brothers:

- When she was with her mother, she would often be left home to take care of her brothers (p. 143 of Appendix 2).
- She would take care of her brother (or rather treat him like a doll) when he was present for the visitation. However, her brother seemed **indifferent** to her and **avoided** her (p. 147 of Appendix 2).
- Violent was fearful for her brothers when she heard that they would be spending more time with their mother at home (P. 151 of Appendix 2).

Despite showing enthusiasm for her mother, Violette also showed some **latent resentment**, as well as **avoidance** of her mother. She seemed to not want to be there, and couldn't get out fast enough afterwards.

- Violette would often look at the clock, and once the visitation was over, she'd bolt for the door, with me running behind her (p. 148 of Appendix 2).
- Violette also showed **fear** and **dread** of her mother. When she first moved in to her foster mother's home, she erased all traces of her footsteps on the doorstep so that her mother could not find her. Bedwetting and nightmares also preceded visitations (p. 154 of Appendix 2).

The above was seen more in the beginning. Violette did also not show her age; she seemed younger than she truly was. However, this changed gradually towards the end, and is marked by:

- **Search for identity.** I noticed a change in Violette; she started to become more sure of herself and started acting her age (p. 158 of Appendix 2). She also started showing a bit of “welcome **rebellion**” at her foster mother's home. She had become cheeky (p. 159 of Appendix 2).

- **Indifference** to her mother's pain. Although Ms Schuster did not openly express her disappointment in her daughter not wanting to see her, there was a change in her attitude. She seemed distant to her daughter. Violette seemed indifferent to this (p. 159 of Appendix 2).
- Violette also stopped looking as often at the clock (p. 153 of Appendix 2)
- **Less anxiety** in Violette. Violette looked less at the clock and has to be reminded to leave. She was even chattier with me (p. 161 of Appendix 2).

The period preceding this saw Violette going from an **unnatural obsession of her father to an absence of desire** for him. At first, she was obsessed over him.

- Violette was often overjoyed when her father was there and ask him to draw her roses, which she collected (p. 147 of Appendix 2). She seemed to be very **seductive** towards him, and was even more infantile with him than she was with her mother. Violette would even exchange text messages between her and her father during visitations (the use of mobiles during visitations being **against the rules**). Her mother would never intervene, or rather facilitate this by helping her type or understand the messages, which were rather void of substance (p. 150 of Appendix 2).
- Like her mother, her father would also **infantilise** Violette. He brought her themed sweets; however the theme was for a much younger child (p. 153 of Appendix 2).

Then, she seemed to pull away, this coinciding with her **seeking a separator**. However, she sought this much later on than her mother.

- I noticed that Violette seemed to call on me more and more, or rather speak my name (p. 152 of Appendix 2).
- Violette offered her parents sweets, and they declined. She then offered me, and I also politely declined. However, Violette insisted, placed them in front of me and walked away so that I could accept them. She also did not ask her father for roses for this visitation (p. 154 of Appendix 2).
- When I stepped into the kitchen, she showed signs of great concern because of my brief absence (p. 150 of Appendix 2).

- Violette started waiting for me at the end of visitations before she'd leave (p. 150 of Appendix 2) and kept her eyes on me throughout (p. 152 of Appendix 2).
- Violette also became much chattier with me towards the end, and I saw her identity (p. 158 of Appendix 2).

As such, an **absence of desire** of her father was eventually seen. She stopped asking for roses. However, this did return on one occasion, in a later visitation where Ms Schuster was distraught over hearing that her daughter no longer wanted to see her. I also noticed tensions between her parents (p. 156-157 of Appendix 2).

Me

My role was described earlier on. It seems that it was that of the **prohibition**. It is more geared towards **acknowledging roles** (on p. 146 of Appendix 2, for the first visit alone with the parents, I took them aside and reiterated their roles, and **separating mother and daughter**, as well as **father and daughter** (on p. 150 of Appendix 2, after preventing Violette from texting her father, mother and daughter were have a good time playing together).

I seemed to also **ease tensions and anxieties**. The foster mother explained that Violette was more comfortable with me because I seemed to quell her mother's aggressive nature (p. 155 of Appendix 2).

Contrary to certain families (Maraj, Ferhat and Roos), and like the Leininger family, this family accepted me easily. It should be noted that, other than the social worker that the family rejected, I was the first male monitor. However, the mother never referred to me as a psychologist, but rather explained to her daughter that, "*I was an intern, there to learn from them.*"

Conclusion: Collective Themes

The following themes are common in one or more families.

Absence of boundaries/limits/structure

This was found in the Maraj, Roos and Ferhat families, albeit under slightly different forms.

- For the Maraj family, it was seen where Farha would sleep in the same bed as her father (p. 35 of Appendix 2), as well as when her father accompanied her to put on a dress, not taking into account her intimacy (p. 44 of Appendix 2).
- For the Roos family, it was seen throughout in their family history; incest was rampant. In addition, this being a less harsh example, Dave would touch everything around him (sugar cubes), unaware that others would eventually use these (p. 148 of Appendix 2).

This was different to the Ferhat family, in which there were only boundaries that were created by the father. The children were told what to eat, were denied speaking about their mother, etc. This could more be associated with having only boundaries.

Absent father

This was another common theme amongst all the families, whether it was physical or symbolic. Only for the Schuster family was it “purely” physical, i.e., absent father or male figure. For the others, the fathers that were present showed flaws and did not uphold their roles.

Absent mother

This was seen in all but the Roos family. This more equated to mothers relinquishing

their role to their children, or failing to uphold their roles as mothers.

Acclimatisation or submission

Whilst it can be argued that each child showed a form of submission to the therapeutic role, only in two families (Ferhat and Schuster) did submission form an active and visible part of their character.

- As dealt with higher up, Omar would concede to all his father's demands. He would also look to the ground whenever his father would speak to him.
- Violette would give in to the role, allowing her mother to treat her like a child.

Yes, it is true that Farha allowed her mother to treat her like a doll; however she did not seem as subdued as the others.

This is also closely linked to **compliance**, which all but the Roos family portrayed. However, it was also seen in the parents of these families. As stated earlier, Mr Maraj, Ms Leininger, Mr Ferhat and Ms Schuster were all very compliant in nature at one point or another.

All-knowing

Bar the Leininger and Roos family, this was a common trait in the families.

- Mrs Maraj knew exactly what her children wanted, and never asked their opinion.
- Mr Ferhat knew what was best for his children; he was their saviour
- Ms Schuster claimed to know exactly what her daughter liked

This is closely linked to **delusions of grandeur** and **reality**.

Delusions of grandeur and reality

With the exception of Ms Leininger and to a lesser extent Ms Schuster, the parents all had very grandiose opinions of themselves, and actively sought glorification. This

was related to them not sharing a common reality with others.

However, only in the Roos family did the child also exhibit these themes.

When it came to reality, I could argue that Ms Schuster did show a lack of common reality in that she was unable. To this end, I could say the same for Ms Leininger who seemed not to see Jennifer as a child, but rather as her peer. However, the difference between these two families is that the children, in both cases, lived the role they were given (Jennifer looked frumpy, and Violette had the appearance of someone much younger), as such, this was very much “real” for them.

Attachment issues

Attachment issues were seen in only two of the families: The Maraj and the Roos family. Both had difficulties in placing boundaries, and had very superficial relationships with others.

However, attachment issues reached different parties:

- It affected the sibling and the mother in the Maraj family
- It was seen only in Dave in the Roos family.

Confusion

Confusion was common in all but the Schuster family. In two of the families (Leininger and Roos), it reached a point where even I was posing questions.

However, this should not be confused with routine, for confusion here pertains mainly to the “who is who” in the family. My Freudian slip with the Leininger family (p. 90 of Appendix 2), as well as my getting lost in the Roos family as to who was father and son showed this.

Desire for father or separator

This was common in all the families. For the most part, the child-therapists and their

siblings all sought a father. However, it was slightly different in the Ferhat family. Only in Hamza was a true desire for the father present in the visitations. Omar seemed to seek a different father.

In the Maraj and Schuster family, the children desired the father that was present.

However this was not limited to the children. The parents, the children and the siblings also sought this. The only people to not seem to seek this were Mrs Maraj, Mr Ferhat and Mr Roos.

Ms Leininger is the only parent that vocalised this desire.

Family history...the unknown

Family history played an important role in each of the families, or rather an absence of family history. There are certain anecdotes; however for the most part, the family histories were unknown and remained secret.

However, culture did impact the relationships, especially for the Maraj, Leininger and Ferhat families.

- For the Maraj family, food was present.
- Ms Leininger's gypsy heritage played an important part for Mrs Leniniger.
- Mr Ferhat's Arabic heritage played a dominant part for him.

Latent anger and resentment

This was seen in all but the Leininger family. However, it was not limited to the children in the Maraj family. Mr Maraj also showed signs of latent anger. This is a stark contrast to Mr Ferhat's very evident anger towards his ex-wife.

Less anxiety

This came to all the families, usually after the **prohibition** became an active and

stable part of the visitations.

Manipulation and seduction

This was seen in the following families:

- Maraj. The parents both tried seducing Farha with gifts. Farha tried seducing her father, as well as me, in order for control.
- Roos. This was seen mainly in Dave.
- This was also seen in the Ferhat family, but only exhibited by Mr Ferhat.
- Violette also showed this; however this was geared towards her father.

Need for control

This was a common theme throughout. However, it was more seen in the parents to control their children and their surroundings. The exceptions were:

- Everyone tried his or her hand at one point or another in the Maraj family.
- Ms Leininger did not try to control anything. However Jennifer controlled the visitations.
- Mr Ferhat needed total control and domination over his children, especially over Omar.
- Dave seemed to try to control everyone, usually through manipulation.

The only exception seemed to be the Schuster family. No one seemed to look to control.

It should be noted that the control of the environment that a child-therapist could show differs from the need for control.

Need for and focus on the child-therapist

Each and every parent showed a great dependency on the child-therapist. In absence of the child-therapist, the parents each showed great distress.

Objectification

This was seen in all but the Leininger and Roos families.

The other parents objectified their children. However, Violette was also seen to objectify her brother.

Prohibition

This was introduced in all the families, and was met with **great resistance**, except for the Leininger and Schuster families.

Rebellion and resistance

This was seen in both the child-therapists, as well as their siblings.

The child-therapist seemed to rebel against their role, albeit in a latent manner in the beginning. Their siblings (Maraj, Leininger families, and to a less extent the Schuster family), for the most part, rebelled against the child-therapists.

Rejection or avoidance of mother/parent

This was a common trait amongst all the families at one point. This usually came at a time of **searching for one's identity**. However, it was also closely tied to latent anger and resentment.

Reverence of the child-therapist

This was common in all of the families, except the Ferhat and Schuster families. For the latter, there was a need, but no reverence.

Routine

All the families seemed to have a routine. This was much less subtle in the Schuster family. However it was seen in how Violette always greeted her mother (jumping up to her and snuggling up) and would prepare her coffee.

Rule-breaking

This was common in all but the Leininger families. Rulebreaking was closely linked to routine in the Maraj family.

Tension

Tension was high in the Maraj and Ferhat families. It also existed to a lesser extent in the Leininger family.



Analysis

2

The analyses here are based on the second research findings. However, they may be compared and/or contrasted to the initial analysis. In other words, this detailed analysis will either confirm and reinforce or refute and offer other points of views to the previous findings. Finally, this will allow one to give a final response the hypotheses.

Like the previous analyses, I have chosen to analyse each case individually, and then give an over analysis.

The Maraj Family

Modus operandi

Confusion, rulebreaking and routine: These were the first things observed in the family. As was seen, this seemed to be the Maraj's modus operandi.

Confusion left me wondering why the children were truly placed into foster care. Whilst it is true that there were some indicators, the real reason behind the placement is yet to be revealed. This confusion was not only seen in the family's history, but also particularly in the mother. Her age is still unknown, she identified as Alsatian, etc. As such, I am led to believe that this confusion in family history, as well as in the mother, translated into confusion of her role. This then seemed to seep it's way into the rest of the family. Consequently, each member of the family would be lost as to his or her rightful place. Thus, It would seem that this confusion led to the breakdown of boundaries. This reinforces findings of confusion being motor to a therapeutic environment.

Confusion of boundaries, according to Hooper (2008) leads to the parents seeking help from their children. This seems to be true for this family, although it was expressed a little differently. Mrs Maraj did not seek help per se, but rather sought a role (to be dealt with later on).

This family's functioning did not seem to be governed by a fixed set of rules (Constantine 1986). There were also no healthy subsystems (spousal, parent-child,

etc.). Everything was confused. For example, Farha occupied multiple subsystems, such as the parent-child; however she was the parent in these cases. She was also in a spousal subsystem with her father, as well as in a parental couple with him:

- There's the example of Farha taking her mother's place in the couple's bed. She slept in the same bed with her father (p. 36 of Appendix 2). She was, in essence, her father's wife. Her mother slept on the couch, reiterating the fact that Farha took her place.
- When Chandrahas wanted to take two pieces of the game "Connect 4", Farha was displeased and heavily chastised her brother. She seemed to be the authority. Her father came in and played the more maternal role (p. 72-73 of Appendix 2). Here, I am led to believe that this completed the triangulation, albeit rather poorly. "Farha-Mr Maraj-Chandrahas" seemed to form the father-mother-child triad; however Chandrahas seemed to want nothing to do with it.

There seemed to therefore be a tentative at completing the triangulation. This echoes Haley's (1977) theories on the perverse triangle. Farha seemed to give up her being and get involved for matters that were beyond her level of comprehension. According to this, she was the symptomatic person as she brought to light a dysfunction within the family (although it will soon be shown that she was not the only one). Farha therefore seemed to try to uphold the mantle of mother and wife because of her mother's apparent inability to do so, ergo completing a form of triangulation. This reiterates previous findings of Farha looking to seek whatever void (vacuum) that existed (Analysis 1) and echoes Freud's (1965) theories on the vacuum. What is interesting here is that this family was one of divorce, similar to the families that Freud described.

This confusion led to a breakdown of boundaries, which would then foster rulebreaking. This led to the inadequate taking of places as described above. However, what was interesting was that this all became a **routine**. The family's way of functioning can only be described as routine. The visitations all seemed to follow the pattern gifts→meal→freshening up the children→rulebreaking.

First of all, it would seem that this routine was a means of reducing or limiting stress and anxiety. However, an absence of this routine showed that either of two things could happen:

- Chaos, confusion, anxiety as was the case when Ms Maraj reached 10 minutes towards the end of the visitation (p. 52 of Appendix 2). This was also seen towards the end (p. 79-83 of Appendix 2) where I enforced previously existing rules that were broken (such as accompanying the children to the foster parents) to Mrs Maraj. In both cases, there was an excess of anxiety, and the mother was unable to function. This was met with rejection, aggressiveness and lots of tension.
- Order. The same rules were applied to Mr Maraj (p. 70-71 of Appendix 2). In this case, rules (initially met with a bit of rejection) saw everyone at his or her rightful place, and the child-therapist abandoning the role.

This last example is interesting, for it echoed another observation. In absence of the mother, things seemed to “naturally” fall into place. For example, p. 38 of Appendix 2 shows that before the mother’s arrival, father, son and daughter seemed to be getting along. However, upon the mother’s arrival, things seemed to degrade.

Mrs Maraj

It would seem that Mrs Maraj was the **trigger** of some sorts. Her arrival brought tension and anxiety. As shown in the first Analysis, Mrs Maraj seemed to trigger the wrongful places in the entire family. As she was excluded towards the end, things seemed to get better for the other members of the family. I could therefore be led to believe that there is someone that **instigates** the role.

Mrs Maraj showed quite a number of themes.

Attachment problems

As Jurkovic (1997) might have hypothesised for this mother, she probably lacked attachment from her own primary caregivers. She therefore looked to someone, Farha, on which to rely for this. This could also support Boszormenyi-Nagy (1973) and other

theoreticians that explained that the therapeutic is the result of generational factors. However not much is known of her history to make such an assumption.

Nevertheless, her way of raising her children leads me to believe that there was something **lacking** in her childhood. She was a stereotypical mother, aka mechanical. There was hardly any affect in her actions, but they needed to be done. For example, I questioned her about the necessity to change Chandrahas' diaper one day, for I had noticed that it was routine (p. 42 of Appendix 2). I explained that it was a moment to share something with her son. It would therefore seem that for Mrs Maraj, mechanical functions were synonymous with being a mother.

She did not take into account the children's desires. Or rather, she took into account her perceived needs of the children, this reiterating what I had stated in Analysis 1. It also made her intrusive, as well as **objectify** her children.

As a result, as previously found (Analysis 1), there was no exchange with her children. There was no mentalization. There was rather a **need for control**, which, as we have seen, is synonymous with an absence of mentalization (Fonagy et Roussouw 2015). Not only did this control make her act the way she did, but it also led her to thinking in her children's place. She failed to recognise her children's identities. She also monopolised everyone's time (p. 40 of Appendix 2). This suggests that she did not **share a common reality with others**.

Some examples of this, which also correlates highly with her attachment problems, are as follows:

- Belief that we were all her friends or accomplices (p. 43 of Appendix 2).
- Perceiving complicity on first meeting people. She gravitated very easily towards me and thought that I was her accomplice (p. 36 of Appendix 2).
- She would speak to her son in her native tongue, insisting that he understood (p. 60 of Appendix 2).

This reiterates previous findings in terms of:

- **Inner vs. outer reality**, in which I stated that some parents might have been in **pretend mode**. For example, Mrs Maraj believed that she was a good mother.

This leads to another theme of hers.

All-powerful nature, delusions of grandeur and need for glorification and the child-therapist

As stated, Mrs Maraj believed that she was a good mother, and also thought that she was loved by all. This reiterates earlier findings (Analysis 1) that showed her *destructive narcissism* (Brown 2002). Among other things, she was:

- Unresponsive to others needs or concerns. She was unaware of her children's true needs and unaware of **reality**. From a previous example, she would speak to her son in her native tongue, insisting that he understood (p. 60 of Appendix 2). This reinforces previous findings of Mrs Maraj's monological attitude (Analysis 1).
- Strongly focused on her need to be a mother, even though it has been shown that she was a mechanical mother.
- Unable to relate to others in a meaningful way
 - P. 55 of Appendix 2 showed her inability to carry on a conversation with her daughter. Farha was explaining that there was a boy in her school that was making fun of her. She proceeded to explain that school wasn't going well. Mrs Maraj then chimed in all excited, saying that her daughter had a new boyfriend, showing that she was not mentalizing, i.e., having her daughter in her mind.
- Considered herself as special and unique:
 - She considered herself Alsatian (p. 36 of Appendix 2)
 - She boasted of all the languages she could speak, although being limited in all of them (p. 57 of Appendix 2).

This also correlates to her feelings of **grandiosity** or **delusions of grandeur**.

The destructive narcissism was also the result of her failure to **share a common reality**.

To quench her thirst for reverence, Mrs Maraj looked to Farha. She constantly sought attention and admiration for her abilities. And to quell her desire to be a mother, she seemed to do everything possible to get Farha to abide by her imaginary (or

phantasmal) image of her daughter. To be a mother, she seemed to **implicitly seek Farha's regression** to a former state where she (Mrs Maraj) knew what was best. Farha's needs were neglected, and replaced with her mother's desires for an object.

She employed many tactics, including **manipulation** and **seduction** (She tried seducing her daughter with gifts, p. 49 of Appendix 2). And she rejected any tentative of intervention or **separation**, namely mine, and especially when she no longer had her daughter in the end. Mrs Maraj showed great **need**, or rather **desperation** for Farha. This leads me to believe that the child-therapist helps complete the parent. Being complete, one may think of the mother's pregnancy being synonymous to having the phallus. However, I am less inclined to believe that. This more seems like a mother needing to be a mother. This coincides with the **lack** on which I embarked in Analysis 1.

This also correlates with what was stated earlier. **Rulebreaking** was synonymous with **routine**. And **rulebreaking** was synonymous with **power**, and keeping her daughter in a **subdued** or **regressed** state. This reiterates my questions on the child-therapist seeing a regression when in the therapeutic role (Analysis 1).

As such, it would seem that Mrs Maraj tried forcing Farha to a state where she was entirely dependent on her mother, which reinforces my earlier suggestion of the parent being in an **imaginary containing state**.

This also echoes Garber's (2011) **infantilization** in that the Mrs Farha took care of all of Farha's (perceived) needs, supposedly never leaving her daughter unsatisfied. This related to the **imaginary containing state** I mentioned.

In addition, Mrs Maraj resisted all attempts of separation. She denigrated all that came between her and her daughter:

- She threw shade at her husband in front of their daughter (p. 40 and 42 of Appendix 2).
- She made disparaging remarks about her husband in his absence (p. 41 of Appendix 2)
- Mrs Maraj criticised Mr Maraj in their native tongue (p. 59 of Appendix 2).

- She faked a nervous breakdown when I prevented her from objectifying her daughter. She would also say that she wasn't feeling well and hold her head whenever I'd contradict her. In addition, I noticed that she'd "make the most" of her mental health problems to garner sympathy and control from others (p. 59 of Appendix 2). Here, she showed **manipulative tactics** to try to **regain control**.

However, **society** also seemed to play a role here, for many would treat her with kid gloves (p. 59 of Appendix 2). This was how she was able to bend all the rules; many showed great pity to her.

- Mrs Maraj explained that I was "mean" and that she wanted the previous monitor to return when I enforced the rules (p. 79-83 of Appendix 2).

These last points highlight that Mrs Maraj attempted Gouddard's (2012) **Parental Alienation Syndrome**, as she tried to dispel any form of separation from her daughter. Many showing pity to her is an even greater example of this. The parent uses manipulative tactics to gain control and have her child all for herself.

That being said, there was no exchange of psyches (Eiguer 2003), as well as no mentalization. Therefore, how was Farha supposed to mentalize if her mother did not partake in this socially acquired process?

Finally, I stated earlier that Mrs Maraj was the **trigger** for Farha's therapeutic role. Nothing shows this more than what happened after she was confronted with the reality that she was not all-powerful. I am not talking about her breakdown, but rather the children's reaction. They were **relieved**!

Mr Maraj

Mr Maraj was not innocent in the role. He portrayed **compliance** and **subservience**. He also displayed the theme, **absent father**. Yes, it is true that he tried to separate mother and daughter, but he did this to have his daughter for himself. Like Mrs Maraj, he tried to seduce her. However, as it would come to be known, his reasons were a bit different. His reasons for objectifying his daughter seemed to revolve around his fear of Farha hating him (p. 73 of Appendix 2).

As a consequence of the above, Mr Maraj showed **helplessness**, and was unable to uphold his role. He would often give in to his daughter. He put her on her throne (his lap) and seemed to serve his queen. This contradicts previous findings. Farha wasn't a doll for her father as I had previously thought (Analysis 1). Instead, she was his queen to be revered. I would even go so far to say that Mr Maraj was also **objectified**...by his daughter. He was her (unwilling) servant, and he sought her approval (her love). This was never more evident than when Farha praised his father for his good deed in bringing her chocolates and whatnot (p. 48 of Appendix 2). This scene reminded me of a queen thanking her loyal servants. This relates to his subservience. As such, my analysis of Farha "overseeing the commoners" when she was on her father's lap (Analysis 1) held more truth than I thought.

It would therefore seem that for the therapeutic role to exist, there needs to be:

- A psychically strong parent who dominates (the all-powerful parent with the destructive narcissism). This was the mother. Contrary to what was shown before, Mrs Maraj did not display **psychic fragility**. On the contrary, the way in which she handled everyone and everything, through her manipulation and seduction, she proved herself to have **psychic fortitude**. I could say that this contradicts my previous findings (Analysis 1); however Mrs Maraj was still dependent on Farha.
- A compliant parent who is unable to uphold a function, and thus assumes a role in the child's therapeutic ways. This parent seems to display more of a **psychic fragility** as he gives in to the other parent. Mr Maraj showed this, also through his **helplessness**.
- Societal impact that could reinforce the therapeutic role, by allowing the parent to make her child a child-therapist. This was introduced through others intervening in the case to cater to the mother so as not to "aggravate" her mental problems. **This societal impact seems to be the final nail in the coffin for it seems to allow for the confusion of roles to run its course.**

I stated in my first Analysis that confusion plays a role in providing the therapeutic environment for the child. This is true, and is expressed in the parents' inability to uphold a rightful role. However, what role the parents subsequently hold as a result of

this confusion is what fosters the therapeutic environment: psychic fortitude and fragile parents. As such, the yin-yang theory from Analysis 1 also pertains to the relationship between the parents. For every psychically strong parent, there is a psychically fragile one as well. This is all consolidated by a societal impact that does not protect the child, and allows the chaotic environment to manifest.

Mrs Maraj also seemed to push Farha to her father. According to Haley, (1977), when one parent tries to pit a child against the other, the parent and the symptomatic child (aka child-therapist) violate generational boundaries. As such, Mrs Maraj's attempts to separate father and daughter only served to push them closer together. But why is this? There are two possible reasons for this:

- Mrs Maraj was absent, not only as a mother, but also as a wife. As such, Mr Maraj would turn his attention to Farha, putting her in a spousified role. Mr Maraj did have an unnatural relationship with his daughter; and this responded to Farha's desire for her father (Mayseless, et al. 2004). Also, this absence of the mother would give rise to the eroticisation of the relationship between father and daughter (Mayseless, et al. 2004). Remember too, that Farha was at that age where she would be going through her Oedipal (or Electra) phase, so this could cause a bit of scepticism as to the origins of this role. However, I have a few doubts on that. Without any symbolic parents, she was free to have her father.
- Shared **latent anger and resentment** for the mother. It was observed that Mr Maraj had much anger for his wife. Farha, too, showed latent anger as well. This shared anger worked against Mrs Maraj, and seemingly forced the relationship between Farha and her father.

What is also of interest here is that, whilst it is true that he showed some resistance to **prohibitions**, Mr Maraj was also observed **seeking a separator** to:

- Separate him from his wife and find his voice. Mr Maraj was relieved to have a new, male monitor (p. 37 of Appendix 2).
- He was also grateful for being allowed to voice his frustration over his wife (p. 43 of Appendix 2).

- He looked for someone to take the reigns when he showed his **helplessness** when faced with two children that demanded his attention (P. 73 of Appendix 2). In other words, he looked for someone to help him uphold his role as the father.

This reiterates the previous point. For a child-therapist to be born, there seems to be a parent who “allows it to happen”, who does not have the psychic fortitude to resist the “child-therapist transformation process”.

Farha

Farha showed **manipulation and seduction** for her father. I am hesitant for now to say if this was part of her therapeutic role, mainly because of her age and possible developmental stage. Nevertheless, her privileged place allowed her with the “necessary tools” to fulfil this desire. Farha had her father. As such, she also **rejected any tentative of separating her from her father**. However, this was counterbalanced with a **desire for separator and rules**. To understand this, it would be best to see when these occurred.

Farha seduced her father; she sought him. However, this tapered off at one point. From very early on, Farha showed **latent resentment and anger** towards her mother. For example, she would cut her bangs (p. 40 of Appendix 2). It would later also be discovered that she would cut her hair whenever she was angry (p. 84 of Appendix 2). Where did this anger come from? It could be thought that it was because of the tensions between her parents, because this provoked nightmares when she was living at home (p. 36 of Appendix 2). However, why didn’t she exact revenge on her father? She showed a disproportionate rejection of one parent in favour of the other (Garber 2011).

There seemed to be a concentration of two simultaneous themes:

- **Rejection of mother and seduction of father** (p. 48-51 of Appendix 2). Farha’s mother tried seducing her, but Farha stayed with her father. She abandoned games with her mother to stay with her father. Her anger wasn’t

latent at this point; she rejected her mother. Around this time, Mr Maraj was also seeking a separator.

Shortly after this, Farha also **sought a separator**, in her father! There was no seduction here. There was also a concentration of my intervention at this point, and one can see instances of rightful places. Not long afterwards, she started showing **disappointment in her mother** possibly because her failure to uphold her role. It would therefore seem that this anger came from just that, a **disappointment in her mother**.

It would seem that Farha was using her father to separate herself from her mother all along. She was seeking refuge in him. As such, her father did separate Farha and her mother. However, when I got involved and prevented her mother from objectifying her, as well as provide law and order, Farha became a much less willing participant in her mother's games. She no longer sought her father for refuge (using seductive tactics), but rather sought her father as a father. She also allowed herself to nonverbally express her disappointment in her mother. She openly showed her rejection and disappointment when:

- She mocked her mother when Mrs Maraj spoke in her native tongue (p. 60 of Appendix 2)
- She was visibly frustrated when her mother could not partake in "Guess Who." (p. 63 of Appendix 2). Later on, she purposely chose games that her mother could not partake in.

At this point, she seemed to stop letting herself be objectified by her mother, and she also showed less of a seduction for her father. In addition, her identity was being seen.

Objectification

This may seem to be a bit going backwards; however I believe that it is necessary to outline this. It is no secret that Farha was **objectified**. This begs the question as to her psychic fortitude. If she was psychically strong, how could she let her mother control her like this? This is explained in the following.

Like mother, like daughter

I observed quite a few similarities in mother and daughter. Mrs Maraj may have objectified Farha, but Farha fought back (latent resentment and anger). In addition, she found alternative methods of avoiding her mother's hold on her: through manipulation and seduction of her father. Earlier, I explained that the mother was a trigger. It is my belief that – and this is seen in the very first instance where there seemed to have been a healthy family system before the mother came in (p. 37 of Appendix 2) – the child regresses to a state of “comfort” when he or she upholds the therapeutic role. As such, I believe that the mother triggered this regression.

It would seem that this was the “most comfortable” position to be in. This can be linked to Harrus-Révidi's (2001) regressed children in fixed systems. Whilst the conditions are dissimilar to what Harrus-révidi described, I am quite inspired by it. However, I am less inclined to speak of a premature ego in Farha.

- Harrus-Révidi described a “fixed system”, which can be compared to the routine that Farha found herself in. This routine occurred mostly in the presence of the mother.
- In addition, Farha seemed to “regress” to seducing her father. This seemed to be her defence mechanism against her mother. She was **fixated** on him, which is the result of an **unresolved Oedipus Complex**.

This could therefore explain why the periodicity of visitations, as explained in Analysis 1, did not have an effect on the occurrence of the role. The mother's presence would trigger a regression in the child, and also the family's way of functioning.

I would therefore like to suggest that this regression could be a sign as to when the therapeutic role first became pathologic. Whilst it's true that the role takes time to be instigated, there may have been a concentration of anxieties at around the stage in life in which it was most necessary and became pathological. It could also be that this stage is that in which there was the least amount of tension, or rather where her role lessened tensions in the family. This seems to have associated itself to her development. As such, we could hypothesise that the role became pathological during

Farha's Oedipal development, hence her resorting to seducing her father when her mother triggered the role.

As a result, when in the role, Farha:

- Responded to her mother's demands, while;
- Simultaneously being protected by her father.

Now if that isn't psychic fortitude or intelligence, I don't know what it!

As shown, when the mother was removed from the picture (divorce), Farha, as well as her brother, showed great signs of relief, and Farha hardly fell back into the therapeutic role.

Chandahas, the unsung hero

Chandahas seemed invisible to his parents, or rather ignored. However, he was instrumental in the resetting of rules. For one, he separated father and sister.

It would seem that father and sister both sought someone to separate them. Chandahas was the first to occupy this role. His reaction to his sister, or rather his rejection of his sister, as well as his demands for a father, spoke volumes as to what was missing in the family: **prohibition**, a **father (symbolic father)**. And his role was to put Mr Marj in this place.

In addition, through his rebellious nature, he sought to rid his sister of the therapeutic role, and he named the culprit, aka the trigger. He rejected his mother throughout. He avoided her, he was indifferent to her when she broke down (p. 67 of Appendix 2). He was agitated when she tried to change him, but calmed down when his father came to help (p. 42 of Appendix 2). He respected his father's authority.

Chandahas showed:

- **A desire for his father** (above example). However this wasn't so in the beginning and only came late one. He only separated father and daughter in the beginning, which meant the rejection of the child-therapist.

- **Rejection for his sister's role.** Chandrahas would separate his father from Farha by demanding to sit on Mr Maraj's lap, which subsequently removed Farha from her throne. However, Chandrahas wouldn't stay for long. Soon afterwards, he would get up and leave; however Farha would not return on her father's lap.
- **Rejection of his mother.** He avoided her throughout.
- **Rejection of the family's pathological functioning.** For example, he would bolt for the door to leave the organisation after visitations (p. 40 of Appendix 2) and refuse to eat at the table with anyone. He would also sit in a chair by himself and feed himself if he did not avoid the meals (p. 38 of Appendix 2). Through this, he also showed some **attachment issues**, as he would gravitate to anyone that wasn't his family. He showed difficulties in forging relationships (p. 36 of Appendix 2). He also had no limits, as he would kiss everyone, except those in his family, when he would leave the organisation (p. 40 of Appendix 2).

In a nutshell, as much as Farha was symptomatic of the family's problems, Chandrahas showed exactly what was wrong and what was missing. This desire came after I started intervening. It would seem that he relinquished the role of reorganising everyone to me, and therefore started seeking to fulfil his own desires.

As a result, as suggested in Analysis 1, it would seem that the sibling's role is of great importance. It is not necessarily therapeutic (as he doesn't sacrifice his psychological development), but it does highlight the problem, and provide a solution.

Whereas Farha seemed to put a Band-Aid on the problem, Chandrahas sought to fix it!

Prohibition, law & order

This seems to be what my role was. There were no boundaries (even though Chandrahas tried in the beginning). It would seem that I acted, not as a surrogate parent as I suggested in the theoretical chapter, but rather as:

- A **symbolic model for the father**. As I said before, Mr Maraj was subservient. He displayed helplessness. Two examples of Mr Maraj showing his need for help are as follows:
 - Mr Maraj found it difficult to draw with his children. I explained to him, *“That’s what it means to be a dad; doing things that you don’t necessarily like for your children.”* (p. 71 of Appendix 2).
 - After Mr Maraj showed helplessness when faced with two children that were fighting for his attention, as well as his fear of his daughter hating him if he were not to buy her things, I explained that I would be *“the big meanie if needed.”* I then explained that he would soon have to assume this role on his own (p. 72 of Appendix 2).

I therefore seem to have done what Chandrahas was trying to do: give Mr Maraj his place.

- Separator and boundaries. I placed boundaries on everyone, and also broke their routine. This reduced confusion within the family and separated the children from their mother, as well as father. I reinstated the official rules of the parents not accompanying their children to the foster family (p. 68 of Appendix 2).

I also removed the children from meddling in their parents’ affairs. I reminded Farha of her place, and prevented her from meddling in her parents’ quarrels, p. 53 of Appendix 2) and prevented the parents from fighting in front of their children (p. 43 of Appendix 2).

What did this do?

- Reduced Mrs Maraj’s hold and control over everyone. This simultaneously “removed her from her place as the one with psychic fortitude”.
- Removed Farha from her role, albeit this being met with resistance, maybe because she was afraid of a resurgence of tension.
- Allowed the children to be themselves and show their identity. Farha used me to tell her father that she did not like her food. This was the first time she ever showed any rejection of her father, as well as her identity. She was concerned about hurting him (p. 76 of Appendix 2), which begs the question as to what

she thought of his psychic strength and his role. She seemed to have **infantilised her father**.

Once Farha found her identity, she fought to no longer return to her own ways. She put me in-between her mother and me throughout the last visitation. She even “hid behind the rules” to escape her mother’s hold (p. 79-84 of Appendix 2).

Countertransference

The situation seemed to have reactivated and aroused emotions and anxieties from similar experiences that I had observed before. In my early days of working as a teacher, I had seen children being erased because of conflicts between their parents; however I was in less of a position to help. They would also be pressured to uphold a certain parental ideology, and excel at school. They were instrumentalised by their parents. I believe that the situation during the visitation seemed to have unconsciously provoked reactionary feelings in me, causing me to empathise with the children and come to their defence. It also seemed to guide me to empathise with Mr Maraj, for he was in a sort of infantile (objectified) and helpless position, just as I was when faced with “dictatorial parents”.

This also saw me sympathise with the mother as I tried guiding her to having healthier interactions with her children (p. 42 of Appendix 2, I accompanied her as she changed Chandrahas’ diapers).

This benefitted the family for it allowed for order to be restored. I imposed myself. My countertransferential reaction to a chaotic environment was to become a nuisance – albeit a necessary nuisance – who laid down the law.

Through these reactions, the family saw benefits. This was mainly seen in the parent-child relationships. Farha slowly left her therapeutic roles. Mother and daughter were separated. Farha’s self was expressed. In addition, Chandrahas had a place in the family. This resonates with what Winnicott once said: *the analyst’s hate is actually sought by the patient, and what is then needed is hate that is objective* (Winnicott 1994). In his paper entitled “*Hate in the Counter-Transference*” (Winnicott 1994), he explained that the analyst should be aware of his own feelings towards the patient,

and needs to be himself analysed. He compared the therapist to a devoted mother who must put aside her own needs and feelings to be available and objective for her infant, allowing her to give her child what he or she truly needs. He added that, in certain stages of certain analyses, the *analyst's hate is actually sought by the patient, and what is then needed is hate that is objective*.

No, I did not hate the Maraj's; however one could possibly see a hint of frustration at times in my reports. This allowed for me to be objective, as well as fair. It also permitted me to take on roles for which the parents were not prepared, as well as help the parents see their actions. I believe that it also allowed me to see each person as an individual, or at least seek everyone's individuality. However, once this was no longer necessary, i.e., no one projected any image on me; I was able to step aside. As Mr Maraj assumed his role, my presence was less necessary, and there were talks of his rights being increased (p. 74 of Appendix 2). This seems similar to what Chandrahs did with me; once I got involved, he stepped aside and left me to handle the family's difficulties. On the contrary, when Mrs Maraj returned, and the children looked to me for separation once again, my role kicked in once again (p. 79-84 of Appendix 2).

Conclusion and hypotheses: Maraj family

As shown, the Maraj family showed a lot of confusion, this giving rise to a lack of boundaries. A lack of boundaries gave rise to the therapeutic role (L. Hooper 2008). This also became a routine way of functioning for the family.

It was also shown that, for the child-therapist to be born, three factors are needed. These were motored by a confusion of roles:

- A dominant parent, one who would “create” the role.
- A compliant parent who would give in to the other, and not uphold his role.
- Societal impact that allowed for it. It was shown that previous actors (social workers, monitors, etc.) would allow the family to break the rules for fear of aggravating the mother’s mental health. They did not help separate Farha from her mother, but instead helped foster and consolidate the chaotic and confused environment.

As such, Mrs Maraj had Farha in her clutches and seemed to seek her daughter’s regression so satisfy her needs to be a mother. However she portrayed the mother of which Winnicott spoke, to wit the mother who responds to all her children’s needs. Mrs Maraj seemed to have a need for this (a lack therefore existed), and sought her daughter to satisfy her need. She would therefore put Farha in a forced and imaginary containing state.

In addition, it was shown that this only occurred one the mother was around. In absence of the mother, everyone was in more or less in a differentiated state, i.e., a more or less rightful place. However, on the mother’s arrival, things would fall apart. It would seem that the mother’s arrival would **trigger** the therapeutic role in Farha, as well as the confusion and breakdown of boundaries in the family. I will even go so far as to say that it was a Pavlovian response, or classical conditioning.

This lends itself to the first hypothesis, which speaks of the auto-conditioning nature of the therapeutic role. It would seem that the response was conditioned by the

mother's presence. As such, **the first hypothesis is confirmed**. However, it was not the result of accepted behaviour, but rather a tentative at reducing tensions.

There was something else of interest. Farha seemed to regress to a state where she would seduce her father. However, once her mother was removed from the picture, she sought her identity. The findings show that the therapeutic role seems to be brought about by the regression to a stage of the least tension, albeit not perfect. As such, I am led to believe that one could determine the "installation date" (or period) based on the expression of the therapeutic role. As mentioned in Analysis 1, the therapeutic could be linked to the child's development. Thus, a concentration of anxieties around a certain developmental stage (installation of the pathological and necessary for the family's way of functioning) form seems to be intrinsically linked to its expressed. As such, for Farha, it could be suggested that the pathological role attached itself around Farha's Oedipal period, hence the return (regression) to her desire to seduce her father whenever her mother triggered the role.

Through Farha's seduction of her father, she sought to separate herself from her mother. As such, Farha looked for a separator. She also displayed latent resentment and anger for her mother. She would cut her hair when angry (p. 40 and 84 of Appendix 2), which hurt her mother who would like to brush her daughter's long, beautiful hair. Farha sought a way of avenging herself against her mother. This confirms the second hypothesis stating that the child harbours anger in him. He never learnt how to properly deal with them, and so looks for a way to express them. This anger is because of a failed parent.

What is interesting is that Mr Maraj also harboured anger for his wife.

Anger, a need for control, failed parents, etc. are all part of the recipe for an absence of mentalization. Farha showed these, which confirms the third hypothesis stating that the child exhibits false mentalizing capacities. However, it should be noted that, in the absence of the trigger, the child does seem to demonstrate these capacities. Albeit a bit of displaced behaviour, Farha was only the child-therapist in her mother's presence.

The child also looks for a separator, as does the psychically fragile parent. As such,

my role was instrumental. My presence, as well as my rules, helped the family to reinstate rules, as well as separate mother and daughter, as well as father and daughter. This also allowed for Farha to find show who she was, aka her identity.

This last part speaks highly of the Name of the Father (Lacan 1955-1956), which allows for the separation of mother and child, permitting the child to become a separate entity. As Lacan said, “...*those who do not let themselves be caught in the symbolic deception/fiction and continue to believe their eyes are the ones who err most.*” (Zizek 2005) As such, Farha sought the Name of the Father so that she could be! I would even suggest that through her rejection of my intervention, Mrs Maraj foreclosed the Name of the Father, which gave rise to a form of psychoses. This could have been partially responsible for her inability to see her daughter for who she was, as well as her belief that she was upholding her motherly role.

However, what this case brought to light was that, whilst Farha may have placed the Band-Aid, her brother clearly outlined the family dysfunction. Through his rejection of his mother and his sister’s role, as well as his desire to separate his father from his sister and have his father, Chandrahas was the one who started the job of putting everyone in his or her rightful place. He was the one who first determined that the family needed a **symbolic father**.

The Leininger Family

The Leininger family showed a few similarities with the Maraj family; however the family also showed some differences.

Ms Leininger

The themes of **family history** and **society** seem to play a strong a role in the Jennifer’s “therapeutisation”. However, they seemed to have had more of an impact on Ms Leininger being removed from her place as mother. This led, first and foremost, to the infantilization of the mother. The transgenerational aspect was highlighted in Analysis 1; however only for the Roos family (in terms of

psychopathologies). However, this analysis shows that it had an affect on other families as well.

It was seen that Ms Leininger lived with her mother, and was dependent on her. From what I gathered, “mémé” (Jennifer’s grandmother) was a very strong person, and led the household so to speak. She was the one to raise Jennifer (p. 97 of Appendix 2), which removed Ms Leininger from her role as mother. As such, Ms Leininger never seemed to occupy this role.

In addition, the foster parents seemed to see the mother in a very infantilising way. They wanted to accompany the mother as she spoke about the passing away of Dora’s father (p. 100 of Appendix 2).

These both show that Ms Leininger seemed to not be seen as a mother, but rather as a child, by others. The family and societal impact seemed to have metaphorically kicked Ms Leininger out of her place as mother. With this, as well as her **compliant nature** and her **constant suppression of emotions** (p. 92 of Appendix 2), it seemed only natural that she took the next step: **relinquishing her role as mother**. Her compliant nature reflected her **psychic fragility**, which made her not confront others as they took over her place. However, this does not explain why Jennifer took the role.

The above coincides with the previous case (the Maraj family). Compliance in one parent allows for the child to fall prey to the therapeutic role.

As such, there was the **absence of a mother** in the family, or rather the absence of Ms Leininger as a mother. Ms Leininger therefore took on the place that was assigned to her, to wit the child. The way in which she conducted herself, her dress, etc. only proved this. Ms Leininger embodied the role that she was given. This echoes Harrus-Révidi’s (2001) theories, except for the fact that this was imposed on the mother, rather than her looking for it. But, for all intent and purposes, even though she seemed to have relinquished the role, Ms Leininger did seem to seek being a mother. However, she went about it awkwardly.

Jennifer seemed to have been an extension of Ms Leininger, and through her daughter, Ms Leininger could have been a mother to her children (as observed in

Analysis 1). Ms Leininger **needed Jennifer**, but not in the same way as the Mrs Maraj need Farha. It was a need to help her be a mother. Through her daughter, Ms Leininger sought information on her children (Johnny, Susan and Dora), which could be seen as an attempt at being a mother for them. It should be noted that Ms Leininger was absent in the daily lives of her children. To this end, it would seem that Jennifer was an extension of her mother, permitting the latter to uphold her role from afar. However, there were instances where she was a mother, without Jennifer's influence (to be dealt with later on).

This all led to **confusion** in the family. Confusion leads to a breakdown of boundaries (Hooper 2008). However, the confusion was at a point where it even affected me: My Freudian slip (p. 97 of Appendix 2). I, too, lost sight as to who was who. Roles were confuddled! I, too, mixed up mother and daughter. This all brings to mind something very interesting that will be dealt with in the next subsection.

Jennifer

It would seem that the phantasmal representation of others about the mother (from the foster parents and mémé) seemed to have worked its way into Jennifer's representation of her mother. In addition, it was seen that Jennifer was her mémé's favourite, and sought to maintain a relationship with her through Ms Leininger. Ms Leininger therefore seemed to be a conduit between Jennifer and her mémé. As such, Jennifer took the only natural step: to follow through.

She would embody the role bestowed onto her, not necessarily by her mother, but rather by the phantasmal representation that others had of her mother. As such, she embodied, or rather manifested – both physically and psychologically – the role, that of an elderly woman (similar to her foster mother and mémé). She was glorified by her mémé (her mémé's favourite, p. 97 of Appendix 2), whereas Ms Leininger was infantilised. Her mémé would send her (Jennifer) gifts, but not for the other children. Jennifer was already the “chosen one” so to speak. As such, it would seem only “natural” that Ms Leininger **revere her daughter**, for she (mémé) who infantilised her (Ms Leininger), put Jennifer up on a pedestal. It would therefore seem that Jennifer followed though with the infantilization of her mother by imposing herself.

There was no demand for her; she just took on a role that was there. This is probably the reason that Jennifer exhibited signs of **intrusiveness**, this being the cause of much **tension**. As such, contrary to Farha's role, Jennifer provoked tension in the family!

The above is testimony to the child therapist's active role, as explained by Bateson (1950) and other authors. This also highlights what Chase (1999) and Fitzgerald (2005) stated: a failure of parenting could lead to the pathologisation of the therapeutic role. Even though forced into it, Ms Leininger failed as a parent. However, I hesitate to say that Jennifer showed a capacity for concern or a readiness for responsibility. As with her mother, she was thrust into a role by others.

In addition, it highlights what was also found for the Maraj family. For the therapeutic role to occur, three criteria need to be fulfilled:

- Compliant or psychically fragile parent (Ms Leininger)
- Dominant person that puts the child in the role (mémé)
- A societal effect to consolidate the role (the foster family).

However, it should be noted that the child must accept the role placed in front of him. The criteria provide the environment, and the child must be willing to accept, which bears witness to the child's active nature in the therapeutic role.

Bar one instance (p. 97 of Appendix 2), not one of the children sought Jennifer to uphold a mother role. It was always Jennifer who imposed herself. This contradicts the findings in the first analysis. The children did not go to her; she sought it on her own, ergo active in the role. She took on the role that was assigned to her by others. Like Farha, Jennifer was anything but invisible. She was everywhere; she meddled in everything. She controlled everything. Just like the Maraj family, there was a routine. Even though Ms Leininger would bring things for her children, Jennifer would take the reins and organise everything. This **routine** kept her in the therapeutic role. However, Jennifer always put herself last, which highlighted the following:

- Jennifer as the good mother who put "her children first".
- Jennifer did not necessarily exist and did not see herself as her mother's child. Her mother would bring things for all of her children; however Jennifer would never include herself in the sharing of things at the end of the visitation.

However, the above shows that Jennifer occupied a purely logistical role.

This could lead me to believe that Jennifer's identity revolved around her role, but I am inclined to believe otherwise (dealt with further on). However, what is contradictory is that, whilst Jennifer took on this role, she also seemed to **seek a mother** in her mother, as well as **recognition** from her mother.

- P. 92-93 of Appendix 2, Jennifer wanted to show her mother that she too, could read her brother's book. Jennifer sought recognition from her mother for who she was, and not for her role.

This may have been her attempt at relinquishing her role as the “**self appointed child-therapist**”. In addition, when the **routine** was broken (p. 98 of Appendix 2 when Ms Leininger arrived 20 minutes late), Jennifer seemed childlike and euphoric. It would seem that the routine environment, as was also the case for the Maraj family, paradoxically kept the child, as well as the entire family, in an absence of boundaries.

Not only did Jennifer look for a separator, but so did her mother. I'll get back to that later on.

Jennifer was also very authoritative, but only with one person; the one person fervently and outwardly fought against her throughout.

Siblings

Johnny

Johnny was to Jennifer, as Chandahas was to Farha. He rebelled. Through his rebellion and avoidance, he showed exactly what was wrong, and sought to put everyone in his or her rightful place. In addition, he showed what was missing: **a father** (to be dealt with later on).

Johnny only showed one instance of being invisible, but that was not truly the case. It would seem that, through his rebellion and avoidance of his mother, two things happened:

- Like Chandrahas, he spoke of a problem and separated his mother from whom he deemed the problem: Jennifer. He sought to put his mother in her rightful place.
- He got his mother. It would also seem that this was a **strategy** to have his mother for himself, even though the attention she gave him wasn't the best to say the least. Johnny had a mother that wanted him, one that was far from Jennifer. This was also seen in his refusing to play a game with his mother and sister, but then subsequently choosing the same game to play with his mother (p. 83 of Appendix 2).

This reinforced Johnny's **ambivalent nature**. He showed a love-hate relationship for his mother; however this was usually seen in the child-therapist (Jurkovic 1997), yet Jennifer never showed this. Johnny showed **great rejection for his mother**. He was a pain, and showed his mother that she failed. And he showed **great desire for his mother**, as seen with the gifts he'd give her (p. 106 of Appendix 2) and the games he'd choose (p. 83 of Appendix 2). He would therefore, as stated above, do whatever was necessary to separate his mother from his sister. He was a thorn in his sister's side! He **refused the child-therapist**. It would seem that, for him, she was (and I apologise for the colloquialism) "*all up in everyone's business*", or as we say in Trinidad, was "*fas (nosy) and out of place*." In other words, for Johnny, Jennifer had no right to be there; she was where she was not needed or belonged. This seems to have been a common theme amongst the other siblings as well.

This was never truer than when Peter was born. Johnny sought to protect him from Jennifer, so that she would not do to him as she did with the other children, i.e., put them on the sidelines.

Jennifer and Johnny were at odds throughout. Johnny was as present as Jennifer; Jennifer fought him, possibly because he succeeded where she failed. He had a mother seek him for a child, and not a peer. Looking at the mother-son relationship, it would seem that Ms Leininger was more in a maternal to her son than she was to her daughter. This was also true for one of the other siblings, Dora.

Dora

Dora, like Johnny, seemed to catch whiff of what was going on. She, too, put strategies in place to rid herself of Jennifer's interference with her mother. She would often ask to go to the toilet where she would speak to her mother privately (p. 94, 101 and 100 of Appendix 2). What was interesting is that Ms Leininger was more in a **rightful place** here, than when Jennifer was present. In Jennifer's absence, Ms Leininger could be the mother that Dora wanted. Dora, like Johnny, found a way of separating Jennifer and her mother, and having a relationship with their mother. When Jennifer was present, Dora was invisible. However, no one was more invisible than Susan.

Susan

It would take a long time for Susan to be recognised as part of the visitations. She was **erased and invisible**. She wanted a mother, but not that which Jennifer offered. She displayed **disapproval and frustration** with Jennifer, explaining that Jennifer took up all of her mother's time.

Simultaneous to this, Susan showed a strong desire for her mother throughout. She showed great concern for Ms Leininger (p. 108 of Appendix 2). If she were to have a mother in Jennifer, her concerns may have been less. However, this showed that she desired her mother as a mother. Reiterating this point, and contrary to what was said in Analysis 1, bar one occasion, Susan never went to Jennifer. It was Jennifer who put herself in the role of mother!

Siblings

The siblings' reactions, much like Chandrachud in the Maraj family, were telling of a family dysfunction, as well as who was at fault. This could also explain why Jennifer seemed to have some difficulties in upholding the *child-as-parent* role as described in Analysis 1. Her siblings would not let her.

Apart from Johnny, they showed no hostility towards their mother. In fact, they all desired their mother, this being Ms Leininger and not Jennifer. Apart from Jennifer, each child employed a strategy to have his or her mother:

- Johnny rebelled
- Dora escaped with her mother

However, they all sought something, or rather someone else to help put things in their rightful places.

Male figure

An **absent father** was a recurring theme throughout.

- Jennifer and Dora had no father.
- Susan's father rejected her (p. 106 of Appendix 2)
- Johnny explained that he was fed up of having only girls around, and was therefore happy to have a baby brother (p. 101 of Appendix 2). It is interesting because he had a father, but it would seem that his father did not factor into the equation.
- There was no mention of a father figure in Ms Leininger's history.

What was also striking was that each and every one of the family members sought that.

- Johnny smiled the first time he saw me (p. 89 of Appendix 2). I took note of it, but didn't think much of it in Analysis 1. However, with further information, I now see that this could have been a sign of release, or "hope" of things changing. In addition, Johnny gravitated towards me and stuck with me throughout. He would participate in activities only if I was around.
- Susan and Dora tested limits; however upon my intervention, they stopped and would look to me before leaping, metaphorically speaking of course. After I imposed myself, Susan "included me into the family". She tried greeting me as she did everyone in her family, with "les bises" (p. 99 of Appendix 2). This came shortly after my putting limits on the two girls and reinforcing their mother's rules (p. 99 of Appendix 2).
- There is very little interaction with the three girls, except when they are looking for an authoritative figure. For example, when speaking about Dora's father, I place myself at the table with them (p. 100 of Appendix 2).

What was interesting was that Ms Leininger noticed this and expressed her appreciation of this (p. 107 of Appendix 2). It was as if she authorised the children finding their identity. In addition, once my rules started to take effect, both mother and Jennifer offered me cake (p. 106 of Appendix 2) for the first time in the time period I was there. Shortly after this, Ms Leininger was seen **seeking a separator** until the end of the period.

I would just like to address Johnny's need to have broken toys, as well as his need for me to look after them. It would seem that these broken toys represented him, or rather the image he held of himself. When it came to me holding them for him, this could be seen as a way of preserving him, protecting the image he had of himself. It could be that he sought the separator though this.

Finally, there was a direct correlation between my intervention and everyone finding his or her rightful place towards the end. The more I placed limits, the more everyone fell into his or her rightful place; and once acquired, no one wanted to leave them. P. 106 of Appendix 2 showed Ms Leininger inquiring about returning to the former organisation where they could do more things together. The children all seemed reluctant.

Finally, even though Jennifer would fall back once again into the therapeutic role towards the end, she also became much less intrusive towards her brother and sisters.

The above highlights what the family was searching for, and what Johnny pointed out. They were in need of a father, aka the separator to enable them to return to their rightful places. Susan's reaction to me, as well as Ms Leininger and Jennifer offering me cake, as well as Ms Leininger's vocal appreciation reinforced this. Jennifer needed to be separated from their mother.

In addition, Susan's desire for her mother increased as my intervention increased.

It would seem that the family was searching for someone to bring order to the confusion. This is similar to what happened in the Maraj family. The transference/countertransference reactions brought about a **separator** or **surrogate parent** as previously described. This mimics somewhat Le Goff's (2005) theories, in we stated that to help the child, another adult or sibling recognises the child's

contribution, with the difference that my role responded to the demands of everyone in the family through countertransference. My role brought order to confusion.

It would therefore seem that, like the Maraj family, the Name of the Father was desperately being sought.

Period origins

Unlike Farha, Jennifer did not seem to show any regression when in the role. As stated in the first Analysis, she seemed well adapted, despite being a child-therapist. This begs the question, why?

As seen, Jennifer's "mother" was her grandmother, *mémé*. She was the one who raised her, hence possibly explaining her "older woman appearance". As such, Jennifer was never without parental imagoes, and I do not believe that it was because she embodied a role. She merely resembled she who raised her. As I explained in the theoretical chapter (subsection *Entourage*), the *entourage* could play one of three roles:

- Support
- Facilitator
- Denial

Jennifer's grandmother played two of these roles. She supported Jennifer by giving her symbolic parents to help her develop. She also facilitated the role by inadvertently placing Jennifer in it by infantilising her mother.

Nevertheless, Jennifer was able to develop her psyche rather normally, this owing to her *mémé*'s presence. As such, I am led to believe that the therapeutic role was not associated with her development, as she was allowed to develop "naturally". The therapeutic role was the result of the place that Ms Leininger held in the family: equity (or a bit less) with her daughter. Thus, Jennifer seems to have seen all the stages of development. As such, her identity did not revolve around her role, for it was only seen in the visitation room, contrary to what was suggested in Analysis 1. In addition, there was no trigger per se. Unlike Farha, she was merely upholding a role

that has always been: an infantile mother. Again, the fact that she sought a mother elsewhere made it such that this had no lasting effect on her development.

This also highlights the reason why the other children did not look elsewhere for a mother. They did not grow up with mémé. They saw their mother, and only their mother, as their mother.

Conclusion and hypotheses: Leininger family

This case saw quite a bit of contradicting information to the previous findings:

- Upon further investigation, Susan and Dora did not seek Jennifer for her role. On the contrary, Jennifer imposed herself.
- Similar to above, Jennifer sought out the role.

In addition, Jennifer's role was different. She was adapted, the role was natural, and it did not seem to cause her any harm as it did Farha. I made no mention of latent anger in her. This refutes the second hypothesis. A possible reason for this is that Jennifer had a symbolic mother: her *mémé*. Her grandmother raised her, and therefore provided her with all that she needed to develop psychologically. Unlike Farha, Jennifer had an identity, and often sought to show it to her mother. As such, I am led to believe that she acquired all that was necessary for her psychological development.

This begs the question as to her mentalization capacities. Whilst it is true that her mentalization wasn't the best during the visitations (her control and need to take care of everyone highlighted this), it would seem that this only occurred during visitations. She was "herself" outside of visitations. As such, it would seem that the child-therapist could develop healthy mentalization capacities if they were to find symbolic surrogates. However, in the presence of the parent, they demonstrate a lack of mentalization. For Jennifer, this meant holding her mother to the same standards that others had of her.

I do not believe that the role here was the result of auto-conditioning for two reasons:

- The role was the result of an absent mother, one that had been forced into an infantile position by her family and society. This confirms what was found in the Maraj family. For the therapeutic to occur, three criteria, independent of the child-therapist are needed:
 - Compliant or psychically fragile parent (Ms Leininger)
 - Dominant person that puts the child in the role (*mémé*)

- A societal effect to consolidate the role (the foster family).

This forced Jennifer into the role, and she followed through with also infantilising her mother, just as Farha did her father. This adds a fourth criterion: the child's active nature (Bateson, 1950 and other theoreticians). Jennifer just kept her mother in the role that was assigned to her by others. In addition, she forced her therapeutic nature onto her siblings.

- There was no tension to speak of, or at least tension caused by the mother. In fact, it was Jennifer who provoked tension in the family. This disproves the hypothesis stating that the child harboured latent anger and resentment for a failed parent. The reason for this is that Jennifer had symbolic parents, so she had nothing to criticise her mother for. It would seem that, if the child were to find other symbolic parents or guardians, he could mourn the failed parent and develop otherwise.

As such, this also disproves the auto-conditioning hypothesis. The therapeutic role is not always the result of tension. It may simply be the result of the child following through with previously assigned roles. However, this does confirm Boszormenyi-Nagy's (1973) and other theoreticians' theories about the transgenerational aspect. However, what is a bit different is that there were no accounts due in this case.

With respect to tension, there was none, or at least from Ms Leininger. In fact, it was Jennifer who caused the tension. As a result, even though Jennifer harboured no anger towards her mother, her siblings harboured quite a lot towards her. With the exception of Susan, they all developed strategies to have their mother for themselves:

- Johnny was outwardly defiant of his sister.
- Dora would often escape with her mother to the toilet.

Susan expressed her frustration of Jennifer.

Like the Maraj family, the siblings expressed the family dysfunction. Jennifer placed a Band-Aid, whereas the others sought a solution. They sought a separator. What is interesting is that every single member of the family sought a separator. It would seem that they were all looking for someone to bring order to an otherwise confused

system: the Name of the Father.

Finally, no regression was seen in Jennifer, which reinforces my belief that she went through all the stages of her development. Unlike Farha, her therapeutic role was not associated with her development. This gives credence to my earlier statements (Theoretical chapter, subsection Entourage) that explains that the entourage could play a vital role in helping the child develop by providing surrogate or social parents. This is somewhat similar to Le Goff's (2005) theories stating that the child could find solace in another adult's recognition of him.

The Ferhat Family

Similar to the previous cases, the family's history is unknown, or rather only one version is known, that of the father. It was seen from the get-go that Mr Ferhat had quite the presence and control over the family's narrative, as well as the family's functioning on the whole. This coincides with previous theoreticians that explained that family history plays a part in the child's becoming a child-therapist. However, without any true knowledge of the family's history, I can't really comment on its authenticity.

Omar and Mr Ferhat

Unlike the previous families, the child-therapist was "less visible", but just as visible as the others in terms of his father's need for him. Omar was the centre of attention, but his voice was inexistent. For the previous cases, the children were everywhere. Yet with Omar, he was subdued in that his voice was not heard. He was constantly being interrupted by his father, corrected, etc. Omar was in complete and total submission to his father, so much so that it affected his entire personality. He personified the role of object with everyone! Contrary to the previous children, Omar was the child-therapist outside of visitations as well. He dared not look me in the eye, and was often told by caseworkers that they were not his father (p. 112 of Appendix 2). As such, Omar's identity was directly associated with the objectified form of his

therapeutic role. This coincides with previous findings (Analysis 1). Omar internalised the role. He seemed to have become that which his father projected onto him. He was expected to be a certain way, and he abided. He sacrificed his development to uphold his father's law. However, through his father's actions, it would seem that he did not do this by choice, but rather by force and because of fear.

However, acting as his brother's keeper was observed only with his brother. This "father-like" role was actually the result of said objectification, and his father's control from afar. As such, the adult-like role to his brother was also synonymous to being an object. Omar was, for all intent and purposes, totally and utterly dominated by his father.

The above was coupled with his father's **need for control**, which was also observed in Analysis 1. Mr Ferhat exhibited:

- Narcissistic abuse (Miller 1979, 1981) in that he demanded that Omar give up his rights and wants for Mr Ferhat's esteem. This also coincides with Brown's (2002) destructive narcissism. Amongst other characteristics and as outlined in Research findings 1, Mr Ferhat showed throughout:
 - Unresponsive to Omar's needs and concerns. On the contrary, Mr Ferhat projected needs onto Omar.
 - A strong sense of self-focus and self-absorption. Everything revolved around him; he always boasted of his physique, what he's accomplished in life, etc.
 - Lack of empathy. He failed to understand how showing himself with other children could upset his children (p. 122 of Appendix 2).
 - Strong admiration and attention needs.
 - Grandiosity and arrogance. Mr Ferhat had a saviour complex. It was no secret that he, "*was sent be Allah to save his children.*" (p. 137 of Appendix 2) He also explained that he was sent by Allah to save his children from their mother (P. 109 of Appendix 2).
- He also showed:
 - A constant need for attention and admiration, especially from Omar. In the absence of this, Mr Ferhat did not seem to be able to function. For example, Mr Ferhat refused to come in Omar's absence (p. 131 of

Appendix 2). This leads me to question his psychic strength. It would seem that he was dependent on Omar for his survival.

- Emotional abuse. This is not only synonymous with Brown's (2002) theories, but it also corresponds to Le Goff (2005). Omar became the bad object once Mr Ferhat was unable to control him.

He would also criticise Omar's weight and accuse him of being gay when Omar didn't respond to his way of being.

- A capacity to give orders and expect an immediate "obedient response". This not only affected Omar, but others as well, such as me. However, this was the response of my intervention (dealt with later on). Mr Ferhat tried to order me to make Omar come to a visit p. 131 of Appendix 2).

- An entitlement attitude. Mr Ferhat demanded and expected gratitude from his sons. Mr Ferhat expected both his sons to run to him when they arrived. When they didn't, he felt betrayed (p. 117).

At the mere mention of someone else in the picture (the mother), Mr Ferhat lost it and attacked his sons. He once again accused them of betraying him (p. 119 of Appendix 2). This also corresponds to his need for admiration cited earlier.

The above were all exhibited through Mr Ferhat's **delusion of grandeur**, as well as his inability to grasp **reality**. This echoes Fonagy & Roussauw's (2015) teleological stance. He equated the outer world with his inner constructs of being a good father. Mr Ferhat saw that which did not exist:

- He interpreted his sons not greeting him straight away as a sign of betrayal. The same happened when they spoke of their mother.
- Mr Ferhat imagined that his son had turned into a girl. He explained that he entrusted his son to the Child Protective Services, and they turned him into a girl. First of all, he did not entrust Omar; Omar was taken away because of his situation. Secondly, there was nothing effeminate about Omar.

He also showed a great **need for control**, as well as **for the child-therapist**. Whilst it is true that **compliance** was seen on a few occasions, I believe that this was just a way of trying to manipulate things to get his way. All these themes were intertwined,

leading to a great **confusion** in everyone. Confusion normally brings about a breakdown of boundaries, however with this family, it seemed to only bring boundaries. Omar was not allowed to exist outside of his father's rules. As such, there was a lack of exchange of psyches, aka inter-fantasmatisation (Eiguer 2003). This also led Mr Ferhat to impose his beliefs onto his son. He projected and imposed certain needs onto Omar. It was as if Omar was an infant that could not function without his father (Winnicott 1994), which reminds me of the imaginary containing state I previously described (Analysis 1). In addition, there seemed to be no difference between, "*what is mine and what is yours.*" In other words, there was no individuating, this being similar to Anzieu's (Ogden 2004) Skin-Ego. Omar seemed to phantasmically exist through and because of his father, or so Mr Ferhat believed. However, instead of maintaining his son's psyche, he destroyed it. Omar was supposed to be, for Mr Ferhat, a carbon copy of himself; and Omar as an individual was not to exist. Omar was, by definition, a *robot child* (Eiguer 2003).

Lest we forget, Mr Ferhat was diagnosed with psychopathy. As such, this played heavily into what transpired, hence his destructive narcissism.

To reiterate what happened, it would seem that Mr Ferhat sought Omar's regression (Le Goff 2005). To this end, Omar was a regressed child in a fixed system (Harrus-Révidi 2001). Even though addiction wasn't present (unless you consider an addiction to power comparable to other addictions), there seemed to be a co-dependent relationship between Omar and his father. Mr Ferhat needed Omar to be a carbon copy of himself to survive. This fixed system lends itself to:

- The **routine** way of the visitations.
- The inability of other laws to enter the family. Mr Ferhat was the law, and he made the laws. Contrary to the previous cases, Omar did have a "symbolic father", albeit a tyrannical one.

Mr Ferhat also seemed to embrace Gouddard's parental alienation syndrome as he denigrated and rejected Omar's mother. The mere mention of her name was met with violent outbursts, as seen above. In addition, Mr Ferhat refused to recognise Omar's dual heritage. This served two purposes:

- Removed his mother – and thus half of his genealogy – from Omar’s life.
- Reinforced the need to have a carbon copy of himself in Omar.

The mother

Omar’s mother’s constant moving did not provide Omar with any structure growing up. This led to a lack of structure, ergo boundaries. Her giving in and accepting Mr Ferhat into her home to “save the family” was the final nail in the coffin, allowing Omar to enter the therapeutic role. We have here two of the criteria outlined earlier that foster an environment for the creation of the child-therapist:

- A dominant parent
- A passive or compliant parent that allows it to happen.

However, the final straw was the societal impact, which reinforced the role. Mr Ferhat was known for his rulebreaking, as well as his violence. However, he never saw any consequences for this. In addition, despite my many attempts, visitations were not cancelled after Mr Ferhat’s volatile and aggressive attitude towards his children (p. 130 of Appendix 2). This added to and reinforced his delusion of grandeur, his self-righteousness and appropriation of his child. As I theorised in my theoretical chapter, entourage (society) could play a role in the child’s fate. In this instance, it denied and facilitated the problems that Omar was facing. This gave the final criterion needed:

- Societal impact.

I would just like to add that I was hesitant to say that Mr Ferhat broke the rules, for in his mind, he abided by them. Contrary to the previous cases, he wrote the law (his own rules). Because of this, nothing was being broken.

Returning to Omar, he was in submission to his father. He showed great **compliance** and **subservience**. He was also **accustomed** and **accepting** of his situation. This corresponds to Mayseless’s et al. (2004) findings. The child-therapist is accepting of his situation and accepts it as a way of functioning. This also somewhat corresponds to Haley’s (1977) perverse triangle. Mr Ferhat refused the law and insisted on his law. This forced Omar to give up his being to his father, which in turn reinforces Eiguer(s

(2003) robot-child. In addition, this happened in the presence of all adults, and especially in front of his father. It would seem that Mr Ferhat would **trigger** his submission (as was the case before all the visitations). At one point, it was the same with all adults, but as Omar started finding himself, his subdued nature would switch on just before visitations. He would also try to appease his father by proving his worth during visitations. This would occur when **tensions** started rising. He would show his father that he remembered his father's teachings (p. 122 of Appendix 2).

The fact that the therapeutic nature seemed ingrained in Omar, I question the nature of his identity. He was mindful of his own state; he was an object, unworthy, fat, etc. This image he had of himself did not correspond to reality, but rather of what his father projected of himself. As such, according to the mentalization process, he did in fact mentalize, albeit with a negative image of himself that he internalise. He seemed to use this to understand others around him. This leads me to wonder about mentalization and it's acquisition. Can it be pathologically acquired? Can one suggest that Omar had a **perverted mentalization**?

However Omar did not go down without a fight. There was a bit of rebellion, which meant that he was possibly looking to change. For example, he would eat pork at the children's home, which was against his father's wishes. This showed **latent resentment and anger** in him.

One thing that jumped out to me in the very beginning was his need to always test his strength. It was also a sign of him being in a better mood after a difficult visitation. He did it only with male members of staff, and never with female members of staff for that would have been disrespectful. For me, that says a lot.

- Remember that Omar witnessed his father being violent against his mother. It could be that, in not wanting to test his strength against women, he refused to be like his father, and so was gentle with them.
- The test of strength could have also been his unconscious mind seeing if he was strong enough to go up against his father, to avenge his mother or himself. As it was shown towards the end of the observation period, Omar started to become **frustrated** with his father and wanted to avenge himself. He wanted

to talk about his mother, his origins, etc. He was ready to “plaquer” his father in the end. He seemed ready.

Omar also started questioning the law; he questioned why the judge would force him to see his father if all his father did was berate him.

Omar also ate a lot. At first, I wondered if this related to some sort of oral fixation. It is true that he seemed to try to fill himself. This also led me to believe that he was trying to complete himself, which begs the question of his identity. Was he trying to fill what was missing? Most possibly, and I believe that this was part of the reason.

However, I believe that there is another reason behind his eating. He was trying to get bigger, stronger to finally be able to defend himself against his father. This leads me to my role: **prohibition**.

Prohibition

As with the previous families, my role was two-fold, or rather “more-fold”.

- Guide Mr Ferhat in his role as father. I helped Mr Ferhat interact with his sons differently (p. 121 of Appendix 2).
- Ease tension, as was the case whenever the father erupted.
- Separate Omar from his father
- Protect the children
- Make Hamza exist.

Omar sought someone to separate him from his father. This was seen in his putting me to always sit in-between him and his father during visitations. When it came to Omar, the **separator** was a welcome experience. It was seen that the more I intervened, the more Omar rejected his father and sought his identity. This was a constructive factor for them. It would seem that my countertransferential position was similar to that which I demonstrated with the Maraj family.

As such, just as the previous cases, my presence seemed to be that of what Le Goff (2005) described: *constructive*. I recognised Omar for who he was, or rather sought who he was. Through this, I accompanied his mentalization process, or rather a

healthy mentalization of a more positive image of himself. It reached the point where Omar dreaded having his new image of tarnished by the investigation. He was insistent on my believing that he was innocent. It would seem that Omar sought something in me, a third party. He also sought recognition for who he was, instead of what his father projected onto him.

Mr Ferhat did the opposite. At first, the prohibition was met with charm and compliance. This was maybe a tentative towards control. However, as Omar started slipping away from his father's grasp, Mr Ferhat became increasingly impatient with the prohibition. It would seem that he exhibited the teleological stance once again in that alternative perspectives to his reality, or rather a change to his reality, were met with resistance (Fonagy et Roussouw 2015). He even went against the orders from the Child Protective Services to not speak to his son about the investigation (p. 126 of Appendix 2). The last two visitations highlight this. Mr Ferhat reached a stage where he'd turn his back on me, and even threaten me. The rules drove him mad (p. 136 of Appendix 2). He lost his power. Mr Ferhat's response to my presence as the prohibition echoed – albeit more violently – Mrs Meraj's response to me. However, what was strange was that, contrary to before visitations, there seemed to be less of a danger of him attacking me, or so I thought. It would seem that the rules also “contained” him, or rather controlled him, even though his imaginary “power” had been removed. Could it be that he was also seeking a separator?

Cutting the cord

With increasing intervention, Omar sought more and more his identity. However, in the end, he would reject me (or rather didn't need me). This would be when he wanted to settle accounts due with his father (p. 137-139 of Appendix 2), the exact opposite of what was described by Boszormenyi-Nagy (1973). Here, the child was settling scores with the father. The latent anger wasn't so latent anymore. This testifies to the anger that the child could feel. It would seem that his father oppressed him, and he held in all the primitive aggressions. He wasn't allowed to be and they built up in him. He was not contained, but rather controlled. As Rosenbam (1963), in the absence of the *mitigatory maternal figure* (Chase 1999), this being equated with containing functions, the child's aggressive and murderous impulses are allowed to run rampant. However, in Omar's case, these were suppressed and repressed for years. I could also

make the parallel and say that it would seem as though, in absence of a mother growing up, his beta elements (anxieties, tensions, anxieties, etc.) were never transformed. It was shown that his mother also lacked structure and never upheld her role. However, contrary to Rosenbaum's (1963), Omar's aggressive and murderous never ran rampant. He was contained by his father, and never allowed to express them. As a result, they seemed to build up, and/or weren't handled properly. As such, he harboured a lot of anger and unworked tension in him.

It was therefore this anger, as well as anger for being led down the dark path for years, keeping him from seeing the light. It was his way of finally separating himself from his father, and letting himself breathe. It would seem that it was like his rebirth. Birth is already a very violent process, in which the child is ripped from his mother, from out of the dark, into the light. The child screams as he's born. The same seemed to happen here, for like birth, after Omar's anger, the metaphorical umbilical cord was cut, and he was free (separated) from his father.

It would seem that the relationship the two of them had was that between a mother and her child during pregnancy. However, instead of providing him with what he needed to grow, Mr Ferat was like a mother addicted to drugs, only sending that which would corrupt and hinder his development...and then not give birth.

Omar had finally cut the cord, which allowed him to mourn the father he didn't have and move on. This was seen by his change in personality after the last visitation, as well as his feeling of weightlessness afterwards.

As such, just like the Maraj family, the removal of the causal parent would allow the child to flourish.

Hamza

Just like the visitations, Hamza is absent here. The reason is simple: Hamza did not exist for Mr Ferhat. He was just another tool to use against Omar, claiming that Omar did not love him (p. 137 of Appendix 2). This was also the breaking point for Omar, for it would seem that he was criticised for doing that which his father asked him to do. He was criticised for failing that which he was programmed to do.

Hamza **sought a father**; however he sought Mr Ferhat as a father. There did not seem to be any true form of attachment. It would seem that Hamza just wanted someone to call papa. He was left with feelings of **disappointment** after constantly being **rejected**.

However, despite wanting a father, Hamza did not want his brother as a father. Omar's attempts at being his brother's keeper saw violence (p. 109 of Appendix 3). This reinforces previous findings. Siblings don't want their siblings as substitute parents; they want their parents. What is interesting is that, whilst the siblings seek their parent to be the parent, the child-therapist seeks to hide the problem. It would seem that the child-therapist has already accepted his parent's shortcomings, or maybe does not believe in the parent. As such, as seen in the cases thus far, the child-therapists sought substitute parents elsewhere.

Hamza also showed what all the other children showed. Contrary to what may have previously thought, the children are **aware** of their parents desire or lack of desire for them. They do not look for the child-therapist to fill this role, but instead, they fight for their parent.

Eventually, Hamza seemed to also start to take a distance from his father, as he also sought an identity away from his father. He also tested his strength with mine, which seemed to be a sort of identification.

Conclusion and hypotheses: Ferhat family

Just like the previous cases, there was an absence of the family's history.

Similar to previous findings (Analysis 1), Mr Ferhat's need for his son, to supposedly fill his lack, was shown. In addition, his grandiose nature was even more evident here. He showed a great desire and need for reverence and for glorification from his sons. He echoed Miller's (1979, 1981) narcissistic abuse, and showed signs of Brown's (2002) destructive narcissism. This was similar to the Maraj family, and necessary "giving birth" to the objectified child-therapist.

Like the previous cases, three factors, which offered the opportunity of a therapeutic role, were present. I should just like to point out that it is up to the child to accept it or not, which reflects his active nature in the role. These criteria were:

- A dominant parent (Mr Ferhat)
- A compliant parent, or one that allows the child to be taken hostage in the role. Omar's mother.
- A societal effect. Through the judge's and others intervening's inability to do anything, and also "permitting" the father to continue what he was doing (p. 130 of Appendix 2), society helped complete the cycle. This fed into Mr Ferhat's all-powerful nature.

Similar to the other cases, there was a routine approach to the visitations. In addition, like the previous cases, the sibling wanted nothing to do with his brother; or rather that he did not want his brother occupying a role that was not his. Whenever Omar tried to be his brother's keeper, violence would erupt between the two.

Omar sought a separator; however it was more difficult for him for it seemed that his identity was directly associated with his development. Contrary to the previous children, he exhibited the therapeutic role with everyone. His father dominated him, and this was projected onto others. However, I would hesitate to say that this was due to conditioning, i.e., trial and error of unwanted behaviour, but rather through force

and fear tactics. Contrary to Mrs Maraj, Mr Ferhat explained clearly what he expected and demanded of his son. Omar therefore knew what to do and how to act, and did not have to test the waters.

Like Mrs Maraj, Mr Ferhat was a trigger, but only towards the end of the period when Omar was trying to pull away. At this point, Omar had come to differentiate between his father and other adults. Omar would reinforce the role whenever tension would arise. Here, it seemed to be due to conditioning, but still does not validate the hypothesis, for the role existed before that. It was intrinsically linked to his existence. Contrary to the other children, it was his identity.

Another difference is that unlike the previous cases, Omar had a “symbolic father”, albeit a tyrannical one, that created his own laws.

Omar expressed anger; however only once someone started separating him from his father, showing him a new way of life. This anger was not so latent in the end. It would seem that this anger had stayed with him. The way in which his father treated him was similar to that of an imaginary absence of the skin ego. There seemed to be no difference between, “what is mine and what is yours.” In other words, there was no individuating, this being similar to Anzieu’s (Ogden 2004) Skin-Ego. Omar was his, Omar was him. Omar also seemed to encompass Eiguer’s robot child; his father wanted to make Omar a mini-version of him. This validates the second hypothesis. Omar had built up anger because of a failed parent, and harboured anger and resentment for this. This confirms the Hypothesis #2.

Further confirming the above was Omar’s test of his strength seemed to also be testament of his anger towards his father. I suggested that it related to his desire to one day be strong enough to confront his father. He made use of separators to achieve this. However, it is a bit tricky to determine if Omar looked for the Name of the Father, for he had one, albeit a perverted and/or pathological form of it. Nevertheless, Mr Ferhat’s refusal or foreclosure of a healthier form of the Name of the Father could be partially responsible for his delusion of grandeur.

Finally, it seemed to be a bit tricky when it came to his mentalization capacities. Omar constructed his identity around his role as an object. As previously mentioned,

he was the only child (for now) to exhibit the same type of reaction with everyone. It would seem that he was mindful of himself, which is one of the necessary criteria for mentalization. And he showed empathy. Could it be possible that Omar showed a pathologically acquired mentalization? It could be a **perverted mentalization**. As a result, I can neither confirm nor deny the final hypothesis for Omar.

The Roos Family

This family is quite different to the others. Whilst there are some similarities, Dave's expression of the role was different to the others.

First and foremost, I found myself confused throughout and questioning who was the father and who was the son (p. 166 of Appendix 2). This is similar to Harrus-Révidi's (2001) theories and can help answer the question as to whether the parents are psychically immature or live eternal youth. Mr Roos did not look his age, but instead looked much older. As such, it was more on the psychological level that I saw this. Mr Roos was psychically immature. In addition, father and son did not seem to live in this **reality**. There was no link between inner and outer realities; however this manifested itself on the psychical level. They seemed to be living in an imaginary reality, which was rather strong that it led to my own **confusion**. There seemed to be no confusion for them, but only for me.

This reminds me of Mr Ferhat, where I was unable to decide if he broke rules or not; for he broke "social norms", but obeyed his rules, those which occurred in his fixed system. I made the same comparison to Harrus-Révidi's (2001) regressed children in a fixed system. This would hold true if it weren't for the fact that there seemed to be no denial or any defence mechanisms here – unlike Farha who regressed to a stage of seducing her father – when Dave adopted the role. Instead, Dave acknowledged his role and what he would do.

What Dave did share with the others was his availability for his father; however unlike his counterpart child-therapists, his availability was only logistical. This contradicts earlier findings. Dave gave the appearance of caring for his father's needs,

when he actually seemed to be looking to bolster his own ego (dealt with later on). He was only available for clothes and other material things for his father, whereas the others were **emotionally invested**. I made the observation that Dave was not as active in the role as the others.

Here's where it gets interesting. Mr Roos showed:

- A need for **self-validation** and **self-glorification** from his son. He would seek Dave's approval for his physique (p. 165 of Appendix 2).
- He would actively seek his son taking care of him. For example, he would look at Dave's clothes and remind Dave to give them to him once he was no longer using them (p. 163 of Appendix 2).

However, Mr Roos did not seek to narcissistically abuse his son (Miller 1979, 1981), or exhibit narcissistic narcissism (Brown 2002). On the contrary, he was in a similar position as Mr Maraj was with Farha: he was infantilised by Dave. Mr Roos looked to Dave in awe; he was impressed by his son's large stature. It resembled more of a son looking up to his father. I explained that the atmosphere was **creepy**. There seemed to be an incestuous atmosphere there.

In addition, Dave is the only child to have sought glorification in return. Like his father, he expressed **delusions of grandeur** and **self-glorification**. His role wasn't internalised as Omar's was; it was the source of a delusionary image of himself. In Dave's mind, he was the strongest person there was. He was perfect (p. 185 of Appendix 2)! According to Mr Roos, Dave was the one for the other family members to follow. As observed, he would exhibit the teleological stance (Fonagy et Roussouw 2015), by looking for ways to validate his line of questioning. For example, Dave is good by comparison, which makes him good overall.

Dave tried to give a positive image of himself, as in the case of smoking. He wanted to wait for his father's permission (174-175 of Appendix 2), when in truth and in fact, he had already been smoking for some time.

This last part reveals a lot about Dave's nature. As observed in Analysis 1 and reinforced here, he was very **manipulative** and **seductive** to obtain whatever he wanted, but only when in the presence of some. Otherwise, he was a **tyrant**. As such,

contrary to what was previously thought (Analysis 1), Dave was not the same with everyone. It would seem that Dave had multiple facets of himself. On the one hand, with those “weaker” than him, he was a tyrant. He would bully caseworkers smaller than him. On the other hand, he dared not do that with his caseworker who was a large and imposing man (p. 173 of Appendix 2). Instead, Dave was kind to him.

He also dared not try to intimidate me. On the contrary, when it came to me, Dave had another approach in the beginning. The more I enforced the rules, the more he’d try to seduce me. He’d smile at me and flex his biceps. (p. 182 of Appendix 2). He seemed to like it; he found pleasure in it. I join Nussberger (2004) in saying that I believe that Dave seemed to fetishize the psychic law. He reacted seductively with those that upheld it, but to a point. It was as if he tried to gain control through seduction, as if the challenge excited him. He seemed to find pleasure in the law, or rather breaking or controlling it; hence the reason he seemed to be first attracted by the law. In the absence of control of the law, another Dave was seen. He seemed to have a breaking point.

Dave also seemed to portray an image of himself that did not exist. His hair was always on point. The positive image he had of himself showed through this.

This being said, Dave **objectified** everyone. He would have a new girlfriend every week, and each new girl was the one. This could mean that he had some **attachment issues**. There was no substance to any relationship he had; everything seemed superficial. This all relates to the image he was trying to portray.

Rulebreaking

Mr Roos and Dave were known for trivialising grave acts, such as Dave’s acts of paedophilia. They would both make light of it. Through their rulebreaking, there was dissociation between the act and their emotions. This more mirrored the pretend mode of which Fonagy and Roussouw speak (2015).

In addition, they would talk about it easily, but only when it wasn’t challenged and put Dave in a good light (as a victim). On explaining the gravity of Dave’s acts, and removing him from his privileged position, Dave showed anger (p. 162 of Appendix

2). This occurred when I tried to bring some reality, to help them mentalize. It would seem that they were resistant to mentalization.

It would seem that the family only wanted to break rules. Mr Roos and Dave were eagerly awaiting Dave's 18th birthday for the following:

- Mr Roos would have his son come live with him to take care of him.
- Dave would be free to do as he wanted; he wouldn't have to obey the law, or so he and his father thought. In any case, he would be free of institutions and be able to do as he pleased.

The above occurred throughout the case.

Towards the end of the case, there was a lot more resistance to the law. Dave no longer showed seduction or manipulation, but instead outright rejection of my intervention. Around this time, so did Mr Roos. They both violently rejected any **prohibition**.

- For Dave, this was synonymous with him being removed from his pedestal. It attacked the image he was trying to portray. He manifested **anger** to my authority.
- For Mr Roos, this correlated with him losing his son, firstly in terms of a father. It sought to separate father and son. This also brought about questions, and with it, revealed things that would make him lose his son.
This also made Dave rebel against his father, which showed Mr Roos' need for his son. Without Dave, he was broken.

Rulebreaking being a part of their way of functioning, it came as no surprise that there was a breakdown of boundaries. However, this did not correspond to Hooper (2002), Constantine (1986) and the other theoreticians. Instead, this related to their perverted structure. This related to their refusal to renounce the incestuous desire (Razon 1996). This questions the nature of Dave's therapeutic role. Was it therapeutic or not? The reason for my question comes from:

- Le Goff (2005), contrary to Mayseless et al. (2004) explained that for the therapeutic role to exist, there the child should not be placed in a sexual or

incestuous relationship. Whereas for Mayseless et al. (2004), it was explained that some relationships could result in incestuous type relationships.

However, what has made me truly question Dave's role was the gain he received, as well as his inactive nature in the role. As I stated earlier, he was much less active in the role compared to the other children. In addition, as I said, Dave was manipulative. This makes me think of, and confirm my findings in Analysis 1, Walsh's and Anderson's omnipotent/pseudo-parentified child, but to a point. Dave was the good child; however unlike the other children, he did not take on a truly nurturing role, but rather only instrumental or logistical. In addition, he seemed to do so for his personal gain and his image of the good one. This could be the reason he was so resistant to any prohibitions towards the end. He was being removed from his place.

Mr Roos

I would like to add one more point. It would seem that Mr Roos sought glorification from his son, and idolised his son as well. Pertaining to rulebreaking, Mr Roos imposed no limits on his son (food), and was afraid to do as such. Like Mr Maraj who sought to please his queen, Mr Roos seemed to want to please his king. However, it would seem that this was because of the family secret that came to past: Mr Roos slept with his son. It would seem that the family secret helped foster the role; Mr Roos, through his reverence of his son and self-glorification, sought to keep the family secret just that, a secret.

Conclusion and hypotheses: Roos famili

Contrary to the previous children, as well as to previous findings, Dave was found to be an omnipotent/pseudo parentified child (Walsh et Anderson 1988). He was not a child-therapist like the others. He gained a lot from the role and was not emotionally invested.

Nevertheless, he objectified, or rather infantilised his father in the same way that Farha did to Mr Maraj.

Seeing that he was found to not a child-therapist in the true sense of the term, the hypotheses do not relate to him.

Nevertheless, looking at the reasons for his pseudo therapeutic ways, there was no conditioning. In addition, Dave sought his role control through manipulation and seduction, and looked to be the good child.

Dave showed no latent anger or resentment towards his father.

As was shown, Dave objectified everyone. Like his father, he exhibited signs of self-glorification. Neither Dave nor his father “lived in a common reality”. For all intent and purposes, Dave and his father lived in pretend mode (Fonagy et Roussouw 2015), minus the emotional component. This denotes an absence of mentalization. There was no link between inner (what they thought of themselves) and outer realities (what they were really like). However, the trivialisation of Dave’s transgressions more closely resembled the pretend mode of which Fonagy and Roussouw spoke (2015).

Lastly, their delusions of grandeur and certainty of their righteousness were classic signs of an absence of mentalization. However, I doubt that this finds its origins in an absence of parenting. On the contrary, it seemed to be linked to their psychiatric disorder.

The Schuster Family

This last case saw some correlations to the previous ones; however there was also a bit of difference in the expression of the themes.

The classical child-therapist

This case shows the classical signs of the child-therapist, and corresponds to the early theoreticians such as Boszormenyi-Nagi (1973).

Rejection

Like the other cases, rejection was seen. However, what was interesting was that it was not necessarily the rejection of rules per se, but rather the **rejection of authority**. For example, Ms Schuster rejected the association's rules, and was always in conflict with those intervening, all but one of whom were women. She showed great **aggression** towards them, as well as **anger**. What stood out was that, as I have just pointed out, it seemed as though, through the breaking of these rules, she was speaking of a much larger problem. It seemed as though she was rejecting someone: her mother.

Like the previous cases, not much is known of the family's history. Certain elements were given. However, through the unsaid, it would seem that Ms Schuster had issues with her own mother, or rather had a failed mother herself. She, like her daughter, was placed into foster care and the only woman that she ever respected was the female judge that had overseen her case since she was a child. This judge also handled the case with Violette and Ms Schuster. As was reported, the only other time (other than towards the end of the visitations) that she displayed any sort of fragility was with this judge (p. 154 of Appendix 2).

It would seem that Ms Schuster's mother own mother failed her, and so she sought her daughter to fill the void that there.

The above corroborates clearly with Boszormenyi-Nagy's (1973) findings:

“...unmet needs in one generation are experienced as ‘accounts due’ in the next, and result in children fulfilling some of the emotional and logistical needs of the parent(s). Parentified children sacrifice their own needs in order to take care of the needs of their parents” (Castro, Jones et Mirsalime 2004).

It would seem that this case is an example of the classical child-therapist.

Objectification

To this end, Ms Schuster would objectify her daughter. Her daughter was not merely an object, but an extension of herself. For example, she would buy Violette matching outfits, or rather miniature versions of her clothes, or rather herself (p. 150 of Appendix 2). This confirms what was seen in Analysis 1 and is reiterated in her constant use of her “*ma fille*.” (p. 147, 150, 152, 155 and 157 of Appendix 2) It would seem that Ms Schuster appropriated her daughter.

Ms Schuster boasted of knowing her daughter. She would exhibit **confirmation bias** and **interpretation**, or rather a teleological stance, when it came to Violette. She knew that her daughter would feel hurt when her brothers were awarded more time with their mother and not her. Her daughter’s perceived distress was therefore confirmation of what she had thought. However, what she was unable to see was that her daughter was afraid for her brothers, not for being denied more visitation rights with her mother (p. 151 of Appendix 2). Ms Schuster showed great **conviction** in her thoughts.

But why was this? The reason is two-fold:

- As suggested in Analysis 1, Violette was her only daughter. It would seem that this triggered Ms Schuster’s feelings and desires, or rather trauma. She saw Violette as a means of working through her own personal trauma.
- Violette was an extension of her psyche. She used Violette as a means of channelling her anxieties. As such, Violette was her.

This also explains Ms Schuster’s **aggressive** nature towards those in authority, as well as the **territorial** nature towards her daughter. Those who sought to separate her from her daughter, alias herself, were met with great resistance. Through protecting her

daughter, she protected herself. However, this protection came up mainly against women, aka Ms Schuster's mother.

Contrary to previous findings (Analysis), it was not a sign of an imaginary containing state. New evidence suggests that it was a form of projection onto Violette. She seemed to want to "re-live" her life through her daughter, and have that which she did not have: a mother and a good life.

Loss of self

It should come as no surprise that, when Violette pulled away from her mother, Ms Schuster exhibited signs of **absenteeism**, **distress** and **repressed emotions**. Ms Schuster lost her self. It is strange for one would usually imagine that the child is the one to lose his or her self; however this case proved otherwise. The parent's self was in the child. With the loss of her child came the loss of her self.

This was further seen by the interactions. They were poor to say the least. Ms Schuster would just be content with her daughter sitting on her lap, without either of them talking. Being the case, it was understandable because simply having her daughter, simply seeing her daughter meant that Ms Schuster existed. As Ms Schuster often said herself, once she saw her daughter, she was happy. In other words, existing was all she wanted to do.

Ms Schuster's self, i.e. "true self" was unknown, or rather to be unknown. She would erase all traces of herself after visitations. As I observed, when I'd return to the visitation room after accompanying Violette to her foster mother, Ms Schuster would erase all traces of her passing through. It would seem that the only self that Ms Schuster would allow anyone to see was that of her "better self", Violette. This echoes the findings in Analysis 1.

Mirror effect: good vs. bad object

Violette was an object. There is no denying that. As shown early on, Violette spoke very little. And as we have just seen, her mother spoke for her. Her mother was her voice and Violette allowed her to be it.

As stated before, through her mother's phantasmal desire to have a miniature version of herself, Violette was objectified. However, there was a huge difference between the two. Ms Schuster was **unkempt** whereas Violette was **pristine to perfection**. It would seem that there was a mirror effect. In addition, this reiterates what was said earlier. Through her daughter, Ms Schuster sought to be who she could not be in her own lifetime. Ms Schuster was the old model; Violette was the new! This also corresponds to Eiguer's (2003) robot child.

This also somewhat correlates with Harrus-Révidi's (2001) findings. This seemed to have been psychosomatic, although not on the level that the theoretician described. Ms Schuster embodied the bad version of Violette, and Violette embodied good little girl that her mother desired, the good version (that she wanted to be).

One could imagine that Ms Schuster sought Violette's regression; however I am less inclined to this this, simply because Ms Schuster seemed to not see Violette, but rather herself in Violette. Contrary to the Maraj family, there was no intent on Violette satisfying a desire for Ms Schuster to be a mother. Violette was a mere extension of her mother, which is more akin to, but less violent, what was observed in the Ferhat family.

Triggered

Like Farha, Violette seemed to have been triggered by her mother's presence. There was a sort of **routine switch on** when her mother arrived. She would jump into her mother's arms and become the child her mother wanted. She would take care of her mother's needs and seemed very infantile. Just like Farha, there was a "laissez-faire attitude". However, the difference between the two was that Ms Leininger did not necessarily openly seek her daughter, but instead Violette put herself in this position.

Two things could explain this:

- From the little we know of Violette, she was objectified when at home. She would be locked away in a cupboard when her mother went out. Her mother acted like an adolescent, going out with her friends, etc. Violette took care of everything at home.

- She lived in fear of her mother. As it would soon be known – when she started pulling away from her mother – Violette acted as such because she wanted to keep her mother from showing her aggressive nature. She was trying to appease her mother.

Contrary to Farha, Violette displayed this childlike nature with everyone. It would seem as though it was internalised. However, it was exaggerated with her mother. As such, I am led to believe that it was associated with her development, ergo auto-conditioned. Similar to what was observed with Farha, it was a Pavlovian response and defence mechanism against her mother. It kept her mother calm.

This shows the criteria on which I embarked earlier on:

- Ms Schuster, even though fragile, was the dominant parent.
- There was no symbolic father to speak of. Whilst it is true that Ms Schuster's husband was present, he did not uphold this role (to be dealt with later on)
- Societal factors. It was well known what Ms Schuster was like, yet no one stepped in to help her. No one in her entourage would get involved when she would go out.

However, it seemed to be straining on Violette.

Looking for an out

There were a few signs that Violette wanted an out:

- On moving into her foster family's home, Violette swept away her footsteps so that her mother would not find her. This showed the **fear** and **dread** of falling back in the role.
- Violette showed bedwetting and nightmares plagued her nights before the visitations (p. 154 of Appendix 2). This corroborates the above; Violette's unconscious mind no longer wanted to see her as her mother's object.
- As shown in Analysis 1, she kept an eye on the clock, and once the time was up, she'd switch off and bot for the door. It would seem that the pressure was getting to be too much for her. She could not sustain the role for much longer.

As such, she seemed to be looking for an escape, and maybe for someone to help her. This highlighted Violette's psychic fortitude as shown in Analysis 1. She was able to bear the pain. However, the mechanisms that she put in place to protect herself from her mother would speak volumes of her psychological plasticity and strength. Some have been outlined above. Another included her father. These all confirmed her rebellion, as well as **latent anger and resentment** towards her mother.

Father

Violette showed an **exaggerated and unnatural obsession** with her father. This desire for her father was an exaggerated version of that which Farha showed to her own father. She would ask her father to draw roses for her (except towards the end), and act very seductively with him. The difference between this case and that of the Maraj's is the Ms Schuster did not seem to object to this. On the contrary, she would encourage it. This spoke volumes. This can only be seen as "natural", because Violette was a miniature version of herself, and her mother would give her everything that she had. So, having her husband seemed like the only logical thing to do. As in Farha's case, the absence of the mother would give rise to the eroticisation of the relationship between father and daughter (Mayseless, et al. 2004). However, her father served another purpose. Like Mr Maraj, he served as a means to separate Violette from her father. Like Farha, she sought refuge in him. However, he placed no limits, and Ms Schuster never intervened.

Contrary to Farha, I do not believe that this seduction of her father was a regressed state for Violette. On the contrary, her obsessive nature was more telling of this. She was "pristine". She was obsessive; everything needed to be in order. This could be because of fear as outlined above, but it could also be the result of a regressive period. As seen, she became less obsessive as she found her identity, less inclined to control (p. 157 of Appendix 2). As a result, I believe that Violette exhibited an anal-retentive personality. From the little we know of Violette's upbringing, she seemed to have raised herself or at least not had a mother to guide her. She was thrust into a parental situation with her brothers, meaning that she had to learn to be an adult fast. One of these would mean learning toilet training fast, which could have been seen as harsh. However, this brought order and less tension. As such, it can be suggested that Violette remained at this through moments of his stress. I can therefore suggest that

the true pathologisation of the role came around the anal stage, as it seemed to be associated with that. In the absence of less anxiety, Violette was shown to do the opposite, i.e., be a bit messy and less controlled (p. 157 of Appendix 2). Her bedwetting at nights prior to visitations could also reinforce this. This can be seen as the absence of control when she is conscious, and shows an externalization of her anxieties. This could also explain Farha's bed-wetting when she was with her parents. She also externalized her anxieties through this.

Let me be

Therapeutic mother

What is interesting is that both mother and daughter seemed to be seeking a **separator**. Despite her aggressive nature, Ms Schuster accepted me. The fact that she said that she was accustomed to interns showed:

- She herself had always been objectified. This was suggested in her history. She was part of the system just as her daughter was.
- She accepted “interns”, aka someone with no authority. However, on discovering that I was a psychologist, she did not react as she did with others. A simple reason for this: I was a man!

As such, Ms Schuster sought a father figure. She acknowledged my rules by enforcing them on Violette. For example, she prevented Violette from accompanying her to the visitation room, a rule that I had reinstated (p. 150 of Appendix 2). She acted as a mother. This came after my **naming her mother**. As I had always said to the families, and as I reiterated with Ms Schuster, she was the mother. She was given an identity that day.

My place as an “intern” gave Ms Schuster a role: she was there to help me. Rather, as she explained to her daughter, I was there to learn from them. This gave Ms Schuster a role of importance. It would seem strange, but it was as if she was being put in a therapeutic role. Just as a parent would give his or her child some responsibility to seek a future self (Minuchin 1967), I seemed to give Ms Schuster a glimpse of *another self*.

Allowed to be

When it came to Violette, she first treated me as she did everyone else. She did not talk. However, another role I had was that of the **prohibition**, as well as “easer of tensions”. As Violette said, I kept her mother calm (p. 155 of Appendix 2). She was more comfortable in my presence. However, she dreaded my absence when she showed signs of concern when I absented myself for a few seconds (p. 150 of Appendix 2). Her eyes were always fixed on me, and she included me in the visitation. Like Farha and Omar, she put me in-between her and her mother. She insisted that I accept sweets (p. 154 of Appendix 2) and she spoke my name (p. 152 of Appendix 2). And she also went by my rhythm. She would no longer look at the clock and would wait for me at the end.

It would seem that my presence reassured her. Little by little, she got a voice and started opening up. This was shown by the correlation between my intervention and her pulling away from her mother. In addition, she stopped asking her father for roses and showed an **absence of desire** for her father.

Like Farha, it would seem that for Violette, when someone else took over, she became someone else, even outside of visitations. She became cheeky (p. 157 of Appendix 2). This being said, Violette seemed to have been looking all along for someone to separate her from her mother. Like Farha, she sought her father, but the relationship was ill-adapted. When offered a second chance, she jumped at it. She no longer tried to reassure her mother, but rather pulled away and to an extent, avenged herself. Violette also spoke for the first time. She explained that she no longer wanted to see her mother. What is interesting is that she showed no anxiety during visitations after that. She was indifferent. It was as if the child-therapist had tasted her freedom and didn't want to go back.

Allowing to be

Ms Schuster's reaction was interesting. She was **distraught**. Through her **repressed emotions** and **absenteeism**, she showed her need for her daughter. She saw no reason to attend visitations. This was understandable because she lost the good version of her self, and was forced to confront the reality of her own self.

However, what stood out was that she started to show some **individuation**. This reminds me of Anzieu's Skin-Ego (Ogden 2004). It would seem that, through her objectification of Violette, comparable to what as seen in Analysis 1, and through her identification in Violette, Ms Schuster seemed to be stuck in an imaginary containing state. This containing was a bit similar to what Mrs Maraj showed.

Ms Schuster started to mentalize. She no longer affirmed what she knew about her daughter, but rather asked Violette questions about her likes and dislikes. She no longer referred to Violette as "ma fille." (p. 153 and 155 of Appendix 2) It would seem that she was beginning to mentalize, and starting to see Violette as an individual, different to her.

It would therefore seem that, like the previous families in which there were child-therapists, the Name of the Father was desperately being sought.

Surrogate parent

Ms Schuster responded had two attitudes with me:

- Like her daughter, she sought separation. Maybe this was her unconscious way of trying to find her self.
- Other than with the female judge, this was the only other time that Ms Schuster showed any form of fragility. She seemed childlike on finding out that her daughter no longer wanted to see her (p. 154 of Appendix 2). It would seem that Ms Schuster needed a mother that day, and she put me in the place of a mother. As shown by my attitude towards her, I provided just this. I supported her; I have the maternal care.
- Like her daughter, Ms Schuster also opened up to me throughout. It was as if I helped her find her self, or rather start bringing down walls.

This family needed two things:

- A father to separate them
- A mother. Ms Schuster needed this.

It would seem that this last case sums up best what the families needed. The role of the monitor is twofold: separation and nurture. This corresponds to Winnicott's theories about the translation of the love-hate relationship that the mother shows her child, to that of the therapist. I accepted my feelings throughout, and remained faithful to them, without letting it affect my job.

In addition, in the case of the Schuster family, it would seem that Ms Schuster needed to be "hated" (rejected) by her daughter in order for her to also start to move on.

Siblings

There was not much to go on here for the siblings. The only evidence that was seen was the one occasion in which I saw Violette's brother interact with her, or rather not interact with her. In other words, her brother was **indifferent** to her. She imposed herself, just like Farha, Jennifer and Omar did to their siblings, yet he rejected her. I rather not analyse this for the reason could be as simple as the fact that he did not know her, for unlike the others, he did not grow up with her.

However, what is interesting is Violette's activation of the child-as-parent therapeutic role when she saw him. This is testament to the active role, or rather imposing nature of the child-therapist. However, it's also interesting that she treated him in a similar way as her mother did to her. She objectified him.

Conclusion and Hypotheses: Schuster family

This case was the most stereotypical of the child-therapist. It closely resembled the child-therapist of yesteryears. With this much information was offered.

First and foremost, the transgenerational aspect was seen. Ms Schuster seemed to want to work through some unresolved trauma from her past. However, her objectification of Violette saw her try to make Violette a new, better version of herself. This resembled Eiguer's (2003) robot child and echoed Harrus-Révidi's theories on psychosomatic nature of the therapeutic role. However, the psychosomatic nature gave a mirror effect: Ms Schuster was the bad version of herself, whereas Violette was the good version.

As such, this led to an objectification of Violette. Ms Schuster showed the teleological stance quite often.

Similar to previous cases, three criteria were seen that offered up the role to the child:

- A dominant parent
- A compliant parent. This was seen through the absence of a father figure
- A societal impact. Ms Schuster's entourage was aware of what was going on, but no one interjected.

Like Farha, it is possible to discern a hypothetical origin of the pathological nature of the therapeutic role. Violette's role seemed to be linked to moments of high stress and tension. In addition, Violette's mother seemed to trigger an exaggerated form of the role in her. However, she exhibited the same behaviour with others. As such, it seemed to have been conditioned in her, which gives credence to the first hypothesis. In addition, her obsessive nature and need to control her surroundings led me to believe that she was anal-retentive. However, this was a regressive state as a response to tensions, for when she started finding her identity, her obsessive ways began to falter. As such, it could be suggested that the role started becoming pathological during the anal stage of her development.

Ms Schuster's projection onto Violette as miniature version of herself showed that no individuation occurred. It would seem that, like Mrs Maraj, Ms Schuster displayed an imaginary containing state with her daughter. To this, Violette showed latent anger and resentment towards her mother. However, I believe that this was more related to Ms Schuster's failure as a mother, rather than failed containing functions.

Mentalization was absent, or so it was in the beginning. Ms Schuster exhibited signs of the teleological stance in the beginning, but once the separation of mother and daughter commenced, she started mentalizing. The same can be said of Violette. She showed no mentalization capacities in the beginning; however upon finding her identity, she started displaying them. As such, this corresponds to the last hypothesis in showing that the child-therapist showed false mentalization capacities because she only knew half the method: empathy. Violet lacked the mindfulness to complete the process.

Similar to the previous cases involving child-therapists, both mother and daughter both sought a separator, ergo Name of the Father. What was interesting is that Ms Schuster sought someone to put her in a therapeutic role, to wit child-as-adult. In addition, the family showed to be lacking both the mother and the father.

Lastly, when it came to siblings, not much can be said here for there was a lack of interaction between them. However, from the little that was observed, it seemed that Violette like Farha, Jennifer and Omar, imposed herself on the child-as-parent role, without any demand or desire from her brother.

Final look: Similarities and Differences

Through the findings, it would seem that there are certain ways of the family's functioning to give rise to the child-therapist.

First of all, I would just like to state the Dave was found not to be a true child-therapist. On the contrary, he used his role for personal gain, and his way of functioning corresponded more to Walsh's (1988) omnipotent/pseudo parentified child. He placed himself in a position of power, to give the illusion of a good child, when in reality he was a tyrant to all. He sought idolisation and control, and not the betterment of the family. For this reason, I will not include him in the following for her does not encompass the role.

Confusion brings order

Confusion

This was observed in all of the families. **Confusion** seemed to have led to a **breakdown or an absence of boundaries** (Hooper 2008). A lack of knowledge of **family history**, as well as **family secrets**, came into play. They would bring further confusion in the families. These would subsequently give rise to the first two criteria that were common in all of the families:

- A **dominant parent**, able to impose his or her will on the child. However, if boundaries were in place, the parent would not be able to, so there also needs to be;
- A **compliant or psychically fragile parent**, one who allows the child to be taken hostage by the dominant parent, and accepts the child's therapeutic ways.

This was seen in all of the families. For example, in the Maraj Family, Mrs Maraj was the dominant parent, whereas her husband was compliant in that he did not effectively

separate mother and daughter. The **compliant** trait was observed in these parents.

A third criteria, which seemed to also be common amongst all the families was. This seemed to be the consolidating factor in all:

- Societal acceptance of the role. It would seem that, as I had theorised, one's entourage could play a role. For example, in the Maraj family, previous monitors and others working with the family were afraid to intervene because they were afraid of hurting the mother's fragile psyche. For the Ferhat family, despite worrying circumstances, the judge insisted that the visitations continue, which forced Omar to continue in the role.

However, the role isn't always directed towards the child. For example, in the case of the Leininger family, it was more directed to the mother. Foster parents and even Ms Leininger's own mother infantilised her. They removed her from her place as the other, which mean that Jennifer could not see her as such.

In the cases where the child was the object, the dominant parent was the one that objectified the child (Mrs Maraj and Mr Ferhat). Where the child was in a more adult-like role, the compliant parent was the object (Mr Maraj, Ms Leininger and Ms Schuster).

It was shown that for the child-as-object role and child-as-parent to his parent roles were well-received by the parents; however they were all systematically rejected by the siblings. This contradicts my findings in Analysis 1. It would seem that the siblings, contrary to popular belief, refused the child-therapist and often sought to separate parent and child. For example, Chandrahas and Johnny were active rebellions against their sisters, and disrupted their sister's role. In the absence of separation, the siblings also employed strategies, such as Dora always asking to go to the toilets with her mother, away from Jennifer.

In addition, it was shown that the siblings hardly, if not never went to the child-therapist. It was actually the child-therapist that imposed him or herself:

- Farha would become a tyrannical mother to Chandrahas.

- Jennifer would impose herself to take care of her sisters.
- Omar would be his brother's keeper to Hamza.
- Violette would jump at the chance to take care of her brother, even though he was indifferent to him.

This last part highlights the active role of the child-therapist as described by authors such as Bateson (1956), Searles (1973) and Boszormenyi-Nagy & Sparks (1973).

I would like to add to my earlier findings saying that the role is independent of sex. I would like to extend that the siblings' reactions are also independent of the child-therapist's gender.

Lastly, it would seem that the siblings showed exactly what the problem within the families was, and what should be done to fix it. Therefore, the child-therapist sought to put a Band-Aid on the problem (confusion of roles), whereas the siblings sought to fix it (put everyone back in his rightful place). This showed that the siblings were looking for **separation**.

Separation

It was shown that just about every member of the family, including the parents, was unconsciously looking for separation. The only exception to this was the parents that showed the two following criteria:

- Dominant personality
- Objectified the child

This above includes Mrs Maraj and Mr Ferhat.

The other members of the family sought to be separated, even if it meant losing the child-therapist as a therapist (Ms Schuster). Upon being separated, each member of the family would individuate, and their identities would be shown. Mentalization, which was absent before, would commence, as each member of the family would find his or her rightful place.

The child also looked for a separator, albeit in an awkward manner. For example,

Farha and Violette sought this in their fathers; however owing to their fathers' failure at upholding the law, this gave rise to the eroticisation of the relationship between father and daughter (Mayseless, et al. 2004). When another separator interceded, he would first be met with rejection, but once the child was reassured, he or she would relinquish his role.

On a side note, the original separators were the siblings. They sought to separate the child-therapist from his parent.

The separator would correspond to surrogate or social parents, i.e., he who would provide the role of the symbolic parents. For the most part, this was the search for a father. This reminds me of Lacan's (1955-1956) *Name of the Father*, which allows for the separation of mother and child, permitting the child to become a separate entity.

As Lacan said, "...those who do not let themselves be caught in the symbolic deception/fiction and continue to believe their eyes are the ones who err most." (Zizek 2005)

In the parents that showed mostly rejection (Mrs Maraj and Mr Ferhat), the Name of the Father was foreclosed, which seemed to give rise to a form of psychoses. This could explain why these two parents did not share a common reality with the other members of the family, and exhibited the themes such as **delusion of grandeur** and **need for glorification**. This could also explain why these parents were the least willing to let go of their children; they did not want to be separated from them. These parents both exhibited, as I called it an **imaginary containing state**, in which the parent needed to respond to all the phantasmically perceived needs of the child (**all-knowing**). They constantly contained their children. For example, I explained that the way in which Omar's father treated him was similar to that of an imaginary absence of the skin ego. There seemed to be no difference between, "what is mine and what is yours." In other words, there was no individuating, this being similar to Anzieu's (Ogden 2004) Skin-Ego.

Mentalization was also introduced after separating parent and child.

Objectification

Objectification went hand in hand with the child's **submission** (and in the case of Mr Maraj as well). In the cases where the child was the object, I observed that the parents seemed to **trigger** the therapeutic role.

- In the absence of Mrs Maraj, each member of the family was in his or her rightful place. On her arrival, Farha would jump into the role.
- Violette and Omar were different. Whilst it is true that their parents triggered the role, their parents triggered an exaggerated form of the role. The two children maintained their therapeutic role with others.

However, Omar was only triggered towards the end of the time period when he was trying to find his identity.

The above both reinforces and refutes my findings from Analysis 1, as well as the hypotheses. On the one hand, these children displayed a Pavlovian effect to their parents: *classical conditioning*.

- For Farha and Violette, they would “regress” when they saw their mother. I got my inspiration from Harrus-Révidi here. Whilst it is true that she did not talk about this per se, I believe that her *regressed children in fixed systems* holds true here. Farha, like Violette, seemed to regress to a previous stage in the presence of her parents. In addition, Violette's obsessive way on the outside was also a sign of a fixated state.

As a result, it would seem that the two girls would return to a state of the least amount of tension when in the presence of the parent that provoked their therapeutic nature. This led me to believe that the pathologic form of the therapeutic role associated itself with a developmental stage. As such, as my previous findings suggested (Analysis 1), the therapeutic role is intrinsically tied to the child's development, but only in some cases.

- In Omar's case, the role was forced onto him. Contrary to the previous, he was crushed. He seemed to resemble more Eiguer's (2003) robot child.

When it came to Jennifer, she did not seem to be affected by the role. As was seen,

she was raised by her grandmother who afforded her the necessary tools to form her psyche.

That being said, it would seem that the therapeutic role, in some, is forged through auto-conditioning (Farha and Violette); which gives credence to Hypothesis #1. However, as I've just stated, it depends on the case.

Routine

It was shown that each family held a tight schedule. Their visitations could have been predicted for everything was routine. It could have been to reduce tensions.

Mentalization

Routine in these cases is synonymous with a need for control and order. This is a recipe for an absence of mentalization (Fonagy et Roussouw 2015). Whilst it is true that the children didn't mentalize, it would be wise not to confirm Hypothesis #3. Just as with first hypothesis, it depended on certain factors.

- Farha and Jennifer did not mentalize; however this was only in the presence of their mothers. It would seem that, not only could the parent trigger a regression, but he can also trigger a loss of mentalization.
However, in absence of their mothers, the two girls displayed healthy mentalization capacities.
- In Violette's case, there was no mentalization. She corresponded to the hypothesis. Based on what was known of her history, her mother failed her throughout. There was no containing, no guidance throughout her development. In addition, she only displayed an understanding of others and empathy, which is, according to Fonagy and Roussouw (2015) only half the method for effective mentalization. Only when Violette became mindful of her state and found her identity was she able to mentalize.

Omar was a bit tricky. Omar seemed to mentalize. Putting it simply, he was mindful of his mental state, as well as that of his father. However, the image that he used of himself, one that was indoctrinated in him, was a very negative representation. It

seemed to be more of a **perverted mentalization**.

Latent anger and resentment

All the children showed this. There were no exceptions. They showed resentment for their parents' failure. However, Omar's anger went a bit deeper and seemed to also stem from failed parenting, but namely failed containing functions. By failed containing functions, I mean "overly contained". He seemed to be the most contained of all the children. I could make the parallel and say that it would seem s though, in absence of a mother growing up, his beta elements (anxieties, tensions, anxieties, etc.) were never transformed. However, contrary to Rosenbaum's (1963), Omar's aggressive and murderous never ran rampant. He was contained, and they seemed to build up. As such, he harboured a lot of anger and unworked tension in him.

Hypotheses

When it came to:

Hypothesis #1

The child's psyche learns and develops through auto-conditioning, this being the result of trial and error of accepted behaviour, as well as rewards of lessening tensions within the family, and of his "privileged place" within the family unit

This is true; however only in some cases (Farha and Violette). The therapeutic role being associated with their regression – thus intrinsically linked to their development – was evidence of this. These children seemed to teach themselves how to act, giving environmentally appropriate responses. As such, in the presence of their parents, they would give a Pavlovian type response, i.e., adopt the role to ease tensions.

For the other children, this was not the case. For Jennifer, it was a normal way of functioning in the family. For Omar, he was obliged.

The first hypothesis is therefore partially verified. Auto-conditioning depends on

whether or not the therapeutic role was associated with a developmental stage.

Hypothesis #2

The child never received the affects needed, nor the emotional element to help cope with anxieties. He received all the primitive aggressions; however they were not filtered. They were therefore not reformed, but rather suppressed in him harbour anger.

The children all harboured anger and resentment to their parents, all owing to failed parenting. Omar's case was the clearest of them all. He showed an absence of any reformulation of anxieties, etc. and so it all built up in him.

Hypothesis #2 is therefore verified.

Hypothesis #3

The child is unable to mentalize for he only knows half the method: empathy. Stemming from failed containing functions, which did not help in social interactions needed to develop his mentalizing capacities, the child is left to portray false mentalizing capacities.

This hypothesis should be associated with the first. Farha and Jennifer were able to mentalize. However, the presence of the parent triggered them, hindering their mentalization capacities. In absence of their parents, there was no mentalization.

Violette was the most "stereotypical" and confirmed this hypothesis.

Omar left me wondering if one can inherit a pathological or perverted mentalization, i.e., based on an internalised negative image of oneself.

Hypothesis #3 is partially verified.

Conclusion

It would seem that understanding the child-therapist is more complicated than one could have ever imagined. He is faced with many obstacles in his life, and so has

sought many ways of coping. As such, he demonstrates an impressive array of mechanisms to survive, such as plasticity.

In addition, there are any forms and combinations of the child-therapist, each with its own set of rules. For example, he can adopt one or multiple forms of the therapeutic role. This would cause him to adjust to his environment, and develop differently to another child-therapist. As such, it would be difficult to pinpoint the exact cause of such a phenomenon, which could be one of the reasons why there so many theories exist.

In any case, what should be taken from this is that the child-therapist has multiple facets. The origin of the therapeutic role has an influence on the construction of his identity, his mentalization and other capacities listed above.



Discussion

If we are all in agreement on the decision – then I propose we postpone discussion of this matter until our next meeting to give ourselves time to develop disagreements and perhaps gain some understanding of what the decision is all about.

Alfred P. Sloan

The observations highlighted quite a number of previously seen theories. For example, they reinforced the active nature of the child-therapist (Bateson 1956, Searles 1973 and Boszormenyi-Nagy & Sparks 1973). The transgenerational aspects were also seen (Zuk & Rubenstein 1965, Boszormenyi-Nagy & Sparks 1973).

The absence of boundaries was observed in all the families (Minuchin 1965).

The need for other adults was also noted. This gave the child social or surrogate parents (Le Goff 2005).

Role corruption, the effect of society, etc. were all seen.

However, as said in the last paragraph of the previous chapter, no two child-therapists are the same. It would seem that grouping together all child-therapists would be the same as grouping together all psychoses or neuroses. Whilst they may all share similar characteristics, each has different expressions of the psychiatric disorders. This is the first distinction that I'd like to make.

I'll admit that I only had a very small population; however the fact that there were so many variances in this small sample opened up my eyes as to the therapeutic role.

The child-therapist as an ensemble phenomenon

This follows Boszormenyi-Nagy (1973) and other authors who sought to distinguish the different types of the therapeutic role. The only thing I'd like to add, that they did not mention, was the fact that the same child could exhibit signs of one or more facets of the therapeutic role. For example, Farha, Omar and Violette each exhibited two or more forms.

As such, it would be difficult to give a generalised explanation of the therapeutic role.

Nevertheless, two less known theoreticians on the topic gave quite open explanations, which could explain quite a good understanding of the child:

- Dockar-Drysdale (1948) saw frozen children that were forced to be individuals before their neurotic defences could form (M. Bridgeland 1971). This was more or less true most of the children. The children did grow up in the absence

of parental imagoes. However, there are exceptions to every rule. Some children look for surrogate parents or guardians.

- Freud (1965). Even though her research hardly ever focused on the child-therapist, her theory of the child filling a vacuum is, at last for me, the most apt term that one could find (other than my term of the child-therapist).

As was seen in the children exhibiting multiple therapeutic roles, each time they filled a role, it was to respond to a lack, something that was missing. They're therefore (and I understand that the comparison is a bit subpar) hole fillers. They are constantly trying to put a Band-Aid on the family dysfunction.

Being the ones to fill voids in the family, these children were found to be anything but invisible, contrary to what Karpel (1977) observed. I prefer to make the distinction between the children being invisible as a whole, and their needs and identity being invisible. For example, it was shown that all the parents were in dire need of their children; their children were the centres of attention. However, the children's needs and wants weren't visible, and neither were their identities. For some parents, they projected imaginary needs and phantasmal desires onto their children.

Family ties

Siblings

For me, this was the most interesting part of my research. Theories showed that therapeutic role could be seen as a cry for help (Chase 1999). Haley (1977) explained that the child's acting out, i.e., taking on the therapeutic role, is a sign of a family problem.

As much as I am inclined to believe that, I'm of the opinion that the siblings are just as "vocal" about the family dynamic.

Zuk & Rubenstein (1977) explained that the child's sacrifice enables his siblings to evolve in the best conditions. They also argued that the child-therapist acts in accordance with the other family members.

Other authors stated that the siblings seek the child-therapist. Others went so far as to show differentiate the sexes:

- Mayseless et al. (2004) explained that girls adopt the role easier because of societal norms and expectations of girls
- Chase (1999) also explained that girls are more nurturing. She also explained that siblings go to the opposite sex more easily.
- Minnet, Vandell & Snatrock (1983) explained that girls showed more emotional roles, whereas boys showed more logistical roles.

I beg to differ for the above, for in none of my cases did the children go to or accept the child-therapist. They did not call out to them; but rather the child-therapists imposed themselves. On the contrary, they all rebelled against the child-therapist, or used strategies to avoid him, regardless of sex. As Susan expressed, the child-therapist robbed her of her mother!

It would seem that the siblings resented the child-therapist. In addition, as I've said before, where the child-therapist puts a Band-Aid, the sibling shows exactly what is wrong and tries to fix it. As seen, the siblings tried to remove the child-therapists from his role.

It would therefore be interesting to study the siblings of these children a bit more.

As shown above, sex/gender does not play a role. Here, I join Jurkovic (1997), and say that the capacity to care takes precedence over sex/gender. There is also an innate desire to help his parents (Searles 1973). However, a capacity to care and a desire to help his parents aren't the only reasons for the therapeutic role. Other reasons could be:

- To lessen tensions in the family.
- It's the natural order of things, as seen by Jennifer's reason for upholding the role.
- Obligation. This was seen by Omar; he was forced into the role. This seems to be the case for robot child. The child is an object that must obey; or rather a robot, adhering to the law of machines: obedience is law! (Eiguer 2003)

Transgenerational

The previous points give credence to what I noticed. Quite a few authors spoke of the child wanting to help his parents and the generational aspect of the therapeutic role (Boszormenyi-Nagy & Sparks 1973, Zuk & Rubenstein 1977). This is true in some cases; however not always. As seen with Mr Maraj, the therapeutic role was the result of his current predicament: He was afraid of his daughter not loving him anymore. As such, it would seem that the therapeutic could be brought in at any point in time. This corroborates with Rosenbaum (1963), Freud (1965) and Gouddard (2012) that spoke of marital conflicts, ergo current problems, as instigating the therapeutic role.

“De-therapeutic”

Pathology

I would like to join Barnett & Parker (1998) here in saying the one should be careful not to overpathologise the therapeutic role. Doing so can bring about missed opportunities.

Earley & Cushway (2002) and Kelly (2007) were of a similar opinion, explaining that the child’s strength could be used to help in counselling.

Going back to Minuchin (1967), he depathologised the role. He saw beneficial aspects of said role.

Like the above, I saw the benefits of the therapeutic role, as well as its use in therapy. As seen with Farha, I put her in a more mature role, as opposed to her always being infantilised by her parents. This seemed to benefit her, for she soon started searching for her identity.

In addition, for Mrs Schuster, I also seemed to inadvertently put her in a therapeutic role, which helped her see her daughter as her daughter, and not an extension of herself.

Name of the father

I find it quite strange that none of the theoreticians spoke of this. I shouldn't be surprised either, because even I didn't notice it until quite recently. In any case, it would seem that the introduction of the Name of the Father seemed to be what helped the families. It could help depathologise the families, and seems to be something worth exploring.

Returning to the siblings, they were those that showed that this was absent in the family.

Origins

Many factors have been given, and I, too, would like to add mine to the long list:

- Dominant parent
- Compliant or fragile parent (this could also be seen as an absent parent)
- Societal

I stress this last point, because the role of the society is very rarely seen. It was one of the reasons I chose this topic, because, as Harrus-Révidi has said, the child-therapist has become quite commonplace in the world today, and so is seen in the media, etc. My study showed that society does play a role in “allowing it” to happen. However, it also showed that the opposite could happen; it could prevent the role.

Another aspect worth exploring is the period in which the pathological side developed. This is still quite difficult to ascertain; however my research has shown that there could be some correlation between the expression of the therapeutic role and its origin. Understanding the origins could prove beneficial to “reversing it”.

Method

I'm not going to lie; I was concerned about the method being used. However it proved itself to be more valuable than I could have ever hoped.

On the one hand, the observations allowed me to observe each and every one of the family members, as well as their interactions. I believe that certain things would not have been seen had I not observed everyone together, such as the siblings' role. This could have been questioned, but not confirmed. I was therefore able to acquire vast amounts of information.

My way of using the IPA method was risqué to say the least and foolhardy at best. However it seemed to pay off. It allowed analyses that I didn't think I could make.

- I was able to see the evolution of themes over the time period.
- I was able to see the interactions amongst the many themes over the chronological period. Through "density clouds" of certain themes, I was able to see the correlations between the different phenomena observed. This helped me to better understand the way in which the entire family functioned, instead of just the child-therapist.

In addition, it helped elucidate and help explain certain observations from previous results.

Conclusion

The study was rich. It confirmed many of the previous theories, but it also expanded on others, as well as opened up new doors for research. A notable example of this is to look at the siblings. Another of great importance is the removal of the child from the role.

In any case, these findings don't refute previous ones. On the contrary, they simply add to the richness of our understanding of the child-therapist.

Research methods are also of great importance. They could help shed light on aspects that have not previously been studied, as was the case here.

To close, this research project only serves to open up more fields of research that would benefit, not only our understanding of the child-therapist, but also the family, and therefore help all those involved.



Conclusion and Perspectives

I came into this study with only a limited understanding of the child-therapist. My aim was to understand as much as possible before I could offer anything of my own.

As was seen, the child-therapist has a rich history, spanning decades and meeting multiple disciplines. It started around the Second World War with Dockar-Drysdale and her look at the *frozen child*, to where we are today: me and my child-therapist!

In-between saw some great contributions, such as Minuchin (1967), who was the first to really study the child. He also sought to depathologise the role. He spoke of the *parental child*.

Like him, Boszormeyi-Nagy, together with other theoreticians would lend their expertise to better understand the child. The name, by which it is most commonly known, was given by Boszormenyi-Nagy (1973): *parentification*. He would inspire future generations to bring forward their understanding of the phenomenon and theories.

Though this, different forms of the child-therapist were observed, namely:

- *Child-as-parent*
- *Child-as-object*
- *Child-as-spouse*

However, many offered insight into the mind of the child, without reference to Boszormenyi-Nagy's parentification. And nor were they directly studying the phenomenon. This honour goes to theoreticians such as Eiguer (2003) who spoke of the *robot child*, and Bacqué (2005) who spoke of the *child distraction*.

Many characteristics were seen in the main protagonists, such as:

- Gender was seen to play a part in it. Girls seemed more attuned to the role than boys, this owing to societal norms and expectations of girls.
- A capacity to care was observed in the children.
- Age played a factor.
- Psychiatric, marital and other problems that might affect the family

However, that which seemed to be most important was an absence of boundaries.

Much research had already been done on the child-therapist, and so new avenues needed to be explored. My research touched on containing functions and mentalization capacities as well. In addition, my focus was on the pathological nature of the child-therapist.

Through the theories, as well as my clinical experience, three hypotheses were born. They centred on:

- The child's acquisition of the therapeutic role.

Hypothesis #1

The child's psyche learns and develops through auto-conditioning, this being the result of trial and error of accepted behaviour, as well as rewards of lessening tensions within the family, and of his "privileged place" within the family unit.

- The child's latent anger for parents that failed him.

Hypothesis #2

The child never received the affects needed, nor the emotional element to help cope with anxieties. He received all the primitive aggressions; however they were not filtered. They were therefore not reformed, but rather suppressed in him harbour anger.

- His mentalization capacities.

Hypothesis #3

The child is unable to mentalize for he only knows half the method: empathy. Stemming from failed containing functions, which did not help in social interactions needed to develop his mentalizing capacities, the child is left to portray false mentalizing capacities.

To study my hypotheses, I was offered the chance to do my research at RESCIF (*Recherches et Etudes Systémiques sur les Communications Institutionnelles et Familiales*). This is a small organisation with many missions, mostly dealing with

training and research. Most of their practices find their influences in the English-speaking world.

I worked extensively with 5 families over the course of 10 months. It was therefore a longitudinal research. The families with which I worked all satisfied the criteria for the study. This was determined using a questionnaire, inspired by Jurkovic (1997) to determine if the therapeutic role existed in these families.

Next, through observations of the families, I gathered qualitative data, and used the IPA (*Interpretative Phenomenological Analysis*) method to analyse the data. This method proved very useful in analysing the raw data.

The results gathered gave quite a lot of information as to the understanding of the child-therapist. However, it is important to note that it reduced my sample population to 4. It confirmed certain concerns that I had after the questionnaire, in which one child seemed to have a “pseudo-form” of the therapeutic role.

Other findings using the IPA method explained that an absence of confusion and an absence of boundaries are common in all families. In addition, three criteria were found to be common to all the families, and could have led to the child-therapist:

- *A dominant parent.*
- *A compliant or fragile parent.*
- *Societal influence. This last factor could either foster or hinder the making of the child-therapist.*

However, all that was needed was for the child to accept the role.

The interactions between the different themes observed gave a wealth of information to the understanding of the role. Ultimately, the aim was to test the hypotheses. It was found that only Hypothesis #2 was verified by all of the families. The others were only partially verified. This opened up a whole new door in the understanding of the child-therapist.

Albeit having a small population, my findings challenged quite a few of the previous theories, as well as reinforce others. The partial verification of two of my hypotheses

showed this. They showed the many intricacies and nuances of the child. They showed his multifaceted nature. Of the many observations, it was shown that:

- The child-therapist can occupy many roles within the family. Even though she did not study the phenomenon extensively, Freud's (1965) theories best echoed this: *the vacuum*; the child-therapist seeks to fill what is missing.

As such, it showed that one might need to look at the child-therapist in one minute detail when analysing him.

This research also questioned his role in terms of its desire within the family. This led to the understanding that the child, as many authors (Bateson 1956, Searles 1973 and Boszormenyi-Nagy & Sparks 1973) have said, is active in the role. However in my study, he was shown to impose himself where he wasn't wanted, which speaks about the interaction with his siblings. Contrary to previous findings, siblings were rebellious against the child-therapist. The parents, however, are reliant on the child-therapist.

Siblings were seen to try and separate the child-therapist of his role.

Other results revealed that:

- It was possible to depathologise a child-therapist.
- It is possible to discern in some the origin of the pathological role. This related to the association of the therapeutic role with a developmental stage. Hypothesis #1 helped in revealing this.

All in all, this research was fascinating and opened my mind as to, not only the child-therapist but also his family. It also proved one thing. ***The child is, in fact, a therapist. A therapist is one who listens for a problem and seeks a solution. In this, the child-therapist lives up to his name!***

Perspectives

A dissertation must live on afterwards. This was the one thing I retained when first starting it.

The main condition for getting my sample population was that my research would need to benefit the families, as well as prove useful for RESCIF and the Child Protective Services in the Departmental Council. I am proud to say that this has happened.

Four things have happened during the course of this dissertation:

- I have been asked by the Departmental Council to provide training directly aimed at understanding and working with child-therapists. Part of this is detection of the phenomenon. This is aimed at teams working in Child Protection. With this, I have also been asked to subsequently supervise these teams. This will start at the end of the year.
- RESCIF is currently implementing new methods of intervention amongst families in supervised visitations, to better accompany them. I am spearheading this project. These changes will be implemented in 2019.
- Because of the research, I have been giving – as of last year – reflective analysis sessions to those working directly with the Child Protective Services in the Departmental Council.
- Seeing the socioeconomic factors play a role in the therapeutic role, I have created and implemented a project that has been ongoing for the past two years that takes place in schools in which the children come from low socioeconomic backgrounds. The aim of my project is to help the relationship between the parents, teachers and the children, in order to help the children attain their maximum potential in school, and not be hindered by their backgrounds.

There are other personal goals of mine. A main goal is to attend more training in mentalization-based therapy, for I saw that it was instrumental in the helping the child-therapist.

Another goal is to do more research. The first will be on the depathologisation of the child-therapist. A second will focus on the siblings.

All in all, this dissertation despite its many challenges, proved itself to be a very rewarding and enriching experience for me. It helped me to grow as a psychologist, to

learn more, not only about the child-therapist, but also my role as a psychologist. It helped me appropriate my way of interacting with families.

The dissertation period has therefore been a time of growth, and has prepared me for the next chapter of my career.



Where are
they now?

I believe it only fair to give some feedback as to what happened to the families afterwards. I continued working with RESCIF afterwards.

The Maraj Family

As I had explained in my observations, we (the Departmental Council and I) were thinking of increasing Mr Maraj's rights. That's just what happened. Mr Maraj was able to go on outings with his children. He was a bit concerned in the beginning and started to fall a bit back in his role. He turned to me for support, and afterwards got back on the right track. A few months after that, he was able to house his children for a bit. At this point, my intervention was no longer needed.

I recently saw Mr Maraj, and he explained that his children have been living with him for over two years now. He has full custody of his children.

Farha is now in middle school, and is doing well. Chandahas is in primary school, and is also succeeding.

When it comes to Mrs Maraj, unfortunately, she never recovered. To date, she only sees her children once a month.

The Leininger Family

Ms Leininger did not come for some time because she went into rehab to get treatment. When she returned, things were a bit difficult at first, but she soon got back on the right track. The relationship between her and her children improved.

Jennifer removed herself from her therapeutic way, and showed a great desire for her mother.

Susan and Dora also vocalised this desire.

Johnny, to the surprise of all, expressed openly and without rejecting her, a desire to see his mother.

Ms Leininger's rights were increased to spend individual time with each child, in addition to having longer visitations with her 4 children at the same time. This was difficult for Jennifer at first, as she was confronted with her mother, without the distraction of her siblings and therapeutic role. However, in time, things improved.

Susan and Dora were also overjoyed to finally spend time with their mother. If ever Jennifer was around and started monopolising her mother, Susan would no longer hide in the background. She seemed to have taken lessons from Johnny and removed Jennifer from her place. However, seeing that Jennifer relinquished her role, this wasn't often necessary.

Johnny seemed to be the happiest for his individual visitations. He would spend time preparing what he'd like to do. In addition, Ms Leininger would always prepare something for him to do as well, something that she knew he'd like.

Whenever the family got together, there would hardly be any tension, and Ms Leininger would be the one to handle everything.

The Ferhat Family

This is the only family for which an "after" was seen. I saw Omar afterwards. He seemed more relaxed and "himself". His caseworkers explained that ever since he cut ties with his father, he's been living! They've seen a new Omar, one who interacts with people and is much less submissive.

The caseworker also explained that Hamza was also doing better. There were no repercussions on his behaviour and he was once again the cheery Hamza that everyone grew to know.

The Roos family

This family took a turn for the worse. As Dave's 18th birthday approached, he showed more and more signs of believing that he was all-powerful. Both Dave and his father started testing the limits even more.

Caseworkers feared what he'd do after his birthday, for he also seemed to be overwhelmed by his psychiatric disorder, and so more rules were placed on him in the children's home.

No one wanted Dave to go off on his own, so he was offered the "contrat de jeune majeur", which offered him the chance to stay in the children's home for another three years and learn a trade. However, this was to be his choice.

Dave refused, and as such, no one knows what happened to him afterwards.

The Schuster Family

Even though the period ended with Ms Schuster in a depressed state, she soon bounced back. The difference was that she saw Violette as Violette, and started making efforts to understand her daughter.

It took some time, but Ms Schuster persevered.

Eventually, the relationship between the two started improving. Violette started demanding her mother. She asked the social worker if she could exchange addresses and mobile numbers with her mother to stay in contact.

The relationship continued to evolve, and eventually, Ms Schuster was afforded more rights. This was awarded to her, mainly because it was also Violette's demand.



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Appendices

Appendix 1

Name: **Maraj Family**

1. Greetings

Children go spontaneously towards their children	Always	Sometimes Hesitant/Forced/Scouts room before entering	Rarely <i>Chandrahas avoids</i>
Parents go spontaneously towards their children	Always Mother: yes, overjoyed Father: yes, happy	Sometimes <i>To Chandrahas</i>	Rarely

2. Vocabulary (parents to children)

Adapted to child's age	Always	Sometimes Mother → monologue Father → Yes and no	Rarely <i>Mother infantile with son Father inexistent with son</i>
Advanced (outside intellect)	Always	Sometimes Mother: infantile Father: yes, more actions	Rarely
Childlike	Always <i>With Chandrahas</i>	Sometimes Mother: "former child" Father: on throne	Rarely
Non-existent (privilege actions)	Always	Sometimes <i>Mother changes son's diapers</i>	Rarely
Non-existent (no actions)	Always	Sometimes <i>With son</i>	Rarely With daughter

Mother would style Farha's hair, ritualised, stereotypical motherly behaviour

3. Vocabulary (children to parents)

Adapted to child's age	Always	Sometimes Mostly reporting, ombudsman or advice	Rarely
Adult-like	Always	Sometimes Conflict resolution Shows reassurance and concern	Rarely
Reassuring/comforting	Always	Sometimes When conflicts arise	Rarely
Non-existent (privilege actions)	Always <i>Son avoids everyone</i>	Sometimes Very Touchy	Rarely
Non-existent (no actions)	Always	Sometimes	Rarely X
Resigned	Always	Sometimes	Rarely Never, always involved

Eyes always darting from left to right, seems to be on the prowl, or on the lookout an ear for what's going on to meddle.

Name: **Maraj Family**

4. Topics embarked on/Conversations

Everyday life of child (school, friends, etc.)	Always Limited, mother always talks, Farha reports	Sometimes	Rarely
Everyday life of parents (work, etc.)	Always Of parents lives, mother monopolises	Sometimes	Rarely
Children's difficulties	Always	Sometimes	Rarely Never, would seem as if she had none
Parents' difficulties	Always Conflict resolution Mother about herself	Sometimes	Rarely
Children (outside the "norm". Everything revolves around the child)	Always Gifts, but never asked, imposed	Sometimes	Rarely
Parents (outside the "norm". Everything revolves around the parent)	Always Mother, about herself	Sometimes	Rarely
Other (family, parents' rights, etc.)	Always Mother speaks of extended family; Farha shows interest	Sometimes	Rarely
Inexistent	Always	Sometimes	Rarely Never

5. Attitude towards adults

Child seems comfortable	Always Too comfortable, touchy	Sometimes <i>Difficult to say for Chandrahas</i>	Rarely
Idolisation, in search of contact with adults	Always <i>Son with other adults, "les bises"</i>	Sometimes	Rarely Never, very sure of herself
Resigned	Always <i>Chandrahas only with parents</i>	Sometimes	Rarely Never
Authoritative	Always	Sometimes Parents, to avoid conflicts Tries, frustration	Rarely
Imitation	Always	Sometimes	Rarely Inexistent
Caring	Always Methodical,, no warmth	Sometimes	Rarely
Childlike and helpless	Always	Sometimes	Rarely Never for both children
Absent	Always <i>Chandrahas only with parents</i>	Sometimes	Rarely Omnipresent

Name: **Maraj Family**

6. Parents' attitude towards children

Treats all more or less equally	Always	Sometimes	Rarely Farha: centre of all Chandrahas: inexistent
Parent(s) preoccupied with one child, fusional	Always Farha	Sometimes	Rarely
One child or more is preoccupied with parent(s)	Always Farha	Sometimes	Rarely
Resigned	Always	Sometimes	Rarely Farha, never

7. Child's attitude towards parents

Children spontaneously go to their parents	Always	Sometimes Uneasy, forced or necessary emotions	Rarely <i>Chanrahas never goes to his parents</i>
Children keep a distance or seem uninterested	Always	Sometimes	Rarely Never, overly involved
Resigned	Always	Sometimes	Rarely Never

8. Attitude amongst siblings

Seemingly equal status	Always	Sometimes	Rarely Farha is her brother's keeper, and rats him out
One child manages the others	Always Farha tries to manage her brother, brother rejects her	Sometimes	Rarely
Siblings go towards a specific child	Always Farha is directive	Sometimes	Rarely
No relationship	Always	Sometimes A relationship exists, but difficult to determine the type	Rarely

Name: **Maraj Family**

9. Attire

Parents and children dress accordingly	Always Farha donned in garments, Barbie doll	Sometimes	Rarely
Negligence in the children	Always	Sometimes	Rarely Never, very well kept
Negligence in the parents	Always	Sometimes	Rarely Never, except for real needs and wants
Child dresses more adult-like	Always	Sometimes	Rarely Never
Child dresses younger than he or she is	Always	Sometimes	Rarely
Parents dress younger than they are	Always	Sometimes Depends on garments from country of origin	Rarely
Similar clothes	Always	Sometimes	Rarely Farha would take her mother's accessories

10. Gifts

Age appropriate	Always Yes, abundance (and if given to Chandrahas)	Sometimes	Rarely
None	Always	Sometimes	Rarely
Exorbitant/excessive gift-giving	Always No more room at foster family	Sometimes	Rarely <i>Never for Chandrahas</i>
The parents expect gifts	Always	Sometimes	Rarely Never
The parents give gifts based on the child's wants	Always	Sometimes	Rarely <i>Never for Chandrahas</i>
The parents gift gifts because they know what their child wants	Always	Sometimes Would ask, but bring more and imposed	Rarely
All children get gifts	Always	Sometimes But no equity	Rarely

Name: **Maraj Family**

11. Mannerisms

Child acts his or her age	Always <i>To a point for Chandrahas</i>	Sometimes Difficult to explain and understand	Rarely
Child is mature	Always X	Sometimes	Rarely
Child-like	Always	Sometimes	Rarely X
Peer/friend	Always	Sometimes With both parents, piggy in the middle	Rarely

12. Initiative/Leader of visitations

Parent	Always	Sometimes	Rarely Based on what Farha "wants"
Child	Always Everything is about Farha	Sometimes	Rarely
Parent and child	Always	Sometimes	Rarely No communication, just actions
Absence of initiation in the parents	Always Difficult, parents governed by their desire for Farha	Sometimes	Rarely
Absence of initiation in the child	Always	Sometimes	Rarely

13. Ambiance

Easy-going	Always	Sometimes	Rarely Tense, despite appearances
Cordial	Always But forced	Sometimes	Rarely
Tense	Always X	Sometimes	Rarely
Inexistent	Always	Sometimes	Rarely Never

Name: **Maraj Family**

14. Child's general behaviour

Adapted	Always Farha, difficult to say for Chandrahas	Sometimes	Rarely
“Perfectly” adapted	Always Farha	Sometimes Difficult to say for Chandrahas	Rarely
Tense and on edge	Always X	Sometimes	Rarely
Overly concerned with having a good visitation	Always	Sometimes	Rarely
Relaxed	Always	Sometimes	Rarely X
Submissive	Always	Sometimes What is submission for the case?	Rarely
Withdrawn	Always	Sometimes	Rarely Except her true desires

15. Parents' behaviour

Adapted	Always	Sometimes	Rarely Farha is friend, counsellor, doll, princess, etc.
Tense and on edge	Always Father: hatred of mother Mother: Farha's attention	Sometimes	Rarely
Overly concerned with having a good visitation	Always	Sometimes	Rarely Father: Just to spend time with his princess
Relaxed	Always	Sometimes	Rarely Never
Submissive	Always	Sometimes	Rarely Never
Needy	Always X Parents take turns	Sometimes	Rarely
Withdrawn	Always	Sometimes	Rarely Never

Name: **Leininger Family**

1. Greetings

Children go spontaneously towards their children	Always Jennifer news Others as well	Sometimes	Rarely <i>Johnny avoids or with me</i>
Parents go spontaneously towards their children	Always Questions for Jennifer <i>Also to Johnny</i>	Sometimes	Rarely

2. Vocabulary (parents to children)

Adapted to child's age	Always <i>For other children</i>	Sometimes	Rarely Information from Jennifer
Advanced (outside intellect)	Always No conversations her age, Jennifer speaks about siblings	Sometimes	Rarely <i>For other children</i>
Childlike	Always	Sometimes	Rarely For all children
Non-existent (privilege actions)	Always	Sometimes	Rarely For all children
Non-existent (no actions)	Always	Sometimes	Rarely For all children

3. Vocabulary (children to parents)

Adapted to child's age	Always <i>But usually frustration with others</i>	Sometimes	Rarely Often in awe over Jennifer
Adult-like	Always Looked to her daughter for permission/approval	Sometimes	Rarely <i>Other children</i>
Reassuring/comforting	Always	Sometimes Attempts to with Jen	Rarely
Non-existent (privilege actions)	Always <i>Johnny avoids</i>	Sometimes	Rarely Jen
Non-existent (no actions)	Always	Sometimes	Rarely For all children
Resigned	Always	Sometimes <i>For other children</i>	Rarely Jen

Name: **Leininger Family**

4. Topics embarked on/Conversations

Everyday life of child (school, friends, etc.)	Always	Sometimes	Rarely More in awe
Everyday life of parents (work, etc.)	Always	Sometimes Jen shows concern	Rarely
Children's difficulties	Always	Sometimes Depends, Jen initiates	Rarely
Parents' difficulties	Always	Sometimes However unspoken of	Rarely
Children (outside the "norm". Everything revolves around the child)	Always	Sometimes More motherly role by Jen	Rarely
Parents (outside the "norm". Everything revolves around the parent)	Always	Sometimes	Rarely Never
Other (family, parents' rights, etc.)	Always	Sometimes Depends, Jen initiates	Rarely
Inexistent	Always <i>Johnny avoids, others absent</i>	Sometimes	Rarely Jen

5. Attitude towards adults

Child seems comfortable	Always	Sometimes Uneasiness in Jen, desire for something	Rarely <i>Johnny distant, refusal, rejection; others absent</i>
Idolisation, in search of contact with adults	Always	Sometimes	Rarely <i>Jen; Johnny with me</i>
Resigned	Always <i>Johnny</i>	Sometimes Difficult to say, absent self, but Jen present	Rarely
Authoritative	Always	Sometimes	Rarely Very, extremely polite <i>Johnny "aggressive"</i>
Imitation	Always	Sometimes	Rarely All
Caring	Always <i>Jen's</i>	Sometimes	Rarely
Childlike and helpless	Always	Sometimes	Rarely All
Absent	Always <i>The other children</i>	Sometimes	Rarely Never - Jen

Name: **Leininger Family**

6. Parents' attitude towards children

Treats all more or less equally	Always	Sometimes	Rarely Jen centre
Parent(s) preoccupied with one child, fusional	Always Jen her confidant	Sometimes	Rarely
One child or more is preoccupied with parent(s)	Always	Sometimes Jen everywhere, girls play alone, Johnny isolated	Rarely
Resigned	Always	Sometimes	Rarely All

7. Child's attitude towards parents

Children spontaneously go to their parents	Always Jen and girls	Sometimes	Rarely Johnny never
Children keep a distance or seem uninterested	Always Johnny	Sometimes	Rarely Jen
Resigned	Always Johnny	Sometimes	Rarely Jen

8. Attitude amongst siblings

Seemingly equal status	Always	Sometimes	Rarely Jen leader
One child manages the others	Always Jen; Johnny refuses	Sometimes	Rarely
Siblings go towards a specific child	Always All but Johnny	Sometimes	Rarely
No relationship	Always	Sometimes	Rarely Jen mother role

Name: **Leininger Family**

9. Attire

Parents and children dress accordingly	Always	Sometimes X	Rarely
Negligence in the children	Always	Sometimes	Rarely X
Negligence in the parents	Always X	Sometimes	Rarely
Child dresses more adult-like	Always Jen – my shock	Sometimes	Rarely <i>Never in other children</i>
Child dresses younger than he or she is	Always	Sometimes	Rarely Never
Parents dress younger than they are	Always X	Sometimes	Rarely
Similar clothes	Always	Sometimes	Rarely X

10. Gifts

Age appropriate	Always X	Sometimes	Rarely
None	Always	Sometimes	Rarely Never
Exorbitant/excessive gift-giving	Always	Sometimes	Rarely Equity, sometimes special gift for Jen
The parents expect gifts	Always	Sometimes	Rarely Never
The parents give gifts based on the child's wants	Always X	Sometimes	Rarely
The parents gift gifts because they know what their child wants	Always X	Sometimes	Rarely
All children get gifts	Always X	Sometimes	Rarely

Name: **Leininger Family**

11. Mannerisms

Child acts his or her age	Always <i>Other children</i>	Sometimes	Rarely Jen old and drawn
Child is mature	Always Jen mother and caregiver	Sometimes	Rarely <i>Other children</i>
Child-like	Always <i>Other children</i>	Sometimes	Rarely Jen never
Peer/friend	Always Jen confidant	Sometimes	Rarely <i>Never other children</i>

12. Initiative/Leader of visitations

Parent	Always	Sometimes	Rarely X
Child	Always Jen	Sometimes	Rarely <i>Other children</i>
Parent and child	Always	Sometimes X	Rarely
Absence of initiation in the parents	Always	Sometimes Not really; mother was there, but...	Rarely
Absence of initiation in the child	Always	Sometimes	Rarely X

13. Ambiance

Easy-going	Always Easy-going with an heir of uneasiness	Sometimes	Rarely
Cordial	Always X	Sometimes	Rarely Johnny
Tense	Always <i>Other children</i>	Sometimes	Rarely X
Inexistent	Always <i>Other children</i>	Sometimes	Rarely X

Name: **Leininger Family**

14. Child's general behaviour

Adapted	Always Jen	Sometimes <i>Other children</i>	Rarely
"Perfectly" adapted	Always Jen	Sometimes	Rarely <i>Other children</i>
Tense and on edge	Always <i>Other children</i>	Sometimes Jen seemed rather on edge	Rarely
Overly concerned with having a good visitation	Always	Sometimes	Rarely Jen
Relaxed	Always	Sometimes Jen once things went accordingly	Rarely <i>Johnny</i>
Submissive	Always	Sometimes Jen, yes and no	Rarely <i>Johnny</i>
Withdrawn	Always <i>Johnny</i>	Sometimes	Rarely Jen

15. Parents' behaviour

Adapted	Always	Sometimes "Adapted"	Rarely
Tense and on edge	Always	Sometimes X	Rarely
Overly concerned with having a good visitation	Always X	Sometimes	Rarely
Relaxed	Always	Sometimes X	Rarely
Submissive	Always	Sometimes	Rarely To Jen
Needy	Always Of Jen	Sometimes	Rarely
Withdrawn	Always	Sometimes	Rarely X

Name: **Roos Family**

1. Greetings

Children go spontaneously towards their children	Always <i>Hamza</i>	Sometimes Omar	Rarely
Parents go spontaneously towards their children	Always	Sometimes	Rarely X, father expects children to go to him

2. Vocabulary (parents to children)

Adapted to child's age	Always	Sometimes	Rarely X
Advanced (outside intellect)	Always X	Sometimes	Rarely
Childlike	Always	Sometimes	Rarely X
Non-existent (privilege actions)	Always	Sometimes	Rarely X
Non-existent (no actions)	Always	Sometimes	Rarely X

3. Vocabulary (children to parents)

Adapted to child's age	Always <i>Hamza</i>	Sometimes	Rarely Omar
Adult-like	Always	Sometimes Omar	Rarely <i>Hamza</i>
Reassuring/comforting	Always Omar	Sometimes	Rarely <i>Hamza</i>
Non-existent (privilege actions)	Always	Sometimes	Rarely X
Non-existent (no actions)	Always	Sometimes	Rarely X
Resigned	Always	Sometimes	Rarely X

Name: **Roos Family**

4. Topics embarked on/Conversations

Everyday life of child (school, friends, etc.)	Always Omar, but to educate	Sometimes	Rarely
Everyday life of parents (work, etc.)	Always Father's glorification	Sometimes	Rarely
Children's difficulties	Always	Sometimes	Rarely Children's perceived difficulties
Parents' difficulties	Always Father's pain and suffering	Sometimes	Rarely
Children (outside the "norm". Everything revolves around the child)	Always Omar	Sometimes	Rarely Omar
Parents (outside the "norm". Everything revolves around the parent)	Always Father self-glorification	Sometimes	Rarely
Other (family, parents' rights, etc.)	Always	Sometimes	Rarely
Inexistent	Always	Sometimes	Rarely X

5. Attitude towards adults

Child seems comfortable	Always	Sometimes	Rarely X
Idolisation, in search of contact with adults	Always X	Sometimes	Rarely
Resigned	Always Absent in a sense	Sometimes	Rarely <i>Hamza forced to</i>
Authoritative	Always	Sometimes	Rarely Never!!
Imitation	Always Omar to please father	Sometimes	Rarely <i>Hamza</i>
Caring	Always Omar	Sometimes	Rarely <i>Hamza</i>
Childlike and helpless	Always	Sometimes	Rarely X
Absent	Always	Sometimes <i>Hamza</i>	Rarely Omar

Name: **Roos Family**

6. Parents' attitude towards children

Treats all more or less equally	Always	Sometimes	Rarely Omar was the only child
Parent(s) preoccupied with one child, fusional	Always Omar	Sometimes	Rarely
One child or more is preoccupied with parent(s)	Always Omar, in fear of disappointing his father	Sometimes	Rarely
Resigned	Always Hamza	Sometimes	Rarely Omar

7. Child's attitude towards parents

Children spontaneously go to their parents	Always Necessity	Sometimes	Rarely
Children keep a distance or seem uninterested	Always	Sometimes	Rarely Omar dared not to
Resigned	Always	Sometimes	Rarely X

8. Attitude amongst siblings

Seemingly equal status	Always	Sometimes	Rarely No!!
One child manages the others	Always Omar tries teaching his brother	Sometimes	Rarely
Siblings go towards a specific child	Always Hamza idolises his brother	Sometimes	Rarely
No relationship	Always	Sometimes	Rarely No!!

Name: **Roos Family**

9. Attire

Parents and children dress accordingly	Always X	Sometimes	Rarely
Negligence in the children	Always	Sometimes	Rarely X
Negligence in the parents	Always	Sometimes	Rarely X
Child dresses more adult-like	Always	Sometimes	Rarely X
Child dresses younger than he or she is	Always	Sometimes	Rarely X
Parents dress younger than they are	Always	Sometimes	Rarely X
Similar clothes	Always	Sometimes	Rarely X

10. Gifts

Age appropriate	Always	Sometimes	Rarely
None	Always X, no gifts	Sometimes	Rarely
Exorbitant/excessive gift-giving	Always	Sometimes	Rarely
The parents expect gifts	Always	Sometimes	Rarely
The parents give gifts based on the child's wants	Always	Sometimes	Rarely
The parents gift gifts because they know what their child wants	Always	Sometimes	Rarely
All children get gifts	Always	Sometimes	Rarely

Name: **Roos Family**

11. Mannerisms

Child acts his or her age	Always	Sometimes Omar	Rarely Hamza
Child is mature	Always Omar	Sometimes	Rarely Hamza
Child-like	Always Hamza	Sometimes	Rarely Omar
Peer/friend	Always	Sometimes	Rarely X

12. Initiative/Leader of visitations

Parent	Always X	Sometimes	Rarely
Child	Always	Sometimes	Rarely Never
Parent and child	Always	Sometimes	Rarely Never
Absence of initiation in the parents	Always	Sometimes	Rarely Never
Absence of initiation in the child	Always X	Sometimes	Rarely

13. Ambiance

Easy-going	Always	Sometimes	Rarely X
Cordial	Always X, respectful	Sometimes	Rarely
Tense	Always Extremely!!	Sometimes	Rarely
Inexistent	Always	Sometimes	Rarely X

Name: **Roos Family**

Child's general behaviour

Adapted	Always Omar	Sometimes	Rarely <i>Hamza</i>
“Perfectly” adapted	Always Omar	Sometimes	Rarely <i>Hamza</i>
Tense and on edge	Always X	Sometimes	Rarely
Overly concerned with having a good visitation	Always X	Sometimes	Rarely
Relaxed	Always	Sometimes	Rarely X
Submissive	Always X	Sometimes	Rarely
Withdrawn	Always Omar	Sometimes	Rarely <i>Hamza</i>

14. Parents' behaviour

Adapted	Always	Sometimes	Rarely X
Tense and on edge	Always	Sometimes	Rarely X
Overly concerned with having a good visitation	Always X	Sometimes	Rarely
Relaxed	Always	Sometimes	Rarely X
Submissive	Always	Sometimes	Rarely Never
Needy	Always Of Omar's obedience	Sometimes	Rarely
Withdrawn	Always	Sometimes	Rarely X

Name: **Roos Family**

1. Greetings

Children go spontaneously towards their children	Always X	Sometimes	Rarely
Parents go spontaneously towards their children	Always X	Sometimes	Rarely

2. Vocabulary (parents to children)

Adapted to child's age	Always	Sometimes X	Rarely
Advanced (outside intellect)	Always	Sometimes	Rarely X
Childlike	Always	Sometimes X	Rarely
Non-existent (privilege actions)	Always	Sometimes	Rarely
Non-existent (no actions)	Always	Sometimes	Rarely

*** Heavy topics because of circumstances

3. Vocabulary (children to parents)

Adapted to child's age	Always	Sometimes	Rarely
Adult-like	Always	Sometimes	Rarely
Reassuring/comforting	Always X	Sometimes	Rarely
Non-existent (privilege actions)	Always	Sometimes	Rarely
Non-existent (no actions)	Always	Sometimes	Rarely
Resigned	Always	Sometimes	Rarely

Name: **Roos Family**

4. Topics embarked on/Conversations

Everyday life of child (school, friends, etc.)	Always	Sometimes X	Rarely
Everyday life of parents (work, etc.)	Always	Sometimes	Rarely
Children's difficulties	Always X	Sometimes	Rarely
Parents' difficulties	Always X	Sometimes	Rarely
Children (outside the "norm". Everything revolves around the child)	Always X	Sometimes	Rarely
Parents (outside the "norm". Everything revolves around the parent)	Always X	Sometimes	Rarely
Other (family, parents' rights, etc.)	Always X	Sometimes	Rarely
Inexistent	Always	Sometimes	Rarely

***Topics about the reason for all that happened.

5. Attitude towards adults

Child seems comfortable	Always Overly comfortable	Sometimes	Rarely
Idolisation, in search of contact with adults	Always	Sometimes "Sexual tension" towards me	Rarely
Resigned	Always	Sometimes	Rarely Never
Authoritative	Always	Sometimes Towards his father	Rarely
Imitation	Always	Sometimes	Rarely X
Caring	Always X	Sometimes	Rarely
Childlike and helpless	Always	Sometimes	Rarely X
Absent	Always	Sometimes	Rarely X

Name: **Roos Family**

6. Parents' attitude towards children

Treats all more or less equally	Always	Sometimes	Rarely Dave the perfect one
Parent(s) preoccupied with one child, fusional	Always X	Sometimes	Rarely
One child or more is preoccupied with parent(s)	Always X	Sometimes	Rarely
Resigned	Always	Sometimes	Rarely X

7. Child's attitude towards parents

Children spontaneously go to their parents	Always X	Sometimes	Rarely
Children keep a distance or seem uninterested	Always	Sometimes	Rarely X
Resigned	Always	Sometimes	Rarely X

8. Attitude amongst siblings

Seemingly equal status	Always	Sometimes	Rarely X
One child manages the others	Always X	Sometimes	Rarely
Siblings go towards a specific child	Always	Sometimes	Rarely X
No relationship	Always	Sometimes	Rarely Despite being ordered by the judge

Name: **Roos Family**

9. Attire

Parents and children dress accordingly	Always	Sometimes X	Rarely
Negligence in the children	Always	Sometimes X	Rarely
Negligence in the parents	Always	Sometimes X	Rarely
Child dresses more adult-like	Always	Sometimes	Rarely X
Child dresses younger than he or she is	Always	Sometimes	Rarely X
Parents dress younger than they are	Always	Sometimes X	Rarely
Similar clothes	Always	Sometimes X	Rarely

10. Gifts

Age appropriate	Always When given!!	Sometimes	Rarely
None	Always	Sometimes	Rarely
Exorbitant/excessive gift-giving	Always	Sometimes	Rarely X
The parents expect gifts	Always	Sometimes X	Rarely
The parents give gifts based on the child's wants	Always X	Sometimes	Rarely
The parents gift gifts because they know what their child wants	Always	Sometimes	Rarely
All children get gifts	Always	Sometimes	Rarely

***It I the son who gives gifts; the father would offer himself gifts.

Name: **Roos Family**

11. Mannerisms

Child acts his or her age	Always	Sometimes X	Rarely
Child is mature	Always	Sometimes X	Rarely
Child-like	Always	Sometimes	Rarely X
Peer/friend	Always X	Sometimes	Rarely

12. Initiative/Leader of visitations

Parent	Always	Sometimes	Rarely X
Child	Always X	Sometimes	Rarely
Parent and child	Always	Sometimes X	Rarely
Absence of initiation in the parents	Always	Sometimes X	Rarely
Absence of initiation in the child	Always	Sometimes	Rarely X

13. Ambiance

Easy-going	Always X	Sometimes	Rarely
Cordial	Always X	Sometimes	Rarely
Tense	Always	Sometimes	Rarely X
Inexistent	Always	Sometimes	Rarely X

***In denial of what's going on.

Name: **Roos Family**

14. Child's general behaviour

Adapted	Always X	Sometimes	Rarely
"Perfectly" adapted	Always X	Sometimes	Rarely
Tense and on edge	Always	Sometimes	Rarely X
Overly concerned with having a good visitation	Always	Sometimes	Rarely Always goes well according to them
Relaxed	Always X	Sometimes	Rarely
Submissive	Always	Sometimes	Rarely X
Withdrawn	Always	Sometimes	Rarely X

15. Parents' behaviour

Adapted	Always	Sometimes X	Rarely
Tense and on edge	Always	Sometimes	Rarely X
Overly concerned with having a good visitation	Always	Sometimes	Rarely X
Relaxed	Always X	Sometimes	Rarely
Submissive	Always	Sometimes	Rarely X
Needy	Always X	Sometimes	Rarely
Withdrawn	Always	Sometimes	Rarely X

Name: **Schuster Family**

1. Greetings

Children go spontaneously towards their children	Always Jump on mother's lap	Sometimes	Rarely
Parents go spontaneously towards their children	Always Greet daughter on waiting room	Sometimes	Rarely

2. Vocabulary (parents to children)

Adapted to child's age	Always X	Sometimes	Rarely
Advanced (outside intellect)	Always	Sometimes	Rarely X
Childlike	Always	Sometimes X	Rarely
Non-existent (privilege actions)	Always	Sometimes X	Rarely
Non-existent (no actions)	Always	Sometimes X	Rarely

3. Vocabulary (children to parents)

Adapted to child's age	Always Adapted to the situation, i.e. baby-like	Sometimes	Rarely
Adult-like	Always	Sometimes	Rarely X
Reassuring/comforting	Always	Sometimes	Rarely X
Non-existent (privilege actions)	Always	Sometimes	Rarely X, music on mother's lap
Non-existent (no actions)	Always	Sometimes	Rarely X, SMS
Resigned	Always	Sometimes	Rarely X

4. Topics embarked on/Conversations

Everyday life of child (school, friends, etc.)	Always X	Sometimes	Rarely
Everyday life of parents (work, etc.)	Always X	Sometimes	Rarely
Children's difficulties	Always X	Sometimes	Rarely
Parents' difficulties	Always	Sometimes	Rarely X, except her pain
Children (outside the "norm". Everything revolves around the child)	Always X	Sometimes	Rarely
Parents (outside the "norm". Everything revolves around the parent)	Always	Sometimes	Rarely X
Other (family, parents' rights, etc.)	Always X	Sometimes	Rarely
Inexistent	Always	Sometimes	Rarely X

5. Attitude towards adults

Child seems comfortable	Always	Sometimes Varied	Rarely
Idolisation, in search of contact with adults	Always	Sometimes	Rarely Actually never considered adults
Resigned	Always X	Sometimes	Rarely
Authoritative	Always	Sometimes	Rarely Adapted
Imitation	Always	Sometimes	Rarely X
Caring	Always X	Sometimes	Rarely
Childlike and helpless	Always Extremely	Sometimes	Rarely
Absent	Always	Sometimes	Rarely

Name: **Schuster Family**

6. Parents' attitude towards children

Treats all more or less equally	Always	Sometimes	Rarely Only girl
Parent(s) preoccupied with one child, fusional	Always X	Sometimes	Rarely
One child or more is preoccupied with parent(s)	Always	Sometimes	Rarely X
Resigned	Always	Sometimes	Rarely

7. Child's attitude towards parents

Children spontaneously go to their parents	Always X	Sometimes	Rarely
Children keep a distance or seem uninterested	Always	Sometimes	Rarely X
Resigned	Always	Sometimes	Rarely X

8. Attitude amongst siblings

Seemingly equal status	Always	Sometimes	Rarely X
One child manages the others	Always	Sometimes	Rarely N/A
Siblings go towards a specific child	Always	Sometimes	Rarely
No relationship	Always	Sometimes	Rarely

Name: **Schuster Family**

9. Attire

Parents and children dress accordingly	Always X	Sometimes	Rarely
Negligence in the children	Always	Sometimes	Rarely Pristine to perfection
Negligence in the parents	Always X	Sometimes	Rarely
Child dresses more adult-like	Always	Sometimes	Rarely Opposite
Child dresses younger than he or she is	Always X	Sometimes	Rarely
Parents dress younger than they are	Always	Sometimes	Rarely X
Similar clothes	Always	Sometimes	Rarely Mother buys, but Violette doesn't wear them

10. Gifts

Age appropriate	Always	Sometimes	Rarely X
None	Always	Sometimes	Rarely
Exorbitant/excessive gift-giving	Always	Sometimes	Rarely X
The parents expect gifts	Always	Sometimes	Rarely X
The parents give gifts based on the child's wants	Always	Sometimes	Rarely X
The parents gift gifts because they know what their child wants	Always X	Sometimes	Rarely
All children get gifts	Always	Sometimes	Rarely

Name: **Schuster Family**

11. Mannerisms

Child acts his or her age	Always	Sometimes	Rarely X
Child is mature	Always	Sometimes	Rarely X
Child-like	Always X	Sometimes	Rarely
Peer/friend	Always	Sometimes	Rarely X

12. Initiative/Leader of visitations

Parent	Always X	Sometimes	Rarely
Child	Always	Sometimes X	Rarely
Parent and child	Always	Sometimes X	Rarely
Absence of initiation in the parents	Always	Sometimes	Rarely X
Absence of initiation in the child	Always	Sometimes	Rarely X

13. Ambiance

Easy-going	Always X	Sometimes	Rarely
Cordial	Always X	Sometimes	Rarely
Tense	Always	Sometimes X, Violette looks at clock	Rarely
Inexistent	Always	Sometimes	Rarely X

Name: **Schuster Family**

14. Child's general behaviour

Adapted	Always X	Sometimes	Rarely
"Perfectly" adapted	Always X	Sometimes	Rarely
Tense and on edge	Always	Sometimes X, clock	Rarely
Overly concerned with having a good visitation	Always X	Sometimes	Rarely
Relaxed	Always	Sometimes X	Rarely
Submissive	Always X	Sometimes	Rarely
Withdrawn	Always	Sometimes	Rarely X

15. Parents' behaviour

Adapted	Always X	Sometimes	Rarely
Tense and on edge	Always	Sometimes	Rarely X
Overly concerned with having a good visitation	Always	Sometimes	Rarely X
Relaxed	Always X	Sometimes	Rarely
Submissive	Always	Sometimes	Rarely X
Needy	Always Of Violette	Sometimes	Rarely
Withdrawn	Always	Sometimes	Rarely X

Appendix 2

The Maraj family:

Farha (6-7), Chandrahas (2-3) and their parents

Case history:

This case involves siblings Farha and Chandrahas, both of whom have spent a major part (major because of the period of their lives) of their lives in foster care. Farha, being older at the time of placement, has vivid memories of time with her parents. Chandrahas, however, entered the system at an early age of his life and so has no memories of living with his parents.

Details of the case are sketchy. The parents do not quite understand the reasons for the children being placed into foster care, and are unable to really explain what transpired. Mr Maraj says that it is because of the mother's psychiatric problems, the mother seems to not have "real" idea as to what is happening.

Both parents are immigrants, and have been residing in France for a number of years. Mrs Maraj has been living here for over 10 years, and as such boasts often of this, using this to explain her "mastery" of the French language. Nevertheless, one isn't really certain as to how long she's actually been living in France, nor with whom, as her story is constantly changing. However, from certain references, such as "collège" (middle school), and lack of knowledge of the school system in her native country past a certain age,

Two different realities/histories in children

Confusion, the unknown

Two different realities

In search of meaning, identity

Confusion, the unknown

<p>one can conclude that she has been here for quite some time. Also, the fact the she sometimes considers herself Alsatian leads one to believe that she has been here for quite some time, and thus believes that she has been here long enough to feel a part of the culture.</p>	
<p>Mr Maraj came afterwards through an arranged marriage, after which was born their first child. He spoke little to no French in the beginning, and still exhibits difficulties in the language to this very day. He owns a small grocery store, which also runs, and thus spends much of his time there.</p>	<p>Absent father</p> <p>Confusion, the unknown</p>
<p>There is a significant age difference between the two, but this is uncertain for Mrs Maraj is not clear as to her date or year of birth. It would seem that she has different dates, this owing to her religion.</p>	<p>Absent father</p>
<p>With respect to the children, it is not quite clear how everything came about, and so I've done my best here to describe the events that transpired, as described by the parents. Things were sometimes a bit incoherent, and timelines were a bit confused.</p>	<p>Common rules absent, ergo place</p> <p>Displacement onto others</p>
<p>Mr Maraj often returned to his native country to visit, or to get things to sell in his store. He and his wife had one child at the time, Farha. They had agreed to not have any more children; however on returning from one of his trips, Mr Maraj was met with a new baby boy, Chandrahas. He did not hide his feelings of betrayal for this, and even speculated that the child wasn't his. As such, the relationship between him and his son was limited.</p>	<p>Tension</p>
<p>Underlying tensions between the couple rose, and Mr Maraj neglected his wife even more than before, as well as his son.</p>	

<p>Then one day, he was asked to sign a piece of paper, and low and behold, his children were taken away. He blames his wife for this, and his anger is apparent.</p> <p>I started the visits, and noticed that Mrs Maraj quickly warmed up to me. I remember her saying at the end, “Je l’aime bien, le monsieur. Il est calme.” Mr Maraj was just very compliant. Farha was very “touchy”, and had lots of questions. She seemed to also try to seduce me to be able to get her way. In addition, she was the centre of attention throughout, and the “garante du cadre”. Chandrahas was neither here nor there. He was off in his own world. Eventually, I would be alone during the visits. This took a bit of time, mainly because my colleague was concerned about Mrs Maraj. She seemed to sympathise greatly with her, and worried about her mental state. However, the transition went well. Mrs Maraj had no problem because I was “a very nice person”. Mr Maraj accepted it as well. He seemed somewhat “relieved” at first. The children saw no problems. Farha saw no difference. Chandrahas was in his own world.</p>	<p>Compliant father to those on authority Seductive, no boundaries</p> <p>Focus, the glue holding everything together Absence of other child</p> <p>Mother accepting of "nice person" Father relieved by third party Children indifferent to new person</p>
<h2>Visitations</h2> <p>Mr Maraj arrives on time; however his wife reaches 35 minutes. Her late coming has been an issue of late.</p> <p>Mr Maraj greets his children warmly. Farha gives her father her school report (both parents congratulate her for this). Contrary to previous visits, Mr Maraj has brought gifts for both his children; however the majority are for Farha. He has</p>	<p>Two different realities Mother, difficulty in following rules Father seduces daughter Father putting child in authority</p>

<p>brought clothes and chocolate. Chandrahas receives a t-shirt, whereas Farha receives elaborate dresses, etc. Chandrahas does not stay long and goes off to play. Seeing that their mother is late, Mr Maraj asks Farha if she would like to wait a bit before eating. She replies with a “yes”. As such, Mr Maraj and the two children sit at the little table and start to draw. Chandrahas is with them (he was previously at this table). Mr Maraj is between his two children.</p> <p>At the table, Mr Maraj speaks only to Farha. He tries teaching her “her native tongue”. After some time, he tries teaching Chandrahas to recognise his name. After about 20 minutes, the two children are hungry and want to eat. Mr Maraj calls his wife on the telephone to find out where she is. This is against the rules and I ask him to make it fast. I am alone with the family now; however before, my colleague would often end the rules for them, mainly to appease Mrs Maraj. Many thought that, because of her psychiatric problems that she was fragile. I have noticed that Mrs Maraj would play on this to “get her way”.</p> <p>Mr Maraj said that she was having problems with the tram. What strikes me is that Mr Maraj “vouvoies” his wife. He then decides to start the meal.</p> <p>Mr Maraj shares out the food for his children; however none for himself. He puts his daughter on his lap. Chandrahas sits on his chair by himself. At one point, he gets “excited” and his father puts him on his lap to feed him. In doing so, he puts Farha on a chair. Shortly after this, Farha decides to put herself on her father’s other lap. A few minutes afterwards, Chandrahas gets off his father’s lap and goes to play whilst Farha stays with her father to eat.</p>	<p>Family-like in absence of mother</p> <p>Focus, the glue holding everything together</p> <p>Father, difficulty in following rules</p> <p>Mother seductive and manipulative in presence of authoritative figure</p> <p>Tension, inexistent parental couple</p> <p>Daughter on throne, held in high esteem</p> <p>Brother rebels and demands his place</p>
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<p>Mrs Maraj arrives 35 minutes late. He tells her two children “hi”, and instantly takes over the room as she explains about the difficulties to get there. Then, she takes out her meal (that she bought) for her children. The two children refuse, stating that they have already eaten enough. Chandrahas did not eat much. He had maybe two spoonfuls, then went off on his own. Mrs Maraj insists that they eat her meal. I intervene and repeat what her children had said. Mrs Maraj still wants them to eat, and I have to insist that she stops insisting.</p> <p>In my opinion, too much importance is attached to food, and also to who gives it to the children. I believe that each parent should take turns cooking, or cook together (as they live together) and then let the children decide. However I am keeping this to myself for now.</p> <p>The meal finishes (Farha finishes the food her father gave to her) and the children want to play whilst their father clears the table. They choose a game (Kapla); however Mrs Maraj does not like this game and chooses another (building blocks). I explain to her that the children have already chosen a game, and that she could play with them and maybe suggest another game later (my rationale is that it is important for Mrs Maraj to adapt to the game, and thus her children). With this, she decides to play the same game with them, but still keeps trying to suggest her game. Her heart does not seem to be in the game.</p> <p>After this, Chandrahas starts to put away his Kapla and Mrs Maraj looks for another game. Farha continues building her tower with the Kapla.</p> <p>Mr Maraj has finished clearing the table and goes to play</p>	<p>Brother leaves when sister put in child-therapist position</p> <p>Mother is intrusive, hostage taker</p> <p>Mother, objectification of children</p> <p>Me, separation of mother and children</p> <p>Me, enforcing rules</p> <p>Father is subservient</p> <p>Mother is intrusive, hostage taker</p> <p>Me, separation of mother and children</p>
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<p>with his children. Chandrahas has put away his Kapla and proceeds to destroy his sister's tower. Farha gets angry and speaks VERY sternly to her brother. She chastises him, like a mother disciplining her child. Mr Maraj takes Chandrahas in his arms and speaks softly to him, explaining that he should not have done what he did. He then explains to Farha that she should not shout at her brother, but speak to him softly/gently.</p> <p>Next, Farha wants to colour. She chooses a picture, however Mrs Maraj does it like her choice and wants her to choose another. I explain to Mrs Maraj that she should let Farha choose. She could suggest, but ultimately she should not impose her choices on her daughter. She accepts grudgingly, but still tries to make Farha change her picture.</p> <p>The visit is coming to and end. Mrs Maraj is aware of the time and decides to change Chandrahas' diaper. Whilst doing this, Mr Maraj takes care of his daughter and gives her all her new clothes. Then, he goes to help his wife change Chandrahas' diaper. This is at my initiative as I gestured to him to give his wife a hand. He has never before changed his son's diaper. Neither parent talks to each other. In addition, neither parent talks to Chandrahas who just lies there. At first her resisted the diaper change, but he eventually "gave in". His diaper is clean. Mr Maraj then puts the new t-shirt on Chandrahas.</p> <p>After this, Mrs Maraj decides to do her daughter's hair. She wants to brush her daughter's long, beautiful hair. She notices that Farha's bangs are shorter. Farha explains that she did it herself. Her mother is not happy because she says that it is dangerous for Farha to do this alone.</p>	<p>Mother is intrusive, hostage taker, dismissal of children's existence</p> <p>Brother rebels against sister when father in room</p> <p>Sister, authoritative towards brother Father, takes on maternal role</p> <p>Mother is intrusive, hostage taker</p> <p>Me, separation of mother and children</p> <p>Mother seductive and manipulative in presence of authoritative figure</p> <p>Mother, objectification of children</p> <p>Me, separation of mother and children</p> <p>Mother, objectification of son</p>
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<p>The visit comes to an end, and the parents say “bye” to their children. They then go to the foster family (also against the rules). Mr Maraj carries his daughter. Mrs Maraj tried, but her husband got to her first. Chandrahas walks on his on, and bolts for the door. All the gifts are in Mr Maraj’s other hand. The parents have also left the food for the children.</p> <p>When they meet the foster parents, Mrs Maraj monopolises the conversation and speaks of the bangs. She explains how dangerous it is for Farha to do it all alone. The foster mother assures her that this is not the case. Whilst this is going on, Chandrahas is off telling everyone bye. He goes to see the secretary to give her usual kiss on the cheek. Mr Maraj does say much, but just stays with his daughter. Farha says nothing.</p> <p>I try to hurry the conversation because this is taking long. Past experiences have seen them keep a conversation going for 10-15 minutes. I get them to leave. They kiss Farha once again (ritual of a kiss on each cheek, the nose, chin and forehead). Chandrahas is already at the door. I have to catch him before he leaves.</p> <p>Mr and Mrs Maraj return to the room. Before I could even blink, Mr Maraj leaves. Mrs Maraj stays to “old-talk”. I have to ask her to leave.</p> <p>During the visit, Mrs Maraj throws some shade at her husband, but quickly apologises once I watch her. This is because I had touched on their attitude with each other, this just before taking over the case. There is no communication between the two parents. There is visible tension between them.</p>	<p>Mother, objectification of child-therapist</p> <p>Latent resentment</p> <p>Family, rule breaking</p> <p>Reverence and objectification of child-therapist</p> <p>Son, independence</p> <p>Mother is intrusive, hostage taker, dismissal of children's existence</p> <p>Son, independence, avoidance and escape</p> <p>Father, avoidance and escape</p> <p>Mother, seductive and manipulative</p>
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<p>This time, Mrs Maraj is on time. Mr Maraj is a bit late because he is bringing the meal.</p> <p>The greetings are warm between Mr Maraj and his daughter. He has even brought her a gift. A forced and very brief greeting between Mr Maraj and his son, with no gift. Chandrahas goes off to play.</p> <p>Mr Maraj goes to prepare the meal whilst his wife stays with the children. All throughout the visit, Mrs Maraj throws shade, i.e., makes disparaging remarks about her husband about his “absence” in that he is not playing with the children. I remind her that her husband is preparing the meal or clearing the table.</p> <p>They all sit at the table. Mr Maraj puts his daughter on his lap, whilst Mrs Maraj takes (or attempts to take) her son. Chandrahas does not want to stay at the table and fights to get off. Mrs Maraj lets him after about a minute. I explain that she may need to be firm with him to ensure that he stays at the table and eats. Mrs Maraj tries, but to no avail. Eventually, Chandrahas eats, but whilst drawing. He draws and comes when he wants for some food.</p> <p>Mr Maraj spends all the time with Farha throughout the visit, whilst Mrs Maraj (attempts) to spend her time with Chandrahas. The young lad avoids his mother throughout.</p> <p>Whilst Mr Maraj is clearing the table, Farha is playing with a</p>	<p>Mother, denigration of father</p> <p>Me, prohibition</p> <p>Parents, absence of communication (mentalization)</p> <p>Parents, tension, unresolved issues</p> <p>Mother, difficulty in following rules</p> <p>Father, forced relationship with son</p> <p>Son, independence, avoidance and escape</p> <p>Mother, looks to separate father and daughter</p> <p>Mother, denial of her own flaws transference onto husband</p> <p>Daughter on throne, held in high esteem</p> <p>Brother rebels and leaves</p>
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<p>keeps interrupting him (and he gestures showing that she is always like that). Mrs Maraj is not leaving any room or space for her husband to speak. He explains the history of what happened (when he went to their home country, a new son, etc.). During this, Mrs Maraj throws shade at her husband. I have to ask her to stop. I tell her that I have two ears, but can only listen to one person at a time. I ask her to wait her turn to speak. However, she does not. I insist. She keeps trying to interrupt, but stops every time I go, “Shssh!” Mr Maraj confesses that he finds it difficult to form a bond with Chandrahas because he questions if the young boy is truly his. He also explains that he is angry with his wife because she is the cause of all of this because of her problems. He said that she should be medicated and everything will be all right. Mr Maraj expresses his anger towards his wife, and her fault in everything.</p> <p>When it comes to Mrs Maraj to speak, she says nothing of substance, nothing coherent. She just uses her time to insult her husband. She also laughs at him, and mocks him.</p> <p>Also, whilst Mr Maraj is speaking, she keeps winking at me as if I am her accomplice, on her team. This angers Mr Maraj. I have to ask her to stop. This reminds me of a certain attitude that Mrs Maraj has. She always speaks of her “copines”. Everyone she encounters is her friend: the hairdresser, etc.</p> <p>After about half an hour, I see that this is going nowhere and end the conversation. I explain to them that they need to stop this, and that the children are not to be privy to their disputes. I also point out the disproportionate gift giving.</p>	<p>Tension, inexistent parental couple, hostility, anger, unresolved emotions</p> <p>Mother, no respect for husband, denigration, avoidance of truth, invasive</p> <p>Me, enforcing rules</p> <p>Father, helplessness, displaced anger</p> <p>Father, anger towards wife</p> <p>Mother, incoherence</p> <p>Mother, seductive and manipulative</p>
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<p>Mr Maraj thanks me for the conversation and leaves. Mrs Maraj waits a bit to “speak to her accomplice” as if I’m her friend. I insist that she leaves. I have noticed this behaviour before from Mrs Maraj. She believes that everyone is on her side, and is her accomplice. She would mock her husband and wick at people as if everyone agreed with her.</p> <p>For this visit, Mr Maraj is on time whilst Mrs Maraj is 35 minutes late. She explains that this is because of problems with the bus.</p> <p>Mr Maraj is in the kitchen when the children arrive. They greet each other warmly. He has brought a colouring book for each child: pirates for Chandrahas, and princesses for Farha. He does not give it to them yet because he is preparing their meal. Farha wants to open it right away, but I stop her saying that her father is the one to determine when it is to be opened. She puts it down, but tries every now and again to open it. She stops once I look at her. Then, Farha goes into the kitchen with her father, returns and says that her father has given her permission to open it. I express my disapproval at her method, but allow her because her father authorised her. The two children sit down and start to colour. Chandrahas sits at the little table whilst Farha sits on the couch.</p> <p>Mr Maraj then comes into the room and has more gifts for his daughter. He has several oriental dresses. He wants her to</p>	<p>Me, prohibition Mother, different reality, revered by all</p> <p>Me, enforcing rules</p> <p>Father, displays gratitude towards authoritative figure Mother, seductive and manipulative</p> <p>Parents, respected rules vs. broken rules</p> <p>Father, looks for equity in the children</p> <p>Child-therapist, prohibition met with seduction and manipulation</p>
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<p>change then and there; however I advise him to let her change in another room, and not in front of everyone, out of respect. I add that she is big enough to change on her own. Mr Maraj says that these types of dresses are difficult to put on alone. I insist. Farha goes into another room, and then comes out with her new dress. I am startled by how short it is. It is not appropriate for a girl of her age (or any woman). Mr Maraj says that that is normal for these types of dresses, that they are made like that now. It is still too short (in my opinion) and so look in the bag of clothes that he has brought for her. I find a pair of pants and ask her to go and put it on as well. Mr Maraj had not seen this pants before. When asked if there are oriental cloths for boys as well, Mr Maraj says no. He adds that his son is too small, and that there is nothing in his size.</p> <p>The three (Mr Maraj, Farha and Chandrahas) sit at the little table to colour. Mr Maraj asks his daughter if she wants to wait for her mother to eat. She says, “Yes.” Mr Maraj calls his wife on the phone (and I gesture to him to hang up). Instead of speaking to his wife, he gives the phone to his daughter and asks her to ask her mother where she is. After about half an hour into the visit, Mr Maraj decides that the children should eat.</p> <p>They are eating when their mother arrives. She seems a bit more “grounded” than usual. She greets me and her children, but not her husband. She does not have a meal today, but only a watermelon. She notices her daughter’s clothes, and asks (whilst looking at me) where these clothes came from. Farha explains that her father gave them to her. Mrs Maraj then says that she has brought LOTS of thing for her</p>	<p>Father, reverence of daughter, age and generation absent</p> <p>Father, objectifies (sexualises) daughter</p> <p>Father, justifies role</p> <p>Father, refusal of relationship with son Mother, in control from afar</p> <p>Mother, rejection of father</p> <p>Mother, poses no limits on daughter Parents, absence of communication (mentalization)</p>
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<p>daughter. Farha sees her mother's necklace. It is identical to one that Mrs Maraj has previously given to her daughter. She tells her daughter that she cannot have it because she has already given her one, and that Farha cannot have everything that her mother has. This came as a surprise because Mrs Maraj has a habit of giving everything to her daughter.</p> <p>On a side note, there is still no communication, between the parents. They make use of mediators –the children and me – to “exchange” information that concern them directly. Even though they are not arguing or criticising each other right now, their attitude is having a disastrous effect on the ambiance during visits. The children spend no time with their both parents; it is either one parent or the other.</p> <p>At one point, Chandrahas seems agitated. It would seem that he wants to go on his father's lap. Mr Maraj, with the help of his wife, takes him out of the high chair to put on his lap. Farha is removed from her father's lap and placed on the chair next to him. Chandrahas does not stay long on his father's lap. He soon goes to his mother. Farha remains in the chair.</p> <p>At the table, Mrs Maraj says that she is proud of what she has heard about her daughter (from psychologists, schools, etc.). Mr and Mrs Maraj do not talk between themselves. At the table, they utilise third parties. When Mrs Maraj wants information about her husband, she would ask me. I explain to her that she could ask her husband directly.</p> <p>Afterwards, Mrs Maraj and her children have some watermelon. Mr Maraj does not eat the piece that his wife gave to him. It should be noted that Mrs Maraj always eats</p>	<p>Tension, inexistent parental couple, hostility, anger, unresolved emotions</p> <p>Children taken hostage</p> <p>Son, demanding a father Daughter dethroned, but does not complain; Son becomes temporary child-therapist and separates father and daughter</p> <p>Parents, absence of communication (mentalization)</p> <p>Father is subservient, mother is in control, intrusive</p> <p>Mother, invasive, age and generational difference absent</p>
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<p>during visits, usually the remainder of Chandrahas' food. Mr Maraj never eats.</p> <p>After the meal, Mrs Maraj wants to give her children the gifts she has gotten for them. She also has a dress for Farha, as well as oriental clothes for Chandrahas. Farha complains that the dress that she is wearing is itching her, and so her mother wants her to put on the dress that she has brought for her. Mr Maraj wants to help his daughter, but I suggest that it would be best for her mother to help her, whilst he looks after his son. However it is too late and he has already left with his daughter. On returning, I explain to him that from now on, only Mrs Maraj would help her daughter change her clothes.</p> <p>Whilst Mr Maraj is away, Mrs Maraj decides to change Chandrahas' diaper. She does not concentrate on Chandrahas and her movements are crude. I flinch as I see how she changes Chandrahas' diaper. The little boy tries to resist. I ask her to concentrate on him.</p> <p>Whilst changing him, Farha returns. Mrs Maraj explains to me that her husband is angry because he did not go to the hearing at the Departmental Council meeting. I explain to her that this isn't the best to speak about it, i.e., in front of the children. I explain that we could talk about it another time. Farha tells me that her father is angry with her mother because she arrived late. I explain to her not to be concerned about that; that is between her parents.</p> <p>The visit comes to an end, and it takes place as the other times. Mrs Maraj is leaving with a huge bag. I inquire as to why she does not ask her husband for help (as they live</p>	<p>Father, avoidance of law, non-respect of child's age and intimacy</p> <p>Mother, mechanical</p> <p>Son, resistance</p> <p>Mother, denigration of father, looks for allies</p> <p>Son, independence, avoidance and escape</p>
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<p>together). She says that it's because he does not want to. I ask her to ask him directly. Mr Maraj says no. He said that she brought it, she should leave with it. On leaving, he says that he is not going home now, and that's also why he is not taking the bag.</p> <p>During the visit, it would seem that Chandrahas takes care of himself, he is off living his own life. Sure, he comes to his parents every once in a while, but in general, he plays by himself and does not seem to get involved or be bothered by his parents' quarrel.</p> <p>On another note, I have noticed that Mr Maraj seems to always be in a hurry to leave. It may be because of his wife, but it would seem that he does not want to be held back even if she weren't there.</p> <p>Visit cancelled because it is a public holiday (bank holiday).</p> <p>This visit takes place on a different day and at different time because there were two public holidays in a row. Not wanting to miss too many visits in a row, I decided to have the visit on another day, which affected the room that it would be in. The time chosen was late in the afternoon,</p>	<p>Father, breaking rules</p> <p>Father, seduction towards daughter</p>
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<p>which means that there should be no meal.</p> <p>Mrs Maraj arrives half an hour early. I explain to her that she is too early and that she should go for a walk a bit (I am with another family when she walks in). She has come with a big bag of stuff for her children (snacks and presents) and wants to leave them in the visitation room whilst she goes for a walk. I explain to her that exceptionally for today, the visit will take place in another room (there will be another visit taking place there, one which usually takes place at that time and on that day). I show her where we will be, and she seems to like the room. She wants to see if there are the same games and activities. I explain to her that she would need to talk quietly during the visit because there will be another visit right next door. She then goes for a walk.</p> <p>The children arrive on time. Mrs Maraj arrives as well, and Mr Maraj shortly afterwards. I show the parents where the visit will take place. Mr Maraj has also brought a meal. I then go to get the children, but before taking them to the room, I speak to the foster mother. I bring up the father's need to rush out after the visit. She explains to me that Mr Maraj always meets his daughter outside to say bye to her, this of course being against the rules.</p> <p>I then accompany the children to meet their parents. The children seem to be in a good mood and greet their parents with joy. The parents reciprocate this. Mr Maraj gives them what he has brought for them. Then, he takes Farha aside to show her what he has for her after the visit: a bag full of chocolates and other gifts. Farha is overjoyed, says that he father is very nice and gives him a kiss. Mr Maraj seems very happy because of this.</p>	<p>Daughter, seduces father and gives her approval</p> <p>Brother leaves when sister put in child-therapist position</p>
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<p>him rather than change him “mechanically”. This goes well. Chandrahas is calm and accepts to be changed without any resistance.</p> <p>Farha finishes her meal and Mrs Maraj wants to do stuff with her. However, Mr Maraj still wants to spend time with his daughter. I suggest a game that they all play together; however only mother and daughter would like to play a game. As such, mother and daughter get to play together, but this does not last long. They cannot play together and abandon the game. What also disrupts the game is Chandrahas constantly interrupting them.</p> <p>I see that Mrs Maraj wants to spend some time with her daughter. As such, I explain to Mr Maraj that he could also spend some alone time with his son, which would allow Mrs Maraj to have some alone time with her daughter. He accepts.</p> <p>Farha wants to colour. Mrs Maraj wants to choose pictures for her daughter; however I remind her that she should let her daughter choose her own pictures. She says that she knows, but continues choosing pictures for her daughter to colour at the foster parents. Farha colours whilst her mother stays with her, looking for pictures. However, Farha does not pay attention to her mother.</p> <p>Mrs Maraj then speaks about a garden where she lives, and of the flowers that have blossomed. This seems to entice Farha’s curiosity. I suggest that Mrs Maraj bring a few photos to share with her daughter.</p> <p>During this, Mr Maraj spends time with his son, but I observe that his heart isn’t in it. He wants to return to his</p>	<p>Mother, in need of daughter (yearning)</p> <p>Me, separation of father and daughter, unity of father and son</p> <p>Mother, objectification of child-therapist</p> <p>Daughter, ignores mother Mother, shows interest in daughter</p> <p>Me, guide</p> <p>Father, cold with son, in need of daughter</p>
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<p>daughter. Chandrahas plays, and does not pay much attention to his father.</p> <p>The visit comes to an end, and Mrs Maraj gives the pictures to her daughter to colour at home. The usually routine takes place at the end. However, Farha seems sad to leave her father, but is happy to be with her foster mother.</p> <p>The visit went rather well. However I couldn't help but notice that Mrs Maraj was cast aside and found it difficult to interact with her daughter. Mr and Mrs Maraj still don't talk to each other, which makes it such that the family can't do things together. This makes it difficult to form certain binds and relationships in the family. Mrs Maraj cannot interact with her daughter because she does not talk to her husband, and also because Farha spends most of her time with him. In addition, Mr Maraj does not speak to Chandrahas when his wife is present. It would seem that each child is taken hostage, and also that Chandrahas is the default child, there when Mrs Maraj does not have Farha. However her mind is always on her daughter. The same can be said when Mr Maraj is with his son.</p> <p>After the visit, I ask the parents to wait for me so that we could speak about the visit. The main reason is to prevent Mr Maraj from going to meet his daughter outside after the visit. I see that Mr Maraj is frustrated and wants to leave.</p> <p>Mr Maraj is on time. Mrs Maraj calls to inform me that she</p>	<p>Family, routine at the end Mother, cast aside, difficult to interact with daughter</p> <p>Parents, tension, unresolved issues</p> <p>Non child-therapist becomes temporary therapist</p> <p>Father, frustration in face of law</p> <p>Mother, difficulty in following rules</p>
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<p>will be late. She arrives 1 hour and 10 minutes into the visit, leaving her with 20 minutes of visitation time.</p> <p>When Mr Maraj arrives, the children leave their foster mother and follow their father. Their foster mother runs after them to tell them that they have to wait with her. The children ignore her and continue running. I intervene and stop them. I explain to them that they would have to wait a bit before seeing their father, and that their father has to first prepare things. The two children listen and return to their foster mother.</p> <p>I explain to Mr Maraj that his wife will be late. He is angry. I explain that he should not be angry for she has told us in advance. I then go for the children and explain that their mother will be late. There is no reaction.</p> <p>The children greet their father warmly. Mr Maraj is in the kitchen preparing their meal. The children go into the visitation room. Farha goes to her father's bag to look for her gift. I stop her immediately and ask her to wait. I also tell her not to go and ask her father if she could go into his bag. Chandrahas goes to play as soon as he is in the room.</p> <p>Mr Maraj comes into the room. Farha asks him for her gift. He says that he has none, but then goes into his bag and takes out her gift. She laughs. She receives the Barbie Princess DVD. She is happy and "congratulates her kind father" with a kiss, and caress in his face. Mr Maraj is happy.</p> <p>Mr Maraj then tells his children that they are going to eat right away because their mother is running late. During the meal, Farha sits on her father's lap. From time to time, she asks where her mother is. Chandrahas stays on his chair and</p>	<p>Children, go to father Me, enforcing rules in children</p> <p>Father, anger towards wife</p> <p>Me, prohibition towards daughter breaking rules and seducing father</p> <p>Family-like in absence of mother</p> <p>Daughter, indifferent to mother's absence</p>
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<p>his father feeds him. After some time, he seems agitated and seems to want to leave the table. However he stays. The meal goes rather well. At one point, Farha asks why there is no TV in the visitation room. I ask why she would like a TV. She says to look at TV. I explain that if there were a TV there, she would spend her time looking at it and not make the most of her time with her parents. Farha seems to have understood, but still thinks about it because of her DVD. I ask when she will be able to watch TV. She says when her father is clearing the table. I find this strange because Farha does not seem to consider her mother in this equation. If her father does not take care of her, there seems to be a sort of vacuum.</p> <p>Mrs Maraj finally arrives. She apologises for her being late and greets her children. Her children greet her as well, but not with the same enthusiasm as usual (maybe because they have already found their rhythm for this visit and are playing their games). She has brought watermelon for dessert (the wrong container in the beginning, this one is for the foster parents). Mrs Maraj takes care of Chandrahas for the majority of the time that she is there. The children eat the watermelon. 10 minutes before the end of the visit, she decides to change Chandrahas. I explain that it's not the best time, that the visit is almost done. Nevertheless, she insists on changing his diaper. She takes Chandrahas, and he resists. She tries again, but he still refuses. She then asks Mr Maraj to help her, but he does not respond. She asks a second time, but he ignores her. Farha responds and says that he can't because he's working. I intervene and explain to Farha that this is between the adults and she should not get involved.</p>	<p>Mother's arrival disrupts everything Mother, objectification of son</p> <p>Mother, objectification of children</p> <p>Daughter gives in, son resists</p> <p>Father, cold with son</p>
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<p>5 minutes towards the end of the visit, Mr Maraj gets involved and changes Chandrahas' diaper. This takes a minute at the most.</p> <p>The end of the visit is rushed. It would seem that Mrs Maraj must accomplish her "motherly role", i.e., take care of children as she always does, whether or not it is necessary. She tries to do everything, including fixing their air and putting moisturiser on them) in the little time remaining.</p> <p>The visit comes to an end, and it takes place as usual.</p> <p>The visit takes place at a different time today. Mr and Mrs Maraj mix up the time and reach well before the scheduled time. Mr Maraj reaches early and leaves, t-and then returns later. Mrs Maraj comes afterwards, but prefers to wait in the waiting room for her children. Both parents have brought food today. I explain to them that seeing that they have both brought food, they could put all on the table and let their children decide, and not distinguish "mother's meal" from "father's meal".</p> <p>The children arrive. On the way to the visitation room, Chandrahas shouts enthusiastically, "Papa, papa!" however when his mother goes to him and says, "Mon bébé!" before he sees his father.</p> <p>The greetings are warm between parents and children. Mr Maraj takes his daughter in his arms. Farha gives her father</p>	<p>Mother, routine, objectification Family, rule breaking</p> <p>Me, enforcing rules and places</p> <p>Me, enforcing rules and places</p> <p>Father, introduction is law, equity in children</p>
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<p>the “tour des bisous”. Afterwards, Mr Maraj gives his son a hug. Farha does not go to her mother and I ask her if she has told her mother hello. With this, she greets her mother. Mr Maraj has brought gifts for both of his children. They want to play with the toys, but they will have to wait until after the meal.</p>	<p>Daughter, rejects mother, seeks refuge in father Parents, work as one, triangulation restored</p>
<p>Mr Maraj goes into the kitchen to prepare the meal whilst Mrs Maraj washes her children’s hands. Washing hands is another ritual. Mrs Maraj calls Farha, but Farha does not listen to her and wants to go join her father in the kitchen. She heads to the kitchen, and I call her. Her father tells her to return to the visitation room. Her mother then washes her hands.</p>	<p>Children, refuse their mother Me, prohibition and separation</p>
<p>Next, Mrs Maraj goes to get Chandrahas; however the young lad refuses. His mother tries to take him by force. I explain that she should not go about things this way, but rather explain to her son. I add that he is playing right now, and she could be suddenly disrupting him during his game. Mrs Maraj is still unable to get him to go wash his hands, so I decide to help her. I tell Chandrahas and tell him that he is going to “miam”, and then ask him if he can be a good little soldier and climb the poof so that his mother could wash his hands. He agrees and does as I ask. Mrs Maraj thanks me for my help.</p>	<p>Me, enforcing rules in children Mother, rule-breaking</p>
<p>Mr Maraj comes with his reheated meal. Mrs Maraj’s meal is already on the table. I explain to the children that they could eat whatever they like from the table. Mr Maraj starts to explain what is there, but only her meal. He ignores the pizza that his wife has brought. Farha asks what it is. Mr Maraj responds with a dismissive gesture, “Ça c’est de ta</p>	<p>Daughter, waits for father (throne) Daughter, rejects mother</p>

<p>mere.” I repeat (or rather emphasise) that there is no mothers or father’s meal, but just many choices. Farha chooses. She only takes her father’s food. Mrs Maraj asks her if she would like some pizza. Faraha responds, “Après, si j’ai faim.” Farha does not sit right away. She waits for her father to sit so that she could go on his lap. At the end, she is no longer hungry and so does not have any pizza. Her mother asks her what she is going to do with the pizza. She says that it’s for the foster family.</p> <p>Mrs Maraj feeds her son. He starts with pizza. Mr Maraj then gives his meal to his son. Chandrahas first eats the pizza, then asks for the other meal. He eats everything.</p> <p>During the meal, Farha hardly even says one word to her mother, and only talks to her father. Mrs Maraj asks her some questions, but Farha does not seem to hear her, and on each occasion I tell her that her mother is talking to her. At one point, her mother asks her what an earthquake is. Mrs Maraj exclaims, “Ooohh!” and proceeds to tell her daughter that 10 000 people died from an earthquake, that her grandfather...” and I cut her off immediately. I tell her that Farha did not ask her all of that, but, “Qu’est-ce que c’est un tremblement de terre?” Mrs Maraj is unable to respond to her daughter and I have to explain in simple terms what an earthquake is to Farha.</p> <p>Mrs Maraj asks Farha if school is going well. She says no, and her mother asks her why. Farha responds, “Il y a un garçon qui se moque de moi.” Neither parent understands this expression, and I have to explain what it means. Then, I ask Farha what happened. She explains everything and her father asks her why she hasn’t spoken to her teacher. She</p>	<p>Me, enforcing rules and places Mother, inability to adapt or see generational differences Me, guide</p> <p>Mother, unable to hear daughter, different reality Me, enforcing places and understanding (mentalization)</p> <p>Son, refuses mother, mother adapts</p> <p>Mother, objectification of children</p>
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<p>explains that her teacher sees it and asks the boy, but he hasn't. They speak about it for about 5 minutes when Farha says that it isn't only this boy that bothers her. Mrs Maraj responds, "Ahhh! Farha a un nouveau copain!" I explain to Mrs Maraj that that's not what Farha said, but rather there is a boy called X that bothers her at school.</p> <p>Everyone continues eating. During the meal, Mrs Maraj tries putting her son on her knees several times, but he refuses. He wants to stay on his chair.</p> <p>Mr Maraj then shows his daughter a Indian music video. Chandrahas gets up to see it. They listen to music during the meal.</p> <p>After some tie, Chandrahas is a bit agitated and wants to leave the table. Mrs Maraj wants him to stay. I say that he might have finished eating. She tries keeping him there and asks if he's still hungry. He refuses food and she understands that he is no longer hungry. She wants him to wash his hands, but he refuses this as well. She decides to use baby wipes to clean him.</p> <p>Chandrahas is playing, and his mother wants to do things with him. I tell her that he's currently playing something, and that she can join him in doing them. Instead, she takes out the mat for him to play on, but he refuses. She doesn't join him in his game, and it would seem that her attention is elsewhere.</p> <p>Farha has finished her meal and Mr Maraj starts to clear the table. Farha brings the music to her brother so that they could listen to it together. She sees her mother, and puts another chair for her. I tell Mrs Maraj that she could stay</p>	<p>Son, resistance</p> <p>Daughter, invites mother, mother unable to concentrate on one child</p> <p>Mother, self-validation Daughter goes to father</p> <p>Mother, objectification of children</p> <p>Me, prohibition and separation</p> <p>Mother, all-powerful Me, prohibition and affect</p> <p>Father, as father towards daughter</p>
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<p>with her daughter and listen to music with her. She sits next to her daughter. Farha asks her what language are the people singing. Mrs Maraj says Hindi. Then, Farha asks what the people are saying, as well as other questions. Mrs Maraj laughs and does not reply. In addition, she is trying to play with Chandrahas as well. I tell her that it would be best if she were to concentrate on Farha, seeing that the latter is next to her. In addition, Chandrahas is in his own world, living his life. This would allow Mrs Maraj to have a special moment with her daughter. Farha stays next to her mother, listening to the music. However, Mrs Maraj's mind is elsewhere.</p>	<p>Mother, disregard of law, rules</p> <p>Father, rejection of son other, all-powerful</p>
<p>Whilst speaking, Mrs Maraj boasts of all the languages that she speaks: Hindi, French, English, etc. She tries to show off her language skills; however I can only speak for those that I know. They are poor. There is a lot of "self-validation".</p>	<p>Me, prohibition and affect</p>
<p>Mr Maraj has finished clearing the table and joins his wife and children by the little table. Farha places herself next to her father and the two speak about music. Farha shares with her father the names of her favourite artists.</p>	<p>Father, as father towards daughter</p>
<p>During this, Mrs Maraj looks at her son and things that she should change his diaper. I explain that it would be a good idea to change it now if it needs changing, so that she could have the rest of the visit to spend time with him. She starts changing the diaper, but wants to also brush her daughter's long, beautiful hair at the same time. I tell her that it would be a good idea to first take care of Chandrahas, and then Farha. However, she wants to do it all. It takes her some time before she is ready to change her son. I stay with her to help her change her son. She is unable to put him on the changing table, and is unable to talk to him whilst changing</p>	<p>Mother, disregard of law, rules</p> <p>Father, rejection of son</p>

<p>him. I help her by showing her how to put Chandrahas on the changing table without him resisting. She thanks me for my help. She sings to him whilst changing his diaper.</p> <p>During this, Mr Maraj teaches Farha the alphabet of his country.</p> <p>After changing the diaper, Mrs Maraj goes to brush her daughter's hair. I tell her that Farha is with her father and that she can't just "take her away" from him. She needs to wait a bit, and maybe do something with her son. Despite this, she still tries calling Farha several times.</p> <p>After the alphabet class, Mrs Maraj calls her daughter to brush her hair. At the same time, Mr Maraj calls his daughter to also brush her hair. Farha is confused and does not know where to go. I intervene and tell them that they first need to decide who brushes her hair. Mr Maraj concedes and lets his wife take care of his daughter.</p> <p>Mrs Maraj starts asking her daughter why she doesn't tie back her hair, because it's "moche" this way. I tell her that she shouldn't speak to her daughter like that. Farha does not stay still whilst her mother is combing her hair because she wants to talk. Mrs Maraj tells her that she should be like her brother, "comme il est sage" when she brushes his hair. I explain to her that she should not compare her two children. She seems to have understood, but she repeats the same things over and compares the two.</p> <p>During this, I tell Mr Maraj that he could maybe open Chandrahas' gift with him. He does not do this and prefers to pack away everything, including Chandrahas' gift.</p>	<p>Mother, insults (objectifies) daughter</p> <p>Me, prohibition</p> <p>Mother, insults (objectifies) daughter</p> <p>Me, prohibition</p>
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<p>Close to the end, Mrs Maraj starts telling her daughter that she is “moche” when she doesn’t tie back her hair. I repeat over and over again that it isn’t acceptable to continuously tell her daughter that she is ugly. Mrs Maraj does not seem to like my intervention and starts to “faire du cinema” by having a “nervous breakdown”. It seems forced and I take her to a different room. I am forced to leave the children alone with their father, but I ask a colleague to keep an eye on them.</p>	<p>Mother seductive and manipulative towards authoritative figure</p>
<p>I speak to Mrs Maraj in another room, and she is annoyed. She then starts making funny noises as if she were “going crazy”. She says that she doesn’t want to talk. I explain to her that she doesn’t have to talk, but rather listen. She doesn’t want that either, and so puts her hands in front as if she is having a fit and/or in a trance. She goes, “Oooo, oooo!”. I decide to play along. I tell her, “Listen to the sound of my voice.” She goes, “Yes, I am listening,” with her eyes still closed. I tell her to think of her children. She says yes, she sees them. I tell her to talk to them. She says that she loves them. I then tell her to follow my voice and return. Her eyes open. I then tell her that now that she is calm, she should listen. I explain to her that I am not there to play games, and that my role was to help her and her children. She shouldn’t play these kinds of games because they affect her and her relationship with her children. She agrees. I may be a bit harsh, but I have seen her “play with people’s” emotions in the past. Because of her psychiatric problems, they handle her with kid gloves. I wasn’t doing her any favours by doing the same. Mrs Maraj stopped resisting to my intervention.</p>	<p>Daughter, concern for mother</p> <p>Me, enforcing rules and places</p>
	<p>Daughter, desires father</p>

<p>We return to the visitation room afterwards and Farha asked of everything is okay. I do not worry her and simply say that he mother and I needed to talk a bit. Farha asks no more after this.</p> <p>The end of the visit comes. The usual routine happens. This time, Farha is a bit sad to leave her father and gives him the “tour des bisous”.</p> <p>Afterwards, Mr and Mrs Maraj return to the room to get their stuff. Mr Maraj leaves with the bag, Mrs Maraj tells him something in their native tongue. Mr Maraj returns, is angry, puts down the bag, takes his container and leaves. Mrs Maraj says that he is angry because she told him something.</p> <p>I find that Mrs Maraj seemed a bit disoriented today, that her mind was elsewhere. She was unable to concentrate on her children. In addition, she did not speak or explain things to her children when necessary.</p> <p>Cancelled because the children are on holiday</p> <p>Cancelled because the children are on holiday.</p>	<p>Parents, conflict</p> <p>Daughter, dethroned, but still in contact with father</p> <p>Children, together</p>
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Warm greetings. Mr Maraj arrives on time whilst his wife is 5 minutes late. The children get gifts from their father. The visit centres on the meal as usual, with a few exceptions:

- Farha does not stay on her father's lap. However he still feeds her by hand.
- The children eat both meals placed in front of them. Mrs Maraj insists in the beginning of the visit that there will be food from the both of them, and the children could eat and or try everything.

Before the meal, Mrs Maraj asks her daughter where she would like to sit. Farha asks where her father will be sitting so that she could sit next to him.

During the meal, Mrs Maraj speaks in her native tongue to Chandrahas, explaining that he understands (I'm not sure of this; however I believe that it's important that the children hear their parents' native tongue...at times). Farha laughs because she finds it funny. She imitates her mother by saying, "La la la la la!" Mr Maraj seems to be bothered by his wife's behaviour and tells his daughter that she should not be laughing whilst eating.

At one point, I ask Mrs Maraj to translate what she is saying to her son to Farha. She translates for Farha, and the little girl laughs.

I have noticed that Farha has become more tolerant (and resigned) when it comes to her mother. Their relationship

Children, given a choice

Mother, different reality, objectifies son

Children, mock their mother

Father, anger towards wife

Me, intervention

<p>has evolved a bit, even though the two have lots of work that still needs to be done.</p> <p>The meal goes rather well.</p> <p>After the meal, the children go to play whilst their mother continues eating. The two children go in the couch to listen to music. Chandrahas goes between playing on his own and listening to music. Whilst this is going on, Mr Maraj is preparing a mango for dessert. Afterwards, Mrs Maraj clears the table.</p> <p>The rest of the visit goes well. Mrs Maraj changes her son's diaper, and then takes care of her daughter. Mr Maraj plays with his son whilst his wife spends some time with Farha.</p> <p>The visit comes to an end. The usual happens, with one exception. Each parent takes a child. Mr Maraj takes his daughter whilst his wife takes Chandrahas. There are too many things for the foster mother to take, so I suggest that she drops off the bags and then return for the children. Whilst waiting, Farha sees her drawing and says that it is for both of her parents. Mrs Maraj colours with her son. The foster mother returns for the two children.</p> <p>The visit went well. Both parents seem to be making an effort; however there still seems to be lots of tensions between them. I speak with them afterwards. They explain to me that they are separating, but haven't yet told the children. This being the case, their visitations would need to be separated. This would take some time. I suggest that they wait until things are finalised (i.e., separation of the visitations) before they tell their children, as this could lead to confusion in them. They both agree. In addition, they are</p>	<p>Daughter, more tolerant towards mother Children, play together</p> <p>Family, routine at the end</p> <p>Father, anger towards wife, ignores her Mother seductive and manipulative towards authoritative figure Parents, tension, unresolved issues Mother, tries to control</p> <p>Me, prohibition</p>
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<p>no longer living together. Mrs Maraj is living in their apartment whilst Mr Maraj is living in his store.</p> <p>The greetings between parents and children are warm. However the tensions between the parents are such that they don't greet each other at all, or rather that Mr Maraj is ignoring his wife whilst Mrs Maraj is overacting trying to prove that there are no problems between them. The tension is such that it would seem that there are two separate visits that are taking place in the same room, with each parent trying to grab their children's attention.</p> <p>Mr Maraj arrives on time. Mrs Maraj arrives 15 minutes late. The visit takes place around a meal. Mrs Maraj tells her children to eat quickly so that they could play. I explain that she should not rush them, and that if the parents want more time to play, then they should make less food and concentrate less on food, or even have a visit without food.</p> <p>When it comes to the mother/daughter relationship, I have observed that the relationship has evolved. Yes, there still needs to be a lot more work. Mrs Maraj seems to be making an effort to be a good mother. She is trying to listen. However, she still does not necessarily listen to her daughter, but instead comes with fixed, predetermined ideas as to what her daughter wants to say and/or do.</p> <p>For example, Farha wants to talk, but her mother cuts her off, telling her that she should not speak whilst eating. I</p>	<p>Mother, makes an effort</p> <p>Mother, rule-breaking</p> <p>Mother, objectification of child-therapist, sees her as younger than she really is</p> <p>Me, prohibition and separation</p> <p>Daughter, sees her mothers difficulties, shows disappointment</p>
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<p>explain that the meal is a time to talk to one another, and so Farha should be able to talk during the meal. At another moment, Farha speaks of something her foster mother told her. She should be careful not to talk to strangers, should not take things from or go with strangers. Her mother cuts her off telling her that she should not speak of such things, that she is too “petite”. I explain that Farha is right to speak of such things, because these things concern her directly. Mrs Maraj understands and is fine with her daughter speaking about such things.</p> <p>Even though the relationship is improving, I am starting to question future separate visitations, i.e., when the parents have separate rights. The reason being is because Farha has started picking up on her mother’s “difficulties” or rather shortfalls. How will she react when she’s directly confronted to all her mother’s shortcomings? For example, when playing “Guess who”, she has noticed that her mother does not understand the game and therefore the young girl decided to end the game. She was visibly disappointed. I am wary of this.</p> <p>When it comes to the relationship between Mr Maraj and his son, this has also improved. Mr Maraj spends more time with his son. However, I wouldn’t say that Chandras has is indifferent to this; however he seems to still get on with his life whether or not someone were to approach him or not. The only times he has really gone to his father was when he saw his sister on his father’s lap, and the one time when he called out to his father when he arrived. Other than that, he does not necessarily go to his father. In addition, he only stays on his father’s lap for a short amount of time.</p>	<p>Father, spending time with son, son keeps distance</p> <p>Son, separates father and daughter</p> <p>Parents, tension, unresolved issues, hatred for each other</p> <p>Mother, confusion</p>
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<p>During the visit, Farha whispers in her mother's ear that she will be returning home next week (I overhear this). I ask her what she said, but she doesn't want to tell me. Her father tells her that she could tell me, and so she does. She says that her foster mother has told her so. However, on enquiring, I find out that this is not the case, and I believe that this is simply the case of a little girl's hope and desire to return home.</p> <p>On another (yet connected note), even though the visits are going "well" in terms of the relationships between each parent and their children, the tensions are such that it seems that neither parent could tolerate the other. Could this be why Farha wants to go home, or is giving hope to her parents? To save them? In any case, it would seem that each parent wants to tear the head off the other, the hatred and disgust between them is intolerable. I am not sure if it is wise to have the children be confronted with this each week.</p> <p>Mrs Maraj mixes up the time and arrives over an hour early. I explain to her that she is early and should return in an hour. However, she returns 45 minutes late to the visit. She does not seem to be bothered by this.</p> <p>Mr Maraj arrives on time. Warm greetings between him and his children. He has no gifts this time, but only a bag full of sweets. Farha does not seem to be bothered by this. Father and children do not wait too long before they start eating.</p>	<p>Father, no seduction, daughter not bothered</p> <p>Parents, absence of communication (mentalization), upsets dynamic</p> <p>Daughter, goes to father Parents, fight over child-therapist Son, invisible to parents</p>
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<p>Mrs Maraj arrives with MacDonald's for her children. This upsets things because her children have already eaten. They like MacDonald's, but have already eaten. Mrs Maraj eats her sandwich.</p> <p>The visit takes place like the others, except for the fact that Farha does not go on her father's lap, but next to him so that he could feed her.</p> <p>Both parents try to win their daughter's affection throughout. They say that if ever they need something, she need only ask. Chandras is absent in all of this, and so he goes off on his own to play.</p> <p>In general, a "neutral" visit. The parents are trying to leave set problems aside during the visits, but the tension is there. It's getting worse and worse, to the point that after visits is spent in couple's therapy, not to help rekindle the spark, but rather from keeping them from "killing each other". They do not tolerate each other's presence at all. As for the past few visits, the two parents explode at each towards the end.</p> <p>I have finally gotten the necessary documents to separate the visits. I see the parents before and we talk about letting the children know of their parents' separation. The tension is at a max.</p> <p>The parents have both brought meals. They eat the meals, but there is no talking. After about half an hour (the shortest</p>	<p>Parents, tension, unresolved issues, hatred for each other</p> <p>Me, enforcing rules and places</p> <p>Son, avoidance</p> <p>Mother, all-powerful, not in touch with reality</p>
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<p>they have ever eaten), the parents say that they need to talk to their children. They all go to the little table.</p> <p>Chandrahas does not want to stay there and wants to go and play by himself. No one can make him stay. As such, there is only Farha. Mr Maraj starts explaining things to his daughter. He says that he and her mother have been having a difficult time for quite some time, and that they were getting a divorce. Mrs Maraj chimes in and said not to worry for it's just for a time. Mr Maraj look at her and says no, it's a divorce. They are no longer together. Mrs Maraj says yes, but they will be together when she wants. Mr Maraj says no, it's definitive. Mrs Maraj says, "Definitive?" and it hits her that the marriage is over. She breaks down immediately. She refuses! Mr Maraj is angry, and says no, it's done. Mrs Maraj breaks down even more and begs him to stay. He reminds her that she is the one who asked for it, who told everyone. She was the one who voiced it. She says yes, but she expected him to come back when she wanted. Mrs Maraj seems to be of the impression that she controls everything. She was the one who explained to me in previous visits that she wanted to leave her husband, she was the one who pushed for divorce papers, who told the social worker that she was leaving her husband. However she thought that it would last only as long as she wanted to. She had even started giving her maiden name to people.</p> <p>She breaks down. Farha tells her mother not to worry, that things like this happen, and that just because they are no longer together, this doesn't mean that they don't love their children. She adds that he foster mother's son had a divorce and the children are fine. Mrs Maraj hears nothing and has</p>	<p>Father, brings reality to mother Mother, reality is too difficult to cope with, loss of control of her surroundings</p> <p>Daughter, adopts different therapeutic role</p> <p>Parents, emotions surface</p> <p>Me, prohibition and affect Son, confused Daughter, unconcerned with parents' relationship Son, acknowledges mother's sadness, but does nothing</p>
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<p>completely broken down, begging and pleading with Mr Maraj to take her back. Mr Maraj is angry and says no, that she is crazy. He wants nothing to do with her. Chandrahas comes and caresses his mother's face, but she is too far gone.</p> <p>I ask Mrs Maraj to come with me. I do not want her children to see this anymore. It is hard getting through with her. She's begging, saying that she did not understand, etc. Unlike the last time she "broke down", this one was for real. Words can't describe how far gone she was. She was crying, screaming for bloody murder, begging Mr Maraj not to let her go. I got her to another room where her pain intensified. It took me over 20 minutes for her to calm down even a bit. I explained to her what had happened. She explains that was not what she wanted. She thought that it was a little break, and that she could get him back when she wanted. Eventually, she calmed down. By this time, the end of the visit had come. She seemed in a stable enough state to say bye to her children. Mr Maraj had already said bye.</p> <p>I took her to say by to her children, and she broke down again as she begged her husband not to divorce her. At this point, Mr Maraj was fed up. He told the crazy lady to leave him alone. She followed him around the room, crying and begging him to stay. He kept walking away, and she kept following him. Farha's eyes open wide, and she snickers a bit. Chandrahas was confused. I totakeok the children to the foster parents, and speak to them along the way. Farha says that it's not serious and she doesn't know why her mother is acting like this. I explained that it is a bit difficult for her (Mrs Maraj). Chandrahas says that his mother's sad. Other</p>	<p>Children, both fine after parents' separation</p> <p>Parents, reality confronted, destructive for mother</p>
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<p>than that, the two children were fine. I explained briefly what happened to the foster parents so that they could keep an eye on the children.</p> <p>I then go back to the room and see Mrs Maraj still crying and begging. She's trying to grab her husband's hand, and he keeps pulling away. Her world seems to have shattered.</p> <p>I then take Mrs Maraj to another room. Mr Maraj could leave. I stay with Mrs Maraj who seems shattered, and can't stop crying and screaming in pain. I cannot let her leave on her own. I call her sister to come pick her up. I stay with Mrs Maraj until her sister arrives. I explain briefly what happened. Mrs Maraj is a bit calmer now, but is still in shock.</p> <p>This isn't a visit with the children. I invite Mr Maraj in separately for I need to go over the new rules. As a result of their divorce, the parents' rights are separated, which means that they each have fewer visitations. Once weekly, they now have bi-monthly visits.</p> <p>Mr Maraj is doing well, and looks "replenished". He is happy to have left his wife. He explains to me that Mrs Maraj was institutionalised after the last visit. She is therefore currently in the hospital. He wonders if he could get his wife's visits. I explain to him that that is impossible, that the two are separate. The Departmental Council, the Children's Judge, and I handle each case separately. His</p>	<p>Father, looks replenished</p> <p>Children, unconcerned after parents' separation</p> <p>Children, confused by mother's reaction</p> <p>Children, relieved after separation</p>
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<p>wife has her rights. Whether or not she uses them does not impact or influence his rights, and vice versa.</p> <p>I speak to the children before this visit about what transpired in the last visit. They don't seem to be bothered by what happened. Farha maintains that she does not know why her mother reacted like that. Chandrahas seems indifferent.</p> <p>I speak to their foster mother who confirms that they children weren't at all bothered by the news. She adds that they actually seemed relieved, well, Farha. Chandrahas is indifferent.</p> <p>The visit starts, and it is as usual: gifts and food. Farha is on her father's lap, and Chandrahas does not stay long at the table. Mr Maraj wants to talk about what happened with Farha, but Farha isn't bothered by it. The visit is "serein". It takes place as usual, just in absence of the mother. Chandrahas takes care of himself, and Farha stays with her father. Farha then asks to see the music videos, and her father accepts.</p> <p>The visit finishes, and Mr Maraj takes his daughter in his arms to the foster parents, whilst Chandrahas walks.</p> <p>Neither child showed any distress in absence of their mother. Neither spoke of her either.</p> <p>After the visit, I decide to speak to Mr Maraj. Seeing that the dynamic has changed, I decide to implement a few changes.</p>	<p>Father and children, serenity</p> <p>Father, gifts Son, independence Children, no distress for mother</p> <p>Me, enforcing rules and places</p> <p>Father, resistant, hatred towards law, but compliant</p>
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<p>First and foremost, I explain to Mr Maraj that he will no longer be allowed to accompany his children to the foster parents. Sure, they were allowed to before, but that was against the rules. As of now, they will say bye in the visitation room like all the other families.</p> <p>Secondly, I ban gifts. I explain that he can't continue to use "material" things for his daughter's affection. I ask him if he'd like his daughter home with him one day. He says yes. I ask him if he would continue giving her gifts everyday when she returns. He says no, that that would be different. I explain to him that he needs to start now, for I need to see that he is capable of saying "no" to his daughter starting now.</p> <p>I can see that Mr Maraj is starting to hate me. He has a very calm, polite and compliant demeanour, but I can see that he does not like what I am putting into place.</p> <p>Next, I explain to him that his daughter is big enough to eat on her own, and not on his lap like when she was a baby. I add that he could let her help out a bit. I also tell him that the meals are too long. 20 minute should be enough, not an hour. They're not there to eat, but rather work on their relationship. I also suggest that it would be a good idea if he were to eat with them.</p> <p>At this point, I am not Mr Maraj's favourite person.</p> <p>Finally, I remind him that he has a son! I leave it at that.</p> <p>Mr Maraj left, unhappy with me.</p>	<p>Me, enforcing rules and places</p> <p>Me, prohibition</p> <p>Daughter, no rebellion of authoritative figure Father, in his place, content</p>
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<p>Mrs Maraj's visit is cancelled because she is in the psychiatric hospital.</p> <p>The day of big changes is here. Mr Maraj arrives 10 minutes late because he has troubles finding a parking spot. Before the visit starts, I ask him if he remembers what we talked about before. He does. He isn't happy about it, but is willing to give it a chance.</p> <p>Mr Maraj followed my advice.</p> <ul style="list-style-type: none"> • There were no gifts. Farha came looking for gifts, and when she was told that there were none, she did not rebel. Mr Maraj was afraid when he told her, but was pleasantly surprised. • I got Farha to help set the table. She seemed happy to help. She put the plates, and seemed surprised when her father brought a third plate for himself. He told her that she would eat on her own, and that he would eat as well. This surprised Farha. However, what shocked Mr Maraj even more, and what he spoke to me about afterwards, were the following: 	<p>Daughter, adapted role</p> <p>Father and children, interaction, sharing (mentalization)</p> <p>Daughter, space to be, limits imposed</p>
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<ul style="list-style-type: none"> ○ Farha did not contest, and was happy to eat on her own. She even showed her father how she still knew how to eat with her hands. ○ Chandahas stayed for the entire meal, and didn't become agitated. This is the first time that this has happened. • The meal was cut short as Mr Maraj brought less to eat. They were able to spend more time together, talking, playing, etc. • Mr Maraj gave Farha some space instead of keeping her with him. He even set limits with her. At one point, Farha sat on the couch reading her book whilst her father stayed with her brother. <p>After the meal, Mr Maraj explains to his children that their mother is in the hospital. Farha is worried and has many questions. Her father reassures her that her mother is fine, and that she will soon be sending them a letter.</p> <p>In a nutshell, a good visit. Mr Maraj tries to divide his time between his two children.</p> <p>The visit comes to an end, and everyone gets ready to leave. Farha takes her father's hand to leave with him. I explain that she and her brother are going to leave all alone, and that their father will stay in the room, as it should be. Farha starts to protest, stamps her feet, but is met with a firm, "No!" on my part. She does not resist after that.</p> <p>They say "bye" to each other, and I expect it to be difficult</p>	<p>Children, test limits</p> <p>Children, relieved with rules, their own space to be</p> <p>Father, upholds his role</p>
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<p>as I accompany them. However it is the opposite. Farha takes her brother's hand, and the two skip through the corridor, laughing.</p> <p>I speak to Mr Maraj afterwards. He seems convinced of the changes I implemented. He admits to having hated me for them and being resistant, but agrees with them now.</p> <p>Mrs Maraj is still in the hospital, and no one knows when she will be out.</p> <p>In general, a good visit. Mr Maraj makes more of an effort to change the dynamics of the visits, for he wants things to get better. He dedicates more time to spending time with his children, and less to eating. Today, they all draw together, something they haven't ever done together. The children seem happy to be doing things with their father. Mr Maraj seems to enjoy drawing much less than his children. It's not his thing; however he says that he's doing it for his children. I explain to him, "C'est ça d'être papa; faire des choses avec vos enfants que vous n'aimez pas trop." He seems to understand.</p> <p>Chandrahas is visibly closer to his father, and calls out to</p>	<p>Son, closer to father</p> <p>Daughter, tries seducing father and me (Oedipus)</p> <p>Daughter, more open and talkative with the more rules that are enforced</p>
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<p>him. Farha's relationship is changing as well. As I explained to Mr Maraj, his daughter is growing, and he needs to grow with her as well.</p> <p>The end of the visit is here, and Farha tries to bring her father with her to her foster parents. She tries her usual "seduction". However, Mr Maraj tells her that it is not allowed. She tries with me, in a similar "seductive" way. I maintain my position. She does not try anymore, and joins her foster parents with no problems.</p> <p>I've noticed that Farha as also gotten more and more talkative with me. This has been happening for some time as I've been intervening more and more. The more "rules" I put into place, the more open she is with me.</p> <p>Mrs Maraj's visit is cancelled.</p> <p>The visit starts off well. It goes like the previous, except for one minor incident.</p> <p>Farha is playing "Connect 4" with her father, when Chandrahas comes to join them. He does not want to play, but just wants to be there. Farha does not want her brother around. She seems to want her father all to herself.</p>	<p>Son, seeks to be more actively involved</p> <p>Daughter, authoritative towards brother</p> <p>Father, helpless when faced with two children vying for his attention</p> <p>Me, enforcing rules and places</p> <p>Daughter, accepts rules</p> <p>Daughter, calmer with rules</p> <p>Father and children, interaction, sharing (mentalization)</p> <p>Father, helpless when faced with two children vying for his attention</p>
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<p>Chandrahas then takes two of his father's pieces. Farha is anything but pleased, and demands that he return them. Mr Maraj explains that it is okay, that he does not need them. He adds that Chandrahas is happy with these two, and will leave them alone. Farha is not happy and insists that Chandrahas return the pieces. Chandrahas is giggling, and being "mischievous". However he does not seem to understand his sister's anger. He just wants two pieces. Mr Maraj tries explaining to his daughter, but Farha loses it and gets extremely angry. Mr Maraj looks at me. He is at a loss as to what to do. I intervene and tell Farha that if she doesn't calm down, I would put an end to the game. I repeat what her father said about Chandrahas being happy with the two pieces and leaving them alone, but she raises her voice and screams. With that, I say that the game is done and take it away. Farha does not react, and calms down immediately. Chandrahas says nothing. Mr Maraj is still at a loss.</p>	<p>Me, guide</p>
<p>After that, Mr Maraj suggests that they do something else. I explain that if the same behaviour were to be seen again, I'll just take whatever activity away as well. There is no need for that type of behaviour.</p> <p>The rest of the visit goes well. Farha is calm and all chatty once again. She speaks to me as usual. She plays with her father and brother.</p> <p>After the visit, I speak to Mr Maraj about what transpired. He explains to me that he knew that his daughter as overreacting, but that he is afraid of telling her no in case she were to hate him. He also says that he has noticed that his son is trying to connect with him even more, but he does not know what to do, or how to handle it. He is torn.</p>	<p>Father, equity in children</p>

<p>I explain to him that he would have to put limits on his daughter, and eventually she would appreciate it. I add that I will be there to help him, to be the big meanie if needed, but that we would eventually have to do it all on his own. We will work together at it.</p> <p>Mr Maraj also expressed to me – for the first time – his unhappiness of and difficulty in not seeing his children more and having them with him.</p> <p>Mrs Maraj is still in the hospital</p> <p>This visit goes well. It is Farha's birthday. Her father brings her gifts, as well as a cake. To my surprise, he has also brought a couple gifts for his son for her does not want Chandrahas to feel left out. He explains that Chandrahas is too young to understand why he's not getting anything, so he got Chandraass a truck (a big one at that) and a t-shirt. Chandrahas is happy. What is also surprising is that Chandrahas insists on sitting on his father's lap now. Farha does not protest, nor does she ask to sit on her father's lap. I see that Mr Maraj is still trying to get accustomed to the new situation. He is still in awe at the changes made, but he is happy for them.</p>	<p>Father and children, interaction, sharing (mentalization)</p> <p>Me, less involved</p> <p>Daughter, still somewhat inappropriate, I intervene</p>
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<p>Farha's birthday party goes well, and she is happy.</p> <p>It would seem that the parent-children relationship is evolving rather well, and quite fast. My place has even changed. I am less and less the big meanie, having to place limits and enforce rules. Mr Maraj is slowing upholding this role, and his children are accepting it.</p> <p>Farha is still touchy, and tries to have conversations that aren't for her age with me. But I keep her at bay. Her foster mother has explained that this is also true at home.</p> <p>Nevertheless, I am starting to question if the father's rights would soon need to change. If things continue evolving, there could be an increase in his rights.</p> <p>Mrs Maraj is still in the hospital</p> <p>I have spoken to the social worker between visitations. I spoke of Mr Maraj upholding his role, and the efforts he has made. She has also noticed a change in him with her meetings, and has suggested (like me) that his rights be increased, but not just yet. He also seems to be making an effort to meet with the social worker.</p>	<p>Father and children, hardly any conflicts</p> <p>Father and children, togetherness</p> <p>Father, upholds his role</p> <p>Children, respond positively to father's role</p> <p>Daughter, autonomous, son with father</p>
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<p>The visit is going well. Mr Maraj still depends on me to help place limits. There is hardly any conflict, but he is still a bit hesitant. As such, I decide to throw him in the deep end a bit. As discussed with the social worker before, and having gotten written authorisation, I would be allowed to leave the room for a few minutes if I see fit, to allow Mr Maraj a time to work on his own.</p> <p>The visit is going well, they are all playing together. I explain that I am just going to get something from the other room. I step outside (I can hear everything going on).</p> <p>I return after 10 minutes. It would seem that my brief absence has had a positive effect on the ambiance. Mr Maraj was forced to uphold his role without me. I entered the room. There was Farha reading her favourite book, and Chandrahas drawing with her father.</p> <p>I speak to Mr Maraj about my absence afterwards. He explains that he was nervous at first, but things went well. He was able to be a father.</p> <p>Mrs Maraj is out of the hospital. The social worker confirms that Mrs Maraj will be present for the visit. However, Mrs Maraj calls to say that she cannot come because she is feeling sick.</p>	<p>Mother, harassing father</p> <p>Daughter, looks to me for help in showing her identity</p> <p>Daughter, concerned about hurting her father</p> <p>Father, adapted, upholds his role</p> <p>Children, have a voice</p>
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<p>Before the visit, Mr Maraj asks to speak to me. He explains that his ex is constantly calling him and leaving him messages to get back together with him. He says that he is not responding, but it is getting to be too much for him. I had known about it before, because the social worker had called me. She explained that Mrs Maraj is obsessed with her ex. She has told her to no longer contact him, but she calls at all hours of the night. She, like me, has suggested that Mr Maraj change his phone. She has even showed up to his store when he wasn't there.</p> <p>Before the visit, Farha asks to speak to me. She tells me that she wants to tell her father something, but she is afraid to hurt his feelings. She does not like his food because it is too spicy, and sometimes he puts too much for her and she vomits afterwards. I reassure her and tell her that she could tell him, he wouldn't mind. In addition, I will be there to help her say it.</p> <p>The greetings between Mr Maraj and his children are warm. Today, they are celebrating Christmas.</p> <p>During the meal, Farha seems a bit worried. Her father asks her why; why does not want to respond. She looks to me for help. I start by saying that Farha has something that she'd like to tell him, but she's afraid that he may not like what she is going to say. Mr Maraj tells her that she can tell him anything, and that she shouldn't be afraid to tell him anything. Farha is hesitant, looks at me, then her father. She tells his that she doesn't like his food because it's too spicy</p>	<p>Father and children, relief</p> <p>Father, thinks about son</p> <p>Son, imposing himself, demanding his father Father, treats each child as an individual</p>
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<p>and that he sometimes puts too much food for her and she feels sick afterwards. Mr Maraj handles his daughter's anxiety well and says that it is good that she told him. He will make an effort to use less spices and that she should stop eating when she feels full. He then tells Chandrahas the same thing. He asks her how the food is now. She says that it's too spicy. He tells her that it's okay, she doesn't need to eat it. Farha stops eating. Mr Maraj then reinforces that she can tell him what's on her mind, and that he will understand. She can tell him everything.</p> <p>Chandrahas continues eating. He likes the food.</p> <p>The rest of the visit goes very well. I get the impression that they're all breathing easier each time, that it's easier for them to talk and get to know each other.</p> <p>Mr Maraj gives them their gifts. What is surprising is that he gives Chandrahas something that he will like, unique to him. He does not give him a generic boy's gift. Each child gets a tablet. And Chandrahas gets his favourite "Cars". Farha also gets gifts unique to her.</p> <p>Chandrahas is "imposing" himself more and more, and Mr Maraj is responding well to this. Each child seems to have his or her own distinct place with Mr Maraj, and Mr Maraj is treating them each as individuals.</p> <p>I also speak to him about a discussion I had with the social worker. She and I agree that the way things are going, we are contemplating increasing his rights to spend some time with his children outside of supervised visitations. Mr Maraj is pleased to hear this. However I insist that he needs to work hard, for I will be looking in an even more scrutinising</p>	<p>Daughter wants to control everything at home, son defending himself Children, sibling rivalry</p> <p>Children, complicity</p> <p>Mother, trying to control father from afar</p>
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<p>manner once he has gotten more rights to his children.</p> <p>Mrs Maraj calls to cancel the visit. She is hospitalised again.</p> <p>The visit goes well. However, I embark on the difficulties that seem to be happening at the moment. The foster family has explained that Farha has once again started wanting to control everything at home, including her brother. What is different is that Chandrahas is defending himself. In the past, he would just ignore her and walk away, but now he is fighting back.</p> <p>Mr Maraj speaks about it and asks his children what is happening. Farha doesn't talk at first, but then says that he brother is annoying. Chandrahas' vocabulary is limited, but he makes it known that he is not happy. Farha is not nice, she taps. Mr Maraj explains that they are brother and sister, and should try to get along. He explains what they shouldn't and shouldn't do. He also says that they should speak to the foster parents if anything were to happen, instead of trying to handle in on their own. The two children listen.</p> <p>Afterwards, the visit goes well. There is a lot of humour in this visit, a lot of laughter. Chandrahas is a clown, and his</p>	<p>Me, explanation</p> <p>Mother, unable to accept reality</p> <p>Mother, difficulties worsen</p>
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<p>sister encourages him in his jokes. Despite the recent conflict between the two, Farha and Chandrahas seem to be getting along better during visitations.</p> <p>After the visit, Mr Maraj asks to speak to me. He informs me of his difficulties where his ex-father-in-law, ex-sister-in-law and her husband are pressuring him into taking back Mrs Maraj. They are telling him that he'll get back his children faster if he were to do that. He does not know what to do. In his culture, he is to listen to his elders, especially the father of his (ex-)wife.</p> <p>I am clear with him. I explain to him that that is not how it works. He is free to get back with Mrs Maraj if HE WANTS to, and only if he wants to. He says that he does not want to. I then explain to him that what his ex-in-laws are telling him is false. If he were to get back with his ex, everything will start from zero. Right now, I am observing his interactions with his children on his own. If he were to get back with his ex-wife, I would have to re-evaluate everything, and so start all over. As such, the outings I spoke of before would be no more.</p> <p>Mr Maraj understands this, and does not want to get back with his ex-wife. However his ex-in-laws and wife are putting a lot of pressure on him. His ex-father-in-law has flown in from his home country to speak to him. I give Mr Maraj all the information to make an informed decision. I tell him that it is up to him, but he needs to think about his children in all of this.</p>	<p>Children, refusal of mother Children, avoidance of mother</p> <p>Mother, emotional, absence of mentalization Daughter, mocks mother, son ignores her</p> <p>Mother, objectification of children, inability to adapt Son, rejects mother</p> <p>Children, apprehensive of mother, seek refuge in me (protection and separation)</p>
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<p>Mrs Maraj comes today. I speak to Mrs Maraj before. She bought food today. She went to her ex-husband's store to buy food. I advise her against that. I explain that the two are divorced, and that it would be in her best interest not to go there anymore. The social worker echoed the same thing. Mrs Maraj insists that it is nothing, she just wanted to buy food. I explain to her that there are lots of other stores around.</p> <p>I notice that she has more twitches, and that her language is slow. She has also put on a lot of weight.</p> <p>I ask her to prepare the food before her children come. She is excited to see her children.</p> <p>I go for the children. They seem apprehensive. Farha does not seem keen on going, and neither does Chandrahas. Their foster mother explains to me (privately) that neither child wanted to come. I ask the children if they are ready, and they say yes. However, the walk to the visitation room is long. They walk very slowly.</p> <p>Mrs Maraj is very emotional when she sees her children. She is shocked at how big they have gotten, at how much they have grown. She cries, and hugs Farha. Farha looks at me with a look like, "What's wrong with her? She's crazy!" and giggles. She barely hugs her mother. Chandrahas ignores his mother and goes to play. Nevertheless, he is excited. Mrs Maraj goes to hug him, but he wants nothing to do with her. She says that she's brought food for them.</p>	<p>Mother, objectification regression Daughter, returns to therapeutic role every once in a while</p> <p>Mother, intrusive (no separation of mine and yours, my skin and your skin, "moi peau") Me, prohibition and separation</p> <p>Children, put me in the middle to separate them from their mother</p> <p>Daughter, frustrated by mother Mother, attacks the authoritative figure</p>
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<p>She wants them to eat, and wants them to wash their hands. Chandrahas ignores her. I ask him to go and wash his hands, and he does so. Mrs Maraj wants to go with them, but I explain that they do it on their own now. She is shocked, and impressed.</p> <p>I sit at the table with them, something I don't usually do. However this is because asked me to. Farha puts her chair next to mine, away from her mother. Chandrahas does the same.</p> <p>Mrs Maraj puts the food out for them. She wants to feed Chandrahas, but he refuses. Nevertheless, she still tries stuffing his mouth with food (a big piece of cucumber). I have to stop her, or else she would choke him. I explain that he eats on his own. Mrs Maraj is at a loss as to what position or place to hold. She keeps talking how about big they've gotten. She eventually seems to accept that they're bigger and more independent. Farha is happy to see her mother, but tries taking care of her mother every once in a while to reassure her. However this does not last long.</p> <p>I notice that Mrs Maraj has no plate of her own. I ask her if she's not going to eat. She says yes, that she will take from her children, and proceeds to eat from Chandrahas' plate. Chandrahas is not happy and screeches. I suggest that Mrs Maraj get her own plate with her own food. She accepts.</p> <p>The children eat. Farha keeps looking to me. Whenever the children need anything, they look to me. I try to include Mrs Maraj, but the children do not want her to. For example, Farha asks for help to cut her chicken. Her mother wants to help her, but she refuses and asks me for help. Chandrahas</p>	<p>Daughter, shows approval of authoritative figure</p> <p>Mother, focused on daughter</p> <p>Children, uninterested in mother, avoidance</p> <p>Daughter, actively seeks the authoritative figure to explain anxieties</p> <p>Daughter, rejection of mother</p>
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<p>does the same. The two children seem to be rejecting their mother.</p> <p>I try to start a conversation, but this frustrates Farha. This happens because whenever I'd bring up a topic (school), and Mrs Maraj would speak about something totally unrelated. Farha gets frustrated and gives up trying to talk with her mother.</p> <p>At one point, Mrs Maraj tries to bring up their father, and that things will be back to normal between them. Farha looks concerned. I intervene and explain that we are not talking about that now, and that this topic has already been settled. I spend the time for the meal deflecting and protecting the children. I am constantly on the lookout for anything inappropriate that Mrs Maraj would say. Mrs Maraj doesn't seem very pleased with me. I'm "mean". She asks where my colleague is, saying that she prefers her. At this point, Farha explains to me, "Chad, you know how to explain things very well to parents."</p> <p>After eating, the children want to play. Before that, clears the table and then wants to read reads a letter that she wrote to her "children". As she reads it, it is only addressed to Farha. I point this out to Mrs Maraj, who just adds Chandrahas' name at the end. The letter speaks of her love for her daughter. Chandrahas does not stay for the letter. Farha does not seem interested either.</p> <p>At one point, Farha wants to speak to me, without her mother hearing. I wait for Mrs Maraj to start clearing the table so that Farha can speak to me privately. She tells me that he mother is different, she's strange now. She adds that</p>	<p>Mother, objectification of children Mother, self-glorification</p> <p>Children, rejection of mother</p> <p>Mother, self-glorification</p> <p>Daughter, rejection of mother and latent resentment (vengeance)</p> <p>Children, refusal of mother Daughter, avoidance of mother</p>
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<p>she does not listen and doesn't seem to understand. She doesn't like how she is. I reassure Farha as best as I could. I let her now that her mother is trying, but things are a little difficult for her right now.</p>	<p>Children, rejection of mother</p>
<p>After the table is clear, Farha wants to play. She chooses a game that is very difficult for her mother, and asks me to play with her. I suggest that maybe she include her mother, but she says no, just me. I do not agree with this because Farha is there to see her mother, not me. I insist that her mother join us. It is a vocabulary game. Mrs Maraj is uninterested in the game and wants to change it. I try to get her involved, but to no avail. She does not try to understand the game. She says that she does not like it. I ask her is she knows what we're going to play. She says no, but she does not like it. To that, Farha says that it will just be her and me playing.</p>	<p>Mother, rejection of new rules</p> <p>Daughter, uses "law" (rules) to avoid mother</p>
<p>Mrs Maraj wants to draw, but Farha does not want to. She boasts of her amazing drawing skills, and says over and over that the doctors said that she is a "good drawer". She decides to colour and draw. Neither child joins her. They bother keep a distance from her, and stick close to me. Farha wants to play a game with me, and Chandrahas includes me with his cars. They ignore her, but acknowledge her presence by ignoring her.</p>	<p>Daughter, latent resentment and vengeance of mother</p>
<p>She draws and colours, all the while boasting of her talents. I must say that her drawings and colourings concern me. Mrs Maraj used to draw and colour rather "well"; however she is unable to stay within the lines now. She decides to dedicate each piece to her daughter. Her handwriting is also very poor now. I'll admit that before, she was "annoying and</p>	<p>Mother, disagrees with rule change, seeks to get rid of law</p>

<p>overbearing” at times, but she did make an effort and had some capacities. However all of that seems to be gone now.</p> <p>I tell her that she could maybe colour one for her son. She agrees, but takes the same drawing and puts, to Farha, from mummy and Chandrahas.</p> <p>I tell her that the visit is almost over. She wants to change Chandrahas’ diaper. I explain to her that he no longer uses a diaper. She is shocked and seems to not know what to do with herself.</p> <p>Then, she wants to brush her daughter’s long, beautiful hair. Farha refuses at first, but then lets her. Mrs Maraj notices that some parts are shorter than the other. Farha says that she cut it. Mrs Maraj asks why. Farha does not answer. This troubles Mrs Maraj. How could her daughter cut her long, beautiful hair?</p> <p>She wants to put cream on them, but the children refuse. Farha looks at the clock and then says that it’s time to leave (it is time). Chandrahas follows.</p> <p>I tell the children to say bye to their mother. They don’t want to. Eventually, Farha grudgingly gives her mother a kiss. Mrs Maraj wants to accompany them, but I explain to her that she has to say bye there. She does not understand. I explain that those are the rules and that everyone must abide by them. She rebels, saying that she needs to speak to the foster parents. I tell her that it’s no longer allowed. I did not tell her before, as that would monopolise the visit. She would be preoccupied with it, and I did not want to risk putting the children in that type of environment. She still protested. Farha told her, those are the rules, and left with</p>	<p>Mother, refusal of rules</p> <p>Mother, seeks to denigrate authoritative figure</p> <p>Daughter, rejection of mother</p>
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Chandrahas.

I spoke to the foster mother about Farha cutting her hair. She explains that she does that when she's angry. She used to do that some time ago (with her bangs), and at times, the foster mother has to neaten it up. She also cuts her hair at school.

Afterwards, I ask Mrs Maraj how the visit went. She said very good, that her children are very big now. She says that they love her a lot and enjoyed their time with her. I try explaining to her that it was a little difficult for her children. Mrs Maraj does not agree with me. She always wants to know why she can no longer see the foster mother. I explain to her why once again. She does not want to understand, and complains. She threatens to call the social worker to get rid of me because I am not nice. She wants my colleague back, because she was nice. She repeats this, and says that she will call to get rid of me. I explain to her that 1. The social worker has no say in how I do my job. I am the boss of the room. 2. She is not the one in control. She has the right not to like me, but that does not mean that I will change the organisation's rules to suit her, whilst everyone else is to follow them.

Mrs Maraj does not want to leave, and insists that I change. She continues criticising me, telling me that I am mean, etc. for a good moment. I maintain my position. I invite her to leave, but she does not want to. She wants me to change my mind. Then she asks to see my old colleague. I refuse. Eventually, I speak to her firmly and explain that her behaviour will not be tolerated. There are rules that need to be followed, and if she can't abide by them, then I'll have to write a report explaining this. She immediately takes back

Son, has place next to father
Father, upholds his role

<p>what she says and apologises, saying that I am a nice person and that the children like me. I say thank you and ask her to leave one more time. She accepts this time. I accompany her to the exit, and she sings me praises on leaving.</p> <p>On a final note, Mrs Maraj refused to call me by my surname. Normally I don't mind if parents were to use my forename; however Mrs Maraj was defiant. She wanted to use my forename because she preferred it. I explained that she was to refer to me as Mr Cape. I did this, as she is someone that likes to control. She tried all versions to get her way. She even said that she'd say Mr Chad Cape. I explained that if she can say that, then she might as well say, "Mr Cape". She continuously defied me. At one point, Farha looked to her mother and said (as I have told Mrs Maraj), "Children say Chad, and parents say Mr Cape." Another reason I sometimes insist on this is that it puts the parents in a more adult role, which is beneficial to them. Nevertheless, Mrs Maraj try "all how" to dictate how she should refer to me.</p> <p>The two children are happy to see their father. They exchange warm greeting. The visit goes very well. Mr Maraj tries to give equal time to each child. He is also beginning to put limits on them without my intervention. In addition, he is listening to them and responding appropriately. He adapts to their needs when necessary, but also knows how to say, "No."</p> <p>Mr Maraj heard about his daughter cutting her hair, and tries</p>	<p>The unknown, family secret</p> <p>Mother dependent on own mother</p> <p>Family, culture</p> <p>Mother, incapacity to uphold her duties</p> <p>Father, absent</p> <p>Daughter, large stature, mother in awe</p>
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<p>to speak about it with her. However, Farha does not want to talk anymore about it. Farha does not talk about seeing her mother either.</p> <p>Chandahas has a place next to his father. However, Farha has started trying to control everything: the setting, her father and her brother. Nevertheless, Mr Maraj is able to handle his daughter's behaviour so that the visit goes well.</p> <p>Mr Maraj seems to be stepping up his game, adjusting to his children's demands and characters.</p>	
<h2>The Leininger family:</h2> <hr/> <p><i>Jennifer, Johnny, Susan, Dora and their mother</i></p>	
<h3>Case history:</h3> <p>When it comes to this case, not much is really known. No one really talks of what really brought on the children's being placed into foster care. What I did come to understand was that the mother's addiction played a major part in the children's placement. No one ever cited what she was truly addicted to, but I would have to image some sort of illegal substance.</p> <p>Another reason that could have lent its hand to the placement was the fact that the mother still lived at home with her own mother. She was also unable to work because of her addiction (no one would hire her), and so had no income of her own. She lived off of welfare. Ms Leininger also comes</p>	<p>Son, invisible</p> <p>Mother, focus on child-therapist</p> <p>The unknown, family secret</p> <p>Mother, compliant</p> <p>Mother, negligent of herself</p> <p>Mother, relinquishes role to child-therapist</p>

<p>from a gypsy culture.</p> <p>As such, the fact that Ms Leininger was unable to properly provide for and take care of her children must have played a major role in placing the children into foster care.</p> <p>Ms Leininger has 4 children: Jennifer (11), Johnny (7), Susan (5) and Dora (4). Jennifer and Dora share the same father who has passed away. They are both brunette like their father. Ms Leininger would always remark that Jennifer looks like her father, especially in terms of size. Johnny and Susan have the same father. They are both blonde like their mother.</p> <p>When the children were first placed into foster care, they would see their mother in another association, which allowed them more “freedom”. They would be able to go to the park, for walks, etc. However officials noticed that Johnny was always invisible in his mother’s eyes whenever his sister, Jennifer, was around. Ms Leininger seemed to always only be focused on Jennifer. The young girl had a very important place in her mother’s life, leaving the others, especially Johnny, invisible. As such, the officials thought that it would be best to try a different form of visitations, i.e., supervised visitations.</p> <p>Again, not much is known of their history because they never talk about it much.</p> <p>One thing that I believe worth mentioning is my first impression of the family members. I remember vividly waiting with a colleague to meet them. At that point, a young girl – I would say about 15/16 – with very long blonde hair, dressed in a “chavy” way (purple jumpsuit),</p>	<p>Daughter, physical manifestation of difficulties</p> <p>Son, withdrawn, avoidance</p> <p>Son, smiles in presence of male figure Daughter, compliant, resembles foster mother</p> <p>Mother, reverence of daughter Son, refusal, rejection Son, attachment to male figure</p> <p>Family, compliant</p>
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<p>walked into the visitation room with a large bag. I wondered who this young girl was. My jaw almost hit the floor when I was told that this was the mother. She was very polite, soft-spoken and “compliant”. She shook my hands in a weak manner. She was willing to help in any way possible, and had no problem with my being there. Only when I caught myself (because of her youthful appearance) did I come to really see her. Despite looking much younger than she really was, she was negligent in some aspects of her appearance. She had very few teeth in her mouth. She was also very slow in her demeanour and speech patterns. It would sometimes take her some time to get a phrase out, this maybe due to the drugs. However I could tell that she was rather intelligent (despite these “drawbacks”). I spoke to her about what I was doing there, and she explained to me what she had planned for her children. The bag she walked with had a bunch of goodies for them.</p> <p>I then went to see the children. As I went to the visitation room, I saw this frumpy, old, rather “large” woman with glasses. There were two little girls with her. Then I saw a blonde little boy keeping a distance from them. As my colleague introduced me, I had to contain my surprise when she told me that this old-looking woman was the 11-year old daughter. The boy, when he heard that I would be joining them, he just looked at me and smiled. Like her mother, Jennifer was willing to work with me. So too did the others. On a not so separate note, Jennifer resembled her foster mother who was an elderly woman.</p> <p>From then on, I was with them for supervised visitations until I was left on my own. I noticed what I did in the initial</p>	<p>Mother, instrumental (materialistic) role</p> <p>Daughter, also provides</p> <p>Daughter, invasive of brother</p> <p>Son and daughter, tension, son is frustrated</p> <p>Me, intervention</p> <p>Daughter, intrusive and authoritative with all the children</p>
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<p>observations, and saw that this family satisfied the criteria.</p> <p>During my initial observations, I noticed Ms Leininger's reverence of Jennifer, and Johnny's refusal to participate in any activities. He would just try to stay with me throughout. The other two children would play mostly by themselves. Jennifer was the one who took care of everyone, and ensured the best visit for all. Her sisters would run to her if ever they needed anything. From now, this is what happens when I'm on my own with the family. This family took much shorter than the others to be "comfortable with having me alone" than the others. After only a few visits, the case was handed over. The difference is that now that I am alone, I am more implicated in the visits, and can't just stand idly back.</p> <p>It should also be known that Ms Leininger is pregnant when I start with the family. She is a good few months in, and should be having the baby soon.</p>	<p>Mother, relies on child-therapist for relationship (information) with other children</p> <p>Daughter, too much authority, other children invisible</p> <p>Daughter, mother to sisters Son and daughter, daughter leaves no room for son ("Mother know best") Me, Freudian slip</p> <p>Son, frustrated with child-therapist</p>
<h2>Visitations</h2> <p>Everyone arrives on time. Ms Leininger has come with two big bags to celebrate Johnny's birthday. My very first visit alone with them was for Johnny's birthday.</p> <p>The initial greetings (between mother and children) are warm. Jennifer offers everyone (her mother and siblings) some chocolate to celebrate the day. Les Leininger gives all the children gifts, then wishes her son a happy birthday. She also makes sure that the other children wish him a happy birthday as well. Johnny receives a "Cars computer" (a</p>	<p>Son, seeks validation from mother</p> <p>Little sister, separates herself with mother (strategy)</p> <p>Son, looks for male figure Son, attached to me (law) Daughter, others first, her last</p> <p>Son and daughter, daughter leaves no room for son ("Mother know best")</p>

<p>woken up, hence her mood. This is what Johnny was saying. Ms Leininger takes time to reassure Dora because she is hurting, this taking away from the time needed to celebrate Johnny's birthday.</p> <p>At one point, Dora tells her mother that she needs to use the toilet. I have noticed her doing this before. It seems to be systematic. Dora is not one to talk much, but will always ask to use the toilet, only to tell her mother things.</p> <p>Whilst Ms Leininger is comforting her daughter, Johnny comes to me to open his gifts for him. I ask him if he'd like to wait for his mother to open his gifts with her. He says no, that he wants to do it with me.</p> <p>Johnny's birthday starts 10 minutes later than planned. It is moving slowly because Ms Leininger is often distracted. Nevertheless, things start running more or less smoothly, and Johnny is able to have his moment. Johnny seems very attached to me, and wants me to always be part of the visit.</p> <p>Jennifer sets the table, gets the children at the table for the celebration. She distributes the cups, and pours each child (and her mother) something to drink. She serves herself last.</p> <p>Then, Ms Leininger starts placing the candles on the cake. Johnny wants them a certain way; however Jennifer wants to place them differently. Ms Leininger reminds her that it is Johnny's birthday, so he will decide. When it's her birthday, she can do as she pleases. Ms Leininger wants film the birthday. I offer to take the video for her so that she could spend the time with her children, as well as be in the video. She accepts.</p>	<p>Mother, represses emotions, compliant</p> <p>Son, refusal, rejection of mother Son and daughter, fight for mother's attention</p> <p>Son, happy for mother's recognition</p> <p>Daughter, fights for attention Me, prohibition, interference</p> <p>Daughter, chooses everything</p>
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<p>The last few moments of Johnny's birthday are rushed. Jennifer distributes the cake, and serves herself last (her mother cuts it). The children rush down the cake as fast as they could, and have to take the rest with them when they can't finish it. Nevertheless, the children seem to have had a good time. Before leaving, she gives them all gift bags.</p> <p>As Ms Leininger prepares everything at the end of the visit, she hugs each of her children (Johnny does not want to be hugged, but goes when I gesture him to do so), and tells them that she is always thinking about them, even before going to sleep. To this, Jennifer replies, "C'est parce que tu nous aimes." Ms Leininger concurs.</p> <p>The children all leave. Johnny, Susan and Dora start heading to their foster parents, whilst Ms Leininger holds back Jennifer a bit to hug her again, and tell her how much she loves her.</p> <p>Everyone, except Dora, arrives on time (Susan is not there today). She reaches 45 minutes late because her foster mother mixed up the times. Ms Leininger says, "C'est pas grave." However, she does not seem pleased, but rather concerned because she does not know if Dora will arrive on time, and because of Susan's absence. Nevertheless, she comes to accept and understand what is happening.</p> <p>Jennifer and Dora greet their mother warmly. Johnny does it grudgingly. Ms Leininger sits at the table whilst two of her</p>	<p>("Mother knows best")</p> <p>Son, refuses mother, but chooses similar game</p> <p>Son, goes for broken games</p> <p>Son, asks male figure to keep broken games safe for him</p> <p>Mother and daughter, play as a team</p> <p>Son, desires mother, rejects child-therapist</p> <p>Son and daughter, fight for mother's attention</p> <p>Son and daughter, sibling rivalry in my presence</p>
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<p>children remain upright. Jennifer is to the right of her mother, and Johnny to the left. Johnny wants to show his mother a book that he made at school. Ms Leininger is very careful with it and is afraid of damaging it. She thinks that Johnny needs to return it. Johnny says that it is for her to keep. His mother congratulates him and compliments his work. Johnny smiles like I've never seen him smile before. He then starts reading for his mother. The latter congratulates him and points out the progress he has made in reading. Just then, Jennifer tries to take the book from Johnny to show her mother that she can also read. Ms Leininger says nothing. I interject, telling Jennifer to let her brother read, and then afterwards she could also read. She does this, but still tries to intervene every once in a while.</p> <p>After the book, they all want to play (Jennifer's suggestion). Jennifer chooses the game "Connect 4"; however Johnny does not want to play this. Jennifer says that he plays this a lot by the foster parents. Nevertheless, Johnny wants a different game. He goes to choose a game, and comes back with another "Connect 4", but this one is broken. I explain that this is the same game, but just broken. Nevertheless, Johnny still wants to play this one. I take it out and show him that it is broken. Johnny decides to isolate himself because he does not want to play the other one, despite his mother asking him from afar several times.</p> <p>I have noticed before that Johnny tends to go for broken games. For example, his favourite toy in the room is a broken butterfly that makes the most horrific sounds. There is also an airplane that is broken. There are new games in the room, but he never wants them. In addition, he has asked me</p>	<p>Little sister, separates herself with mother (strategy)</p> <p>Daughter, chooses everything ("Mother knows best")</p> <p>Son and daughter, daughter leaves no room for son ("Mother know best") Me, prohibition</p>
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<p>to hide these toys when he's not there, or rather keep them safe for him when he returns.</p> <p>Johnny therefore goes off on his own to play with his airplane. I go to him, and he wants to play. However I try to speak to him.</p> <p>Ms Leininger and Jennifer play together. Ms Leininger wants Johnny to take part in the game, or at least watch. I ask Johnny if he'd like to maybe just watch. He does not want to at first, but little by little, he goes to watch. Eventually, he decides to play with his mother, on her team, against his sister. I've noticed that there is "competition" today for their mother's attention and time. Neither child wants to give up his or her place.</p> <p>Johnny and his mother lose against Jennifer. Jennifer boasts that she is the best. Johnny is not pleased. They play other rounds. After some time, Jennifer wants to play alone with her mother; Johnny as well. To resolve this problem, Ms Leininger decides to play in the "same team" as Jennifer, with me "helping" Johnny (not team). We play three rounds, which Johnny wins. Johnny boasts how boys are better than girls.</p> <p>Dora finally arrives and the visit is almost over. Ms Leininger wants to spend time some time with her, and I explain to Jennifer and Johnny that they could let their mother spend some time alone with her. They accept and play other things. Ms Leininger spends the last few minutes with Dora. They converse, laugh and joke around together. This time goes past quickly.</p> <p>At the end, Ms Leininger explains to Dora that they can't</p>	<p>Mother and daughter, special bond, reverence</p> <p>Mother, has capacities</p> <p>Daughter, looking for her role</p>
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<p>spend much time together because of her arriving late. But she also explains that it's okay because at least they have seen each other.</p> <p>They don't eat their snack during the visit. Instead, Jennifer takes them for the children to eat at their foster parents. She makes sure to set some aside for Susan (who isn't there). Johnny wants to hold his, but Jennifer keeps it for safe keeping, because "he won't wait". I insist that she give Johnny his snack, and that he will wait.</p> <p>Jennifer and Dora tell their mother bye, and give her a kiss. Johnny says that he does not want a kiss; he does not like them. Johnny and Dora are rushing to leave. I have to ask them to wait for Jennifer. Ms Leininger is speaking to Jennifer, telling her how much she loves her and is proud of her, and marvels over her daughter's stature.</p> <p>The children all return to their foster families. I speak to Ms Leininger afterwards. She expresses her unhappiness in not seeing Susan, but mostly for not being told in advance by the foster mother. However, she accepts it.</p> <p>I noticed that Jennifer is actively seeking her mother, and wants her "presence" to be to known. She tries even though it's a bit awkward at time (Johnny's book). She seems to be trying to find a role in the family.</p> <p>The visit does not take place today. The children arrive;</p>	<p>Son, withdrawn, avoidance (isolates himself) Little sisters and mother, brief greetings Mother and daughter, special bond, reverence</p> <p>Son, indifference, anger, vengeful</p> <p>Daughter, intrusive and authoritative with all the children Me, prohibition</p> <p>Son, provocation, overcompensation</p>
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<p>however Ms Leininger is not there. Jennifer has tears in her eyes when she learns that her mother is not coming. Susan and Dora seem sad. Johnny doesn't seem affected (however this does not mean that he is not hurt). I explain to the children that I have no information from their mother, and that they are allowed to feel sad. I also explain to them that her absence does not mean that she does not want to see them. I reassure the children. The foster mothers add that they will see her tomorrow at the Departmental Council.</p> <p>Afterwards, I look at the calendar and notice that Ms Leininger has never before missed a visit. I suspect that it is because the time changed exceptionally for this day. As such, I believe that Ms Leininger will arrive later.</p> <p>Sure enough, Ms Leininger arrives 10 minutes earlier than the usual time, with two big bags of gifts. She forgot about the change in time. She is shattered. I reassure her by reminding her that she has never missed a visit. I explain that her children were disappointed, but ill understand once she tells them. I ask her to call them when she returns home.</p> <p>Later that week, two letters were returned to the organisation; both were addressed to Ms Leininger. One of these had the calendar with the change in date. She had changed her address without notifying anyone.</p> <p>The beginning is as before. The children greet their mother warmly; all but Johnny. He barely even says hi, then goes</p>	<p>of masculinity</p> <p>Mother and daughter, special bond, reverence</p> <p>Daughter, chooses everything ("Mother knows best")</p> <p>Son, refuses child-therapist</p> <p>Son, only comes in presence of male figure</p> <p>Daughter, speaks for others, fills void</p> <p>Little sisters, recognise child-therapist</p> <p>Little sister, separates herself with mother (strategy)</p> <p>Daughter, others first, her last</p> <p>Me, includes daughter (thinks about herself)</p> <p>Mother and daughter, special bond, reverence</p>
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<p>off to play on his own. The greetings between Ms Leininger and her two youngest daughters is brief. Susan wants to talk to her mother, but she is railroaded by her mother's interest in Jennifer. Ms Leininger spends more time greeting the Jennifer than the others. She admires her daughter's size.</p> <p>Afterwards, Ms Leininger apologises again (she had called them) for missing the last visit. She explains her mistake. Jennifer says that it's okay; the two younger girls say nothing. Johnny says that he did not care. Ms Leininger is taken aback by this, and seems hurt. Jennifer tries to get involved, but I distract her. I have noticed that Johnny likes to say things to shock his mother, and others. He's a "typical boy" up against women, and likes to show his "machismo".</p> <p>Afterwards, Ms Leininger gives them their clothes for the new term. They all get lots of things. Then, she pulls Jennifer aside and gives her extra things: earrings, shoes, etc. She also gives her perfume from her grandmother. She says that they are from "mémé". She asks her not to show the others.</p> <p>Johnny likes his clothes. He is VERY fashion oriented.</p> <p>Afterwards, they go to have their snack. Jennifer decides on this. She calls everyone to the table, sets the table and distributes the snacks and drinks. Johnny refuses to come. Only when I sit at the table does he come.</p> <p>Ms Leininger does not know what to say at the table. Jennifer takes over and starts talking about what the others are doing for school, where they'll be going. She is also asking her sister questions about their lives, etc., and eventually Ms Leininger piggybacks on this. Anytime the</p>	<p>Grandmother, raised child-therapist, special place for child</p> <p>Little sister 2, invisible</p> <p>Daughter, monopolises time Son, refusal, rejection of mother, wants broken toy Little sister, separates herself with mother (strategy) Daughter, others first, her last</p> <p>Little sisters, test limits Me, prohibition and uphold mother's rule</p> <p>Daughter, only authoritative with brother</p>
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<p>children want something, they would go to Jennifer. Ms Leininger says that they could ask her, that she is the mother. However, the two girls still go to Jennifer for everything.</p> <p>Dora then needs to go to the toilet again (as per usual), to whisper things in her mother's ear. No one knows what she says to her mother during these trips to the toilet. This comes as a surprise for this visit because Dora was quite distant in the beginning.</p> <p>The visit comes to an end. Jennifer organises the remaining snacks for the others. She takes none for herself. She puts all for the others. I have to insist that she takes something for herself. All the children, but Johnny, give their mother a kiss. Johnny just waves, "Bye" and heads for the door. I have to stand in front of the door to prevent him from leaving without the others. The two little girls say bye to their mother. It takes longer with Jennifer. On leaving, Ms Leininger gives her daughter a few more items (hair clips) that the others must not see.</p> <p>I accompany the children to their foster parents.</p> <p>Afterwards, I find out who "mémé" is. She is Jennifer's grandmother (Ms Leininger's mother). She is the one who more or less raised Jennifer, and has a very close bond with her. She does not really know the other children as well, even though they lived with her for some time. Jennifer is her "favourite".</p>	<p>Little sisters, test limits Me, prohibition</p> <p>Little sister 2, shocked at rules being upheld Little sister 2, looks before she leaps (law) Me, reinforcing law Children, insist on my presence the more I implement rules</p> <p>Children, wait for approval, calmer</p> <p>Little sister 2, wants to treat me as family</p>
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<p>This visit takes place as the last. Ms Leininger spends more time with Jennifer than the others, Johnny rejects his mother (he asks me for the butterfly today), and Dora, towards the end, asks to go to the toilet with her mother. Even though Ms Leininger brings the snacks and seems to have everything organised, it is Jennifer who carries out everything, making sure that everyone, including her mother, is catered for before she sees about herself.</p> <p>One thing strikes me during this visit. Susan and Dora are partners in crime. They spend most of their time together, laughing, etc. However they like to test limits. Susan likes to push buttons by not following the rules at times (she can be the sweetest child, but when she is ready, she can test one's limits). After having their snacks and whatnot, Susan and Dora decide to ride the mini bikes in the room, which is allowed. However, their mother tells them not to ride close to the radiator because they could hurt themselves. The two children ignore their mother and ride around the radiator. Ms Leininger repeats herself. At this point, Jennifer is colouring.</p> <p>The two little girls are laughing and outwardly defying their mother. Ms Leininger tries reasoning with them, she explains why, but the two girls are doing what they want. I intervene. I stop Susan's bike, and reinforce what their mother said. Susan looks at me and wants to defy me as well. Dora follows suit. I explain that if they don't listen, I will confiscate the bikes. Susan looks at me, laughs and calls Dora to ride by the radiator. I get up, take away her bike, and put it in the big sink. Susan is shocked. I tell her, "Your mother told you not to ride there, explained to you that you could get hurt. Then I told you not to ride there. I said that I</p>	<p>Foster parents, infantilise mother</p> <p>Me, prohibition and uphold mother's rule</p> <p>Daughter, present (understandable)</p>
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<p>would confiscate your bike if you did not listen. You did not listen. You need to own up to your mistakes.” Susan seems lost, she doesn’t know how to act. Dora slowly moves away from the radiator. The bike stays there for the rest of the visit.</p>	<p>Mother and little sister, has capacities</p>
<p>Afterwards, Susan is calm. When their mother tells her not to do something, Susan and would look at me. I would reinforce what their mother said and they would obey. That particular moment saw a change in the two little girls. They started to listen. Also, they related to me differently. They started coming to me, looking to involve me in things.</p>	<p>Mother and little sister, has capacities</p>
<p>The visit came to an end; the same as usual. However, the two little girls who are always rushing waited for me to say that they could leave.</p>	<p>Mother and daughter, mother authorises daughter</p>
<p>Everyone arrives on time. I went to see the children before the visit. As I shook their hands, Susan reached to give me a kiss on my cheek. She had never before done that. This shocked everyone. I explained to her, in a kind way, that she should save her kisses for her mother. She accepted this.</p>	<p>Mother and little sister, has capacities</p> <p>Mother and daughter, daughter reassures mother</p>
<p>Today is also “THE day” according to the foster mothers. Today Ms Leininger is going to speak to Dora about her father who is deceased. The psychologist at that Departmental Council advised Ms Leininger to talk to her daughter about her father. She said that Dora has been asking questions.</p>	<p>Family, equity</p>

<p>Normally, Susan was not supposed to come today because of this. However her foster mother mixed up the days. Because today is THE day, Susan's foster mother wants to leave with her. I explain that she could stay and that I will handle everything. Also, in my opinion, this would not be fair to Susan who has come to see her mother. She would be disappointed. The foster mothers are also of the impression that they will be there during the visit to "help I revealing everything" to Dora, that the psychologist told them so. I explain that no one gave me such information, and also that the psychologist no longer works with the family and has no say into how I should do my job. I then added that I could handle the situation (In addition, bringing the foster mothers in is against the rules). The foster mothers seemed reassured, for they seemed to be more stressed than Dora.</p> <p>Johnny isn't there today.</p> <p>I speak with Ms Leininger before the visit and ask if she feels ready to talk about it. She confirms.</p> <p>I return for the children. The greetings are a bit tense in the beginning. They play a bit. At one point, Ms Leininger says that she would like to speak to Dora, but in Jennifer's presence because the two girls have the same father, and Jennifer could answer questions that Dora might have). Susan stays with me around the little table, and plays with Play Dough. Susan listens; however I see that she wants to know what is going on. I make a few jokes with her, and she feels better. Whilst Ms Leininger is explaining, I explain to Susan that I am just going to see how things are going for a bit. Susan is okay staying by herself for a bit.</p>	<p>Mother and daughter, special bond, reverence (hair)</p> <p>Mother and daughter, mother annoyed that daughter cut her hair Daughter, forbidden from cutting hair Mother, angry over hair</p> <p>Mother and little sister 2, less time spent together Mother and daughter, daughter takes care of mother Son, withdrawn, avoidance (isolates himself with toy) Daughter, organises everything Mother and daughter, special bond, reverence Little sister 2, afterthought</p>
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<p>Ms Leininger explains things very well to Dora. She uses the appropriate vocabulary, and responds to what Dora wants to know, without giving her too much information that isn't for her age, and only if Dora wants to know something. She does not push her daughter. However, there is only one instance where Ms Leininger needs my help. This is to explain that "tonton", her foster father, is not her father. I believe that Ms Leininger handled the situation very well. Dora also knows that she could always speak to Jennifer and/or her mother if ever she wanted to know more.</p> <p>The rest of the visit goes well. Ms Leininger has forgotten to bring a snack; however the children don't seem to be bothered. Jennifer assures her mother that it is okay. All the children are at the table now. The discourse is much richer than in previous visits. They all speak about themselves, and what they like.</p> <p>For this visit, the relationship between Ms Leininger and her children seems to have improved. Ms Leininger handled the visit better, and was able to better "control" all her children. They all spent time talking and interacting.</p> <p>The end of the visit came. Saying bye to one another lasted the same amount of time for all the children.</p> <p>This visit goes rather well. What stood out in the beginning was Ms Leininger "fretting" over Jennifer's hair. Ms Leininger has come with all her accessories to comb</p>	<p>Son, happiest for baby brother</p> <p>Son, invested in mother's gift</p> <p>Son, protective of baby brother against sister</p> <p>Mother and son, mother reassures son although he is not bothered</p> <p>Daughter, organises everything</p>
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<p>Jennifer's hair. Before starting, she notices that Jennifer's hair is shorter. Jennifer maintains that she did not cut it, except for the tips. Ms Leininger is not happy that her daughter has cut her hair. She is forbidden from cutting it (except the tips) because of her culture: gypsy. She is visibly upset that Jennifer has cut it, even though Jennifer denies this. Ms Leininger tells me to tell the foster parents that her children, with the exception of Johnny, are not allowed to cut their hair. The foster mother confirms afterwards that Jennifer did not cut her hair.</p> <p>Once Ms Leininger has calmed down, she starts fixing her daughter's hair. She has hairclips and everything. During this, Susan imposes herself. She wants her hair to be done as well. Ms Leininger takes a break from Jennifer and does Susan's hair. She does not spend much time on it. Dora does not want her hair to be fixed. Afterwards, Ms Leininger returns to brushing Jennifer's hair. Then, Jennifer does her mother's hair.</p> <p>All the while, Johnny is off playing by himself. He is playing with the butterfly that plays a broken song. Dora and Susan are playing as well.</p> <p>Eventually, it's time for their snack and Jennifer handles everything.</p> <p>After the visit, Ms Leininger gives Jennifer the brushes and other accessories in the end. Susan rebels a bit, as she wants as well. Jennifer gives her a couple hairclips.</p> <p>The visit comes to an end, and it takes place as usual.</p>	<p>Mother, late (breaks routine)</p> <p>Family, chaotic</p> <p>Daughter, childlike, lets her hair down</p> <p>Me, law and order</p> <p>Mother, "absent"</p> <p>Son, refusal, rejection of mother</p> <p>Mother, incapable today</p> <p>Little sister 2, overly concerned for mother</p>
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<p>Cancelled as Ms Leininger is giving birth.</p> <p>The greetings are warm. The children are happy to talk about their new baby brother, Peter. They have all visited him in the hospital. The happiest seems to be Johnny for he was, “fed up of only having girls.”</p> <p>Each child has brought a gift for their mother and baby brother. Johnny’s was the only one who didn’t buy something, but rather took time to make something special for his brother and mother; a picture frame. He also seems very protective of his little brother, protective of his sisters.</p> <p>Ms Leininger spends the time asking her children what they think, etc. She wants to reassure Johnny that he hasn’t lost his place because there is another boy in the family. However Johnny is happy, he has an ally against his sisters.</p> <p>Afterwards, the visit takes place as usual.</p> <p>Jennifer takes over and organises the snacks for the children.</p> <p>The end of the visit comes. This takes place as usual.</p>	<p>Daughter, steps up more Little sister, says nothing</p> <p>Son, mocks mother (knocks her when she's down) Daughter, organises everything Little sister 2, overly concerned for mother</p> <p>Mother, wants to change organisation</p> <p>Daughter, does not want to change</p> <p>Siblings, no response to mother</p> <p>Children, handle mother's absence better Son, refusal, rejection of mother</p>
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<p>Ms Leininger arrives 20 minutes late. She explains that it's because she could not leave the hospital early. She is in the in-patient ward with Peter.</p> <p>The visit goes as the others went; however I cannot help but notice that Ms Leininger has difficulties in controlling her children. They are running amok. Even Jennifer is being "childlike" and being mischievous. I allow it because it's the first time that I've seen her let her hair down, metaphorically speaking. They are all laughing, running about, making children's jokes (those that you hear in schools), etc.</p> <p>However when it starts getting too much, I intervene. The children always stop whenever I say. They all calm down and come to the table for their snack. They're still all "giggly", but manage to sit and eat. Ms Leininger does not talk throughout this. Her mind is elsewhere.</p> <p>The end of the visit comes, and the children all say bye to their mother. Johnny still refuses to be kissed.</p> <p>The greetings are warm. Ms Leininger is exhausted today. Nevertheless, she handles the visit well.</p> <p>Susan looks very concerned when she sees how slow her mother is moving today. Jennifer tries to help her mother even more. She seems at a loss for what to do. Dora says nothing, and Johnny laughs. He mocks his mother.</p> <p>Jennifer helps her mother with the snacks, then takes over.</p>	<p>Little sister 2, overly concerned for mother Little sister 2, frustrated/angry with child-therapist (robs her of her mother)</p> <p>Me, intervention, children seem to be there to see me</p> <p>Little sister 2, overly concerned for mother Daughter, steps up more Son, mocks mother (knocks her when she's down), rejection Me, prohibition of mocking mother</p>
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<p>Ms Leininger hardly talks at the table. She makes an effort, but it's very difficult. Susan looks very much concerned.</p> <p>At the table, Ms Leininger expresses her wish to go to another organisation where she can do more things with her children, and spend more time with them. Jennifer remembers what they used to do, but does not show any desire to go there. However, this is the first time that Ms Leininger has openly shown any desire to have her rights to her children increased. The other children say nothing when Ms Leininger speaks of this.</p> <p>The end of the visit comes. This is short because Ms Leininger is exhausted.</p> <p>Cancelled because the children are going to see their mother and baby brother in the in-patient unit.</p> <p>Cancelled because Ms Leininger does not show up. Her children handle this better than the last time. Jennifer does not cry. Susan and Dora say nothing. Johnny says that he's happy that she's not there.</p>	<p>Little sister 2, father no longer wants to see her, ignores her Son, excellent big brother, proud of little brother Son and daughter, always fighting</p> <p>Mother and son, son grudgingly accepts mother</p> <p>Mother, relies on child-therapist for relationship (information) with other children (baby brother)</p> <p>Son, invested in mother's gift</p>
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<p>Before the visit, Susan's foster mother informs me of two things:</p> <ul style="list-style-type: none"> • Susan is worried about her mother these days • Susan is fed up of Jennifer. She says that Jennifer takes up too much space, and that she cannot spend time with her mother. Susan believes that her mother focuses only on Jennifer. <p>Ms Leininger arrives a few minutes late. She explains to me, then her children, that she is tired because of her medication. Ms Leininger is EXHAUSTED today, and I am not sure if there should be a visit.</p> <p>The visit is difficult because of the state Ms Leininger is in. Nevertheless, she does her best to make things work. However I have to be very much present. At one point, it would seem as if the children are there to see me.</p> <p>Despite her efforts, her children look overly concerned. Susan keeps glimpsing at her mother. Jennifer is taking care of her two younger sisters, and goes over every once in a while to check in on her mother. Johnny is laughing and mocking. I have to ask him to stop.</p> <p>They have their snack. Ms Leininger doesn't talk much, but she tries. Then she just stares off into space.</p> <p>The visit seems long.</p> <p>Afterwards, the children leave. They don't wait around long</p>	<p>Son, repressed feelings of pride Son, invested in mother's gift</p> <p>Mother and daughter, special bond, reverence Mother, acknowledges son's attachment to male figure, grateful Son, attachment to male figure Daughter, organises everything Mother and daughter, offer me cake (included in visit)</p> <p>Little sister 2, overly concerned for mother Daughter, rationalisation, intellectualisation Son, refusal, rejection of mother, looks to hurt mother Daughter, intervenes Me, prohibition</p>
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<p>before heading to their foster parents.</p> <p>Between visits, I meet with the social worker. I explain my concerns about Ms Leininger's exhaustion of late. The social worker is also concerned. I suggest that the visits be split up, because it is too difficult for Ms Leininger to have all 4 children vying for her attention at once.</p> <p>The social worker also informs me that Peter will also be placed into foster care, with the same foster mother as Jennifer and Johnny.</p> <p>I also learn that Susan's father no longer wants to see her, but only Johnny. When the two children are with their father, Susan's father ignores her.</p> <p>The children all arrive. I see Peter for the first time. He is only there because he's with the same foster family as Jennifer and Johnny. Johnny introduces me to his little brother. His foster mother says that Johnny is an excellent brother. He and Jennifer are always fighting, but Johnny is very gently and protective of his little brother.</p> <p>Ms Leininger is celebrating Christmas with her children today. She has bags of gifts for them, even for Peter.</p> <p>The children go to the room. Ms Leininger greets them all warmly. Johnny grudgingly accepts a kiss. Ms Leininger focuses on Jennifer. She wants all the information about Peter. It would seem that Jennifer now has to give reports</p>	<p>Children, reassured by mother</p>
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about her brother, Peter, to her mother.

The children have each brought a little gift for their mother. Jennifer has a chocolate for each child. What surprises me is that Johnny is the one who pushes his mother away all the time, he says that he has a rubbish gift for her, but out of all the children, it's the most thoughtful gift. All the other children are amazed by what he gives his mother. He bought her (through money he "saved") a beautiful bracelet. The others look at it in awe. Johnny tries to downplay it, but I can see that he is proud.

His foster mother explains to me afterwards how intent he is on always getting something special for his mother.

Ms Leininger is touched by the gift her son got for her. Afterwards, she gives her children their gifts. There are LOTS of gifts, from godparents as well. Jennifer gets a little something extra and special from her mother on the side (and also from her grandmother).

Ms Leininger tries helping all the children mount certain gifts. I take a step back to allow them to spend time together. Johnny wants to build his Lego car. Ms Leininger says that she does not know how to do it. She tries, but says that it's for boys. She then says to ask me, because I will know how to do it. Then she tells him that she knows that he likes me. She doesn't feel threatened by this, but rather happy that I could help her son. She repeats this a few more times to Johnny, that he likes me. She says that it's good. She says that he likes me because I am a boy and get him. Johnny stays with me to mount his Lego.

I then also help the girls with their dolls, because those

<p>things are hard to take out, and Ms Leininger doesn't have the strength to get them out. I admit that I struggle as well.</p> <p>Despite the numerous gifts, the visit is not materialistic. They all talk, chat, etc. Then Ms Leininger takes out the snacks. Jennifer sets the table. This is the first time that their mother offers me some cake as well. Jennifer also offers. I politely decline and thank them for their kindness. Everything is going well and the children all seem happy.</p> <p>When the visit is almost over, Ms Leininger says that she has something to tell her children. She informs them all (and me) that she will be undergoing therapy to get better. She won't be able to come to visits for some time. Susan looks very worried, and her mother tries to reassure her. Jennifer tries to rationalise everything. Dora says nothing. Johnny says that he doesn't care. She seems hurt by this. Jennifer pulls up on Johnny, but I intervene to let Ms Leininger speak to him.</p> <p>Ms Leininger says that she will be better afterwards, that's why she's doing it. This seems to put the children's minds at ease.</p> <p>The visit comes to an end. It takes longer than usual to say bye, and I allow it. Johnny grudgingly gives his mother a kiss. I explain this to the foster parents, so that they could keep an eye on the children.</p> <p>Visitations cancelled for the next few months.</p>	<p>Father, questionable (absent) Family, cultural differences Son, witnesses violence Brother, confusion of heritage Family, violence Mother, separates from father Mother, constantly moving and adapting (no stability) Mother, unable to impose limits Brothers, questionable bond Son, lived in children's home Brother, lived with mother</p> <p>Mother, present for son Brother, boisterous Mother, absent for brother</p>
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	<p>Family, violence</p> <p>Family, secret (father in control)</p> <p>Mother, tries to flee</p>
	<p>Family, secret</p> <p>Mother, loses rights</p> <p>Brothers, tension, can't get along</p> <p>Brothers, elder is violent towards brother</p> <p>Brothers, elder his brother's keeper</p> <p>Son, confusion of his role</p>
	<p>Brothers, violence (separation)</p>
	<p>Father, present</p>

The Ferhat family:

Omar (12), Hamza (9) and their father

Case history:

This case involves two brothers, Omar and Hamza that have spent a significant part of their lives under the protection of the Child Protective Services. They were both born of the same mother. However as to paternity, there was much doubt until quite recently.

Their mother is of French origin, their father from a North African Arabic country. Their time together gave them their first child, Omar. However, a few short years afterwards, Mr Ferhat was imprisoned for acts of violence towards his then wife the mother of Omar, this in the presence of Omar. Around this time, she was with another man and gave birth to her second son, Hamza. Her husband at this time recognised Hamza as his own, and gave him his name.

Me Ferhat left prison a few years afterwards. His ex-wife and mother of his child stated that Mr Faerhat threatened her life. For fear of her life, she, with her two children, fled the town she was living in, and they moved across France several times, eventually arriving in Strasbourg where the mother found accommodation in a woman's shelter.

The Child Protective Services of Strasbourg came into play shortly afterwards as the mother shows difficulties in raising her children, namely school, an inability to place limits and

Father and son, difficult relationship

Father, difficulty in expressing himself

Father, contains himself and his emotions

Father, denigrates mother

Father, good vs. bad saviour

Father, all-powerful, unquestionable, feels attacked when questioned

Family, secret (father in question, paternity)

Father and son, asked to be his brother's keeper

Family, questionable alliances

Brothers, instrumentalised, used as tools for chaos

Family, building tension

Brother, has a father

<p>finally, the bond between her two children. Following this, each child was placed into specialised schools (different schools for each child). Omar was also placed in a children's home, whereas Hamza was still allowed to live with his mother. Despite in a children's home, Omar's mother was still able to see him when she pleased.</p> <p>Hamza exhibited signs of boisterousness, and was at a great disadvantage in school. As such, he also benefitted from an out-care patient programme, but this did not last long as his mother was often absent.</p> <p>Still, at this time, the mother still had custody of her two children. However when Hamza was 7, he was brought in to the A&E where he spent two days in intensive care. Events that led up to his hospitalisation revolved around a television set falling on him. The authorities were suspicious and questioned the mother for hours upon hours before finally letting her see her child.</p> <p>The authorities also found out that Mr Ferhat had not only been in contact with the mother and her children, but also that he had been living in the same apartment with them.</p> <p>The mother also tried to flee the region with Omar.</p> <p>Suspicious about what had transpired, as well as other worrying information, notably the presence of Mr Ferhat, made it such that the Child Protective Services thought it best to remove the mother of her rights to both of her children, and place her children under protection.</p> <p>Following this, both children were placed in the same home. However it would soon be observed that there existed</p>	<p>Father and brother, access</p> <p>Brother, happy to have a father</p> <p>Father and brother, expects same of brother as son</p> <p>Father and brother, control from afar</p> <p>Father and brother, brother caves</p> <p>Father, controls mother and children Mother, different culture</p> <p>Parents, refuse symbolic guardians</p> <p>Mother, absent</p>
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<p>tensions between Omar and his brother, Hamza, the former often being violent. O further examination, it was learnt that Omar was only carrying out his father's orders to be his brother's keeper. His role as the big brother was muddled with that of being a figure of authority, this also existing when the two boys were living with their mother. Because of the violence shown, the two boys, albeit being in the same home, were separated into different pavilions.</p>	<p>Father mental health problems</p>
<p>Mr Ferhat, now making his presence known, became involved in Omar's life. He saw his son during supervised visitations in the children's home; however these were difficult for the children's home to manage. On speaking one-on-one with him, those intervening at the time found his was of speaking and expressing himself to be very difficult and convoluted. Mr Ferhat also seemed to be containing himself and his emotions.</p>	<p>Father and children, never before with both</p>
<p>Mr Ferhat also indicated that he was send by Allah to save his children from their mother and the difficult lives she put them in. According to him, she was an alcoholic and never looked after her children, the apartment was unsanitary, etc. Mr Ferhat was there to put them on the right path and save them all, the mother included.</p>	<p>Father, seductive, calculated, grandiose Father, appearance of greatness (delusion of grandeur)</p>
<p>Interactions with Mr Ferhat did not exist. Any challenges to him, any form of constructive criticism, or simply a difference of opinion, were met with great discord as he would feel attacked, this forcing him to lash out and claiming that he was being treated with a lack of respect.</p>	<p>Son, compliant, stifled, unable to interact with adults, yet desire</p>
<p>What would soon come to light were questions pertaining to Hamza's paternity. It was speculated that Mr Ferhat was</p>	

<p>Hamza's real father. Mr Ferhat wanted this, so DNA tests were asked. Awaiting these results, Mr Ferhat would rely on Omar to take care of his little brother, and to send the latter messages.</p> <p>Amongst the requests that Mr Ferhat wanted of his sons, one would find that Mr Ferhat constantly insisting that his sons eat only halal foods.</p> <p>Even though the children were of utmost concern, the parents were put under psychiatric assessment, because the difficulties and pathological nature of the alliances within the family were noticed. It was also noted that the children were used as tools to create troubles within children's home, and within the family.</p> <p>Things became more and more tense. In an effort to ease tensions and to take pressure off of Omar, visitations were prolonged for half an hour with Omar.</p> <p>It would come to be known that Mr Ferhat was in fact the biological father of Hamza. As a result, he would be, after two years of placement, afforded visitations rights with his son. It was noted that Hamza would look forward to these visitations, but afterwards would be more agitated, and expressed violent tendencies. What made this worse was that Mr Ferhat expected the same of Hamza, as he did Omar, especially when it came to food. He insisted that Hamza eat only halal foods. The children's home did not offer this. As a result, both parents insisted that Hamza not eat any meat at the children's home. This affected Hamza because he was very fond of meat, and was caught in a loyalty conflict. At first, his mother allowed him to eat meat, but not pork.</p>	<p>Son, tests limits Son, fearful of being disrespectful Son, constantly being reminded that other adults aren't his father</p> <p>Son, tests strength with male members of staff Son, vows to be strong enough one day Son, very careful with female members of staff</p> <p>Brother, energetic Brother, happy to have a father</p>
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<p>However when Mr Ferhat came back into their lives, she adopted his stance on only halal foods.</p> <p>It should be noted that the mother was not Muslim.</p> <p>There were talks of placing the children in a foster family, this being though of being the best for them; however this was refused as both parents were vehemently against the idea.</p> <p>The mother became less and less present, and after some time, her whereabouts were unknown. Mr Ferhat would be the only person to be in contact with the two boys.</p> <p>It should be noted that Mr Ferhat underwent two psychiatric assessments. On both occasions, he was assessed as being psychopathic, with hysteric tendencies.</p> <p>It was at this point that the Ferhat family would come to the small organisation for supervised visitations.</p> <p>The situation was to be given to a female colleague at first; however after the first few meetings, before officially getting it started, she backed out for fear of Mr Ferhat.</p> <p>Mr Ferhat was allowed weekly visitations for one hour with both children. It should be noted that he had never before met with both children at the same time for supervised visitations.</p> <p>Observations from the first</p>	<p>Father, appearance of greatness (delusion of grandeur) Father, respectful Brother, happy to have a father</p> <p>Son, happy for bother, but concerned, needs reassurance Son, withdrawn and submissive in front of father</p> <p>Father, different reality Father, appearance of greatness (delusion of grandeur), saviour</p> <p>Son, eager to please father, his brother's teacher</p>
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<p>meeting</p> <p>Very compliant, seductive, took great care in his physical appearance, well-spoken, “ally”...Except when the word “mother” came into play. He would always boast of his achievements (like living in a bourgeois area), and that he did it all alone, without help from anyone. He would speak of his efforts to get his children back with him (appearance).</p> <p>On meeting Omar, the young man seemed very compliant and subservient. He hardly/dared not look me in the eye; neither did he address me without “asking”, whether thus be subconscious or not. On the other hand, he seemed “stifled”, as he seemed to want to joke around with other adults, i.e., be a but cheeky. He would test the waters, but dared not encroach too much on others, which was explained by the social worker with him as “fear” and his not allowing/permitting himself to be “disrespectful”. His social worker would constantly remind him that he (the social worker) was not his father, and that he could breathe in a sense. Once Omar understood that he would not be chastised, a more playful side would surface.</p> <p>He did enjoy “testing his strength” with male members of staff, i.e., social workers and me. He did this whenever he’d shake their hands. He would squeeze as hard as he could, and expect for one to squeeze his hand in return. He would always “lose”, but vied to one day be strong enough to win (this would become his ritual with me in the beginning and at the end of parental visits; however he never did this with his father). He dared not do this with female members of staff because that would be disrespectful.</p>	<p>Son, eager to please father, his brother's teacher</p> <p>Son, eats a lot</p> <p>Father, different reality Father, exaggerates his importance</p> <p>Son, cautious with father Brother, tries to be involved, but father stops him Brother, on the sidelines</p> <p>Son, constantly interrupted, father knows best</p> <p>Son, centre of everything Father, asks and confirms</p>
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<p>Hamza was more “light-hearted”; all smiles, and always in the mood to play. His energy would tire out even the most energetic of us all. His intellectual difficulties were apparent. He acted younger than he really was. He would speak about ninjas, the ninja turtles, etc. and seemed to idolise his brother. His social worker explained that he was overjoyed to be coming to see his father for visitations because for a long time, he was the only one in the children’s home that never received any calls from a father, and never went to see anyone.</p>	<p>Son, eager to please father, his brother's teacher</p> <p>Son, father does not like it when he's too familiar with adults Me, prohibition Father, compliant</p>
<h2>Visitations</h2> <p>Mr Ferhat arrived on time. I spent a few minutes with him before the start of the visit to see how he was feeling for it. He showed me the meal that he made for his children; everything was halal. He “boasted” of his efforts in providing for his children. He also explained that he was happy to see them after all this time. I reiterated that he was to do as he deemed fit for the “smooth running” of the visitation. He then asked if he could prepare the meals for his children, and I obliged.</p> <p>Whilst he as preparing the meal, his children arrived in the other waiting room. I went to see them. Hamza was overjoyed; he seemed to be unable to contain his enthusiasm. Omar said that he was happy, but he seemed a bit concerned. I took the time to speak to him a bit and reassure him. He seemed less stressed, concerned and/or worried.</p> <p>I took the two boys to the visitation room. Omar, who was</p>	<p>Father and son, son tense Son, speaks of mother Father, denigrates mother Brothers, perturbed</p> <p>Me, prohibition, law and order, peace Me, defence of son Father, saviour, different reality</p> <p>Father, anger because of mother Me, prohibition, law and order, peace Father, reluctantly abides to rule Brothers, confused</p> <p>Father, saviour, different reality</p>

<p>smiling before (albeit his feelings of stress), was withdrawn and submissive. Their father was in the kitchen, still preparing the meal. He greeted them in Arabic. Neither son could respond; Hamza seemed perplexed. Omar gave his father the “bises”. Hamza did not go to his father, and his father said jokingly, “So Hamza isn’t happy to see papa.” Hamza laughed, and went into his father’s arms. Mr Ferhat then explained to his children that he cooked for them...everything halal, because they could not eat meat in the children’s home because it is not halal. He reiterated the fact that he had made a “grand gesture” for his children, that what he had done was very important, etc.</p>	<p>Son, withdrawn and submissive in front of father</p>
<p>Father and children then decided to sit around the table to eat. Mr Ferhat shares out food for each child. Omar showed his father that he still knew how to say “bon appétit” in Arabic, and tried to get his brother to follow suit for their father. He tried showing that he knew a few words and customs to his father. He also wanted to show his father that he was teaching his brother these words. Omar ate a lot.</p>	<p>Brother, disappointed Me, prohibition, law and order, peace Brothers, hesitant to say anything negative about their father, internalised imaginary "dictator" or tyrannical father</p>
<p>Just before eating, Mr Ferhat said that this was nice, just like home. I pulled up on him for I did not want people getting to “comfortable” there, i.e., becoming dependent on such intervention. He accepted this, and said that he understood.</p>	
<p>They started eating, and Mr Ferhat started speaking to his sons in Arabic. Neither understood him. He kept on speaking, and then eventually he stopped.</p>	<p>Son, blames himself, tests strength</p>
<p>Mr Ferhat asked them how they were going, for it was important for him to know what was going on in his children’s lives. Omar started talking, but seemed very</p>	<p>Father, attributes feelings onto children Me, prohibition</p>

<p>careful with what he was saying. Omar talked about school, but was very hesitant. Hamza tried talking, but his father wanted to let Omar finish. Mr Ferhat seemed to concentrate solely on Omar, and Hamza was left on the sidelines. Omar was also constantly being interrupted by his father who would constantly correct him, and try to teach him differently. Omar would concede each time, and try to follow his father's ways. Omar was the centre of everything. His father would constantly ask very directed questions, expect certain responses that showed that Omar was following his ways. For example, Mr Ferhat would ask about what he would eat (or rather not eat: pork). Omar would give the correct answer each time, and his father would reiterate on it, and bring it back to another teaching lesson. Omar would then try to impart this knowledge onto Hamza, and show his father that he was doing his will.</p> <p>At one point, Omar addressed me and used, "tu" instead of "vous". Mr Ferhat pulled up his son, telling him that it was highly disrespectful to address an adult as such. Omar looked down. I interjected and explained that I had asked Omar to use "tu", as I prefer children and adolescents to address me in this manner. Mr Ferhat did not "resist".</p> <p>Things were "tense" as Omar treaded lightly on topics. Then, he mentioned his mother, and things quickly went downhill. Mr Ferhat became instantly enraged, and refused to hear the mere mention of the word, "mother". He started speaking in a very derogatory manner about the children's mother. Omar seemed to shut down. Hamza was at a lost. He wanted to play, but faced with an enraged father, he just looked at his food.</p>	<p>Brothers, apprehension vs. excitement Brother, disappointed</p> <p>Son, puts me next to him at the table</p> <p>Father, angry for not glorifying him, feels betrayed Brothers, one tries to appease, the other confused</p> <p>Brothers, elder his brother's keeper</p> <p>Father, refuses son</p>
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<p>Faced with an enraged Mr Ferhat, I did my best to diffuse the situation. I acknowledged Mr Ferhat's good deeds, but tried to make him understand that the person of whom he was speaking was still the children's mother. I defended Omar's right to speak of his mother. Mr Ferhat was not letting up, and brought up the children's history. He spoke of all the bad their mother (and his former lover) did to them, and that how he saved them, and that he is the one to save them.</p> <p>This kept up for a better part of the visitation. Eventually, I put an end to the conversation because it was going in circles. I forbade Mr Ferhat from continuing this line of discussion. He was reluctant, but stopped.</p> <p>At this point, the atmosphere was sombre. The children did not know what to say or do, and were no longer eating. The visitation was coming to an end, and so I told everyone to start preparing to leave, i.e., to say "bye" to their father. Mr Ferhat separated the rest of the food for his sons to take with them. He insisted that they would be able to eat properly. The visitation came to an end. Hamza seemed to be looking for something. Omar was withdrawn. Mr Ferhat drew out the time spent to tell his sons, "bye." He reminded them that he loved them, etc. His sons seemed dismayed.</p> <p>In the presence of his father, Omar seemed to withdraw more and more into his shell, and his identity was stifled. He tried imitating his father to appease him, tried to show his father that he was, as the latter wanted him to be. He also tried to impart this fatherly advice onto Hamza. Omar reverted to his "hidden" and withdrawn self afterwards. Hamza was also left disappointed.</p>	<p>Me, prohibition, law and order, peace</p> <p>Me, defence of sons and puts things into perspective Father, feels betrayed, self-glorification Son, withdrawn and submissive in front of father Brother, rejected</p> <p>Son, appease father by being brother's keeper Me, prohibition, law and order, peace Son, centre of everything, calculated</p> <p>Brother, invisible Son, eats a lot Father, criticises son's appearance Father, self-glorification Son, appeases father (attempts to) Father, criticises son's appearance</p>
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<p>I took both boys aside to speak with them a bit about the visitation. They were both hesitant to say anything negative about their father, but the disappointment was apparent. I reassured them that they were not at fault for anything, for Omar was blaming himself for bringing up his mother. After about five minutes, they calmed down. Proof of this, Omar tried testing his strength once again.</p> <p>I also spoke to Mr Ferhat of his attitude during the visitation. He explained his pain and suffering that “he felt for his children” (however this did not come through as such. Mr Ferhat spoke about his pain, and did not mention how his children felt). I explained that he needed to curb his anger.</p> <p>Both children arrive. Omar is apprehensive. Hamza can’t wait to see his father. His caseworker explains to me before the visit that Hamza is happy because he is happy to finally have a father to visit. He was the only one in the children’s home to not have a father before. However, she is concerned because Hamza does not seem to be getting what he “expected”. He is absent in his father’s eyes.</p> <p>I take the two children to the visit. Their father is in the kitchen preparing their food. The two children go into the visitation room to wait for their father. Whilst waiting, they set the table. Like the last time, I sit on the couch away from them; however Omar puts asks me to sit with them at the table. He puts me next to him at the table.</p>	<p>Me, defence of son and puts things into perspective</p> <p>Father, criticises son's appearance</p> <p>Son, feeling low Me, defence of son and puts things into perspective</p> <p>Father, criticises son's appearance, maintains position Me, defence of son and puts things into perspective (maintain) Son, appease father by being brother's keeper Father, happy son is teaching brother, it is "his role"</p> <p>Me, prohibition, separation and places</p> <p>Brothers, brother refuses son's education</p> <p>Son, speaks of mother Father, erupts in anger</p> <p>Son, unheard by father</p> <p>Son, withdrawn and submissive in front of father</p> <p>Father, feels betrayed</p>
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<p>Mr Ferhat gets angry because his children did not come to greet him in the kitchen. He takes it very badly and starts verbally attacking his children. He says that they don't care about him, for all that he's done and is doing for them. The two boys are at a loss. Omar tries to appease his father and explain that they meant no disrespect, and Hamza is just all smiles; however he does not know what to do. Omar quickly tells his brother to go and kiss his father. Mr Ferhat remains rigid and refuses la bises from his sons. I try to diffuse the situation, and explain to Mr Ferhat that his children were simply waiting for him to come to the room, and were setting the table. I also added that maybe he could be the one to go to them to greet them. Mr Ferhat's anger takes some time to subside for he feels betrayed for all that he's done for his children. He puts out their food for them, but is still angry. Omar is withdrawn and looks down. Hamza wants to play, but is met with a "cold front" by his father.</p>	<p>Father, self-glorification, different reality Me, defence of son and puts things into perspective (father calms down) Son, tense, looks to me constantly</p> <p>Father, self-glorification, different reality Brother, nothing to say</p>
<p>Omar tries to appease his father by speaking a few words in Arabic. He also tries teaching his brother things. However Mr Ferhat is closed off. I intervene to calm things down. Eventually, Mr Ferhat calms down and starts speaking to his children.</p>	<p>Son, getting angry, resentful Son, frustrated</p>
<p>Things are going better, and the conversation is flowing. Mr Ferhat asks about Omar's school (Hamza is invisible). Omar gives very calculated answers, and seems to give answers that he knows that his father would approve of.</p>	<p>Son, tests strength Brother, wants to test strength</p>
<p>He eats fast and has a second helping. In general, Omar eats a lot. His father wants him to eat, but makes comments about Omar's weight. He criticises him for his being overweight. He points to his own physique, and explains that he works</p>	

<p>out to keep in shape. Omar says that he plays rugby to appease his father, and that he's good. Nevertheless, Mr Ferhat isn't happy about his son's weight. I intervene to defend Omar, and explain that he is healthy. He plays sports, etc. Omar chimes in and tries to prove to his father that he is healthy. Mr Ferhat drops the topic.</p>	<p>Son, complicity with me Me, prohibition Father, self-glorification</p>
<p>He looks at his son and notices that his hair is long. He asks Omar if he likes it like that. Omar says yes. Mr Ferhat isn't pleased and says that it looks horrible, as if he is gay. He looks unkempt and should show pride in how he looks. He also adds that Omar should cut it because he will regret it in the future when he has that on his ID card. He says that he is "speaking from experience". Omar looks as if he is feeling low. I intervene once again to defend Omar. Mr Ferhat maintains his stance, and I maintain mine. Eventually, Mr Ferhat drops the topic.</p>	<p>Me, give sons a voice</p>
<p>Omar and his father continue to converse. Omar tries to appease his father by saying things that he believes that his father would like. He then tries imparting that knowledge onto Hamza. Mr Ferhat is happy for that, for he says that Omar is supposed to teach and protect his brother. I explain that whilst it may be a good for brothers to get along, or for a younger brother to look up to his bigger brother, it is not Omar's role to teach Hamza. They are brothers. They are to drive each other nuts, play, fight at times, etc.</p>	<p>Brother, behaviour worsens outside of visits</p>
<p>This is a role that Omar has always taken on, and one of the reasons why the children are in different children's homes. Omar would become his father and try to educate Hamza just as his father educated him. He would try to put Hamza on the straight and narrow path, he would use the same</p>	<p>Son, getting difficult being child-therapist</p>

<p>vocabulary as his father. However, Hamza would refuse and the two would start fighting...violently.</p> <p>The topic changes. Omar decides to tell his father that he spoke to his mother. He says, “J’ai parlé avec maman m’autre j-,” but before he could finish his sentence, Mr Ferhat gets angry and cuts him off. “”Tu as parlé avec cette femme?” and he goes off on his son. He speaks harshly to his son, and denigrates him. Omar tries to defend himself, but Mr Ferhat hears nothing. It’s as if Mr Ferhat does not hear his son. Omar looks down. Mr Ferhat brings up the history once again, and says that his son has betrayed him because he spoke to his mother. He starts saying all that he has done for them. Then he takes out the cheque receipts showing all the money that he had sent for them. At that point, I put a stop to it. I explain to Mr Ferhat that what he is out of line. I remain firm. He stops, and says, “Understood.” I’ve noticed that he always says this whenever he concedes to me and calms down. Omar is tense. He is constantly looking at me throughout.</p> <p>The conversation changes. Mr Ferhat speaks of all that he has accomplished, and that he is teaching his sons to be like him. He boasts of his never relying on benefits, and of where he lives. He’s in the rich area of the region. His sons just listen.</p> <p>The visit comes to an end. Mr Ferhat distributes the food between his two sons. He then tells them bye.</p> <p>I speak to Omar and Hamza afterwards. Hamza has nothing to say. Omar explains that he is fed up of not being able to speak about his mother. He is getting tired of his father. It</p>	<p>Son, submissive to adults and adapts to them, "at a crossroad"</p> <p>Brothers, elder his brother's keeper</p> <p>Son, forced greeting</p> <p>Father and brother, interaction</p> <p>Brother, happy to be with father Father, self-glorification, wants to teach sons</p> <p>Father, focus on child-therapist Son, ecstatic for different father Me, include brother Father and brother, short-lived interaction Father, focus on child-therapist Son, puts me next to him at the table</p> <p>Father questions, son concerned Me, defence of son and puts things into perspective</p>
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<p>would seem that he is starting to be stifled by the hold that his father has on him, and he wants out. He's starting to rebel. Omar leaves, but before doing so, tests his strength against mine. Once again, he comes up short. Hamza also wants to test his strength. Seeing that he is smaller, I don't squeeze his hand, but instead pretend that he is stronger than I am. He is happy to have "won against me". Omar laughs at this, and "winks" at me, gesturing that he knows that I was faking it.</p> <p>I then speak to Mr Ferhat about his attitude during visits. I explain that he needs to stop, that his attitude is driving a wedge between him and his sons. He starts speaking about all that he has done. I explain that I have already heard it, that his sons have already heard it, and that it is time he stops talking about it and try to get to know his sons. He says, "Understood," and leaves.</p> <p>Before the visit, I speak to Mr Ferhat. He shows me all that he has brought for his children to eat. I explain to him that that is all well and good, but maybe it would be a good idea if they were to do other things other than eat for a change. I explain to him that Hamza is eager to do things with him, and it would be good if he were to listen for once. I also told him to control his temper if ever his sons were to bring up</p>	<p>Father, questions son Son, cautious with father</p> <p>Father, criticises son's appearance Me, defence of son and puts things into perspective</p> <p>Son, reproduces father's teachings at children's home Father, self-glorification and oblivious of children's pain Brothers, distraught at seeing "father" with other children</p> <p>Me, defence of sons and puts things into perspective</p> <p>Son, recognises multicultural background</p>
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<p>their mother, for being part of their lives, he would have to hear about her. He says,” Understood.”</p> <p>I go for the children. The two boys are playing. Omar is testing his strength against Hamza’s. I make the comment that they seem to be getting along. The caseworkers explain that that is how it starts. They get along, then Omar suddenly becomes his brother’s keeper (father) and then fights start.</p> <p>They explain that Hamza’s behaviour is getting worse. He does not speak of being disappointed, but he gets very irritable after meeting his father. Omar’s caseworker explains that Omar is having difficulties of his own. He is tentative today. He is trying to live in his father’s image, but it is getting increasingly difficult. He is still very submissive towards adults, and is trying to mould himself into what he thinks adults want of him. They say that he is at a crossroad.</p> <p>On the way to the visitation room, Omar reminds Hamza to greet their father immediately on meeting to avoid him getting angry.</p> <p>The children greet their father, and Mr Ferhat seems happy. However, Omar seems to force his greetings.</p> <p>Mr Ferhat says that they won’t eat just yet. He decides to sit with his sons on the couch to talk. He asks Hamza what he likes. Hamza says the “Ninja Turtles”. He is all smiles. He says that he is a ninja, and shows his father some moves. Mr Ferhat explains that he is trained in several forms of martial arts. He decides to teach his sons some things. Hamza loves this idea. Omar as well, and he seems really happy. However before this, Mr Ferhat asks his sons to make a video for their grandmother. He films them, and speaks in Arabic. The two</p>	<p>Father, ignores multicultural background</p> <p>Me, defence of son and puts things into perspective</p> <p>Son, happy for "breathable" visit</p>
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<p>children seem to enjoy this.</p> <p>Mr Ferhat starts to show them some moves; however he only does them in Omar. The latter is ecstatic. It would seem that he is happy to actually be doing something different with his father. Hamza remains on the sidelines, and enjoys watching, but he wants to take part. However Mr Ferhat seems to only want to train Omar. I gesture to Mr Ferhat to include Hamza. He does one move with Hamza. The young lad is overjoyed. Hamza is happy to have a “ninja father”. Then Mr Ferhat returns to Omar. He jokingly remarks that Hamza just likes to play.</p> <p>He then stops the games (much to the disappointment of Hamza) so that they could eat. Omar places himself next to me, with a distance between him and his father. Mr Ferhat notices the distance, and comments about it. He asks if Omar does not want to be next to him. Worry comes over his face, and he looks down. I quickly say that it’s just how the chairs are placed, that it’s no biggy. Mr Ferhat accepts this, and Omar seems relieved.</p> <p>Mr Ferhat fires questions at Omar. Omar gives calculated responses, what his father would want to hear. His father looks at his hair again, and comments about it. I quickly divert the subject.</p> <p>Mr Ferhat asks about the children’s home. Omar says that he does not eat pork, that he respects all of his father’s teachings. Mr Ferhat decides to show his sons videos of children at his mosque, children that he teaches. He shows how h’s playing with them and speaks of all that he does with them. The two boys look distraught. Mr Ferhat boasts</p>	<p>Brothers, elder his brother's keeper</p> <p>Son, puts me next to him at the table</p> <p>Father and sons, tense, education, son takes notes</p> <p>Son, eats a lot</p> <p>Father, criticises son's appearance, son tries to prove his worth</p> <p>Brothers, elder his brother's keeper</p> <p>Father and sons, tension</p> <p>Son, withdrawn and submissive in front of father</p> <p>Me, defence of son and puts things into perspective</p> <p>Father, compliant</p> <p>Me, "bof"</p>
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<p>of all that he does for these children. I ask Mr Ferhet to put the phone away, and explain that there is no time for videos here.</p> <p>They start talking. Omar questions his father about what he should be doing, i.e., what foods to eat. He explains that he comes from two different cultures, French and Arabic. Mr Ferhat ignores the French side, and insists on the Arabic side. I support Omar's statement; but to no avail for Mr Ferhat expects his son to respect his culture. I end the conversation, mainly because time is running out.</p> <p>The visit comes to an end, and the children say bye to their father. I speak to the children afterwards. Omar is overjoyed because it was the first time he could breathe with his father, and the first time he had fun. I have never before seen him this happy. Hamza is all smiles as usual. He is always happy (on the outside).</p> <p>I speak to Mr Ferhat afterwards and commend him for his efforts. He explained that it was "different" today, but he enjoyed it. I brought up the video and explained that that was not the best idea. It was a slap in the face for his sons seeing their father have fun with children that aren't his. He explains that he did not realise that. He said that he would continue making more efforts.</p> <p>Cancelled as public holiday.</p>	<p>Father, education, unaware of his children's needs, different reality</p> <p>Brothers, getting accustomed</p> <p>Son, tests strength</p> <p>Me, prohibition, law and order, peace</p> <p>Brother, behaviour worsens outside of visits</p> <p>Brothers, elder his brother's keeper</p> <p>Brothers, reluctance for visit</p>
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<p>Cancelled as the children are on holiday.</p> <p>Cancelled by Mr Ferhat.</p> <p>The two boys are happy to be there. However the way in which the visit pans out is not what the children expected. Before the visit, Omar reminds Hamza to greet his father.</p> <p>The beginning is the same: greetings, etc. However they do not play this time, but instead just eat. Omar helps his father by setting table, and whilst his father is warming the food in the kitchen, he puts a chair for me, next to his. Once again, I am at the table with them. Normally, I would sit on the couch a short distance away and leave the families to eat; however I seem to have no choice here. I speak to him whilst his father is in the kitchen, and he tells me that he would prefer it if I would sit with him at the table.</p> <p>The visit is tense. Mr Ferhat spends the time educating his son (only Omar) on how to be a man. Omar takes note of</p>	<p>(prisoners to the electric chair)</p> <p>Brothers, enthusiasm vs. hesitance</p> <p>Father, education, unaware of his children's needs, different reality</p> <p>Father, self-glorification</p> <p>Father, criticises son's appearance, son displeased Son, withdrawn and submissive in front of father</p> <p>Father, self-glorification, wants to teach sons, wants to teach me</p> <p>Me, prohibition Son, stands up to father, father knows best</p>
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<p>everything, all the while eating. Omar loves to eat. One would think that it is stress eating, but from what I have been told, he ALWAYS eats like that. Mr Ferhat teaches Arabic, how to be a man, gives “advice” on his hair, speaks of Omar’s body shape. Omar listens and tries to prove that he is worthy. He imitates his father, and then tries imparting some of this knowledge onto Hamza.</p> <p>All the while, Hamza is forgotten. No matter what I say or do, Mr Ferhat does not take on Hamza.</p> <p>The visit is very tense. Omar seems to be at his father’s mercy, and trying to be very obedient. I see him trying to be his father. I decide to lighten the mood and make jokes. I intentionally change the topic, and bring up funny things. This involves Hamza. The mood is better, and I avoid any “educating the children”.</p> <p>I’ve noticed that Mr Ferhat is careful not to really go against anything I say. It would seem that my presence could “keep him at bay”. He seems to “respect me” in that he dares not contradict me. If ever he were to get angry, his anger would be cautious as to what he said to me.</p> <p>The visit comes to an end, and the only thing I could say to myself is, “boff!” meaning that the tension is back. Mr Ferhat has a hard time not educating his children. In addition, the children are completely absent in his mind. He does not consider their needs. It would seem that the children are there for him, and not the other way round.</p> <p>The two boys have nothing much to say after the visit. It would seem that they are getting accustomed to their father. On leaving, Omar tests his strength against mine.</p>	<p>Me, prohibition, law and order, peace Son, tests strength</p> <p>Father, cancels because of absence of child-therapist</p> <p>Father, no child-therapist, no visit</p>
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<p>Before the visit, I speak to Mr Ferhat and explain that he needs to relax a bit. I explain that he's too heavy on the education aspect, and that he's missing out on his sons. He tries to be more relaxed during this visit; however it is difficult.</p> <p>I go for the boys. I speak to the caseworkers. They explain that Hamza's behaviour is getting worse. They, like me, are wondering about the utility of visits. It is evident that Mr Ferhat is only there to see Omar. What's worse is that Hamza has commented on that. He has said that Omar takes up all the space (I speak to the caseworkers away from the boys).</p> <p>On the way to the visitation room, Omar reminds Hamza that he needs to greet his father. The walk to the visitation room looks to me like someone a prisoner walking to the electric chair. Omar is very hesitant. Hamza is more enthusiastic.</p> <p>Mr Ferhat tries to play with his sons, but this just turns into another lesson. He tries teaching his sons the way of life, and boasts of his accomplishments. He pokes fun at Omar's weight, which does not please Omar. He also comments on Omar's hair, saying that it's for little girls. It should be noted that Omar's hair isn't "long". It is just not as short as his father's, and is curly. Omar doesn't care too much for his hair.</p>	<p>Father, no child-therapist, no visit (father doth protest too much)</p> <p>Father, centred on himself (his own pain and suffering)</p>
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<p>Despite the educative aspect, the visit goes rather well in the sense that there are no fights, no one gets angry. However, Omar is submissive and subdued. He is trying very hard to please his father and live in his image.</p> <p>During the visit, Mr Ferhat decides to speak about religion. He wants to teach his sons about Islam. He also boasts of his extensive knowledge in all religions. I always wear a cross on my collar. My Ferhat tries teaching me about my faith. I correct him and explain how I was raised and what I was taught in Catholic school. Mr Ferhat insists that I am mistaken and wants to educate me. Omar seems shocked by his father's claims and chimes in. He tells his father that he can't teach me about my religion, that I must obviously know my own religion. Mr Ferhat insists that he knows best. I end the conversation by saying that each country practises religion differently, and that in my country we do it that way. Mr Ferhat accepts this and we change the topic.</p> <p>The visit comes to an end, and the two boys say bye to their father. They're each given food as usual. On leaving, Omar tests his strength once again. Omar vows to one day be strong enough. I tell him that that will never happen, that I won't let it. Nevertheless, he is determined. Hamza squeezes my hand as well and "hurts my hand".</p> <p>I speak to Mr Ferhat. I explain to him that things are improving, but there needs to be more work. He is happy to hear that things are better, and when it comes to improving, he says, "Understood."</p>	<p>Brother, aware father only wants child-therapist</p> <p>Son, seeks my acceptance and approval</p> <p>Father, tension</p> <p>Father, leads, breaks rules, ignores brother</p> <p>Father, breaks rules, attacks child-therapist</p>
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<p>This visit is cancelled by Mr Ferhat. He calls to cancel because he heard some disturbing information about Omar. He does not know exactly what is going on, but he heard a few echoes. Because of this information, Omar is unable to come to the visit. However, Hamza is able to come.</p> <p>The information he is talking about is that Omar is under investigation for interfering with another boy in the children's home. It was given to me in confidence by the social worker. As a result, he was being moved to another children's home. I should note that the social worker said that he, nor others, believed the accusations; however for Omar's safety (harassment, etc.), they are moving him. They are also afraid that Mr Ferhat would influence Omar's discourse.</p> <p>The parents of the boy who accused him have reported it, and there is an active investigation. Omar has a lawyer (organised by the Child Protective Services) who has asked Omar not to speak of it with anyone, especially his father (for Mr Ferhat has a habit of getting involved and making matters worse), especially before Omar has been interviewed by the precinct.</p> <p>I explain to Mr Ferhat that Hamza is coming to see him. He says that he is not in a position to see Hamza. I explain to him that it might be good for him to spend some time alone with his son. He says that Omar isn't there, so he is not coming.</p>	<p>Father, different reality, feelings of persecution</p> <p>Son, appeases father (attempts to)</p> <p>Father, anger intensifies Son, concerned Brother, confused</p> <p>Father, rejects my intervention Brother, confused Son, afraid Father, need to control</p> <p>Father, deaf to his son and everyone</p> <p>Father, manipulation, mockery</p> <p>Me, prohibition, law and order, peace Father, objectifies sons, plays one over the other Me, defence of son and puts things into perspective Father, deaf to his son and everyone</p>
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<p>Mr Ferhat arrives early, and seems worried, in a bad mood, and has in a “protesting mood. I speak to him about his son, without divulging any information (for not even I am to know what transpired before Omar is interviewed by the police). I explain to him that that Child Protective Services has advised that he does not speak of the incident before Omar has a chance to speak to the police, and that it was in Omar’s best interest. They were only trying to protect him. I explain that I understand that it is difficult for Mr Ferhat, not only to hear this, but to have to leave the CPS to handle it, that it was not against him, but rather to protect his son. I added that Hamza is there today, and that he is not implicated; that it wasn’t the best moment to speak about it. I said that what we could do is, once Omar has spoken to the police, we could organise a time for Omar and his father to see each other alone to talk about things. Mr Ferhat is against this advice and takes a moment before he calms down so that the visit could commence. Despite his resistance, it would seem that he has accepted my advice. However, he did not say, “Understood.”</p> <p>Once he is calm and seems to be able to have the visit, I go to get the children.</p> <p>Before the visit, the caseworkers explain to me that Hamza “knows that his father does not want to see him without Omar”. He is very much disappointed.</p>	<p>Son, bad object when not obedient</p> <p>Brother, confused</p> <p>Son, accustomed</p> <p>Son, recognises father's faults</p> <p>Me, defences of sons Son, tests strength Brother, tests strength</p>
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<p>Omar asks to speak to me. He wants to assure me that he did not do what he was accused of. He wants me to understand that. I explain to him that he should not speak of it once he has not spoken to the precinct, and that I am not going to judge him. He wants me to know that he did not do it. He is insistent.</p>	<p>Judge, refuses cancellation</p>
<p>The children greet their father warmly; however Mr Ferhat is tense. Mr Ferhat asks he children to sit, and asks them how they are going. I see that he is looking for a certain response, and that he is not really inquiring about Hamza. The two saythat they're fine, they speak about school, etc. However, Mr Ferhat is not happy and starts to attack Omar with a multitude of questions that force Omar to talk about the accusations. He asks Omar, "Why didn't you come last week? Why did you change the children's home?" Omar is very much disturbed and uneasy. In response to all these questions, he says several times, "Dad, I know that oyu're worried about me. I want to tell you everything, but I can't for now. It's not against ou, but rather to protect me," and he begs gis father to stop interrogating him. Mr Ferhat does not want to hear this and does not let go. Things get worse, Mr Ferhat raises his voice. Omar is very worried and tears fill his eyes. During this, I try to intervene,, but Mr Ferhat tries leading his children away from me, and places his back to me.</p>	<p>Father, all-powerful</p> <p>Father, distrusts son</p> <p>Father, tries to control me Brother, forgotten, both sons or none at all Father, refuses brother</p>
<p>Hamza is confused because he does not know what is going on. Mr Ferhat takes out his phone, and so I ask the children to step outside a bit so that I could talk to their father. Omar seems afraid at the idea of leaving and asks if he could stay. I believe that the tensions are too high, and that Mr Ferhat is</p>	

speaking in an aggressive manner. It would therefore be wise if the children step out a bit so that I can calm their father down.

When the children leave, Mr Ferhat tries contacting his lawyer to that his lawyer could intervene on Omar's behalf. I maintain what I said before the visit, and explain that the CP is taking care of Omar; they are supporting him. I also remind of what his son has asked him to do: to be understanding and be there for him when he needs. I also explain that his sons should not be reduced to one event, and that he is there to spend time with his TWO sons. Mr Ferhat calms down after some time.

The two boys come back, and Mr Ferhat starts up again on his son. I put an end to the interrogation. Mr Ferhat threatens to leave and starts getting dressed; however this seems like an empty threat for he sits back down to interrogate his son. He gets angrier and angrier and throws every insult imaginable at Omar. He accuses him of being a liar and mean. He says that Omar, “n’est rien”, that he is gay and fat, then he lifts up Omar’s t-shirt to show him his fat stomach. At this point, I say that that’s enough and end the visit. I ask the two boys to step outside because the visit is done.

When the boys go outside, and I believe that they are safe, Mr Ferhat continues speaking about everything. I explain that the visit is done, and that he should leave. Mr Ferhat says that he does not want to see Omar once the investigation is not one, and that he will not come only for Hamza. I explain that visits don't work that way.

Mr Ferhat does not want to understand his son, nor does he

Brothers, apprehensive

Me, apprehensive

Brother, distraught but smiles

Father, refuses me

Father, control, tries to block me,
distrust, paranoia

Son, withdrawn and submissive in front of father, uncomfortable

Father, rejects my intervention

Son, disappears and seeks refuge in

<p>want to understand the reasoning behind the CPS. I ask him to leave.</p> <p>The once glorified object, future image of his father, is now the bad object.</p> <p>The visit is finished after 14 minutes.</p> <p>I speak to the two boys afterwards. Hamza is confused. I reassure him.</p> <p>Omar tells me, <i>“J’ai l’habitude. Ça c’est mon père. Il veut pas entendre. Tout est centre sur lui.”</i></p> <p>I do not let either boy leave until they feel better. Once they are better, I let them leave. I explain to the caseworkers what happened so that they would look out for the boys. As they leave, Omar tests his strength on me once again, vowing to one day be strong enough to squeeze my hand. Hamza tries his hand at it as well and “hurts my hand”.</p> <p>After this, I speak to the social worker. Like me, he believes that the situation is too volatile. We put forward a notion to the judge to cancel future visits (to protect the two boys from having to live through such things again). We are waiting for a response.</p> <p>Because of the incidents of the previous visit, as well as our concern for the children’s safety (and Mr Ferhat saying that he does not wish to come), I, with the CPS, decide that it</p>	<p>himself (his own resources), tries involving his brother in the family</p> <p>Father, puts child-therapist in loyalty conflict, manipulation</p> <p>Me, prohibition, mention law</p> <p>Father, attacks sons</p> <p>Me, prohibition, law and order, peace and protection</p> <p>Father, criticises son's appearance</p> <p>Me, defence of son and puts things into perspective</p> <p>Father, rejects my intervention, my presence frustrates him</p> <p>Me, defence of son and puts things into perspective (maintain)</p> <p>Father, leaves angrily (avoidance of reality)</p>
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<p>would be wise to cancel the visit this week whilst we wait for the judge's response. The CPS calls Mr Ferhat to cancel the visit.</p> <p>Earlier in the week, the judge responded to our request to cancel future visits. The judge refused, citing that we must continue with the visitations.</p> <p>Mr Ferhat was made aware of this.</p> <p>Omar is unable to come because he is sick.</p> <p>Mr Ferhat calls to confirm the visit. He is aware that Omar will not be coming, but does not believe the reason behind it. As such, he tries to force me to make Omar come. I explain that it is out of my hands. He then says that he refuses to come once there is only one son. I explain to him that it is unfair to Hamza. This does not concern Mr Ferhat, and he repeats that it's both sons or none at all.</p> <p>The visit is therefore cancelled because of Mr Ferhat's refusal to come.</p> <p>Omar is apprehensive before the visit. I admit that I am also apprehensive about the visit because of the father's</p>	<p>Brothers, distraught Son, questions his presence Me, defences of sons Brothers, test strength</p> <p>Father, wants a carbon copy of himself, needs praise, worship</p> <p>Judge, refuses cancellation</p>
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<p>increasingly volatile nature, but I am bound by the law. The judge insisted that the visitations take place.</p> <p>Hamza was very much distraught over his father cancelling the last visit. His mood is numb today. He smiles, but as his caseworker explained to me, he is very much disappointed.</p> <p>Mr Ferhat does not talk to me before the visit. Usually, he takes the time to talk; however he refuses to talk now.</p> <p>The visit starts, and the two sons greet their father. Mr Ferhat has the meal, but does not let his sons eat. Instead, he leads them to the couch with his back turned on me. It would seem that he wants to keep me out of this. He starts interrogating Omar from the every beginning of the visit. He wants to know why he did not come the last time. He wants to know if he was really sick, or if the caseworkers asked him to lie. This makes Omar very much uneasy and he shuts down. I intervene and try to stop Mr Ferhat, but he keeps putting himself in a position to prevent me from seeing Omar. He turns his back on me, and says that this is “family business”. He says this two Omar, but it seems to be directed towards me. He is unable to see the effect that he is having on Omar. Omar seems to disappear as he “seeks refuge in himself”. He also wants to involve Hamza in the discussion. In addition, he tries putting Omar in a loyalty conflict between him (Mr Ferhat) and those surrounding Omar (Me, the caseworkers, etc.) by saying that everyone is preventing him from seeing is son.</p> <p>For me, the visit should be stopped; however I have been “ordered” not to end the visitations early. Mr Ferhat is continuously attacking his sons, and he is now also</p>	<p>Son, angry, wants vengeance</p> <p>Me, calm son's anxieties</p> <p>Son, angry, wants vengeance</p> <p>Me, calm son's anxieties</p>
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<p>threatening me, warning me to keep out of it. Nevertheless, I continue intervening, because his two sons are at a loss, afraid, confused and on the brink of crying. I prefer that Mr Ferhat argue with me for at least he won't be belittling his sons.</p> <p>Mr Ferhat continues attacking Omar for his size, his hair. He accuses him of being gay, and says that he is embarrassed to have a son like that. Omar is shut down. I defend Omar. Mr Ferhat says that he is running out of patience with me, that it would be wise for me to stay out of it. I remind him that I can't leave, that he's stuck with me for the judge ruled that I should be present.</p> <p>This lasts for the entire visit. At the end, Mr Ferhat does not tell his sons bye. He just leaves, angrily. I speak to the two boys. They are distraught. Omar asks why he must come if it will always be like that. He says that he does not want to come. I explain to him that there's nothing that I can do, that the judge decided that he should come. I also tried to bolster both their egos.</p> <p>Once they are fine, I let them leave. Both boys test their strength against me. The results are the same.</p> <p>I will say this. I know that Mr Ferhat loves his children; however several things prevent him from upholding his role. First of all, he wants Omar to be another him. He has always taught Omar to be like him in every aspect. Omar is not his son, but rather a carbon copy. Secondly, he feels persecuted by everyone. As such, he trusts no one. In addition, his needs (for praise, idolisation, etc.) dominate, rendering him blind to the needs and individualities of his sons. He is also</p>	<p>Brother, façade, concerned and hesitant</p> <p>Father, blames CPS, criticises son, different reality</p> <p>Me, defence of son and puts things into perspective</p> <p>Father, threatens me</p> <p>Me, precautions Father, angry Son, fed up</p> <p>Brothers, elder his brother's keeper Father, attacks son Son, confused Father, violent, aggressive and denigrates son Son, defends himself</p>
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<p>centred on his own needs to be a father; however he seems to be unable to understand the true role of a father. He just “provides”, teaches and tries to make a mini version of himself.</p> <p>The social worker and I write once again to the judge explaining the circumstances and our concerns. The caseworkers of the children’s home even explain the change in the boys’ behaviour, and their concerns. We also questioned Hamza’s presence for the visits. The judge once again refuses to suspend the visitations.</p> <p>Omar arrives early this day. He seems riled up. I speak to him to find out how he is feeling after the last visit. He tells me that he is fed up, that he’s going to “regarder mon père dans les yeux” to tell him how things are. He also says that he’s afraid that his father would try to beat me up, that this is something that has always worried him before visits. He says that his father is capable of doing such things (Mr Ferhat has already been in prison for assault). He says that he is ready to “plaquer” his father if he were to become violent against me. I reassure him and tell him not to worry about me, that I can take care of myself (However his concerns are not unfounded; the thought has crossed my mind, but I did not let Omar know this). I joked around and said that if anything were to happen, I’d just get a little time off from work. Omar laughed. I also added that I would not let it come to that, that I was also there to help his father.</p>	<p>Me, prohibition, law and order, peace and protection</p> <p>Son, wants to defend himself</p> <p>Father, anger intensifies</p> <p>Me, prohibition, law and order, peace and protection</p> <p>Me, prohibition, law and order, peace and protection</p> <p>Father, threatens me</p> <p>Me, prohibition, law and order, peace and protection (maintain)</p>
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<p>I also spoke to Hamza. He was “all smiles”, but I could see the concern in him. He did not say anything about his father. He did not seem to keen on going either.</p> <p>Mr Ferhat arrives early and I decide to speak to him before the visit. I do not want the visit to go badly. I do not want to put his sons in a difficult position, because not only does it affect his sons, but it also affects their relationship. Mr Ferhat s in a foul mood because his son, “nest pas un homme.” He has, “confié mon fils au SPE, et il lui rendent une fille.” Mr Ferhat is afraid that his son is a homosexual and adopts a homophobic way of speaking. I explain to him that there is no base for these accusations. Mr Ferhat gets angrier and asks me if I am gay. I say that there’s nothing wrong with being gay, and that I am not against it. With this, Mr Ferhat gets angry with me and in a threatening tone, wars me to not say these types of things again.</p> <p>I maintain what I said, and explain to Mr Ferhat that Omar has always denied being gay. Nevertheless, Mr Ferhat does not hear that. He is convinced that his son, “n’est pas un homme,” and that it his role to put him on the right path. After a few minutes speaking to me, Mr Ferhat calms down and the visit could commence.</p> <p>It should be known that Mr Ferhat blames his son’s “feminine” attitude on the children’s home and caseworkers. However, Omar is anything but effeminate.</p> <p>Before starting the visit, I told all my colleagues that I had a feeling that things would get heated, but not to intervene unless I called them. Based on the last visits, there was only one way this was going to go. Mr Ferhat was angry, and</p>	<p>Father, son is the cause for everything, different reality</p> <p>Father, different reality, delusional, delusion of grandeur</p> <p>Son, tries to reason (mentalize) Father, different reality, delusional, delusion of grandeur Son, tries to reason (mentalize), brother is part of the family</p> <p>Father, brother is of not relevance here Son, brother is part of the family</p> <p>Brother, disturbed Father, objectifies sons, plays one over the other Father, deaf to his son and everyone, denigrates son Son, breaks down, violent outrage towards father Me, prohibition, law and order, peace and protection</p>
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<p>Omar was fed up. I insisted that I knew what I was doing, and that they should, under no circumstances, enter without my expressed authorisation.</p> <p>On entering the visitation room, Omar tells his brother to give his father a big hug. Omar does the same. Mr Ferhat gives them their meal, and asks Omar for his schoolbook (to see his work). Omar explains that his teacher told him that he cannot bring it, “parce qu’en tout cas, il va le voir bientôt.” It is almost holiday time, and so Mr ferhat will have it then. Mr Ferhat immediately gets angry and says that his son is a liar. He accuses Omar of lying to him for months. This disturbs Omar, and he says that he is not lying. Mr Ferhat starts speaking, but his way of speaking is unclear and confused. I, as well as Omar, have trouble following Mr Ferhat’s logic because he goes off because of a schoolbook. Yet when Omar tries to speak about the book, Mr Ferhat asks him why he insists on speaking about the book.</p> <p>Mr Ferhat speaks in a very violent manner; he is aggressive and denigrates his son. Omar defends himself. For the first time since the beginning of supervised visitations, Omar speaks for himself, he asserts himself and his opinion, and does not concede to his father’s demands. Nevertheless, I try to get Mr Ferhat to calm down and adopt a more appropriate way of speaking, or else I will end the visit, for I cannot allow his sons to be privy to such denigration for an entire hour. Omar opposes this idea because he has things to say his father; he wants to settle things today!</p> <p>Mr Ferhat’s anger intensifies. He says that he’s going to step outside and walk around, then returns. I remind that, according to the contract he signed and accepted, he is not</p>	<p>Father, refuses me Brother, leaves Son, wants to defend himself</p> <p>Me, prohibition, law and order, peace and protection, remove father</p> <p>Father, feels attacked by others</p> <p>Son, breaks down, anger, outrage Father, looks violent</p>
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<p>allowed to leave during a visit, or else it would end. I agree that it could have been a good idea to let his leave; however:</p> <ul style="list-style-type: none"> • Mr Ferhat believes himself to be all-powerful. He seems to believe that he is above law and can break them whenever he pleases, and he also believes that he is always right. This aliments his anger when people don't agree with whatever he thinks. He has always tried to control and master the setting, those who intervene and his children. He does not tolerate the presence of those around his son, and adopts a very violent and sometimes threatening way of speaking towards them. Letting him leave (which is also against the rules and regulations) would further foster this illusion of being all-powerful. • Mr Ferhat has had this anger or weeks now, and starts each visit the same way: in a choleric manner, with the same subjects. Letting him go and come back will not change his convictions. The visits have become unbearable and insufferable for his children for the latter (especially Omar) are constantly being attacked and berated. I spend my time intervening, reformulating and protecting the children...which is my job. Mr Ferhat does not tolerate my presence and adopts a violent and disparaging way of speaking to me. Nevertheless, attacks 	<p>Me, prohibition, law and order, peace and protection</p> <p>Son, angry, outrage</p> <p>Me, prohibition, law and order, peace and protection, remove father</p> <p>Son, refuses other</p> <p>Brothers, affected</p>
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<p>against me offer his children a moment to breathe, for they aren't targeted, even for a brief moment.</p> <ul style="list-style-type: none"> • This was the time for Omar to assert himself and settle his score with his father. <p>Mr Ferhat is also angry with me and threatens me. He warns me to stay out of it. I let him know that his threats will not change what I am saying. I maintain what I say.</p> <p>Mr Ferhat says that Omar is the reason for all the bad that has happened in their lives, because he is gay and interferes with children. He says that Allah is angry with him, and that Allah is working through him (the father) to educate his sons. Omar asks him if Allah wants him to get angry as he does for each visit. Mr Ferhat says yes, that Allah is angry, and he is doing what Allah asks. Omar implores his father to forget the past, and to try to have a good time with his sons, his “deux fils car Hamza est toujours oublié.” MR Ferhat saus that Hamza has nothing to do with this. Omar says that yes he is, that he (Hamza) is part of the family.</p> <p>Throughout this, Hamza is very much disturbed. His father says that he (Hamza) is the only one to understand, and puts him in a loyalty conflict with his brother. He “asks” him is he agrees with his brothers ideas. Hamza does not know what to say, but finally reluctantly nods his head to show that he agrees with his father. However, he tries to intervene on several occasions on what his father is saying, but Mr Ferhat refuses to listen to him.</p> <p>Mr Ferhat says that Omar does not take care of his brother</p>	<p>Me, calm son</p> <p>Brothers, cut ties with father, siblings</p> <p>Son, feels lighter Brother, childlike Son, gotten rid of heavy load, happy to have stood his ground</p> <p>Brothers, test strength</p>
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<p>because he does not call him. He refuses to hear that Omar cannot call his brother whenever he wants. He then says that Omar does not love his brother. At this very moment, the two boys break down and start to cry. Omar breaks down completely and verbally attacks his father for having said that he does not love his brother (was always doing his father's bidding to please him, now claiming that he failed). On that note, 17 minutes into the visit, I end it; however Mr Ferhat does not want to leave and wants to continue arguing with his son. I ask the two boys to leave. Hamza leaves and goes into the waiting room, but Omar does not want to leave; he wants to defend himself and settle his score with his father. I therefore insist that Mr Ferhat leave immediately, and tell him that the visit is done. Mr Ferhat reluctantly gets dressed and starts to leave. He starts heading to the door to leave. The visit was about to end when a female colleague of mine enters because she heard shouting (against my requests from before; all my other colleagues have respected my request and trust my judgement). She comes in with her arms flying all over, "What is going on here?". This sets off Mr Ferhat once again, as well as causes Omar to go off once again. He breaks down, and I am now unable to calm him down, or even get through to him. His anger is intense, and I am concerned for his well-being because I have never seen him express such anger before. He shouts like never before at his father, and he cries. The situation is getting out of control, and this is not being helped by my colleague who is shouting at Mr Ferhat. She wants to "start a dialogue" between the two; however as I try to explain to her, it's well past the point of that. The anger is too extreme now. I ask her to leave so that I could handle things. I am now concerned, not only for Omar, but also my colleague for Mr</p>	<p>Son, much less submissive towards adults</p> <p>Brother, behaviour is better Father, no more rights</p>
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<p>Ferhat is getting increasingly angry and looks like he will hit her. I quietly explain to my colleague that she should leave for her presence is aggravating things, and that I am concerned for her well-being. Her hands fly up in the air and she says that she is not afraid if he hits her. She refuses to leave.</p>	
<p>At this point, it is very difficult for me to remain calm, but I try to remain the only voice of reason. My colleague won't listen. Omar will not leave (the anger has made him immovable). As such, I go to Mr Ferhat and I insist strongly that he leaves. Omar is still arguing, saying everything that is on his mind. I tell Mr Ferhat that the visit is done and that he should leave immediately. After insisting, I get him to agree to leave, and he starts heading to the door again. I decide to accompany him to the exit. I tell my colleague to just stay there and say nothing. Omar has stopped talking. Mr Ferhat sees Hamza in the waiting room and tells him bye. Hamza is crying.</p>	<p>Family secret</p> <p>Mother, unkempt</p> <p>Daughter, her brothers' keeper Mother, adolescent behaviour</p>
<p>As we are leaving, my colleague brings up what happened with Omar. Mr Ferhat hears this and returns, enraged that Omar is talking about this. Everything starts up again. Mr Ferhat is also mocking his son. He's saying, "Yes, yes, get angry. You're now a man." My colleague refuses to leave and her presence, as well as her confrontational attitude and inability to back o and see what she is fostering, is only worsening things. At this point, I focus on Mr Ferhat and insist that he leave the compound indefinitely. I get him to leave. As I leave, I tell my colleague to say nothing (At this point, I am also annoyed by my colleague's refusal to respect my request, and her confrontational attitude towards</p>	<p>Daughter, cupboard</p> <p>Family, unkempt home</p> <p>Mother, aggressive nature</p> <p>Mother, hatred for authority</p>

<p>Mr Ferhat which only aggravated things). I accompany Mr Ferhat all the way to the exit, all the while insisting that he not return (for he was still complaining and wanted to argue).</p> <p>I return to the visitation room. As I return, my colleague sits down to talk to Omar. He is still very much angry. She tries talking to him, and he refuses. He wanted to know who she is. I tell my colleague to leave. She does not want to. I insist. Omar ignores her. I ask her to leave once again, and she does. I sit down with Omar. He is still extremely angry, his mouth his going off, expressing his rage. I ask him to come with me into another room. I bring Hamza as well. The two boys are visibly affected by this.</p> <p>Hamza calms down quickly. Omar takes some time. He wants blood, metaphorically speaking of course. Even though he's talking, his rage keeps his mind elsewhere. I have to put my hand on his shoulder to get his attention. I allow him to express his anger, but slowly help "bring him down" a bit to think clearly.</p> <p>Eventually, he calms down. As soon as he calms down, he smiles. He says that he feels as if a heavy weight has been lifted off his shoulders. He says that he is relieved because of all that he has said. He said that he never again wants to see his father, and that he will do everything to see his brother. He tells Hamza not to listen to what his father said, that he does love him and will always be there for him. Hamza smiles.</p> <p>I spend time talking to the two boys, letting them express themselves. Omar does seem "lighter" now. Hamza is calm</p>	<p>Mother, accepted me (man)</p> <p>Mother, unkempt</p> <p>Mother, intelligent</p>
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<p>and starts talking about how he knows karate. Once the two boys are calm enough, I accompany them to their caseworkers. I explain what had happened. They had a good idea because they had heard everything (it was that loud). They were happy that Omar got everything off his chest, and did not bow down to his father.</p> <p>On leaving, both boys tested their strength against me.</p> <p>After this, the CPS and I wrote once again to the judge demanding that the father's visitations be suspended. This time, the judge agreed.</p> <p>After this, I saw Omar briefly for a meeting. This was to finalise the report to permanently end all Mr Ferhat's visitations. The caseworkers said that the two boys were doing much better. Omar was much less submissive, and Hamza was back to being all cheery again.</p> <p>Mr Ferhat's rights to his children were subsequently lost, and the two boys were given visitations between themselves.</p>	<p>Daughter, childlike in presence of mother</p> <p>Mother, protective/territorial of daughter (and history)</p> <p>Mother, me vs. colleague, polite vs. aggressive</p> <p>Mother, breaks rules Mother, rage</p>
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<p>The Schuster family:</p> <hr/> <p><i>Violette (10) and her mother</i></p> <p>Case history:</p> <p>Not much is really known of the family. They speak very little at the beginning, and only with time would anything really be known. All they've told me was that Violette was placed into foster care because of negligence. Ms Schuster acknowledges that her child had a difficult time.</p> <p>Ms Schuster never gave the full extent, but it was common knowledge that at home (before placement) was filthy. In addition, Ms Schuster would often leave Violette at home alone with her brothers (when she was 7), and go out</p>	<p>Father, handicap Me, enforce rules</p> <p>Daughter, childlike</p> <p>Me, enforce rules</p> <p>Me, different approach, put mother in place Daughter, childlike and fusional with mother</p>
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<p>partying or other stuff. There were talks of a cupboard that she'd sometimes leave her in. In addition, Violette would feed herself and her brothers with whatever they could find in the house, often unwholesome things. They also spoke of corners in the apartment where there was human waste.</p> <p>Ms Schuster is also known for her aggressiveness towards others. She refuses to accept any rules and speaks her mind. She seems to be at war against everyone, and wanted no one to interfere in her affairs with her daughter. I remember before starting with her, I would hear her shouting and arguing with the former monitor. One should bear in mind that the rooms are isolated and so it should be difficult to hear anything coming from the room. This is testimony to how loud she was.</p> <p>Ms Schuster would break all the rules. She would use her mobile phone during visits, won't wait for the monitor afterwards and simply leave. Plus, she did not hide the fact that she HATED all monitors, psychologists, care workers, etc. And she hated them with passion. As such, many were worried about my intervening.</p> <p>As I introduced myself, she looked at me and said, "Doesn't matter. I'm accustomed to interns." I explained that I was not an intern, but rather a psychologist (much to the dismay of my colleague at the time – for Ms Schuster HATED psychologists – but the mother didn't seem to care. She accepted me and allowed me to work with her.</p> <p>The first thing I noticed about her was her odour. It was repugnant. It may sound discourteous, but the truth is that you could smell her coming a mile away. As I spoke to her,</p>	<p>Me, separation of mother and daughter</p> <p>Me, put parents in place Mother and husband, content with me, derogatory comments about colleague</p> <p>Daughter, switches on seeing mother Mother, focused on daughter</p> <p>Brother, absent</p> <p>Mother, focused on daughter, preoccupation</p> <p>Daughter, "absent", automated responses</p> <p>Mother, "ma fille"</p> <p>Daughter, agreeable nature</p>
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<p>my eyes burned. She donned a putrid jumper/coat...that item of clothing that is thick, with a fluffy hoody (I'm not the best when it comes to naming clothes). Her hair was filled with flakes that were falling all over. Her face had buttons and scabs that she would pick at. What was left of her teeth was rotten. When she shook my hand, it felt grimy and slimy. She seemed to be one of the most unkempt people I've ever seen.</p> <p>Despite her crude way of speaking, I did notice intelligence in her. Contrary to many that have been in visitations, this mother seemed to have fairly good intellectual capacities.</p> <p>I met her daughter, and saw a marked difference. She was 10, and she looked her age. She was petite in stature, and spoke in a very squeaky baby voice. "Spoke", as she said very little. She just observed. Her mannerisms were those of someone much younger, maybe 6 years old. Yet she just observed everything.</p> <p>As testimony to the mother's intelligence, she also explained to her daughter why I was there, and she explained it very well. I noticed that she was very protective of her daughter, and so would lambast me if ever her daughter felt uncomfortable with me.</p> <p>That's the basic history. Nothing else is known of their past. Nothing else was spoken of at that point in time.</p> <p>It would take a bit longer for me to be alone with her because my colleague was apprehensive. Her "angst" (for lack of a better word) was owing to the aggressive nature of the mother. Funny enough, I was never "victim" of Ms Schuster's rage. I did notice how she would speak to my</p>	<p>Mother, daughter is a mini version of her (clothes)</p> <p>Daughter, seeks to appease her mother</p> <p>Father and daughter, daughter asks for a declaration of father's love</p> <p>Daughter, keeps declaration of father's love</p> <p>Family, daughter more infantile with mother, father places no limits between mother and daughter</p>
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<p>colleague. I also noticed the rules being broken, etc. She would take her daughter with her to the visitation room instead of waiting in her separate waiting room. Violette would be on the phone messaging her father, or sometimes even call him. I would always look in awe at how she would speak to my colleague, but more so of my colleague's inability to calm her. This mother had lots of rage.</p> <p>Every once in a while, the stepfather would come, in addition to Ms Schuster's last son. The stepfather had a physical handicap, which made him reliant on crutches to get around.</p> <p>Nevertheless, I used this time to assess if the family suited the criteria.</p>	<p>Daughter and brother, daughter in parental role, also objectifying role Brother, uninterested Family and daughter, daughter adapting between mother, father and brother</p> <p>Daughter, constantly looks at clock, resentment, longing for it to end, precipitates to leave</p> <p>Parents, unresponsive</p> <p>Daughter, precipitates to leave</p>
<h2>Visitations</h2> <p>I'm not going to lie. I was really dreading this day. I've seen Ms Schuster's anger, and thought that I escaped it because I was not the primary monitor. Now that I was, as well as being alone, I braced myself for whatever she'd throw at me.</p> <p>For me, everyone needed to abide by the rules. So, Violette arrived and she was her usual meek self. I just chatted with her and the foster family. However I also waited there to "intercept" Ms Schuster to direct her to the proper waiting</p>	<p>Daughter, takes on "childish tasks" for her mother</p> <p>Daughter, numb at the thought of returning home</p>

<p>room. The bell rang, and she was there. I saw that this was a visitation where she came with her husband and last child. I greeted them at the door, made a little idle chitchat and said that I'd like to talk to them a little bit before.</p> <p>Violette, who is usually very meek, jumped up and said, Mummy!" on seeing her mother. This always "bothered" me because I could not fathom how she could go in her mother's arms like this, mainly because of the stench. It literally burned my eyes. She also greeted her father and brother. I use the word "father" here because that's how Violette referred to him, and not stepfather. Violette was going to accompany them one time, but I stopped her and said that I wanted to speak to her parents before. To my surprise, there was no resistance from anyone.</p> <p>In the room, I just said that I wanted to see how they were doing, and explained to them once again how I operate: they were the parents and so should do what they see fit as parents, etc. Afterwards, I asked them about their son; basically idle chitchat. I also reminded them that it would only be me from now on. That seemed to please Ms Schuster as she explained that she hated my colleague. She had a few choice sayings about her.</p> <p>Before going to get Violette, I then offered them coffee or tea, as well as something to drink for their son.</p> <p>Then I went to get Violette. She didn't talk much on the way.</p> <p>On meeting for the second time, Violette once again jumped into her mother's arms. In a nutshell, there were interactions amongst all there. However there was an obvious bias with</p>	<p>Mother, erases all traces of her presence</p> <p>Mother, daughter is her all</p> <p>Daughter, more at ease with me</p> <p>Mother, respects rules and enforces them</p>
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<p>whom Ms Schuster spent her time. Her husband also made this observation and told often reminded her that her son was there, or rather, “Don’t forget your son!”</p> <p>Ms Schuster seemed preoccupied with her daughter. She talked to her about everything, asked questions. However she just kept talking to Violette, even though the latter’s mind was elsewhere. Violette would quickly respond to any request her mother made. Ms Schuster would often say, “Ma fille,” and speak of all the things that her daughter liked, or that she knew of her daughter. Violette would just confirm with a meek “Mm-hmmm.”</p> <p>She bought her daughter some clothes. They were miniature versions of the clothes that she herself was wearing. Same jumper, in the same colour, and different colours as well. She asked Violette if she liked them, and she said yes. However, I don’t remember Violette ever wearing these in the past. She would always wear clothes like what she wore today: a dress. Sure, she seemed to be dressed younger than she was, but she was not the jumper sort of person.</p> <p>Even though her mother was constantly soliciting her daughter, Violette moved more towards her father.</p> <p>Violette also seemed very close to her father this day, but in a seductive way. She would ask him to draw roses for her, over and over, again and again. Her father would often make the remark that this is what she liked. I lost count as to how many roses he drew for her. He said that with the number of roses he’d drawn for her, she must have a whole set by now. Violette confirmed that she had kept them all. She seemed like a little girl in love with her father, to the point of almost</p>	<p>Mother, daughter is her all</p> <p>Daughter, switches on seeing mother</p> <p>Daughter, childlike and fusional with mother</p> <p>Daughter, takes on "childish tasks" for her mother</p> <p>Daughter, breaks rules, unnatural desire for father's love</p> <p>Mother, encourages daughter's unnatural love for father</p> <p>Mother, daughter is her all, engulfs her</p> <p>Father and daughter, odd exchanges</p> <p>Me, prohibition Mother, no resistance Daughter, resists prohibition Me, prohibition Daughter, grudgingly accepts</p> <p>Mother and daughter, interaction</p>
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<p>an “obsession”. She was even more “infantile” with her father than with her mother. Her father did not seem to put any distance between them, and her mother did nothing.</p> <p>Violette would also go towards her younger brother. She would try teaching him how to walk, and would try taking care of him. She seemed to treat him like a plaything, a doll, always wanting to take care of him. Yet she was careful not to hurt him. She was gentle. He seemed uninterested in her. He just wanted to do his own thing. His mother and father let him.</p> <p>They seemed to all be having a good time. They would all draw on the whiteboard, etc. Violette was laughing, running between her mother and father...And little brother. Despite this, Violette kept looking at the clock every few minutes. Her father noticed this. As soon as the hand hit the time to leave, Violette seemed to just “switch off”, said “bye” to her parents, gave them each a kiss, and then headed for the door. I almost had to run to catch up with her. Her parents did not react at all.</p> <p>Just before, I had told her parents that I’d want to talk to them afterwards, so that they would not leave right afterwards.</p> <p>I accompanied Violette to the foster parents. She was ready to return home. I asked her how the visitation went. She replied, “Good.” I explained to the foster parents that everything went well. But I saw that Violette wanted to leave, because she was kinda “pulling” her foster mother. She did not even show the clothes to the foster mother. I did not want to keep them any longer than they should have, so I</p>	<p>Daughter, constantly looks at clock, resentment, longing for it to end, precipitates to leave</p> <p>Daughter, anxious because of my absence</p> <p>Daughter, switches off, but waits for me</p> <p>Mother, not resistant to me</p> <p>Daughter, looking for something, tracks my every movement</p>
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<p>let them go.</p> <p>Another thing. When I gave her parents their coffee, and Violette tea, Violette wanted to put the lumps of sugar and stir it for each of them. This kinda reminded me of younger children that I've worked with that wanted to do this for their parents, but not 10 year olds.</p> <p>What I have also noticed is that Ms Schuster often spoke of getting her daughter back. This was her priority. Violette always seemed numb whenever her mother spoke of this.</p> <p>I returned to the room and both parents were ready to go. On arriving, the whiteboard had been erased and everything was clean, even the cops they used. This was something that I had noticed. Ms Schuster left no trace of herself after the visitations. It was as if she was not there.</p> <p>I asked them how the visit went. They said that it was good. Ms Schuster said that once she sees her daughter, she's happy. They did not have much to say about the visitation other than the fact that it was good. Ms Schuster's husband said that he preferred that I was there, and not my colleague, because she was, "cold." He said that he and his wife were discussing it before, and they prefer it to be me. They said that I am kinder and warmer. I did not want to entertain the belittlement of my colleague, so I just thanked them for their kind words, and then let them go.</p>	<p>Mother, thinks in her daughter's place</p> <p>Daughter, distant, preoccupied</p> <p>Mother, thinks in her daughter's place</p> <p>Daughter looks away when her mother speaks of returning home</p> <p>Daughter, professed love for mother</p> <p>Daughter, switches off, but waits for me</p> <p>Daughter, petrified for brothers</p> <p>Mother, erases all traces of her presence</p>
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<p>For this visit, only Ms Schuster was present. Similar to the last visitation, I met Violette in the waiting room. She seemed more at ease this time around, and spoke more with me. I would make little jokes and she'd laugh. Her mother arrived, and she greeted her daughter. However, contrary to the previous visit, she told her daughter that she was going to the visitation room and would see her in a bit. This was a pleasant surprise.</p> <p>I accompanied Ms Schuster to the visitation room, and asked how she felt for today's visitation. She was ready. She had nothing more to say, just eager to see her daughter.</p> <p>I got Violette. She jumped onto her mother's lap, and "snuggled" up with her.. Once again, this irked me because of the odour, the uncleanliness, etc. There wasn't much interaction in the beginning. She put the sugar in her mother's coffee and stirred it. Violette then took her mother's mobile phone and started texting her father. This went back and forth. She seemed obsessed, yet overjoyed to be in contact with him. Similar to the last time, he showed an "unnatural" desire to reach out to him, like daddy's little girl, in love with her father. She was excited whenever he'd respond. She had trouble understanding text lingo, so Ms Schuster would translate for her. Her mother seemed content to just have her daughter on her lap. I'd hear over and over again the resounding, "Ma fille!" and she'd hug or pull her daughter closer to her. She would laugh at some of the messages that were being sent. The messages were basically hi, how are you, I'm fishing, I'll see you next time, etc. The exchanges seemed a bit odd to me.</p> <p>After about 5 minutes of this, I reminded them that the use</p>	<p>Daughter, disappointed for father's absence</p> <p>Mother and daughter, daughter switches on, mother "ma fille"</p> <p>Daughter, keeps track of me</p>
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<p>of mobile phones was forbidden during visitations. Ms Schuster did not resist (as she would do with my colleague), but acknowledged even though she said nothing. Violette wanted to continue texting. I insisted, and eventually Violette grudgingly put the phone away.</p> <p>Violette then decided to play a board game with her mother: Connect 4. This seemed to go well. They were both laughing whilst playing the game. They weren't really talking about anything in particular. The mother would make jokes when she would beat her daughter; nothing malicious though. I would also talk to them a bit during the game, nothing really important.</p> <p>During this, Violette would glance at the clock every once in a while. I also noticed that Violette kept her eyes on me. If I were to get up to move, she'd look to see where I was going. At one point, I went to get some paper towels for them. Violette suddenly looked "concerned" as I left. I did not even leave for a second as the kitchen is literally next to, or rather connected to the room. I'd just have to lean over. I said that I'd be right back, and she calmed down.</p> <p>As the clock hit the end of the visitation, just like the last time, Violette switched off, hugged her mother and was ready to go. The difference between this time and the last was that she wasn't going to leave until I was ready. She waited for me this time.</p> <p>I accompanied her to the foster parent. She didn't have anything to say. However, she was not in a rush to leave when we reached the foster parents. She talked about eating something.</p>	<p>Daughter, no desire for father</p> <p>Daughter, solicits me more and more</p> <p>Daughter, switches off Mother, daughter is her all</p> <p>Father, sees daughter younger than she is</p> <p>Mother, "knows what her daughter likes"</p> <p>Family, not much interaction, daughter restless</p> <p>Daughter, insists my involvement (sweets)</p> <p>Daughter, keeps track of me</p> <p>Daughter, switched off throughout</p>
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<p>After this, I went to see the mother. We talked a bit and I brought up the mobile phone. She wasn't against what I said. Once again, she was just happy to see her daughter.</p> <p>For this visitation, what stood out to me was the way Violette was with her mother. She was a little girl with her mummy. Her eyes darted all over as usual, yet also tracked my every move. Ms Schuster was just happy to have her daughter with her.</p> <p>The beginning takes place as the previous visits. The difference is that before the visitation, Ms Schuster wants to talk to me. She tells me that her sons will be spending some time at home. She is concerned that this might affect her daughter, as she is the only one who won't be at home.</p> <p>The greetings between mother and daughter are as usual. However, Violette seems distant, or rather preoccupied. Her mother notices this and explains that it could be because of the fact that her brothers will be spending some time at home. Violette insists that she is fine. Ms Schuster also speaks of getting ALL her children back at home. Violette tends to look away when her mother speaks of getting her back.</p> <p>After this, Violette professes her love for her mother through numerous "dessins d'amours" on the whiteboard. She draws, and then goes, "Look! Look!" to her mother. Her mother is happy. For me, this seems to be what younger children do</p>	<p>Daughter, "she's fine"</p> <p>Parents, father notices daughter's agitation, mother just happy to see daughter</p> <p>Mother, angst because daughter no longer wants to see her</p> <p>Me, prohibition</p> <p>Mother, compliant</p> <p>Daughter, no longer wants to see mother</p> <p>Daughter, maniac, paranoiac, removes all traces of herself so her mother can't find her</p>
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<p>for their parents. Nevertheless, Violette continues for the rest of the visitation, and her mother is really happy and in a really good mood. Nothing else happens.</p> <p>The end of the visitation comes, and Violette switches off. She says, “Bye!” to her mother, then waits to leave with me.</p> <p>I ask Violette if she’s okay. She says that she is fine. I see the foster mother who speaks about the brothers. She informs me that Violette is petrified for her brothers being home with their mother. She is concerned for their safety. It is worrying her a lot.</p> <p>I go to see the mother afterwards. The board is wiped clean. There’s no trace of her in the room. She speaks about her sons, and says that it’s a pity that her daughter isn’t there.</p> <p>Normally, Violette’s father should be there today; however he has to work, so will be come for the following visit. Violette is disappointed that she will not get to see him.</p> <p>This visit follows the same rhythm as most of the previous: Violette jumps into her mother’s arms, sits on her lap and prepares her coffee. Then, they play a board game together. Ms Schuster continues to talk about, “Ma fille,” whilst Violette keeps her eyes on me throughout. There is no talk of the last visit.</p> <p>However, there is no mobile phone. Violette does not ask to message her father.</p>	<p>Daughter, fear of mother finding her</p> <p>Daughter, reassured with me, keep mother calm</p> <p>Daughter, switches on seeing mother</p> <p>Mother, distraught</p> <p>Daughter, rarely looks at clock</p> <p>Daughter, pronounces my name Me, included in the visit Me, remind daughter of time, daughter switches off Daughter, more open and comfortable with me</p> <p>Mother, distraught Mother, hates social worker (displacement)</p>
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<p>I do notice that Violette seems to call more on me, or rather speak my name. In the past, she'd hardly – if at all – pronounce my name. However, I am included in the visitation this time, but “symbolically”.</p> <p>The end of the visitation comes, and Violette switches off again. I accompany her to the foster parents, as usual. She's “fine” as usual. Ms Schuster has nothing to say either. She got to see her daughter.</p> <p>Violette's father is here today. She is happy to see him and greets him warmly, as she seemed to have always been when he was there. He has brought “themed sweets” for Violette, i.e., sweets with princesses, etc. For me, the themes were for younger children.</p> <p>Violette also greets her mother warmly.</p> <p>The parents explain to Violette that they still haven't found Violette's Christmas present (even though Christmas was over a month ago). Violette shows no reaction. Her mother says that she's looking for something special that she knows what her daughter likes.</p> <p>The visit goes relatively well; however I notice that there isn't much interaction between Violette and her parents. She spends her time eating her sweets and “being quite restless”. There are no board games and no roses this time.</p> <p>She asks if her parents would like any of her sweets. Her</p>	<p>Mother, fragile without daughter, needs daughter</p> <p>Everyone, surprised daughter spoke up</p> <p>Judge, only woman with whom mother has been fragile, a child</p>
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<p>father says no, that they are for her. Violette then offers me a sweet and I politely decline. However she insists that I take one (or rather places it in front of me and looks away), so I accept.</p> <p>She keeps an eye on the time. One the visit reaches the end, she gets ready to leave. She does not switch off this time, because she was not switched on throughout the visit. She was distant.</p> <p>I accompany Violette to her foster parents. She's "fine".</p> <p>I return to the parents. Her father noticed her agitation. He believes that it was because of the sweets. Ms Schuster didn't notice anything, but was just happy to see her daughter.</p> <p>Ms Schuster reached extra early today because she wanted to speak to me. She expresses her frustration and angst about what she's heard. She was told that Violette does not want to see her. She is expressly hurt and deeply saddened. She would like to ask/confront her daughter about this to better understand. I did not believe that this is the right moment, more so because Ms Schuster seemed to be overwhelmed by her emotions. I did not believe that she would be able to formulate will how she felt, and that that could aggravate things. Ms Schuster agrees. She does not want to upset her daughter.</p>	<p>Father and daughter, daughter asks for a declaration of father's love</p> <p>Mother, does not speak of painful visit</p> <p>Parents, tension, denied Family, play together</p> <p>Mother and daughter, mother asking questions</p> <p>Daughter, longer to switch off</p> <p>Daughter, self-assured, pulling away from mother</p>
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<p>Violette arrived. Her foster mother spoke to me privately for a moment. She explained that Violette had verbalised her wish to not see her mother anymore. She also explained Violette's difficulties the days leading up to visitations: bedwetting and nightmares. She also explained to me that at home (foster's parents home), Violette is maniac! Everything has its place. When she first moved in, Violette would clean the front step to remove her footsteps so that her mother wouldn't know that she was there. There was even talks of her mother visiting the foster family's home, but Violette did not want this; she panicked on hearing this. The foster mother also explained that Violette had always been afraid of her mother's attitude with monitors, i.e., her aggressiveness. However things were going better with me. Her mother had not kicked up a fuss in a long time.</p> <p>Before the visitation, I speak to Violette to ask how she is. I don't let on that I know what happened. If she wanted to tell me, she would.</p> <p>The visitation starts, and Violette is her usual self. She jumps into her mother's arms and prepared her coffee. Mother and daughter talk a bit before deciding to play Uno. The conversation is different. She asks questions, but does not talk about "ma fille" or insist on how much she knows her daughter. She does not speak about getting her daughter back. Ms Schuster is also a bit distracted and could barely hide her pain. Violette does not seem to take notice, and acts as usual. I'm kept in sight, but Violette rarely looks at the clock this time. She pronounces my name several times. I am very much included in visitations now. The reasons for calling me aren't "significant", but it just seems to be for</p>	<p>Daughter, very open with me (not seductive)</p> <p>Mother, distraught, but hiding feelings</p> <p>Mother and daughter, daughter is a good girl, mother is happy</p> <p>Daughter, no clock</p> <p>Daughter, less anxiety to leave the premises</p> <p>Mother, incomprehension, afraid to confront reality</p>
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<p>having me present, there.</p> <p>The visitation comes to an end, and I have to tell Violette that it is over. She did not notice the time. She switches off again and waits for me so that we could go. I accompany her to her foster mother. She says that she's fine; we chat a bit...just joking around. She seems more comfortable and open with me.</p> <p>I then go to see Ms Schuster who is distraught. She does not understand why her daughter no longer wants to see her. I tell her that we'll talk about it the next time if she's up for it. I also explain that she can contact the social worker in charge of the case to get more information. She does not want to contact him. She has a few choice words for him, i.e., she dislikes him and wants nothing to do with him.</p> <p>Other than her aggressive words about the social worker, this is the first time that I've ever seen Ms Schuster act in a fragile manner. She's seems "childlike", like child who has lost her mother, who has lost her favourite doll, or rather like someone who has lost everything. I am concerned about her and calm her down before leaving.</p> <p>The following day, I call the social worker for the case to get more information. Indeed, Violette did ask to no longer see her mother. This came as a surprise to all. I express my concerns about Ms Schuster. The social worker is also surprised about her reaction. He explains that the only person with whom she has shown any fragility was the judge who handles her case. He went on to explain that Ms Schuster herself was in the system as a child, and then came</p>	<p>Daughter, open with me, divulges her identity</p> <p>Mother, resigned</p> <p>Mother and daughter, daughter, switches on mother is uninterested</p> <p>Mother, given up</p> <p>Mother, given up, lifeless</p> <p>Daughter, does not acknowledge her mother's pain, open with me</p>
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<p>to see her children also placed into foster care. The judge who saw her as a child is the one who currently handles her case. This judge is the only one that Ms Schuster listens to, and is polite and respectful with. He explains that, in his opinion, she becomes a little girl when in the presence of this judge. She is aggressive with everyone else, including the social worker.</p>	<p>Mother, "absent"</p>
<p>This visit was cancelled because the foster father needed to go to the hospital.</p>	<p>Daughter, no clock, not in a hurry</p>
<p>Violette's father is present today. Violette seems very happy to see him. She asks him to draw roses for her. He says that he knew that she'd ask for that.</p>	<p>Daughter, starting to rebel</p>
<p>Ms Schuster does not speak of what happened in the last visit.</p>	<p>Daughter, no sense in coming to visits, futility in coming</p>
<p>I do notice some tensions between Ms Schuster and her husband. They seem to be snapping at each other. I ask them about this afterwards, and her husband assures me that everything is fine between them, or rather better than ever.</p>	
<p>They all play Uno together, and this goes well.</p>	
<p>There is a bit of a difference today. The resounding "ma fille" does not occur. And Ms Schuster does not speak about</p>	<p>Daughter, more at ease in general Mother and daughter, no switching on, daughter is relaxed</p>

<p>all that she knows about her daughter. Instead, she seems to be making an effort by asking questions about her daughter, instead of making affirmations. Violette responds, but is very guarded in how she speaks. She limits her responses to on or two words.</p> <p>Violette does not look at the clock during this visit. Instead, I have to remind her when the visit is done. She does not switch off as fast as before.</p> <p>The atmosphere is different. I sense tension, even though this is denied by Ms Schuster's husband, but not Ms Schuster herself. Violette seems more self-assured. She still acts like a child, but seems to be pulling away a bit.</p> <p>I see Violette before. She has been quite open with me for the past few visitations. She would talk to me; we would joke around.</p> <p>I speak to Ms Schuster before. She is still distraught, but for two things this time. Firstly, the few visits she has. She would like to see her daughter more. However, this is contradicted by her second worry: her daughter's desire and request to no longer see her. Rather, how she put it was an absence of her daughter's request to see her. This troubles her greatly.</p> <p>Nevertheless, when the visitation starts, she puts on a brave face and does her best to avoid showing any sadness to her</p>	<p>Mother, speaks about evolution Daughter, indifferent</p> <p>Mother, going through the motions Daughter, relaxed and at ease</p> <p>Daughter, keeping track of me no more</p> <p>Mother, acceptance (closure/mourning), comes through obligation</p>
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<p>daughter.</p> <p>The visitation goes well in that there are no “visible” tensions. Violette is the good little girl with mummy, and her mother seems “happy” to have that.</p> <p>Just like the last few visits, Violette does not look at the clock and has to be reminded that the visit is done.</p> <p>She is chattier with me after the visit; idle chitchat. She is less in a hurry to leave the building.</p> <p>I talk with Ms Schuster afterwards. She still doesn’t understand why her daughter does not want to see her. However, she does not seem to want to talk about it with her daughter.</p> <p>Violette is much chattier with me now. I’m seeing a different side of her. She seems more her age. She still has the baby voice, but she acts differently. I’m getting to know her better.</p> <p>Her mother arrives, and she seems resigned. The visitation starts, and Violette resorts to her old ways, i.e., jumps into her mother’s arms, coffee, etc. However, Ms Schuster seems uninterested and just sits there. It would seem that since hearing that her daughter does not want to see her, she has “given up”. She has given up hope of having her daughter again. I spoke to her a bit before the visitation, and this was what she explained. It makes no sense coming because her</p>	<p>Son, absence of structure and stability</p> <p>Family, confusion, absence of structure</p> <p>Son, seductive, façade</p> <p>Father, self-glorification</p> <p>Father and son, son playing instrumental role</p> <p>Father, actively seeking child-therapist</p>
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<p>daughter does not want her. The thing is that she does not care to know why. I believe it wise not to bring it up during the visitation because that would be putting Violette on the spot, and would be unfair to her. She reached this decision on her own, and I should move at her pace. In addition, Ms Schuster does have a volatile attitude, and so do not want to put Violette in that. I do not want to risk her having to hear disparaging remarks about her from her mother.</p> <p>Ms Schuster seems “lifeless” and empty. Nevertheless, she seems to be making an effort to have a good time with her daughter.</p> <p>Violette does not seem to acknowledge her mother’s change in attitude, or even respond openly to it. Instead, she goes about the visit as usual. However, she talks to me a lot this time, just about stuff. I try to involve her mother, but Ms Schuster is absent.</p> <p>The clock does not seem to even be there. Violette pays no attention to it and I have to remind her when to leave. She does not seem to be in a hurry. I accompany her to the foster mother. It would seem that Violette has changed a lot of late. Her foster mother explains that she is a bit cheeky of late (I noticed this during the visit). She isn’t the “good little girl” anymore, and has shown a bit of resistance on a few occasions. This, according to the foster mother, was a welcome experience from Violette, except when it came to her room.</p> <p>Seeing that her daughter does not want to see her, Ms Schuster does not see the point in coming to visits anymore. I explain to her that that will take time, and that we’re here</p>	<p>Son, comfort in talking about rule-breaking Family, confusion, absence of structure Son, awaiting 18th birthday Me, frustrated, confused, value of visits unknown</p> <p>Son, façade</p> <p>Father and son, son infantilises father Father and son, routine</p>
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<p>to work on that. Nevertheless, she seems to have given up and hears nothing of what I say. She does not want to talk about it with her daughter. I'm left to wonder if she'll even come for the next visit.</p> <p>The observation period lasted 10 months. However, the last month was long and so two visitations were held, hence the odd number of visitations.</p> <p>Violette seems to be more at ease, before and during the visitation. She greets her mother as usual, but is "different". She's relaxed.</p> <p>Ms Schuster seems to have gotten over her feelings of "abandon". She speaks of the evolution of her rights to her son. However nothing evolved with her daughter. Violette does not react at all. She seems indifferent to this.</p> <p>Mother and daughter play board games and talk very little. It would seem though that they're just going through the motions of the visit, and are just waiting for it to end. Sure enough, the visit finishes. Violette says bye to her mother.</p> <p>What struck me was the lack of emotions here. Violette was relaxed and at ease. However, she was indifferent to her mother. She did not seem to care when her mother spoke of her brothers returning home more often. Her eyes were not darting all over as in previous visits. She just seemed "different" and "indifferent".</p>	<p>Father, denigrate son, but in awe, self-glorification</p> <p>Father, admiration of son</p> <p>Father and son, self-glorification and admiration of son</p> <p>Father and son, son playing instrumental role</p> <p>Son, eats a lot</p> <p>Father, no limits on son, encourages son's eating habits</p> <p>Father, commands others</p> <p>Me, prohibition, remove father from throne</p> <p>Father, concedes</p> <p>Son, no limits, unaware of others</p> <p>Me, prohibition, brings "others"</p>
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<p>Ms Schuster seems to have accepted her daughter's decision, and has also lost any enthusiasm for the visits. She seems to be there because she has to.</p>	<p>Father, trivialises serious aggressions</p>
<h2>The Roos family:</h2> <hr/> <p><i>Dave and his father</i></p> <h3>Case history:</h3> <p>This case involves a young man, Dave, who is 16 years of age when he starts having supervised visitations in this organisation. From what we gather, he has spent the better part of his life in and out of institutions. He spent time with his parents, not sure if with both or one. Figuring out a timeline was very difficult. Things were muddled.</p> <p>Just before going into placement again, he was living with his mother and (half) brother. He would also spend time with his father. He was removed from his mother's care after accusations of interfering and/or sleeping with a minor. Dave had been diagnosed as a paedophile. There was an active investigation, which meant that Dave could see be charged and imprisoned. At this time, he was placed into a specialised children's home.</p> <p>Dave was short, but a very hefty young man. He was always smiling, and acted very – or overly – politely to others. I could not help but detect a hint of seduction in his ways. At</p>	<p>Family, son is the shining star, trivialises aggressions</p> <p>Me, prohibition, bring reality</p> <p>Son, frustrated with hearing about his violations</p> <p>Son, seductive towards me, focused on me</p> <p>Son, passionate about fishing (word play)</p> <p>Son, tries breaking rules, against social norms</p>

<p>times, he would dress as a pauper, and on other occasions, he was very stylish. His hair was always on point, and his cologne was strong.</p> <p>His father was an elderly gentleman. He seemed older than he truly was. He was much slimmer and always boasted of his shape. He would wear brand name clothes, usually “hand me downs” from his son. He would also spoil himself with Nike or Adidas sneakers.</p> <p>What was striking was the fact that Dave would openly talk about his paedophilia, as did his father. He seemed too comfortable doing so. The two would talk a lot about the family members, but figuring out who was who was still confusing.</p> <p>Another subject of discussion was Dave’s turning 18. Both father and son were eagerly anticipating Dave’s “coming of age”, so that he could leave the system and go live with his father.</p> <p>For me, frustration, for Mr Roos did not understand the meaning and value of visitations...he was there for his son, not for his son to see him. Who was really placed in the system...maybe to do with the fact that he was also placed? He was reliving his placement.</p> <h2>Visitations</h2> <p>In a nutshell, the visitation goes well. I speak to Dave, as well as his caseworker. His caseworker was a very large man, who towered over everyone. His sheer size was</p>	<p>Me, prohibition, rules</p> <p>Father, actively seeking child-therapist</p> <p>Son, tries breaking rules, against social norms</p> <p>Father, admiration of son</p> <p>Father and son, son playing instrumental role</p>
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<p>impressive. He made Dave, who is a very hefty person, look small.</p> <p>Dave was ready to see his father. I had met his father before. He was wearing a long “leather” jacket, like Neo from the Matrix. Dave was dressed in a t-shirt and smelled of cologne. He had a cap that his caseworker asked him to take off when on the inside.</p> <p>On meeting, the two greeted each other very warmly. They shake hands and his father gave him “les bises”. Dave was happy to see his “papounet”. His father made a remark about Dave’s largeness, and then showed Dave how he was slim. He seemed to be bragging, and comparing. Despite this, he looked at his son in awe, in admiration. His large size seemed to impress him. He seemed to look up to Dave. Dave would show his father his strength and show his father how strong his arms were. His father squeezed them and was impressed.</p> <p>Dave brought nothing for his father. His father looked at his clothes and reminded him that if he has any clothes that he cannot wear, that he could/should bring them for him.</p> <p>Dave’s father brought, as he usually does, snacks for Dave (chocolates, cakes, a large bottle of soft drinks, etc.). These were meant to last days; however Dave finished most of it in one sitting, in a matter minutes. Mr Roos would never try to limit Dave, but would instead make comments about Dave’s size, even though he seemed to be in awe of his son’s size: a bit contradictory.</p> <p>Mr Roos was accustomed to having “his coffee” during visits; however it would seem that he believed that he was</p>	<p>Father, no limits on son, encourages son's eating habits</p> <p>Father, admiration of son</p> <p>Son, self-glorification, different reality</p> <p>Father, admiration of son, shared delusion</p> <p>Father, self-glorification, seeks son's approval</p> <p>Me, uneasy (creepy atmosphere)</p> <p>Father and son, poor interactions</p> <p>Son, eats a lot, gorges down food, inhales food</p> <p>Father, commands then remembers rules</p> <p>Son, difficulty in understanding relationships, attaches too quickly to others</p> <p>Me, prohibition, bring reality</p>
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<p>entitled to it, and used to demand it from my colleague. He asked me, “Where’s my coffee?” I responded, “This is not a hotel or restaurant. You are not entitled to coffee. It would be nice if you were to ask if you could have some coffee, rather than asking for ‘you’ coffee. I am kind enough to offer you coffee if we have, but you’re not entitled to it.” Dave snickered a bit, and asked nicely for some coffee. His father then asked in a more polite manner if he could have some coffee.</p> <p>Dave would touch everything that was around him. He would play with the sugar cubes. Eventually, I had to ask him to stop playing with the sugar, as that was something that other people would also have to use.</p> <p>Mr Roos brought up Dave’s investigation. He spoke of Dave’s “bêtise” (little mistake). He also spoke of Dave’s exhibitionist ways when he was 7. He would show himself to younger children. He was already showing perverted traits at that young age. He trivialised this. For him, it was just a little “bêtise”. For him, Dave was the good one in the lot, who just happened to make a little mistake. He was the shining star of the family. Dave was listening. I intervened and explained that what Dave did was not a little mistake, but something very much serious. I tried showing them the seriousness of it, without stigmatising Dave.</p> <p>Afterwards, Dave said that he is fed up of always hearing people talk about his violations. This struck me for Dave seemed to always want to talk about it before, as if he got some sort of pleasure from it. In addition, I remembered Dave saying that he was happy that he was always being monitored in the children’s home, because that would</p>	<p>Father, agrees, but admiration of son</p> <p>Father, waiting for son turning 18</p> <p>Father, actively seeking child-therapist</p> <p>Son, objectifies girlfriend</p> <p>Me, confused as lines blurred</p>
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<p>prevent him from doing anything. His father did not react to this.</p> <p>I remember that throughout the visit, Dave would constantly be looking at me and smiling, as well as address me when talking. I'd always direct him back to his father.</p> <p>After this "uncomfortable" topic, Dave talked about fishing with his father. He loved it! He was passionate about it. It was his escape. For me, this rang a little bell because the words for fishing (pêcher) and sin (pécher) are very similar, and it was difficult for me to differentiate when he was talking.</p> <p>The visit came to an end, and Dave's and his father shake hands. Dave did the same. Dave fixed his hair and put on his cap. I reminded him that he was still on the inside and that no caps were allowed. He took it off. Also on leaving, Mr Roos tells his son to call him because he has no credit on his phone. His father decided to go to the toilet as Dave left.</p> <p>Afterwards, Dave explained to me that he is sad that he sees his parents so little. He did not talk about what transpired that day. When he met the caseworker, he tried putting on his cap again. His caseworker made him take it off.</p> <p>I went to see his father afterwards. He had nothing to say, but sing praises about how marvellous his son was, that he's the good one. After that, he left.</p>	<p>Father, actively seeking child-therapist Father and son, self-glorification and admiration of son, father seeks approval, overjoyed for this</p> <p>Father and son, son playing instrumental role, which father is actively seeking</p> <p>Father, self-glorification</p> <p>Father, no limits on son, encourages son's eating habits</p> <p>Son, tries to command me</p> <p>Me, prohibition, rules Family, all-powerful Son, difficulty in understanding relationships, attaches too quickly to others</p> <p>Son, objectifies girlfriend</p> <p>Me, prohibition, bring reality</p> <p>Me, prohibition, bring reality about dealing with transgressions</p>
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<p>I met Dave in the waiting room. He was especially happy today. He came with a large bag full of hand-me-downs for his father. Dave's father was in a good mood as well. He has more goodies for his son.</p>	<p>Me, prohibition, reminder of place</p>
<p>The greetings were as before: hand shaking and bises. "Warm", and Mr Roos remarked his son's "impressive" size. Dave showed his father how strong he was. He said that he started "working out" and has already gotten much stronger. He showed his biceps. He did two pushups the day before and he was already seeing gains. He even decided to do a few pushups to show how strong he was. He managed two pushups with poor form, and then boasted once again about his strength. In his mind, he was the Hulk. His father praised him. Mr Roos also showed his son his slimness, and wait for Dave's approval. This seemed to be the usual glorification when greeting. Mr Roos seemed to look for his son's approval, and was overjoyed and felt vindicated when he got it. He seemed to be a child looking for daddy's approval, whilst at the same time looking in awe at his "strong father". It did not seem to be a father proud of his son becoming a man. It seemed a bit "creepy".</p>	<p>Father, displeased with demands and shuts down</p> <p>Me, prohibition, bring reality about aggressions</p> <p>Father, displeased with my intervention</p> <p>Son, tries to please, doubt sincerity</p>
<p>Mr Roos was happy for the clothes that Dave brought for him.</p>	<p>Me, prohibition, put father in role</p>
<p>Father and son spoke for most of the visitation, however the interactions were poor.</p>	<p>Father, unhappy with limits</p>
<p>Dave gorged down all his goodies. Mr Roos demanded his coffee (to have with his cake), then caught himself and asked politely.</p>	
<p>Dave showed the photos of his daily life to his father. There</p>	

<p>were a lot of selfies, most with “gangsta poses”. He then explained why he was in such a good: he had a new “touche”, a girlfriend. This surprised me a bit, for before this, for not only was this the first person his own age that he went out with, but also a young lady. Before, he was only attracted to little boys (aged 4). It would seem that Dave wanted to find a girlfriend as soon as possible. When asked, he said that he met her two days before and now they were both in a serious relationship.</p>	<p>Father, similar history to son</p>
<p>We talked about the term girlfriend. He has imagined a future with her. She is “the one”; he loves her. I explained that he needs to take his time, and that two days does not make a girlfriend. His father seems to agree; Dave is “young” and needs to experience many women. Nevertheless, Mr Roos praised his son for this, for moving on with his life...for he was the good one, the shining star in the family. And soon, he would be 18 to live his own life...with his father. He also asked his son to print photos for him. “It’s not expensive.” All his has to do is go to a photo booth and put in the SD card and print. I found this strange, as normally it would be the son pressuring his parents to print stuff. Mr Roos insisted that his son do that for him.</p>	<p>Father, glorifies son, everyone else is bad</p>
<p>I asked Dave a few questions about his girlfriend. Her last name, the colour of her eyes, her hair, what she likes, if she has any brothers or sisters. He had the answer for none of these questions.</p>	<p>Father, waiting for son turning 18</p>
<p>The lines seemed blurred here. I could not figure out who was the father and who was the son. I had Dave giving his father clothes, and bolstering his father’s ego. Mr Roos</p>	

<p>looked in admiration at his son. I told myself that we'd need to talk about the roles of everyone. There were also many unsaid things, secrets, etc. that father and son were dancing around.</p> <p>The end of the visit came, and Mr Roos and Dave shake hands. Dave fixed his hair; Mr Roos went to the toilet. Just before, Mr Roos reminds Dave to call his because he has no credit on his phone. He gave him a specific time, if not he wouldn't be available. It should be noted that Mr Roos does not work. Neither father nor son spoke after the visit, other than say that it went well.</p>	<p>Me, prohibition, bring reality about aggressions</p>
<p>The beginning was the same. Mr Roos was in admiration of his son. He sought his son's approval for his slimness. He even showed his "flat stomach" to his son, and Dave praised him. Mr Roos was overjoyed by this. He saw that Dave was particularly well dressed today. As such, he asked Dave if this meant that he'd be getting new clothes, and reminded his son to bring him the clothes that no longer fit. At the same time, he showed his son his brand new sneakers.</p> <p>He had a bunch of goodies for his son, and said that they would be for the week. Dave said that he was waiting for his coffee before he started eating the cakes. I reminded him that coffee isn't part of visitations. He's there to see his father, not have coffee. He then corrected himself and asked politely. I've noticed before that Dave seems to "run</p>	<p>Father and son, self-glorification reciprocated, delusion of grandeur</p> <p>Father and son, delusional thinking</p> <p>Father, breaks rules</p> <p>Me, prohibition, reminder of place</p> <p>Father, no limits on son, encourages son's eating habits</p> <p>Son, no control, no oral control (when speaking or eating)</p>

<p>everything”, and at times he’d try to make others to do his bidding. He seemed to have an “all-powerful complex”.</p> <p>Dave explained to his father that he has a new girlfriend. It did not last long with the last one. She was not a nice person. She cheated on him. He met the new girl 12pm this day, and they became boyfriend and girlfriend. She’s “the one”, she’s not like his former girlfriend. He said that this one is different because he’s known her longer, but afterwards, he reveals that he had just seen her once or twice before, and from afar. He officially met her at 12pm, they became a couple, and he sees his father at 2pm. He said that he knew her really well, that he knows everything about her.</p> <p>I wanted to ask Dave a few questions about his new girlfriend, but before I could, he gave me her eye and hair colour, told me how many siblings she had. I upped the stakes and asked what she likes to do. He had no answer.</p> <p>After this, I explained to the both of them that we needed to discuss certain things, mainly the passive roles of both of them with respect to Dave’s investigation, the unsaid things and other stuff.</p> <p>I explained that Dave was the son. Sure, he could give his father things every once in a while, but normally it was for Mr Roos to provide things for his son. As such, I explained that Dave would no longer be bringing clothes for his father. Mr Roos did not seem to like this. He said nothing, but he started to close up. I also explained spoke of their choice of words when speaking about Dave’s transgressions, as well as trivialising them. They were not mistakes. They were illegal, they were serious crimes done onto children. I</p>	<p>Son, projection, everyone is bad whilst he is good Father, no attempt to comfort son Me, prohibition, bring reality</p> <p>Father, speaks of failure</p> <p>Father and son, son reassures father, father pleased Father, no food Father, self-glorification (speaks of changing, being the father his son needs) Father, talks but no substance Son, "grateful" Father and son, display of emotions, hug Son, "grateful"</p>
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<p>explained that there could be real repercussions to what happened. Mr Roos did not like the fact that spoke of rules. Dave just looked on, and nodded. He agreed. However I doubted his sincerity for I realised that he likes to charm people.</p> <p>I also explained that Mr Roos could call his son, that it was not for Dave to call him. Mr Roos could make the effort.</p> <p>We exchanged on these subject matters for some time. Mr Roos seemed unhappy with the limits I gave, especially when it came to clothes. He seemed like child who was being denied playing outside. Nevertheless, he listened.</p> <p>After this, I suggested that they spend the rest of the time doing something more upbeat.</p> <p>Mr Roos had come with a bunch of photo albums of the family. He was going to go through all of them with Dave, to show him his family.</p> <p>He started with the first, before Dave was born. He showed his own childhood. Mr Roos was also placed into foster care. He spent his time in a children's home, except for weekends where he stayed with a foster family. He said that he still visited the foster family when he was an adult. He showed his twin bother (Dave's uncle), etc.</p> <p>Mr Roos then showed pictured of Dave as a child, and of moments when he was at home, and also in the children's home. I got to see pictures of other family members, including Dave's half-sister who lives with Mr Roos. As Mr Roos explained, she's a terrible person who takes advantage of him. She uses him. She's 21 and goes out all the time,</p>	<p>Son, getting bigger, tattered clothes, hair on point</p> <p>Father and son, hug</p> <p>Father, no limits on son, encourages son's eating habits, actively seeks child-therapist</p> <p>Father, self-glorification (speaks of changing, being the father his son needs)</p> <p>Son, awaiting 18th birthday</p> <p>Son, "grateful"</p> <p>Father, actively seeking child-therapist</p>
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<p>doesn't help out at home, etc. He asked Dave to speak to her, for she would listen to him, as Dave is the good one. From all that I heard, Dave was the shining star of the family, and the one who would take care of everyone. He was the example to follow. Mr Roos could not wait until he was 18, so that Dave could come live with him. Dave was also waiting for his 18th birthday so that he could be independent of the system. Mr Roos said that things would be easier for Dave. I corrected him and explained that Dave is fortunate to be a minor now, for if he were to do the same things as a legal adult, he would be imprisoned immediately.</p> <p>I sat there as Mr Roos praised his son. I also watched how he overjoyed he felt when Dave would make positive comments about his father's old pictures, like he hasn't changed all that much. From the pictures I saw, Mr Roos had changed a lot. He was now fatter and bald.</p> <p>The visit came to an end. This went the same way as before: hand shaking, reverence, etc. Mr Roos stil reminded Dave to call him. Dave went to join his caseworker.</p> <p>I spoke to Mr Roos afterwards about his role as a father. I explained that I understand that he wanted to be there for his son, but he needed to be one to guide his son as well. He listened, but said nothing.</p> <p>Cancelled because there is no one to accompany Dave.</p>	<p>Me, confused as lines blurred</p> <p>Father and son, hug</p> <p>Father, self-glorification but void of substance (speaks of changing, being the father his son needs)</p> <p>Son, "grateful"</p> <p>Father, self-glorification (speaks of changing, being the father his son needs), receives praise</p> <p>Father, self-glorification but void of substance (speaks of changing, being the father his son needs)</p> <p>Father, self-glorification, seeks son's approval</p> <p>Father and son, father's need for glorification</p> <p>Father and son, son playing instrumental role</p> <p>Father, actively seeking child-therapist</p> <p>Me, prohibition, reminder of place</p>
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<p>The beginning is the same as always. “Warm”, with glorification of Dave, and the need to Mr Roos to be validated. Dave came with nothing for his father. Mr Roos came once again with goodies for his son, saying as always that they’re to last a long time. Dave explained that he’s just one to eat everything that is there. Once it’s there, he eats it. He cannot stop himself from consuming it all.</p> <p>Dave no longer has his girlfriend. She was not “the one”. She was a bad person. It ended “just like that”. He does not seem sad, but rather bitter and a bit angry. Mr Roos makes no attempt to comfort his son. I explain to Dave that it would be wise if he were to take his time and not rush into anything. His father concurs.</p> <p>Mr Roos and Dave start talking. Mr Roos speaks of, for the first time since I’ve been there, his role in all that has happened to Dave. He was not there for Dave. He does not go into much detail, but he admits that he hasn’t always been there for Dave, but he is going to be the father that he believes that Dave needs. Dave seems happy and says, “Awww papounet”. He seems to be pleased by this.</p> <p>Mr Roos has no goodies for Dave today because he did not get his welfare cheque in time. Dave doesn’t seem to mind. They spend the rest of the time talking. However Mr Roos focuses on his changing and being the father that Dave needs, that he will guide him, etc. It was a sort of self-</p>	<p>Father, rejects my intervention Father, seems to want to live through son Me, confused as lines blurred, father seems to want to live through son Me, confused as lines blurred, son seems to infantilise his father</p> <p>Father, actively seeking child-therapist and parent Me, prohibition, bring reality</p> <p>Father, self-glorification, seeks a celebration</p> <p>Father, self-glorification in denigrating son, absence of reality (his own faults) Me, doubt the sincerity of the father's efforts</p> <p>Son, hair</p>
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<p>glorification and adoration. He talks a lot without saying much. He just repeats that he will be there for his son, to pull up on him when necessary, etc. Dave seems happy and “grateful”.</p> <p>The end of the visit comes. Mr Roos and Dave, for the first time since starting supervised visitations, hug. There are a lot of emotions at the end, mainly joy.</p> <p>I accompany Dave to the caseworker. He explains to me that he’s happy that his father said this. I go to see Mr Roos. He repeats that he is going to be the father that Dave needs.</p>	
<p>Dave is becoming rounder and rounder. He is pretty huge at this point. However it’s not muscle. His clothes are becoming tattered, with holes because of his weight. However his hair is still on point. He has highlights.</p> <p>The beginning is the same, except for the fact that father and son hug in the beginning. Mr Roos has more goodies for his son. Mr Roos still looks for adoration from his son. He looks at Dave’s clothes once again, and Dave talks about bringing his old clothes for his father.</p> <p>Nevertheless, Mr Roos repeats the same “speech” as the last time. He is going to be the father that Dave needs. However, he does not say what he is going to do. It’s the same rhetoric as before, saying that he’s waiting for Dave to become 18 so that he could live with him, and that he would be the father</p>	<p>Father and son, routine</p> <p>Me, no substance to visits</p> <p>Son, wants to smoke (oral)</p> <p>Father, wants to be a good father</p> <p>Son, pressures his father</p> <p>Me, prohibition, reminder of place</p> <p>Son, frustrated with rules, threats and self-glorification</p> <p>Son, manipulation of parents</p> <p>Me, prohibition, rules</p>

<p>that Dave needs. His aim is the same. Nevertheless, Dave is happy to be hearing this.</p> <p>Mr Roos' birthday is coming up in about a month. Dave asks his father what he would like. What strikes me is that his father gives him a list like children do for Santa Claus, or for their parents on their birthdays. I am taken aback by what he asked for. They are expensive, and plentiful, especially for Dave who does not work. He asks for 4 things in total. Cologne, chocolate biscuits, a coffee/tea set and some a leather wallet. It's a type of "gimme" mentality.</p> <p>However, I can't help but wonder about Dave's role in the family. He has a double role. On the one hand, he is his father's son. But on the other hand, he is his father's guardian.</p> <p>The visit goes "well". Father and son hug when they meet. Mr Roos seems to be making some efforts for his son, this being most verbalised and/or reinforcing that "he will be the father that Dave needs". He will be "behind Dave", to give him a kick in the butt when necessary. However, he does not explain what "type of father" it is that Dave needs. Nevertheless, Dave seems to like hearing this.</p> <p>Mr Roos repeats this time and time again throughout the visit, and seems happy when Dave says that he is a good father. He constantly praises his father, and his father seems happy. This goes around and around, however there is no</p>	<p>Son, frustration Father, helpless, afraid of not being glorified Son, rebels</p> <p>Son, unable to be seductive, rather abrasive</p> <p>Son, calms down once he's found out</p> <p>Me, prohibition, rules, son tries being seductive</p> <p>Caseworker, explains that son is a tyrant, defies rules and aggressive towards females</p>
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<p>real “sense” or substance. It is just constant glorification and “confirmation” that Mr Roos is a good father.</p> <p>Despite this, I can’t help but speculate as to Dave’s place, for even though he seems grateful to be hearing these things from his father, he is still taking care of his father. On the one hand, he is bolstering his father’s ego. This seems to be like before when he’d compliment his father on his size (which he still does. This is a fixed part of their routine). Instead, he’s complimenting his father for what he is saying. Mr Roos is put on a pedestal. However, it still seems like Dave is doing this for his father’s benefit.</p> <p>On the other hand, he is still taking care of his father for his father “lives alone”. He still manages to bring little items for his father this day. And Mr Roos is still pressuring his son to print out ALL the photos he’s taken because, “It’s cheap”. I intervene and explain that maybe Mr Roos could develop the photos himself because it is expensive. But Mr Roos rejects the idea.</p> <p>Mr Roos is also pressuring his son to open a bank account. It is important, especially as Dave will soon be a legal adult. I will not try to understand his motives behind this, but I find him to be a bit pushy. It’s as if he’s trying to live through his son, and seek glorification throughout the visit. Dave has a “reassuring way” of speaking to his father. He speaks to him as if he were trying to reassure a young child. This is what comes to mind whenever I see the two of them interact. And Mr Roos makes the other half of this “duo”.</p> <p>Mr Roos’ birthday is fast approaching. Dave asks his father when he wants. He lost the list from the last time. Mr Roos</p>	<p>Son, got everything his father wanted Father, brings nothing</p> <p>Father, childlike</p> <p>Son, infantilises father</p> <p>Father, "disappointed" in son</p>
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<p>still has a list of things, similar to what I've noticed children write to Santa Claus. If Dave can't get one, he gets the other...even though Mr Roos wants all of them. And he has chosen things that would exceed 80€, this being exorbitant Dave. Among the things he asked for, there were cologne and some kind of chocolate biscuits. I explain that Dave would bring something if he can, but it would be difficult. Mr Roos said that he would bring the cake to celebrate with his son. They will make an occasion out of it.</p> <p>Dave tries writing the list of presents. He wants a piece of paper so that Dave could write a list. Dave has difficulties in writing, so Mr Roos decides to help his son, but criticises his son at the same time. His son cannot write as well as he does. Mr Roos can't spell either, so I have to help Dave.</p> <p>However, I am taking note that Mr Roos "wants to make an effort" as a father. I will not comment on the sincerity of his words.</p> <p>The end of the visit is like before. Hugs, Dave fixes his hair, etc.</p> <p>Just like previous visits, father and son talk a lot, but nothing of substance is really said. It is just constant and consistent repetition of glorification, reassuring, etc. However the non-verbal interactions speak volumes, i.e., the way in which Dave takes to his father, and the latter responds.</p> <p>The beginning is the same, except for a little difference. Dave shows me a form that his father needs to sign to be</p>	<p>Father, actively seeking child-therapist and parent</p> <p>Son, is proud parent</p> <p>Father, grateful child, actively seeks child-therapist</p> <p>Father, trivialises serious aggressions, not in touch with reality</p> <p>Son, awaiting 18th birthday</p> <p>Son, unable to project his future</p> <p>Me, prohibition, bring reality about aggressions</p> <p>Father, actively avoids reality</p> <p>Son, eyes fixed on me</p> <p>Me, prohibition, bring reality about aggressions</p> <p>Son, unable to project his future</p>
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<p>able to smoke at the children's home. Only if he were to get this would he be allowed to smoke.</p> <p>He shows this to his father, and Mr Roos is apprehensive. He wants to be "a good father" and refuses to sign in. Dave continues and says that it would be for an e-cigarette. Mr Roos refuses, but starts to buckle under pressure. I intervene to help Mr Roos stay true to his word. Dave is not pleased. He starts to sulk and lets it be known that he is not at all happy. He starts saying that he could hide and smoke if he wanted to, but he's being respectful by asking his father's permission. Then he says that he will just ask his mother, to which I reply, "First of all, do not pit your parents against each other. Secondly, the form requires signatures from BOTH parents." Dave is not happy and shows his frustration. His father does not know what to do, and seems helpless at this point. He does not like the fact that his son is angry.</p> <p>Dave continues fighting it. However, little does he know, I know that he already smokes at the children's home. In addition, his cigarettes and lighter fall out of his pocket whilst he is arguing. His father does not notice, but Dave sees me look at him and "panics". I say nothing. He isn't the "good son" at this point.</p> <p>On the one hand, this is a welcome attitude because Dave has always been a charmer, always saying what one expected of him.</p> <p>Eventually, Dave calms down, mainly because I saw the cigarettes and lighter that he had, and he seems to not want me to say anything.</p>	<p>Son, shows angst over father's well-being</p> <p>Father, actively seeking child-therapist and parent, reinforces son's concern</p> <p>Me, no more verbalised evolution observed</p> <p>Father and son, son idolises father</p> <p>Me, they no longer speak of their troubles</p>
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<p>The end of the visit comes, and things are relatively back to “normal”. Father and son do the usual routine to say by to each other. Afterwards, I speak to Dave about his attitude during the visit. He tries to be charming, saying that he understands, etc. He seems concerned, and his concerns come to past because I tell him that I noticed something fall out of his pocket. He tries every which way to “justify” this, and charm his way out of it.</p>	<p>Father, resistant to role in son's transgressions, and his fatherly duties</p> <p>Son, cigarettes, oral fixation</p> <p>Father, about to give in to son's demands</p> <p>Me, prohibition, law</p>
<p>I speak with his caseworker a bit about what transpired. I told him that I’ve noticed that Dave seems to like to manipulate and charm people, but that something did not sit well with me. He explained that Dave is a tyrant at the children’s home, and that the only person with whom he behaves is him (the large caseworker). He likes to push his weight around with the others. He will get angry and threaten them. He would go right up in the female caseworkers’ faces and defy them. He also explains that all Dave does is eat and eat and eat. He takes over an hour to eat on mornings.</p>	<p>Father, actively seeking child-therapist</p> <p>Son, accepting of role</p> <p>Father, actively seeking child-therapist and parent</p>
<p>I then speak to Mr Roos about Dave’s reaction. He says that he will remain strong to be the father that Dave needs.</p>	<p>Me, prohibition, reminder of place</p> <p>Father, rejects my intervention</p>
<p>Today is Mr Roos’ birthday. Dave arrives with a big bag of gifts for his father. He has everything that his father asked for.</p> <p>Mr Roos did not bring the cake like he said. He did not get</p>	

<p>his cheque in time. All he has is the same patisserie that he usually brings. He seems all excited to celebrate his birthday. I can't stress enough how this seems to be an inversion of roles. Mr Roos seems like the eager kid waiting to open his presents, whereas Dave is the parent who spent time and money looking for exactly what his child (father) wanted.</p> <p>Dave is happy to have everything. Father and son hug; however Mr Roos wants to get to his gifts quickly. Dave is happy to give his "papounet" his gifts, because his father is the good parent.</p> <p>Sure enough, Dave has everything that his father asked for, well, almost. He did not get the right type of chocolate biscuits, which puts a bit of a damper on things. But he says that he will share them with other people. In addition, the mug set wasn't the right one. So, now his father will need a new coffee machine, which will be what Dave has to get for his father for Christmas.</p> <p>Mr Roos eagerly opens each present, whilst Dave looks on with pride.</p> <p>Nevertheless, Mr Roos is glad that his son remembered everything.</p> <p>Dave took pictures, and Mr Roos tells (not asks) Dave to print them for him. He tells him where to do it, how much it'll cost, etc...as well as the other pictures. Dave takes a lot of pictures. This would cost a lot.</p> <p>After the birthday celebrations, the subject of Dave's hearing is brought up. His father says that everything will be fine;</p>	<p>Me, prohibition, reminder of place</p> <p>Father, rejects my intervention</p> <p>Son not bothered Son, rule-breaking</p> <p>Son, idolises father, blind to father's faults</p>
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<p>however he downplays the events. He says that nothing will come of it. They also speak of Dave's future. According to Mr Roos, the hearing will interfere with nothing. Mr Roos has one thing in mind: that Dave will come and live with him when he's 18. He won't have to bother with the children's home or social services anymore. He could so as he pleases, i.e., live with his father. However, there is no talk of finding a job, internships, education, etc. Dave will just come to live with his father.</p> <p>I have to insist that Dave take things seriously; however the mood is too festive, and Mr Roos avoids every tentative I make of setting things straight. He does not want to hear of it. Dave listens as I speak about the hearing. His eyes, as they have always been, are fixed on me as I speak.</p> <p>On the one hand, it's good that they're talking about these things. However they are taking them lightly. Mr Roos seems to want to avoid facing reality.</p> <p>The end of the visitation comes. Father and son hug, Mr Roos thanks his son for the gifts and Dave leaves.</p> <p>I speak to Dave a bit afterwards. He is really concerned about the hearing and his future. However, he is unable to project himself into the future. He cannot fathom that at all. He can't even imagine what he will do the following week.</p> <p>The beginning is the same.</p>	<p>Me, prohibition, rules (father is extremely resistant, defiant)</p> <p>Son, with foster family</p> <p>Son, infantilises father, father accepts</p> <p>Son, rule breaking (seeks out young boy)</p> <p>Me, prohibition, rules, law</p> <p>Son, rule breaking (seeks out young boy)</p> <p>Father, does not intervene Father, actively seeking child-therapist and parent, adamant to not relinquish this role</p> <p>Son, listen, but does he internalise?</p>
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<p>For this visit, I notice a turn, or rather a return to previous roles: they're reversed. Dave seems overly concerned about his father's well-being and happiness. He's shows great angst, and wants to help his father.</p> <p>He suggests that his father find a girlfriend. Dave even has choices for him: other caseworkers.</p> <p>Mr Roos sees his son's concern, and instead of reassuring his son, he accepts it, and somewhat reinforces it. He adds more distress. He does not speak of troubles per se, but rather does not quell his son's stress.</p> <p>There was a bit of an evolution in their relationship, even though this was only verbalised and not put into action. However, this seems to be null and void now. In addition, Dave has started idolising his father, and has forgotten his past troubles with him. These troubles are never voiced during the visits. They may have spoken about Dave's transgressions, but never the father's role.</p> <p>There seems to be resistance on the father's part to actually uphold his role as father.</p> <p>Dave brings up smoking cigarettes once again, and it's the same scene as the last time. Mr Roos looks as if he's going to crack because Dave's opinion of him is starting to dwindle. I help him maintain what he decided before.</p> <p>The end of the visit is as usual: hugs, Dave fixing himself and Mr Roos reminding Dave to call him because he has no credit.</p>	<p>Son, eats a lot</p> <p>Son, in a different reality</p> <p>Foster family, son is seductive</p> <p>Son, seductive towards me, especially when I'm authoritative</p>
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<p>The beginning is the same. It is routine.</p> <p>I've noticed that a lot of work still needs to be done for their relationship, and for everyone's role. Mr Roos keeps putting Dave into a role that is not his – and adult like role – and Dave accepts. Mr Roos seems to downright refuse to uphold any fatherly role, contrary to what he has said before. As such, Dave is falling back into old habits (not that he truly stopped them). For example, Mr Roos asks Dave to call his half-sister (who lives with the father) to put her on the right path. I explain that this is not Dave's role, and that Mr Roos should be the one to handle things with his daughter. Mr Roos is bothered by this, and does not seem to want to take on his fatherly role. Dave says nothing. Mr Roos seems to resent me. He tries ignoring me and insisting on this; however I maintain what I say. It's as if he completely refuses or denies what I am saying. He contradicts everything I say, and continues his discourse. Dave has to take care of the difficulties that exist between Mr Roos and his daughter.</p> <p>Eventually, I have to put my foot down and insist that Dave not call his sister. I rely on the law, i.e., Dave must get permission from the Child Protective Services before he can call anyone, or anyone can call him. Mr Roos is still determined. Dave just smiles and does not seem to be bothered by any of this. It should be known that Dave is forbidden from contacting his brother (because part of the</p>	<p>Son, distraught after talking to sister</p> <p>Sister, denies wrongdoings onto son</p> <p>Son, traumatised when he was 4</p> <p>Son, bothered by dismissal of what happened to him (yet trivialises his aggressions)</p> <p>Son, rule breaking, took advantage of foster family</p> <p>Father, defends son, everyone is bad vs. they are good</p> <p>Son, idolises father, blind to father's faults</p> <p>Me, son seems to be looking for something</p> <p>Father and son, closer</p>
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<p>accusations was that he interfered with his brother) or any other family members, other than those that have been accorded this right (father and mother).</p> <p>What makes it difficult is that Dave now idolises his father, and thus is blind to his father's faults, possibly because of Mr Roos' verbalisation of being the father that Dave needs. He accepts everything.</p> <p>The visit is a bit "heated" and tense because of this. Mr Roos' insistence to do as he pleases, despite my calling upon the law.</p> <p>The end of the visit comes, and Mr Roos gives a warm bye to his son. I accompany Dave to the caseworker. On returning to the visitation room, Mr Roos does not wait and hurries to leave.</p> <p>This visit is better than the previous one in terms of atmosphere.</p> <p>Dave speaks about his vacation. He is by a foster family for the summer. It was difficult to find him a foster family. They found one that had no children (because of his past transgressions). Dave explains how the foster family is amazing. He goes to the market to sell things with them, etc. He is really enjoying himself there. His father seems to enjoy hearing about this. Dave wants to buy his father some of the crops from the foster family. Dave's father does not</p>	<p>Father, speaks of future, torn</p> <p>Father and son, absence of substance in "conversations", speak of son's birthday</p> <p>Father, brings everything his son asked for</p>
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<p>refuse.</p> <p>Next, Dave starts talking about a young boy that he met there. The foster parents had a guest over, and there was a young boy also in foster care with them. Dave quickly gravitated towards him. It is someone I know from another case, a boy who's 10, but who looks much younger. Dave started talking about how he had him on his lap to read him stories, and that the boy seemed to like being with him. He really enjoyed hanging out with him. I immediately told Dave to "back off" from the boy for multiple reasons. Firstly, he should stay clear of all children because of his history. Secondly, it is illegal. Dave insists that he just wanted a friend. I explained that this was to protect him, as well as the boy. He also added that the foster family told him to stay clear of the boy, and they separated him from the boy. He did not like that. I spoke to the foster parents afterwards and they confirmed my suspicions. Dave was too interested in the boy, and they had to separate him. The way in which he interacted with the boy made them very uncomfortable. They forbade him from approaching the boy when he was there that day. As for Dave, he found this unfair and insisted that he had no bad intentions. He only saw that the boy wanted to hang out with him. However the way in which he spoke of the young boy made me feel uncomfortable. He seemed to be infatuated by the young boy. Throughout this, his father said nothing.</p> <p>After this, we start speaking about the family and everyone's role. Mr Roos seems adamant to not relinquish his current role, i.e., to not let Dave take care of him. We don't delve much into this because Mr Roos shuts down. He is absent</p>	<p>Son, shows no gratitude towards father</p> <p>Father, hurt for no glorification, plays up everything</p> <p>Me, intervention, make son recognise father's efforts</p> <p>Son, empty thanks</p> <p>Me, son's reaction is strange</p> <p>Father, hurt for no glorification</p> <p>Me, prohibition as son is testing limits</p> <p>Son, anger shown when criticised (no control)</p> <p>Son, self-glorification, different reality, father agrees, sister is bad</p> <p>Me, prohibition, bring reality</p> <p>Son, refuses to listen</p>
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<p>whenever this is brought up. It seems evident that he wants nothing to do with this discussion. Dave listens, but I can tell if what I'm saying registers with him.</p> <p>The visit comes to an end; Dave and his father do their usual routine. I accompany Dave back to the foster parent.</p> <p>Before the visit, the foster parent explains to me that Dave helps around the house and respects the rules. However, the only issue to date is that Dave always wants to eat, but there are only healthy things by them. When Dave comes to the visit, he explains that he has lost "a lot of weight". This is not noticeable. However Dave exaggerates this, and looks for praise. The foster father also explains that Dave is "charming".</p> <p>I would just like to point out something that I've noticed with Dave. It did not really register until now. I've noticed that he has gotten "seductive" with me. This was particularly true when I'd be "authoritative". For example, as I was "laying down the law", or like the previous visit, when I would speak firmly to his father, Dave would look at me and smile in a "weird" way. On one occasion, he put his hands behind his head, looked at me, smiled, and flexed his "biceps" for me...in a seductive way. I instantly and instinctively told him to cut that out. He just smiled as if I said nothing. On another occasion, he did the same thing, and I just ignored him and continued talking to his father. In the absence of any response from me, he stopped. However it's only after this visit did it really dawn on me what happened.</p>	<p>Father, lost, makes excuses for son</p> <p>Me, prohibition, bring reality</p> <p>Son, seductive (extremely)</p> <p>Father and son, absence of substance in "conversations"</p> <p>Me, prohibition, rules</p> <p>Me, son is testing limits more and more</p>
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<p>This visit is “assez bonne”. Dave is still by the foster family. However, he is distraught this day. He explains that over the weekend, he contacted another sister (not the one who lives with his father). He was surprised because she told him off for what he accused others of doing to him.</p> <p>More of their history came out. Dave explains that his mother’s new husband raped him when he was 4. He wonders if this is the reason he is the way he is. He says that if it weren’t for this guy, he would be “normal”. He is very much bothered by his sister’s attitude and dismissal of what transpired.</p> <p>First of all, Dave did not have the right to call his sister. I speak to the foster family afterwards who admitted that they were unaware of this, and that Dave took advantage of their ignorance in the matter. They have since taken away any phone privileges, also because by using their phone, Dave is giving people their number. I remind Dave that he does not have the right to do this, and that he’s putting himself in danger when he breaks the rules.</p> <p>Secondly, Mr Roos comes to Dave’s defence. He tells him not to worry about this sister, and begins to spew criticisms about her. Dave is the “good child”. This seems to make Dave idolise his father even more, because his father “has his back”. Dave is blind to his father’s faults.</p> <p>Throughout the visit, I get the impression that Dave is looking for something, but I can’t put my finger on it.</p>	<p>Son, all-powerful, good (him) vs. bad (everyone else)</p> <p>Father and son, delusion of grandeur, good objects vs. bad objects</p> <p>Me, prohibition, bring reality</p> <p>Father, resistance, rejects my intervention</p> <p>Father, resistance, rejects my intervention</p>
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<p>The visit ends, and Dave seems to be even “closer” to his father than before. Dave is the good child; and his father is the good parent.</p> <p>This visit is much calmer than the last few. Dave is once again in the children’s home.</p> <p>Dave brings up his future. He is torn as to what to do. His father tries to guide him. He says that when he is 18, he can leave the system, do what he wants, and come live with him. Father and son just talk, but without really saying much.</p> <p>After this, they speak of Dave’s birthday. His father asks him what he would like. He says that he will be getting his welfare cheque before, so will be able to get him something. Dave has no idea at first, then asks for something chocolates and a couple other things.</p> <p>The visit is calm.</p> <p>Mr Roos celebrates his son’s birthday. He came with everything his son asked for; however Dave shows no gratitude. It is flagrant. Mr Roos seems hurt for his son does not even thank him, or seem happy. He plays up everything, hoping to get a reaction from Dave, but there is nothing. I</p>	<p>Son, questions father's capacity to be a father Father, desperation and denial of responsibility Me, no intervention Father and son, son pushed, father is defensive Son, seems to be looking for something from his father</p> <p>Son, hurt by his father's reaction</p>
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<p>have to insist that Dave at least thanks his father, which Dave does, but with no real sentiment behind it. His reaction is strange.</p> <p>Nevertheless, the rest of the visit goes reasonably well, or as well as it could go. However Dave's attitude puts a damper on things. I still notice Mr Roos' pain, which he brings up after Dave has left. He is hurt for the lack of recognition on Dave's part. Mr Roos is grateful that I show some compassion to how he feels.</p> <p>The visit is gloomy. There is really nothing more to say. Nothing really happens. It's just...as if they were both waiting for the visit to end. Even the usual "bye routine" is "sad".</p> <p>For some time now, I've noticed that Dave has been trying to test the limits. I've decided that this should be brought up before starting the visit (phone calls, the young boy, pushing his weight around at the children's home, etc.). This is a behaviour that has also been observed at the children's home, and it's beginning to concern people.</p> <p>I bring up the topic, but Dave wants nothing to do with this. He gets angry really quickly once he is "criticised". He ends by saying that he has grown as a person, and that he is "perfect"! (J'ai évolué! Je suis parfait!). Mr Roos seems distracted, and to not want to get evolved. Eventually, he enters the conversation, only make excuses for his son. The</p>	<p>Father, removed from his pedestal, asked by son to take care of him</p> <p>Son, seeks me to divulge some troubling information</p> <p>Father and son, father interfered with son (breaking rules and psychic law)</p> <p>Son, no longer wants hugs (physical contact)</p> <p>Father and son, avoidance</p> <p>Me, no intervention</p> <p>Father and son, silence</p> <p>Father and son, son questions father, father resists</p> <p>Me, facilitate conversation</p> <p>Father, denial, then admittance, then self-glorification</p> <p>Son, wants answers</p> <p>Me, prohibition, psychic prohibition, law</p>
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<p>excuses he makes are by comparison. He says that Dave's sister is worse. I explain that his sister is not here, his sister is not the one who has an active investigation against her, and that Dave should accept the help of others. I remind him that, when we first started, he said that he was grateful to have people to keep him on the right track. Dave wants nothing to do with this. He has grown.</p> <p>Dave refuses to listen, and goes off into his own world, but in a mocking manner. I speak to his father, and explain my concerns about Dave's behaviour of late. Mr Roos seems lost; he does not know what to say. He just makes excuses. Whilst talking to Mr Roos, Dave starts his "seduction" with me: hands behind his head and flexing his biceps, and gesturing to make me aware of it. I ignore it.</p> <p>In absence of any response on their part, I stop talking about it for now. I leave them to talk between them. Neither one has anything to say to the other. When they were to speak, they would speak of very mundane things, and avoid any real discussion.</p> <p>The end of the visit comes. Dave hugs his "papounet". I take Dave aside and speak to him again. I explain to him that I spoke to him as an adult, and expected him to act accordingly. I added that his behaviour today was unacceptable. I repeated what I had said during the visit. This time, Dave listened, and he apologised for his behaviour.</p> <p>Dave's attitude of late has become more and more worrisome. He is testing limits more and more each day.</p>	<p>Father, agreement</p> <p>Father, self-glorification</p> <p>Family, son, history repeating itself Father, prefers young children Son, no longer wants hugs (physical contact), uncomfortable</p> <p>Father, respects son's wishes</p> <p>Son, in shock, but "glad to know the truth", relieved??</p> <p>Father, "destroyed"</p>
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<p>Dave's attitude poses more and more questions each time I see him now. What reinforces his "all-powerful" attitude and tentative to test limits is his father's constant trivialisation of what Dave has done. In addition, he seems to "overestimate" his son. Dave is the good one, whereas the others are bad.</p> <p>What I've also noticed is that Dave and his father have started "lecturing others". In their opinion, they are the "good objects", whereas everyone else is bad. Dave's mother, siblings, etc. are all bad people trying to keep Dave down.</p> <p>I try to "investigate" and discuss this with them; however each time I try, Mr Roos quickly changes the topic.</p> <p>I see that the growth that Dave had previously made is quickly starting to disappear. The father-son relationship has become more of an "accomplice" relationship. Each supports the other, and refuses any outside influences (me) to disrupt the world they have created. It can be, as in the past, be met with great (and sometimes aggressive) resistance from one or both of them. Mr Roos seems particularly determined to keep me out of their relationship, i.e., change it.</p> <p>Cancelled because Dave has to go by the foster family for these holidays. Because of his breaking the rules the last</p>	<p>Me, father's reticence was a sign of him knowing what was coming</p>
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time, the visits were cancelled once he's by the foster family.

The usual greetings do not take place today. The visit is tense. Dave comes in today questioning his father's capacities as a parent. Mr Roos seems worried and desperate, and denies all responsibility in what has happened to Dave.

I decide that it's best for me to not intervene this time. I let Dave handle this on his own, and leave Mr Roos to fend for himself. Dave tries to get answers and embark on something, but Mr Roos is very much defensive. I don't know what Dave is getting at. Well, I have an idea, but it should not come from me. He keeps speaking of what his father did to him when he was younger, but without naming it. Mr Roos seems more and more worried. This goes on for the entire visit. Dave is looking for something from his father, but is not getting it. No one wants to say what it is.

The end of the visit comes, and their "bye" was cold. They just went through the motions.

Afterwards, Dave asked to speak to me. He said that he was hurt and disappointed by his father's reaction. He thought that his father had changed, but he was wrong. His father does not want to take responsibility for his actions.

Mr Roos does not want to talk afterwards. He just wants to leave. I've never before seen him like this. This was the first

time that Dave did not put him on a pedestal, and the first time that Dave did not take care of him. On the contrary, Dave asked openly for his father to take care of him.

Before the visit, Dave wants to speak to me. He divulges some information about his past, this coming to him recently. He's been thinking of stuff of late. He explains that he remembers his father sleeping in the same bed with him when he was younger, and his father was naked. He said that he was very uncomfortable. He said that he wanted to know more, and that he was worried that his father did stuff to him. He added that he no longer wanted his father to hug him, because it felt creepy to him.

The visit is very tense. The greetings are forced. Both father and son beat around the bush to avoid talking about the last visit. I sit back for I believe that it would be best that they come to this on their own. There are some moments where father and son just sit and say nothing.

Dave questions his father's role in what happened to him all his life, and Mr Roos realises this. This nourishes the tense atmosphere.

Eventually, I decide to get involved because I said to myself that there was a reason why Dave "confided" in me. In the past, he has come to me for help, and this might just be another instance of that.

I ask Dave if I could help him out. He accepts. I explain to Mr Roos that we're going to talk about something that has been bothering Dave. Mr Roos is very hesitant, but accepts. Dave takes some time getting the words out, but he eventually says what's on his mind. At first, Mr Roos denies it, then he downplays it. He says that he slept with his son, but didn't do anything. They were just in the same bed. Then, he admits what he did, but then quickly glorifies himself by saying that he has changed, and has stopped that. Dave wants to know more, and asks if he has done things to others. He wants to know why his father did these things.

I add that no parent has the right to sleep with his or her child. Mr Roos agrees.

This came about because Dave had also heard that his father is forbidden from seeing a boy who is the son of his (Mr Roos') friends, because he interfered with him. At first, Mr Roos denies this. But then he admits it. There was/is also an investigation for this (unclear). He added that he has stopped that and that now he likes women.

The conversation continues, and Mr Roos speaks about more about things. He admits to having interfered with children in the past. It would seem that Dave is doing exactly the same things that his father has done in the past. Like Dave, Mr Roos prefers young children. There have been suspicions about this, but this was the first time that Dave has asked about it.

Afterwards, Dave tells his father that he no longer wants him to hug him, because it makes him feel uncomfortable. Mr Roos understands and said that it was okay. He wasn't going

to force his son to hug him.

The end of the visit comes. Father and son shake hands. Mr Roos is bothered by what happened. Dave is in shock, but glad to have gotten to know the truth.

I speak with Dave afterwards to make sure that he is alright. I ask his caseworker to keep an eye on Dave because today's visit was difficult.

Mr Roos does not want to talk. He just wants to leave. He seems to have been "destroyed".

His reticence over the last few visits lead me to believe that he got the feeling that this would be coming, and so tried avoiding it.

Appendix 3

Maraj family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Chandrahas	39	Neither here or there	Absence of other child	Absence of other child
Mr Maraj	38	Father often away	Absent father and distant	Absent father
Mr Maraj	38	Consumed by job	Absent father	Absent father
Mr Maraj	39	Blamed mother, angry	Unaccepting of reality	Anger in parent
Farha	39	Daughter in couple's bed, idolisation by father	Therapeutic role: mother/child/spouse	Attachment problems (mentalization)
Chandrahas	39	Difficulty in forming relationships	Attachment problems	Attachment problems (mentalization)
Chandrahas	39	Developmental issues	Developmental problems	Attachment problems (mentalization)
Farha and Chandrahas	41	Farha goes on other lap and Chandrahas leaves	Competition	Brother leaves when sister put in child-therapist position
Farha and Chandrahas	52	Farha on father's lap, Chandrahas goes off and plays	Throne vs. avoidance/escape	Brother leaves when sister put in child-therapist position
Chandrahas	42	Destroys his sister's Kapla constructions when father enters the room		Brother rebels against sister when father in room
Chandrahas	41	Rebels and gets excited to be put on his father's lap	Rebellion	Brother rebels and demands his place
Chandrahas	44	Leaves once sister is on father's lap, once she takes the throne		Brother rebels and leaves
Farha	39	"Laissez-faire" attitude	Therapeutic: objectified	Child-therapist allows objectification
Farha	47	Seduction, then manipulation	Prohibition met with seduction and manipulation	Child-therapist, prohibition met with seduction and manipulation
Farha and Chandrahas	40	No change when I was present	Immune to change	Children indifferent to new person
Children Maraj	48	Each child with a parent	Children taken hostage	Children taken hostage
Farha and Chandrahas	84	Apprehensive, seeks refuge in me, seeks me help, as does Chandrahas (protection, separation)		Children, apprehensive of mother, seek refugee in me (protection and separation)
Farha and Chandrahas	83	Avoidance, hesitation of mother		Children, avoidance of mother
Farha and Chandrahas	70	Both fine		Children, both fine after parents' separation
Farha and Chandrahas	82	Humour, laughter, sibling complicity		Children, complicity
Farha and Chandrahas	71	Confused by her mother's reaction, whereas Chandrahas is indifferent		Children, confused by mother's reaction
Farha and Chandrahas	57	Excited to see father, indifferent towards mother		Children, excited to see father, indifferent towards mother
Family	64	Children given a choice, Farha's depends on where her father is seated		Children, given a choice
Farha and Chandrahas	54	Children run to father when they see him		Children, go to father
Farha and Chandrahas	80	Have a voice, allow themselves to speak (identity)		Children, have a voice
Farha and Chandrahas	64	Children mock their mother as she speaks her native tongue		Children, mock their mother
Farha and Chandrahas	72	No distress for mother		Children, no distress for mother
Farha and Chandrahas	64	Children play together		Children, play together
Farha and Chandrahas	85	Put me in the middle to separate them from their mother	Actively seek out someone to separate them from their mother	Children, put me in the middle to separate them from their mother
Farha and Chandrahas	83	Apprehensive, refusal of mother, no desire to see her		Children, refusal of mother
Farha and Chandrahas	87	Refusal		Children, refusal of mother
Farha and Chandrahas	57	Both children refuse their mother as mother tries to control them		Children, refuse their mother
Farha and Chandrahas	86	Rejection of mother		Children, rejection of mother
Farha and Chandrahas	87	Rejection of mother		Children, rejection of mother
Foster mother	71	Children seem relieved after separation		Children, relieved after separation
Farha and Chandrahas	74	Relieved with rule change, have their own space (corridor)		Children, relieved with rules, their own space to be
Farha and Chandrahas	79	Respond positively to father's role, each has a place		Children, respond positively to father's role
Farha and Chandrahas	82	Sibling rivalry		Children, sibling rivalry
Farha and Chandrahas	74	Test limits, but met with law (me)		Children, test limits

Maraj family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Farha and Chandrahas	63	Both children eat	Disorganisation, no rules, different rules for both	Children, together
Farha and Chandrahas	71	Unconcerned, not bothered by what happened (parent's failed relationship)		Children, unconcerned after parents' separation
Farha and Chandrahas	85	Uninterested in mother, avoidance		Children, uninterested in mother, avoidance
Parents Maraj	38	Broken agreement about how many children to have		Common rules absent, ergo place
Mr Maraj	39	Very compliant father		Compliant father to those on authority
Mrs Maraj	37	Unaware of how long in France	<p>Confusion, the unknown, lack of knowledge of one own's history</p> <p>Loss of control</p> <p>Son separates father from daughter, son in paternal role</p> <p>Mother is not considered, mother is the vacuum, void</p> <p>Objectified vs. "free"</p>	Confusion
Maraj Family	37	Sketchy details, unclear about reasons for placement		Confusion, the unknown
Maraj Family	38	Incoherence and confused timelines		Confusion, the unknown
Mr Maraj	39	No idea of what was going on		Confusion, the unknown
Farha	49	Dethroned, but doesn't complain		Daughter dethroned, but does not complain; Son becomes temporary child therapist and separates father and daughter
Farha and Chandrahas	56	Farha as ombudsman vs. Chandrahas who resists		Daughter gives in, son resists
Family	60	When together, Farha goes to father		Daughter goes to father
Farha and Chandrahas	82	Wants to control everything at home, Chandrahas defending himself		Daughter wants to control everything at home, son defending himself
Farha	76	Backs down with rules		Daughter, accepts rules
Farha	85	Actively seeks me to explain her anxiety towards her mother		Daughter, actively seeks the authoritative figure to explain anxieties
Chandrahas	74	Participates in meal		Daughter, adapted role
Farha	69	Mature role, the rational adult		Daughter, adopts different therapeutic role
Farha and Chandrahas	76	Farha is authoritative and chastises her brother		Daughter, authoritative towards brother
Farha and Chandrahas	79	Farha plays by herself whilst Chandrahas is with her father		Daughter, autonomous, son with father
Farha	87	Hurries to leave		Daughter, avoidance of mother
Farha	77	Calmer with implementation of rules		Daughter, calmer with rules
Farha	62	Concerned		Daughter, concern for mother
Farha	80	Concerned about hurting her father's feelings		Daughter, concerned about hurting her father
Farha	63	Sad to see her father go		Daughter, desires father
Mr Maraj and Farha	63	Does not go on her father's lap, but he feeds her by hand		Daughter, dethroned, but still in contact with father
Farha	85	Frustrated by a mother who does not listen		Daughter, frustrated by mother
Farha	68	Sits next to her father		Daughter, goes to father
Farha	53	Ignores mother		Daughter, ignores mother
Farha	56	Mother is absent in her scenario		Daughter, indifferent to mother's absence
Farha and mother	60	Invites mother, mother unable to concentrate on one child at a time		Daughter, invites mother, mother unable to concentrate on one child
Farha	87	Cuts hair when angry		Daughter, latent resentment and vengeance of mother
Farha	80	Confides in me, asks for help (mediator), wants to show her identity, voice		Daughter, looks to me for help in showing her identity
Farha and Chandrahas	84	Farha mocks her mother, whilst Chandrahas ignores her		Daughter, mocks mother, son ignores her
Farha	76	More talkative and open with me, in accordance with more rules I put		Daughter, more open and talkative with the more rules that are enforced
Farha	64	More tolerant to mother		Daughter, more tolerant towards mother
Farha	73	No rebellion with changes, happy to help out her father and show her knowledge (identity)		Daughter, no rebellion of authoritative figure
Farha and Chandrahas	52	Farha on lap whereas Chandrahas is off loving his life		Daughter, objectified, vs. son, "free"
Farha	58	Rejection of mother		Daughter, rejects mother
Farha	86	Rejection of mother		Daughter, rejection of mother
Farha	89	Rejection of mother, does not want to speak to her		Daughter, rejection of mother

Maraj family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Farha	87	Rejection and vengeance of mother (cuts hair)		Daughter, rejection of mother and latent resentment (vengeance)
Farha	57	Avoidance and rejection of mother's rules, sees refuge in father		Daughter, rejects mother, seeks refuge in father
Farha	84	Returns/resorts to therapeutic role every once in a while		Daughter, returns to therapeutic role every once in a while
Farha	52	Says her father is very nice and gives him a kiss, father is subsequently happy	Seduction of daughter to father	Daughter, seduces father and gives her approval
Farha	66	Starting to see her mother's limits and showing her disappointment		Daughter, sees her mothers difficulties, shows disappointment
Farha	85	Shows approval of law	Integration/internalisation of law	Daughter, shows approval of authoritative figure
Farha	74	Was given space to "be" and limits imposed		Daughter, space to be, limits imposed
Farha	78	Still a bit inappropriate in her actions, but I intervene		Daughter, still somewhat inappropriate, I intervene
Farha	75	Tries to regain control, seductive with father and me (Oedipus)		Daughter, tries seducing father and me (Oedipus)
Farha	70	Unconcerned with parent's relationship		Daughter, unconcerned with parents' relationship
Farha	87	Uses the "law" (rule change) to avoid her mother		Daughter, uses "law" (rules) to avoid mother
Farha	58	Waits for her father before eating (her throne)		Daughter, waits for father (throne)
Mr Maraj	41	Puts Farha on lap	Daughter on a pedestal	Daughter on throne, held in high esteem
Mr Maraj	44	Puts Farha on lap	Reverence	Daughter on throne, held in high esteem
Mrs Maraj	37	Boasts of "mastery" of the French language	Does not correspond to reality, boastful, very positive self image	Different reality, delusion of grandeur
Mr Maraj	38	Speculation as to the child's father	Different reality as opposed to the mother	Displacement onto others
Mrs Maraj	39	Mother quickly warms up to me	Attachment problems	Displacement onto others
Maraj Family	38	Family problems		Family history, secret
		More family like in the absence of the mother (mother seems to have encouraged the role or destabilised them)		Family-like in absence of mother
Father and children	40			
Father and children	55	Absence of mother gives a more "stable" visitation		Family-like in absence of mother
Family	54	End of visitation routine		Family, routine at the end
Family	65	End of visit, each child with a parent		Family, routine at the end
Family	45	Routine at the end	Routine calms anxieties	Family, routine calms anxieties
Family	43	Accompany children to the foster parents	Rule breaking	Family, rule breaking
Family	56	Rule breaking at the end		Family, rule breaking
Mr Maraj, Farha and Chandrahas	79	Hardly any conflicts		Father and children, hardly any conflicts
Mr Maraj, Farha and Chandrahas	77	Play together		Father and children, interaction, sharing (mentalization)
Mr Maraj, Farha and Chandrahas	78	Better relationship		Father and children, interaction, sharing (mentalization)
Mr Maraj, Farha and Chandrahas	81	Relief		Father and children, relief
Mr Maraj, Farha and Chandrahas	72	Serenity during the visit		Father and children, serenity
Mr Maraj, Farha and Chandrahas	79	Togetherness (mentalization)		Father and children, togetherness
Mr Maraj, Farha and Chandrahas	74	Interactions, sharing		Father and children, interaction, sharing (mentalization)
Mr Maraj	42	Subservient		Father is subservient
Parents Maraj	49	Father rejects mother, mother in control	Subservient father, intrusive mother	Father is subservient, mother is in control, intrusive

Maraj family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mr Maraj	40	Disproportionate gift giving		Father putting child in authority
Mr Maraj	40	Asking Farha her opinion	Child in control	Father putting child in authority
Mr Maraj	40	Seemed "relieved" by my presence (new monitor)	Relief because of 3rd party	Father relieved by third party
Mr Maraj	40	Gifts	Seduction towards daughter	Father seduces daughter
Mr Maraj	80	Adapted response		Father, adapted, upholds his role
Mr Maraj	46	Expresses his anger towards his wife, first time directed towards her	Mentalization	Father, anger towards wife
Father and children	55	Father angry because of mother's latecoming, children show no visible reaction	Mentalization vs. ???!	Father, anger towards wife
Mr Maraj	64	Father annoyed with mother for speaking native tongue		Father, anger towards wife
Mr Maraj	65	Ignores wife		Father, anger towards wife, ignores her
Mr Maraj	61	Teaching moment with Farha		Father, as father towards daughter
Mr Maraj	43	Leaves before I could say anything	Avoidance, escape	Father, avoidance and escape
Mr Maraj	49	Leaves with his daughter	Breaks rules, avoidance of law, child's age and intimacy	Father, avoidance of law, non-respect of child's age and intimacy
Mr Maraj	51	Father rushes after visitations to see daughter	Rule breaking	Father, breaking rules
Mr Maraj	69	Brings reality		Father, brings reality to mother
Mr Maraj and Chandrahas	56	No affect to son, but son listens for diaper change		Father, cold with son
Mr Maraj	53	Cold with son and longs for daughter, Chandrahas pays no attention either to his father		Father, cold with son, in need of daughter
Mr Maraj	40	Calls mother	Difficulty in following rules	Father, difficulty in following rules
Mr Maraj	46	Thanks me	Gratitude	Father, displays gratitude towards authoritative figure
Mr Maraj	78	Thinks of both children equally (gifts)		Father, equity in children
Mr Maraj	44	Forced and very brief greeting between father and son, no gifts	Absence of connection, forced, superficial	Father, forced relationship with son
Mr Maraj	54	Prevented from leaving to see his daughter	Me as law provokes frustration in parent	Father, frustration in face of law
Mr Maraj	72	Gifts		Father, gifts
Mr Maraj	76	Helpless when faced with two children vying for his attention		Father, helpless when faced with two children vying for his attention
Mr Maraj	77	Expresses his distress with two children that both want his attention, at a loss for his role, afraid of losing his daughter's love		Father, helpless when faced with two children vying for his attention
Mr Maraj	46	Confesses difficulty in forming a bond with his son, as well as anger towards his wife because of problems	Helplessness, displaced anger	Father, helplessness, displaced anger
Mr Maraj	73	Supervises his daughter and pleased		Father, in his place, content
Mr Maraj	57	Equity between the two children and enforces the rules	Introduction of father as law	Father, introduction is law, equity in children
Mr Maraj	47	Justifies	Justification	Father, justifies role
Mr Maraj	47	Equity between the two children and upholds the rules		Father, looks for equity in the children
Mr Maraj	71	Looks replenished after leaving wife		Father, looks replenished
Mr Maraj and Farha	68	No gifts, Farha not bothered		Father, no seduction, daughter not bothered
Mr Maraj	47	Clothes inappropriate for Farha's age	Objectified, "sexualised" (??!!)	Father, objectifies (sexualises) daughter
Mr Maraj	48	No clothes for Chandrahas	Refusal of relationship with son	Father, refusal of relationship with son
Mr Maraj	61	Avoids son, prefers to pack away gifts	Rejection of son	Father, rejection of son
Mr Maraj	72	Resistant to law, hates me, but compliant		Father, resistant, hatred towards law, but compliant
Mr Maraj	47	More gifts for Farha, clothes, no respect for her intimacy	Object, reverence, no recognition of generation and intimacy, age	Father, reverence of daughter, age and generation absent
Mr Maraj	51	Separation of Farha from her mother, gifts her gifts	"Seduction" of father to daughter	Father, seduction towards daughter
Mr Maraj and Chandrahas	67	Spending time with son, Chandrahas accepts but keeps a distance		Father, spending time with son, son keeps distance
Mr Maraj	42	Takes on a more maternal role	Father and Farha --> triangulation complete	Father, takes on maternal role
Mr Maraj and Chandrahas	81	Father thinks of his son's likes for the gifts (mentalization)		Father, thinks about son
Mr Maraj	81	Treats each child as an individual		Father, treats each child as an individual

Maraj family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mr Maraj	75	Upholds more of a role, dedicated, gives children their space and is the "bad guy"		Father, upholds his role
Mr Maraj	79	Upholding his parental role		Father, upholds his role
Mr Maraj	89	Upholds his role		Father, upholds his role
Farha	39	Centre of attention, "garante du cadre"	Focus of attention, responsibility	Focus, the glue holding everything together
Mr Maraj	40	Only speaks to Farha	Focus on child-therapist	Focus, the glue holding everything together
Mrs Maraj	37	Considers herself to be Alsatian	Looking for links, representation. Own history confused	In search of meaning, identity
Farha	39	Nightmares relating to tensions between parents	Anxiety in the child	Latent resentment
Farha	43	Cuts her bangs, which displeases her mother	Rebellion and control	Latent resentment
Me	59		Law and understanding	Me, enforcing places and understanding (mentalization)
Me	41	Too much importance is attached to food, 1° lien maternal, oral. Decide that each parent take turns	Law to regain law & order	Me, enforcing rules
Me	46	Stop mother from interrupting	Law & order	Me, enforcing rules
Me	46	Establish new rules whereby the parents aren't allowed to fight in front of their children	Law, prohibition	Me, enforcing rules
Me	44	Insists that they make Chandrahas stay	Law to regain law & order	Me, enforcing rules and places
Me	57	Allow children to decide	Law, separation	Me, enforcing rules and places
Me	57	Help children (mainly daughter) to acknowledge mother		Me, enforcing rules and places
Me	58	Law and mediator	Law, mediator	Me, enforcing rules and places
Me	62	Keep Farha out of it, age appropriate response		Me, enforcing rules and places
Me	68	Law, ombudsman, couple's therapy		Me, enforcing rules and places
Me	72	Law and restoration of rules		Me, enforcing rules and places
Me	72	Law, putting everyone in his or her rightful place		Me, enforcing rules and places
Me	76	Law		Me, enforcing rules and places
Me	54	Stops them	Law & order	Me, enforcing rules in children
Me	58	Get children to respect rules, they accept	Law & order	Me, enforcing rules in children
Me	82	Law and explanation		Me, explanation
Me	45	Assists the mother, Chandrahas responds positively	Law, and guide to being a good mother	Me, guide
Me	53	Accompany the mother in changing diaper, Chandrahas is calm	Guide mother to affect	Me, guide
Me	53	Perpetuate this interest		Me, guide
Me	58	Helps the mother speak with appropriate terms	Law, and guide to being a good mother	Me, guide
Me	77	Helping hand		Me, guide
Me	64	Intervene, ask mother to translate		Me, intervention
Me	53	Intervene	Law & order	Me, law & order
Me	78	Less involved		Me, less involved
Me	44	Stops her	Law	Me, prohibition
Me	46	Stops her mocking	Law	Me, prohibition
Me	52	Intervene	Law	Me, prohibition
Me	62	Intervene		Me, prohibition
Me	62	Intervene		Me, prohibition
Me	66	Law		Me, prohibition
Me	73	Law, posing limits		Me, prohibition
Me	61		Law, affect	Me, prohibition and affect
Me	70	Law, therapist		Me, prohibition and affect
Me	57		Law, separation	Me, prohibition and separation
Me	60		Law, separation	Me, prohibition and separation
Me	66	Law and separation		Me, prohibition and separation
Me	84	Law, prohibition and separation		Me, prohibition and separation
Me	48	Forbids it	Prohibition, separation	Me, prohibition and separation of father and daughter
Me	52	Prevent mother from changing Chandrahas	Law to prevent objectification of Chandrahas	Me, prohibition of objectification of son
Me	55	Prevent Farha from going trough he father's bag and seducing him	Law, prohibition	Me, prohibition towards daughter breaking rules and seducing father

Maraj family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Me	53	Separate father and daughter, unite father and son	Law to separate and unite	Me, separation of father and daughter, unity of father and son
Me	41	Insist that she stops insisting	Law, separation	Me, separation of mother and children
Me	42	Explain that the children have an opinion		Me, separation of mother and children
Me	42	Intervene	Law, separation	Me, separation of mother and children
Me	42	Ask Mr Maraj to help his wife change the diaper		Me, separation of mother and children
Mrs Maraj	40	Mother very accepting of me because I'm a "very nice person"	Seduction	Mother accepting of "nice person"
Mrs Maraj	41	Arrives late and takes over	"Hostage taking", invasive, intrusive, stifling, PLACE	Mother is intrusive, hostage taker
Mrs Maraj	42	Mother in control		Mother is intrusive, hostage taker
Mrs Maraj	42	Does not let Farha choose her game	Farha is invisible, mother in control	Mother is intrusive, hostage taker
Mrs Maraj	42	Uninterested in game, ignores what I say	Refusal, dismissal of children's existence. Uninterested.	Mother is intrusive, hostage taker, dismissal of children's existence
Mrs Maraj	43	Monopolises the conversation	Hostage taking, invasive, intrusive	Mother is intrusive, hostage taker, dismissal of children's existence
Me	41	Remind them of the rules	Law to regain law & order	Mother seductive and manipulative in presence of authoritative figure
Mrs Maraj	41	Would act fragile when confronted with an authoritative figure	Seduction, manipulation	Mother seductive and manipulative in presence of authoritative figure
Mrs Maraj	42	Tries to manipulate and uses underhanded tactics, but grudgingly accepts		Mother seductive and manipulative in presence of authoritative figure
Mrs Maraj	62	Fakes a nervous breakdown	Manipulation for control	Mother seductive and manipulative towards authoritative figure
Mrs Maraj	65	Over-exaggeration to mask problems (separation)		Mother seductive and manipulative towards authoritative figure
Mr Maraj	61	Tries to be all-powerful		Mother, all-powerful
Mrs Maraj	69	Control, not in touch with reality		Mother, all-powerful, not in touch with reality
Mrs Maraj	85	Attacks me		Mother, attacks the authoritative figure
Mrs Maraj	54	Cast aside and difficult to interact with her daughter		Mother, cast aside, difficult to interact with daughter
Mrs Maraj	67	Confusion with time		Mother, confusion
Mrs Maraj	44	Blind to her own errors	Ignorance, denial of own flaws, transference of her own errors onto her husband	Mother, denial of her own flaws transference onto husband
Mrs Maraj	44	Throws shade at her husband	Attacks on one parents, denigration, personal attacks	Mother, denigration of father
Mrs Maraj	50	Looks for alliance to reject the father		Mother, denigration of father, looks for allies
Mrs Maraj	64	Insists Chandrahas understands her native tongue, not in touch with reality		Mother, different reality, objectifies son
Mrs Maraj	46	Everyone is her friend	Accomplice, queen of all, power	Mother, different reality, revered by all
Mrs Maraj	83	Psy problems worsen		Mother, difficulties worsen
Mrs Maraj	40	Very late	Difficulty in following rules	Mother, difficulty in following rules
Mrs Maraj	44	On time	Respects rules	Mother, difficulty in following rules
Mrs Maraj	54	Non-respect of rules, arrives late		Mother, difficulty in following rules
Mrs Maraj	88	Does not agree with the rule change, angry and threatens to "get rid of me (law)"		Mother, disagrees with rule change, seeks to get rid of law
Mrs Maraj	61	Tries to separate father and daughter, disobeys rules of leaving them alone	Disregard of law, rules	Mother, disregard of law, rules
Mrs Maraj	84	Emotional (absence of mentalization)		Mother, emotional, absence of mentalization
Mr Maraj	85	Focused on Farha (letter)		Mother, focused on daughter
Parents Maraj	80	Mother is harassing father, looking to regain control		Mother, harassing father
Mr Maraj, Farha and Chandrahas	48	At the table, no food until mother arrives, calls wife	Wife in control from afar, present when absent, Farha as ombudsman/mediator, rule breaking	Mother, in control from afar
Mrs Maraj	53	Yearning for her daughter		Mother, in need of daughter (yearning)
Mrs Maraj	52	Plays with son, but concentrates on daughter	Need for daughter, son invisible	Mother, in need of daughter, son invisible
Mrs Maraj	45	Unable to adapt to her children's personalities	Inability to adapt (mentalization)	Mother, inability to adapt
Mrs Maraj	58	Unable to adapt her conversation to the children's age	Unable to see generational differences	Mother, inability to adapt or see generational differences

Maraj family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mrs Maraj	45	Says nothing of substance, incoherent, mocks and ridicules her husband	Infantile, denial, projection	Mother, incoherence
Mrs Maraj	62	Insults daughter		Mother, insults (objectifies) daughter
Mrs Maraj	62	Ignores rule and continues insulting her daughter		Mother, insults (objectifies) daughter
Mrs Maraj	84	Intrusive, takes food from her son's plate (no separation of mine and yours, my skin and your skin, "moi peau")		Mother, intrusive (no separation of mine and yours, my skin and your skin, "moi peau")
Mrs Maraj	49	Wants to dress her daughter	Gender and age difference not respected, independence not seen	Mother, invasive, age and generational difference absent
Mrs Maraj	44	Throws shade at her husband	Looks to separate father and daughter	Mother, looks to separate father and daughter
Mrs Maraj	66	Makes an effort to listen to her daughter, albeit still fixated on her own ideas		Mother, makes an effort
Mrs Maraj	49	Mechanical changing of diaper	Mechanical mother	Mother, mechanical
Mrs Maraj	46	Leaves no room for her husband to speak	No respect for husband, defence mechanism against the truth, control, invasive	Mother, no respect for husband, denigration, avoidance of truth, invasive
Mrs Maraj	43	Wants to brush her daughter's long, beautiful hair	Hair is an obsession, doll	Mother, objectification of child-therapist
Mr Maraj	53	Mother wants to choose pictures	Mother in control, overly eager	Mother, objectification of child-
Mrs Maraj	66	Sees her daughter as much younger than she is		Mother, objectification of child-therapist, sees her as younger than she really is
Mrs Maraj	41	Takes out her good	Objectifies children, they don't exist, no opinion from them	Mother, objectification of children
Mrs Maraj	41	Insists despite the children having already eaten	Deaf to her children	Mother, objectification of children
Mrs Maraj	42	Stereotypical behaviour, wants to change Chandrahas' diaper	Does not recognise her son's "needs"	Mother, objectification of children
Mrs Maraj	45	Puts cream on children	Objectification	Mother, objectification of children
Mrs Maraj	56	Wants to do her routine despite 10 minutes left	Absence of mentalization	Mother, objectification of children
Mrs Maraj	59	Unable to adapt, understand or see her children	Objectification of children	Mother, objectification of children
Mrs Maraj	60	Objectifies children, can't concentrate on one child at a time, obsessed with Farah's hair		Mother, objectification of children
Mrs Maraj	86	Unable to adapt to her children (mentalization)		Mother, objectification of children
Mrs Maraj	52	Is constantly trying to change the game her son is playing	Inability to adapt (mentalization)	Mother, objectification of children, inability to adapt
Mrs Maraj	84	Rules, controls, unable to see that her children, have grown		Mother, objectification of children, inability to adapt
Mrs Maraj	45	Insists that her children come play her game, then tries to seduce them	Objectification, control, ignorance, narcissistic, seduction for control	Mother, objectification of children, narcissistic, seduction for control
Chandrahas	43	Just lies there	Objectified	Mother, objectification of son
Me	45	Asks if it's necessary	Law	Mother, objectification of son
Mrs Maraj	56	Mother tries to force feed Chandrahas		Mother, objectification of son
Mrs Maraj	84	Objectification, regression		Mother, objectification regression
Mrs Maraj	48	Wants to give her daughter everything she has, if asked for	No limits on daughter	Mother, poses no limits on daughter
Mrs Maraj	69	Unable to cope with reality and has an emotional response, breakdown, also due to lack of control of her situation		Mother, reality is too difficult to cope with, loss of control of her surroundings
Mrs Maraj	88	Insistence, refusal of rule		Mother, refusal of rules
Mrs Maraj	48	Rejection of husband	Father is absent in mother's eyes, Farha as mediator, seduction in mother	Mother, rejection of father
Mrs Maraj	87	Does not want to accept the new rules		Mother, rejection of new rules
Mrs Maraj	52	Takes care not to talk too loudly	Respects rules	Mother, respects rules
Mrs Maraj	56	Rushes to uphold routine		Mother, routine, objectification
Mrs Maraj	45	Wants to change Chandrahas' diaper	Routine, ritual, objectification	Mother, routine, objectification
Mrs Maraj	58	Breaks rules about food	Rule breaking	Mother, rule-breaking
Mrs Maraj	66	Rules broken, changed or invented, lack of consistency		Mother, rule-breaking
Mrs Maraj	43	Stays to "old-talk"	Seduction (avoidance, tolerance vs. seduction...mother vs. father)	Mother, seductive and manipulative
Mrs Maraj	46	Winks at me as if I'm her accomplice	Seduction, imaginary world where she is the queen, where she reigns	Mother, seductive and manipulative
Mrs Maraj	46	Waits to talk to her "accomplice"	Seduction, imaginary world, control	Mother, seductive and manipulative

Maraj family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mrs Maraj	52	Trues to seduce her daughter with activities and presents whilst Farha is with her father	Seduction in mother, Farha ignores her	Mother, seductive and manipulative, daughter ignores
Mrs Maraj	88	Refuses to use my surname (to recognise the law)		Mother, seeks to denigrate authoritative figure
Mrs Maraj	86	Self-glorification		Mother, self-glorification
Mrs Maraj	86	Self-glorification		Mother, self-glorification
Mrs Maraj	60	Self-validation		Mother, self-validation
Mrs Maraj	53	Speaks of something Farha is interested in		Mother, shows interest in daughter
Mrs Maraj	65	Tries to control to have her visit		Mother, tries to control
Mr Maraj	82	Pressure from ex-wife's family to get back together		Mother, tiring to control father from afar
Mrs Maraj	83	Control, refusal to acknowledge and face reality		Mother, unable to accept reality
Mr Maraj	59	Unable to hear her daughter, follow a conversation, in a different reality		Mother, unable to hear daughter, different reality
Mrs Maraj	45	Mechanical	Absent of affect and emotions (objectifies child)	Mother, void of affect and emotions
Farha and Chandrahas	56	Mother's arrival not greeted warmly	Disrupts everything	Mother's arrival disrupts everything
Farha and Chandrahas	54	Taken hostage, Chandrahas is the default child	Default child, so object	Non child-therapist becomes temporary therapist
Parents Maraj	44	No communication	Absence of communication	Parents, absence of communication (mentalization)
Parents Maraj	48	No communication	No triangulation or symbolic parents, parents imagoes	Parents, absence of communication (mentalization)
Parents Maraj	49	Utilise third parties to exchange information	Absence of direct communication	Parents, absence of communication (mentalization)
Parents Maraj	68	No communication, both with meals, upsets dynamic		Parents, absence of communication (mentalization), upsets dynamic
Parents Maraj	63	Conflict		Parents, conflict
Parents Maraj	69	Emotions resurface		Parents, emotions surface
Parents Maraj	53	Fight over daughter	Objectification Farha	Parents, fight over child-therapist
Parents Maraj	68	Vy got Farha's attention		Parents, fight over child-therapist
Parents Maraj	70	Reality confronted and "destructive" for the mother		Parents, reality confronted, destructive for mother
Parents Maraj	47	Father arrives whereas mother is late	Respected rules vs. broken rules	Parents, respected rules vs. broken rules
Parents Maraj	44	Visible tension	Tension, unresolved issues	Parents, tension, unresolved issues
Parents Maraj	54	No communication which makes it difficult to form bonds in the family	Trickle down effect	Parents, tension, unresolved issues
Parents Maraj	65	Tensions between the parents		Parents, tension, unresolved issues
Parents Maraj	67	High tensions, hatred and disgust		Parents, tension, unresolved issues, hatred for each other
Parents Maraj	68	Ever increasing tensions		Parents, tension, unresolved issues, hatred for each other
Parents Maraj	57	Work as a "non verbal communicative" team, and daughter responds	Triangulation restored	Parents, work as one, triangulation restored
Farha	43	Is carried by her father, mother also tries	Reverence, competition by parents	Reverence and objectification of child-therapist
Farha	39	Very touchy, seductive	Seduction towards adults, absence of limits	Seductive, no boundaries
Farha	42	Chastises her brother	An authoritative mother (father figure)	Sister, authoritative towards brother
Chandrahas	70	Sees his mother's sadness, but does nothing		Son, acknowledges mother's sadness, but does nothing
Chandrahas	44	No one can make him eat, he comes when he wants	Disrespect of rules, "adaptation"	Son, adapts to rules
Chandrahas	69	Avoidance		Son, avoidance
Mr Maraj and Chandrahas	75	Chandrahas closer to his father, and actively seeks him out		Son, closer to father
Chandrahas	70	Confused		Son, confused
Chandrahas	49	Agitated, wants to go on father's lap	In demand for his father	Son, demanding a father
Chandrahas	89	Has a place next to his father		Son, has place next to father
Chandrahas	81	Imposing himself on his father, demanding his place		Son, imposing himself, demanding his father
Chandrahas	43	Walks by himself	Independence	Son, independence
Chandrahas	72	Takes care of himself		Son, independence
Chandrahas	43	Says bye to everyone and heads for the door	Independence, avoidance, escape	Son, independence, avoidance and escape

Maraj family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Chandrahas	44	Goes off to play	Forced independence	Son, independence, avoidance and escape
Chandrahas	50	Independence and avoidance		Son, independence, avoidance and escape
Chandrahas	68	Absent, lives his life		Son, invisible to parents
Chandrahas	59	Refuses his mother, mother eventually adapts	Mother forced by son to adapt	Son, refuses mother, mother adapts
Chandrahas	45	Avoids his mother	Rejection, avoidance of parent	Son, rejection and avoidance of parents
Chandrahas	84	Ignores mother		Son, rejects mother
Chandrahas	49	Tries to resist	Resistance in non therapeutic child	Son, resistance
Chandrahas	60	Refusal		Son, resistance
Chandrahas	45	Rejects mother, but responds to father	Son respects paternal authority	Son, responds positively to paternal figure
Chandrahas	76	Seeks to be more actively involved		Son, seeks to be more active involved
Chandrahas	67	Tries to separate father and daughter		Son, separates father and daughter
Mr Maraj	41	Vouvoies his wife	Distance, parental couple inexistant, absence of team	Tension, inexistant parental couple
Parents Maraj	45	Tensions between the parents	Repressed hostility and anger, unresolved anger and emotions	Tension, inexistant parental couple, hostility, anger, unresolved emotions
Parents Maraj	48	Heavy tensions	Heavy ambiance	Tension, inexistant parental couple, hostility, anger, unresolved emotions
Parents Maraj	37	Father blames mother, mother has no real idea		Two different realities
Parents Maraj	40	Staggered arrival times	Different realities/worlds	Two different realities
Farha and Chandrahas	37	Farha lived with her parents, Chandrahas no	One child with memories, whereas the other escapes	Two different realities/histories in children
Parents Maraj	37	Immigrants	Different customs, loss of origins	
Parents Maraj	38	Signification age difference	Generational difference	
Mr Maraj	38	Child born after agreement	Betrayal	

Ferhat family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Hamza	132	Knows his father does not want to see him without Omar, he is disappointed		Brother, aware father only wants child-therapist
Hamza	145	Cheery once again		Brother, behaviour is better
Hamza	125	Behaviour is getting worse, gets irritable after seeing his father		Brother, behaviour worsens outside of visits
Hamza	129	Behaviour is getting worse, acknowledges that his father is there only to see Omar		Brother, behaviour worsens outside of visits
Hamza	113	Boisterous		Brother, boisterous
Hamza	145	Talks about karate		Brother, childlike
Mr Ferhat	133	Tries to reject my intervention	Similar to Mrs Maraj	Brother, confused
Omar	133	Afraid		Brother, confused
Hamza	134	Confused		Brother, confused
Hamza	112	Confusion of heritage		Brother, confusion of heritage
Hamza	120	Disappointed		Brother, disappointed
Hamza	121	Disappointed because he does not get the father he expected		Brother, disappointed
Hamza	136	Distraught over previous cancellation, disappointed, but smiles		Brother, distraught but smiles
Hamza	142	Disturbed		Brother, disturbed
Hamza	117	Light-hearted and energetic		Brother, energetic
Hamza	139	Façade, but concerned and hesitant		Brother, façade, concerned and hesitant
Hamza	136	Forgotten, both sons or none at all	"Package deal"	Brother, forgotten, both sons or none at all
Hamza	125	Hamza is happy		Brother, happy to be with father
Hamza	115	Happy, but more agitated and violent than before		Brother, happy to have a father
Hamza	117	Overjoyed to see his father as never had anyone before (only one in children's home)		Brother, happy to have a father
Hamza	117	Overly excited to see his father		Brother, happy to have a father
Hamza	115	Confirmation of paternity		Brother, has a father
Hamza	122	Invisible		Brother, invisible
Hamza	142	Leaves		Brother, leaves
Hamza	112	Lived with mother		Brother, lived with mother
Hamza	124	Nothing to say		Brother, nothing to say
Hamza	119	On the sidelines		Brother, on the sidelines
Hamza	122	Wants to play, but rejected		Brother, rejected
Hamza	135	Tests strength as well		Brother, tests strength
Hamza	119	Tries to talk, but father stops him, concentrating on Omar		Brother, tries to be involved, but father stops him
Hamza	124	Wants to also test strength		Brother, wants to test strength
Omar and Hamza	144	Both visible affected, Hamza calms down quickly, Omar takes time		Brothers, affected
Omar and Hamza	121	Apprehension vs. excitement		Brothers, apprehension vs. excitement
Omar and Hamza	136	Apprehensive		Brothers, apprehensive
Omar and Hamza	123	Refuses Omar's education		Brothers, brother refuses son's education
Omar and Hamza	120	Confused		Brothers, confused
Omar and Hamza	144	Omar will cut ties with his father and be there for his brother, tells Hamza not to listen to his father, Hamza smiles	Not the same therapeutic role	Brothers, cut ties with father, siblings
Omar and Hamza	137	Distraught		Brothers, distraught
Omar and Hamza	126	Distraught seeing their father being a "father" with other children		Brothers, distraught at seeing "father" with other children
Omar and Hamza	113	Omar exacts his father's wishes onto Hamza, he is his brother's keeper		Brothers, elder his brother's keeper
Omar and Hamza	121	Omar directs Hamza to kiss his father		Brothers, elder his brother's keeper
Omar and Hamza	125	Omar reminds Hamza to greet his father		Brothers, elder his brother's keeper
Omar and Hamza	128	Reminds Hamza to greet his father		Brothers, elder his brother's keeper
Omar and Hamza	128	Trues to impart this knowledge onto Hamza		Brothers, elder his brother's keeper
Omar and Hamza	129	Reminds Hamza to greet his father		Brothers, elder his brother's keeper

Ferhat family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Omar and Hamza	140	Tells Hamza to hug his father		Brothers, elder his brother's keeper
Omar and Hamza	113	Omar is violent towards is brother		Brothers, elder is violent towards brother
Omar and Hamza	130	Hamza is very enthusiastic, Omar is very hesitant		Brothers, enthusiasm vs. hesitance
Omar and Hamza	129	Seem to be getting accustomed		Brothers, getting accustomed
Omar and Hamza	120	Hesitant to say anything negative about their father	Internalised imaginary "dictator" or tyrannical father	Brothers, hesitant to say anything negative about their father, internalised imaginary "dictator" or tyrannical father
Omar and Hamza	115	Used as tools to create trouble		Brothers, instrumentalised, used as tools for chaos
Omar and Hamza	121	Tried to appease his father, Hamza just smiles, unknowing of what to do		Brothers, one tries to appease, the other confused
Omar and Hamza	119	Omar shuts down, Hamza is at a lost		Brothers, perturbed
Omar and Hamza	112	Bond in question		Brothers, questionable bond
Omar and Hamza	130	Walk to the visitation room like a prisoner to the electric chair	Dread	Brothers, reluctance for visit (prisoners to the electric chair)
Omar and Hamza	113	Tension, can't get along		Brothers, tension, can't get along
Omar and Hamza	137	Once better, test of strength		Brothers, test strength
Omar and Hamza	145	Test their strength		Brothers, test strength
Omar and Hamza	113	Separation of children because of violence	Law becomes "father"?	Brothers, violence (separation)
Family Ferhat	115	Tension builds		Family, building tension
Family Ferhat	112	Different cultures		Family, cultural differences
Family Ferhat	114	Authorities concerned about the nature of alliances		Family, questionable alliances
Family Ferhat	113	Family secret as to what really transpired		Family, secret
Mr Ferhat	113	Family secret, father is with them		Family, secret (father in control)
Family Ferhat	114	Family secret, uncertainty of paternity		Family, secret (father in question, paternity)
Family Ferhat	112	Violence		Family, violence
Family Ferhat	113	Questionable acts of violence (child symptom, symptomatic child)		Family, violence
Mr Ferhat and Hamza	115	Allowed access to his son		Father and brother, access
Mr Ferhat and Hamza	115	Gives in to his father's demands, but is affected		Father and brother, brother caves
Mr Ferhat and Hamza	115	Control from afar		Father and brother, control from afar
Mr Ferhat and Hamza	115	Expects the same of Hamza as he does Omar		Father and brother, expects same of brother as son
Mr Ferhat and Hamza	125	No meal right away, Mr Ferhat tries talking to Hamza		Father and brother, interaction
Mr Ferhat and Hamza	126	Does one move with Hamza, Hamza is overjoyed		Father and brother, short-lived interaction
Mr Ferhat, Omar and Hamza	116	Father never with both children at once		Father and children, never before with both
Mr Ferhat and Omar	114	Omar asked to take care of brother and report back to his father		Father and son, asked to be his brother's keeper
Mr Ferhat and Omar	114	Difficulty in relationship		Father and son, difficult relationship
Mr Ferhat, Omar and Hamza	119	Tense, Omar treading lightly		Father and son, son tense
Mr Ferhat, Omar and Hamza	128	Tense as Mr Ferhat spends his time educating Omar, Omar takes notes		Father and sons, tense, education, son takes notes
Mr Ferhat, Omar and Hamza	128	Tension		Father and sons, tension

Ferhat family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mr Ferhat	115	Psychiatric problems, mental health problems		Father mental health problems
Mr Ferhat	126	Father questions this, which worries Omar		Father questions, son concerned
Mr Ferhat	135	The above adds to his feeling of being all-powerful		Father, all-powerful
Mr Ferhat	114	"All-powerful", refuses to question his actions, felt personally attacked when questioned		Father, all-powerful, unquestionable, feels attacked when questioned
Mr Ferhat	120	Enraged		Father, anger because of mother
Mr Ferhat	133	Gets angrier		Father, anger intensifies
Mr Ferhat	140	Anger intensifies		Father, anger intensifies
Mr Ferhat	139	Angry		Father, angry
Mr Ferhat	121	Angry because his children did not greet him, attacks them verbally, says they don't care about him or all that he's done for them		Father, angry for not glorifying him, feels betrayed
Mr Ferhat	116	Seems to want to give "appearance" of greatness		Father, appearance of greatness (delusion of grandeur)
Mr Ferhat	117	Boastful, grandiose		Father, appearance of greatness (delusion of grandeur)
Mr Ferhat	118	Boasts of his meal, can eat halal because they can't eat in the children's home, "grand gesture", very important		Father, appearance of greatness (delusion of grandeur), saviour
Mr Ferhat	119	Asks very direct questions and expects certain answers		Father, asks and confirms
Mr Ferhat	140	Angry at son for "lying", incoherent		Father, attacks son
Mr Ferhat	137	Continuous attacks on his sons and threatens me		Father, attacks sons
Mr Ferhat	121	Says he feels his sons' pain	Mentalization, attributing certain qualities and characteristics that are not there (like Mrs Maraj)	Father, attributes feelings onto children
Mr Ferhat	139	Angry, the CPS has changed his son into a girl	Delusional	Father, blames CPS, criticises son, different reality
Mr Ferhat	133	Ignores rules (police, law) and attacks Omar		Father, breaks rules, attacks child-therapist
Mr Ferhat	142	Hamza is of no relevance here		Father, brother is of no relevance here
Mr Ferhat	131	Father cancels because Omar can't come, Hamza is not considered	His world seems to crumble without Omar, who really needs whom? Father says that his sons need him, but he needs Omar and reverence, Hamza not considered as not a child-therapist, cannot respond to father's "implicit" demands	Father, cancels because of absence of child-therapist
Mr Ferhat	132	Centred on his own pain and suffering		Father, centred on himself (his own pain and suffering)
Mr Ferhat	119	Does not resist my intervention		Father, compliant
Mr Ferhat	129	Seems to be compliant, my presence "keeps him at bay"		Father, compliant
Mr Ferhat	114	Containing himself and emotions		Father, contains himself and his emotions
Mr Ferhat, Omar and Hamza	136	Refuses to let his sons eat, leads them away from me, turns his back on me, interrogation, distrust, paranoia	Tries to block out the law, separation, prohibition	Father, control, tries to block me, distrust, paranoia
Mr Ferhat	115	Controls mother and children		Father, controls mother and children
Mr Ferhat and Omar	122	Comments on and criticises Omar's weight		Father, criticises son's appearance
Mr Ferhat	122	Not happy with son's weight		Father, criticises son's appearance
Mr Ferhat and Omar	122	Criticises Omar's hair, unkempt, should show pride in his appearance, says that Omar will regret it later		Father, criticises son's appearance
Mr Ferhat and Omar	126	Criticises son's hair		Father, criticises son's appearance
Mr Ferhat	137	Attacks Omar's size, hair, is gay, embarrassed to have a son like that	Tries to break the child to make him compliant, an object	Father, criticises son's appearance
Mr Ferhat	123	Maintains his position		Father, criticises son's appearance, maintains position
Mr Ferhat and Omar	130	Pokes fun at Omar's weight (Omar is displeased), criticises Omar's weight (Omar is displeased)		Father, criticises son's appearance, son displeased

Ferhat family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mr Ferhat and Omar	128	Comments on Omar's hair, Omar tries to prove his worth	Child looks to be worthy	Father, criticises son's appearance, son tries to prove his worth
Mr Ferhat	134	Cannot hear his son's or anyone else's requests	Absence of mentalization, teleological stance (?) proves through delusional thinking that he is right	Father, deaf to his son and everyone
Mr Ferhat	134	Incapable of understanding any other point of view other than his own		Father, deaf to his son and everyone
Mr Ferhat	142	Refuses to listen to his son, says Omar does not care for or love his brother		Father, deaf to his son and everyone, denigrates son
Mr Ferhat	114	Denigrates the mother		Father, denigrates mother
Mr Ferhat	119	Derogatory comments		Father, denigrates mother
Mr Ferhat	118	Speaks in Arabic even though his sons do not understand	Mentalization, attributing certain qualities and characteristics that are not there (like Mrs Maraj)	Father, different reality
Mr Ferhat	118	Speaks in Arabic even though his sons do not understand		Father, different reality
Mr Ferhat	141	Allah is angry and is working through him		Father, different reality, delusional, delusion of grandeur
Mr Ferhat	141	Yes		Father, different reality, delusional, delusion of grandeur
Mr Ferhat	133	Centred on delusional sense of "attack"		Father, different reality, feelings of persecution
Mr Ferhat	114	Difficulty in expressing himself adequately		Father, difficulty in expressing himself
Mr Ferhat	135	Distrusts his son		Father, distrusts son
Mr Ferhat	129	Constantly educating (moulding), does not consider his children's needs, his children seem to be coming to see him, not the other way around		Father, education, unaware of his children's needs, different reality
Mr Ferhat, Omar and Hamza	130	Father tries to play, which turns into another lesson		Father, education, unaware of his children's needs, different reality
Mr Ferhat	123	Father erupts, denigrates his son		Father, erupts in anger
Mr Ferhat	118	Says that it is important to know what is going on in his children's lives		Father, exaggerates his importance
Mr Ferhat	142	Feels "attacked" by colleague		Father, feels attacked by others
Mr Ferhat	123	Feels betrayed because Omar spoke of his mother	Parent must be the only one present, the only preoccupation, egocentrism	Father, feels betrayed
Mr Ferhat	122	Feels betrayed for all he's done	Parent unaware of his role, Delusion (of grandeur) anosagnosia	Father, feels betrayed, self-glorification
Mr Ferhat	126	Focused on Omar		Father, focus on child-therapist
Mr Ferhat	126	Returns to Omar		Father, focus on child-therapist
Mr Ferhat	114	Good vs. bad, father is the way to salvation		Father, good vs. bad saviour
Mr Ferhat	123	Happy that Omar is teaching his brother, it is his role		Father, happy son is teaching brother, it is "his role"
Mr Ferhat	127	Ignores French side		Father, ignores multicultural background
Mr Ferhat	133	Leading questions, breaks rules, Hamza is ignored		Father, leads, breaks rules, ignores brother
Mr Ferhat	137	Leaves angrily		Father, leaves angrily (avoidance of reality)
Mr Ferhat	143	Looks like he wants to be violent		Father, looks violent
Mr Ferhat	134	Tense, threatens to leave, anger builds as he is unable to get his way, resorts to insults, ridicules and mocks his son	Manipulation	Father, manipulation, mockery
Mr Ferhat	133	Needs to control everyone and everything, unable to respect rules or not be in control or in the dark		Father, need to control
Mr Ferhat	132	If no Omar, no visit		Father, no child-therapist, no visit
Mr Ferhat	132	Father doth protest too much		Father, no child-therapist, no visit (father doth protest too much)
Mr Ferhat	145	No more rights		Father, no more rights
Mr Ferhat	134	No longer wants to see Omar, only Hamza		Father, objectifies sons, plays one over the other
Mr Ferhat	142	Tries to put Hamza in a loyalty conflict	Trying to "threapeutise" another child once one is lost	Father, objectifies sons, plays one over the other
Mr Ferhat	114	Now present		Father, present
Mr Ferhat	137	Tries putting Omar in a loyalty conflict between me, the caseworkers and him		Father, puts child-therapist in loyalty conflict, manipulation
"Father"	112	Father figure in question		Father, questionable (absent)

Ferhat family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mr Ferhat and Omar	126	Fires questions at Omar		Father, questions son
Mr Ferhat	136	Refuses to see Hamza alone		Father, refuses brother
Mr Ferhat	136	Refuses me		Father, refuses me
Mr Ferhat	142	Wants to continue		Father, refuses me
Mr Ferhat	121	Refuses his son		Father, refuses son
Hamza	133	Confused		Father, rejects my intervention
Mr Ferhat	136	Keeps trying to block me from Omar, "family business", unable to see Omar's pain		Father, rejects my intervention
Mr Ferhat	137	Running out of patience with me and threatens me		Father, rejects my intervention, my presence frustrates him
Mr Ferhat	120	Reluctantly stopped		Father, reluctantly abides to rule
Mr Ferhat	117	Very "respectful", asking before doing		Father, respectful
Mr Ferhat	120	Brought up his version of history, he is their saviour		Father, saviour, different reality
Mr Ferhat	120	Is the one to make is children eat properly		Father, saviour, different reality
Mr Ferhat	116	Seductive, calculated, looking for an ally, grandiose and boastful nature		Father, seductive, calculated, grandiose
Mr Ferhat	122	Boasts of his physique		Father, self-glorification
Mr Ferhat	124	Boasts of all that he's brought		Father, self-glorification
Mr Ferhat	130	Boasts of his accomplishments		Father, self-glorification
Mr Ferhat	126	Boasts of work he does with other children and shows videos	Absence of mentalization and understanding of his own children	Father, self-glorification and oblivious o children's pain
Mr Ferhat	123	Takes out proof of his good deeds, he walks around with it		Father, self-glorification, different reality
Mr Ferhat	124	Boasts of his accomplishments, tells his sons to be like him		Father, self-glorification, different reality
Mr Ferhat	125	Boasts of his martial arts training and wants to teach his sons		Father, self-glorification, wants to teach sons
Mr Ferhat	130	Tries to educate children, boasts of extensive knowledge in all religions, tries teaching me my faith	Trying to disqualify/discredit/get rid of third party	Father, self-glorification, wants to teach sons, wants to teach me
Mr Ferhat	141	Omar is the cause of all the bad things, gay, interferes with children		Father, son is the cause for everything, different reality
Mr Ferhat	133	Tension		Father, tension
Mr Ferhat	139	Threatens me, unable to hear what I say, son is not a man, his role is to put him on the right part		Father, threatens me
Mr Ferhat	141	Angry and threatens me	Tries to get rid of the prohibition	Father, threatens me
Mr Ferhat	136	Tries to control me	Get rid of maw	Father, tries to control me
Mr Ferhat and Omar	140	Violent, aggressive and denigrates son		Father, violent, aggressive and denigrates son
Mr Ferhat	138	Wants Omar to be another version of him, a carbon copy of him, feels persecuted, needs praise, reverence, idolisation, blind to his sons' individual needs, centred on his own need to be what he thinks is a "father"		Father, wants a carbon copy of himself, needs praise, worship
Judge	135	Refuses cancellation of visitations	Law permits child therapist, society's role	Judge, refuses cancellation
Judge	138	Refuses to stop visitations		Judge, refuses cancellation
Me	129	"Bof"		Me, "bof"
Me	136	Apprehensive		Me, apprehensive
Me	144	Brings Omar down		Me, calm son
Me	138	Calm Omar's anxieties		Me, calm son's anxieties
Me	138	Calm Omar		Me, calm son's anxieties
Me	120	Defended Omar		Me, defence of son
Me	122	Intervene to calm things down, father drops topic		Me, defence of son and puts things into perspective
Me	122	Intervene		Me, defence of son and puts things into perspective
Me	126	Intervene	Separation to allow child to be himself	Me, defence of son and puts things into perspective
Me	126	Diversion of topic		Me, defence of son and puts things into perspective
Me	127	Intervene		Me, defence of son and puts things into perspective
Me	128	Intervene		Me, defence of son and puts things into perspective

Ferhat family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Me	134	Intervene		Me, defence of son and puts things into perspective
Me	137	Intervene		Me, defence of son and puts things into perspective
Me	139	Defend Omar		Me, defence of son and puts things into perspective
Me	123	Put a stop to it, father concedes and calms down		Me, defence of son and puts things into perspective (father calms down)
Me	123	I maintain mine, Father drops topic		Me, defence of son and puts things into perspective (maintain)
Me	137	Stick to my guns		Me, defence of son and puts things into perspective (maintain)
Me	122	Explain that the father can go to his children instead of the opposite		Me, defence of sons and puts things into perspective
Me	126	Intervene		Me, defence of sons and puts things into perspective
Me	135	Calm the boys down		Me, defences of sons
Me	137	Bolster their egos		Me, defences of sons
Me	125	Intervene to change things, to include Hamza and Listen to Hamza, and for the father to control his temper		Me, give sons a voice
Me	126	Gesture to include Hamza		Me, include brother
Me	139	Put in place precautions		Me, precautions
Me	119	Intervention		Me, prohibition
Me	121	Prohibition		Me, prohibition
Me	124	Prohibition		Me, prohibition
Me	130	Corrects the father		Me, prohibition
Me	119	Intervention, brings peace and reminded Mr Ferhat that is their mother	Gave the mother her place	Me, prohibition, law and order, peace
Me	120	Prohibition of this type of discourse		Me, prohibition, law and order, peace
Me	120	Calm them, reassure them		Me, prohibition, law and order, peace
Me	121	Voice of reason, diffuse the situation		Me, prohibition, law and order, peace
Me	122	Intervene to calm things down		Me, prohibition, law and order, peace
Me	129	Intervene before visitation		Me, prohibition, law and order, peace
Me	130	Puts an end to this		Me, prohibition, law and order, peace
Me	134	Intervene		Me, prohibition, law and order, peace
Me	137	Intervene because sons at a loss, afraid, confused, on the brink of crying	A necessary nuisance	Me, prohibition, law and order, peace and protection
Me	140	Try to calm things down		Me, prohibition, law and order, peace and protection
Me	141	Intervening, reformulating and protecting the child	Reformulating = facilitating mentalization	Me, prohibition, law and order, peace and protection
Me	141	Relief for the children when their father attacks them		Me, prohibition, law and order, peace and protection
Me	142	Puts an end to the visit		Me, prohibition, law and order, peace and protection
Me	143	Voice of reason	Mentalization	Me, prohibition, law and order, peace and protection
Me	141	Not backing down, maintain my stance		Me, prohibition, law and order, peace and protection (maintain)
Me	142	Make the father leave		Me, prohibition, law and order, peace and protection, remove father
Me	144	Forbid the father from returning		Me, prohibition, law and order, peace and protection, remove father
Me	123	Explain that they are brothers, not father and son	Omar is educating his brother in the same what he was	Me, prohibition, separation and places
Me	137	Bound by the judge to keep the visit		Me, prohibition, mention law
Mother	115	Presence dissipates and unknown, leaving Mr Ferhat as the sole parent present		Mother, absent
Mother	113	Absent for Hamza		Mother, absent for brother
Mother	112	Constantly moving and adapting (surviving), mother is a victim	Omar adopted this adapting for survival?	Mother, constantly moving and adapting (no stability)
Mother	115	Not Muslim		Mother, different culture
Mother	113	Loses rights		Mother, loses rights
Mother	113	Still present for Omar		Mother, present for son
Mother	112	Mother separates from father		Mother, separates from father
Mother	113	Tries to flee with Omar		Mother, tries to flee
Mother	112	Unable to impose limits		Mother, unable to impose limits
Parents	115	Refused foster care, vehemently against the idea	Refuse to let the children get other symbolic guardians	Parents, refuse symbolic guardians

Ferhat family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Omar	134	Accustomed	Durability and prolonged nature of role	Son, accustomed
Me	133	Intervene		Son, afraid
Omar	143	Anger has made him immovable		Son, angry, outrage
Omar	138	Angry, wants to avenge himself, afraid his father would try to beat me up		Son, angry, wants vengeance
Omar	138	Wants to stand up to his father		Son, angry, wants vengeance
Omar	122	Tries to appease his father by teaching his brother things		Son, appease father by being brother's keeper
Omar	123	Looks to appease his father by imparting knowledge onto Hamza		Son, appease father by being brother's keeper
Omar	122	Tries to appease his father		Son, appeases father (attempts to)
Omar	133	Tries to reason with his father and appease him, begs him to understand the law	The "ombudsman", father incapable of hearing the "law" (psychic or otherwise)	Son, appeases father (attempts to)
Omar	134	One glorified is now the bad object		Son, bad object when not obedient
Omar	120	Blames himself, once calm, tries testing his strength		Son, blames himself, tests strength
Omar	143	Breaks down, I am unable to calm him down, intense anger		Son, breaks down, anger, outrage
Omar	142	Breaks down and verbally attacks his father		Son, breaks down, violent outrage towards father
Omar	142	Hamza is part of the family		Son, brother is part of the family
Omar	119	Very cautious about what he says		Son, cautious with father
Omar	126	Very calculated responses		Son, cautious with father
Omar	119	Centre of everything		Son, centre of everything
Omar	122	Centre of everything, he is very calculated with what he says (approved answers)		Son, centre of everything, calculated
Omar	116	Compliant and subservient, does not speak unless spoken to, stifled, yet seemed to want to interact with adults		Son, compliant, stifled, unable to interact with adults, yet desire
Omar	124	Complicity with me		Son, complicity with me
Omar	133	Concerned		Son, concerned
Omar	140	Confused		Son, confused
Omar	113	Confusion of role (brother or figure of authority)		Son, confusion of his role
Omar	116	Constantly being reminded by social worker that others aren't his father, once understood he is more playful		Son, constantly being reminded that other adults aren't his father
Omar	119	Constantly being interrupted by is father who would correct him and teach him everything		Son, constantly interrupted, father knows best
Omar	140	Defends, asserts himself, does not concede		Son, defends himself
Omar	137	"Disappears" and seeks refuge in himself, tries involving Hamza in the conversation		Son, disappears and seeks refuse in himself (his own resources), tries involving his brother in the family
Omar	118	Eager to please his father, tries to urge his brother to do the same		Son, eager to please father, his brother's teacher
Omar	118	Wants to show his father that he was teaching his brother		Son, eager to please father, his brother's teacher
Omar and Hamza	119	Tried to impart this knowledge onto Hamza to show his father that he was doing his will		Son, eager to please father, his brother's teacher
Omar	118	Eats a lot		Son, eats a lot
Omar	122	Eats a lot		Son, eats a lot
Omar	128	Constantly eating	Not stress eating	Son, eats a lot
Omar	126	Ecstatic for different father		Son, ecstatic for different father
Omar	119	"Tu" instead of "vous" towards me, father pulls him up on it		Son, father does not like it when he's too familiar with adults
Omar	116	Seemed fearful of being disrespectful		Son, fearful of being disrespectful
Omar	139	Fed up		Son, fed up
Omar	122	Feeling low		Son, feeling low
Omar	145	Feels lighter		Son, feels lighter
Omar	125	Forced greeting with father		Son, forced greeting
Omar	124	Seems he is getting stifled by his father's hold		Son, frustrated
Omar	124	Fed up of not being able to talk about his mother, tired of his father		Son, getting angry, resentful
Omar	125	Very difficult, trying to live in his father's image, but it's getting difficult		Son, getting difficult being child-therapist

Ferhat family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Omar	145	has gotten everything off his chest and did not bow down to his father		Son, gotten rid of heavy load, happy to have stood his ground
Omar	127	Overjoyed because of "breathable" visit		Son, happy for "breathable" visit
Omar	118	Happy to see his father, but concerned, needed reassurance		Son, happy for father, but concerned, needs reassurance
Omar	112	Lived in children's home		Son, lived in children's home
Omar	145	Changed afterwards, much less submissive with adults	The child needs to decide when enough is enough. Therefore active in upholding the role	Son, much less submissive towards adults
Omar	121	Asks me to sit at the table with them, puts me next to him		Son, puts me next to him at the table
Omar	126	Places himself next to me and keeps a distance from his father	Evasion	Son, puts me next to him at the table
Omar	128	Places a chair for me next to him and says that he would prefer it if I were to sit at the table with them	Child looks for someone to separate him (and protect him) from parent	Son, puts me next to him at the table
Omar	137	Does not know why he comes		Son, questions his presence
Omar	135	Recognises his father's egocentric nature		Son, recognises father's faults
Omar	127	Speaks of dual heritage	Trying to find his identity and separate himself from his father	Son, recognises multicultural background
Omar	144	Refuses to talk to me colleague, ignores her, he is enraged		Son, refuses other
Omar	126	Upholding his father's teachings at children's home		Son, reproduces father's teachings at children's home
Omar	132	Seeks my acceptance of his innocence		Son, seeks my acceptance and approval
Omar	119	Mentions mother		Son, speaks of mother
Omar	123	Speaks of mother		Son, speaks of mother
Mr Ferhat and Omar	130	Omar stands up to his father, his father "knows better"		Son, stands up to father, father knows best
Omar	125	Still very submissive to adults and adapts to them, "at a crossroad"		Son, submissive to adults and adapts to them, "at a crossroad"
Omar	123	Tense and looks at me constantly		Son, tense, looks to me constantly
Omar	116	Tests waters lightly		Son, tests limits
Omar	124	Tests strength		Son, tests strength
Omar	129	Tests strength		Son, tests strength
Omar	130	Tests strength		Son, tests strength
Omar	135	Tests strength		Son, tests strength
Omar	117	Enjoys testing his strength with male members of staff		Son, tests strength with male members of staff
Omar	141	Does Allah want him to get angry?	Tries to mentalize	Son, tries to reason (mentalize)
Omar	142	Begs to forget the past, speaks of Hamza being forgotten		Son, tries to reason (mentalize), brother is part of the family
Omar	123	Tries to defend himself, but his father is deaf to what he is saying		Son, unheard by father
Omar	117	Very careful with female member of staff (respectful)	Reminds him of his mother? Test of strength to be strong enough to go up against his father?	Son, very careful with female members of staff
Omar	117	Vied to be strong enough to win one day (routine with me)		Son, vies to be strong enough one day
Omar	140	Does not want to calm down, has a score to settle		Son, wants to defend himself
Omar	142	Wants to stay and settle the score		Son, wants to defend himself
Omar	118	Becomes withdrawn and submissive in front of his father		Son, withdrawn and submissive in front of father
Omar	120	Withdrawn in presence of father, tries imitating his father, reverts to his hidden and withdrawn self		Son, withdrawn and submissive in front of father
Omar	122	Withdrawn, looks down		Son, withdrawn and submissive in front of father
Omar	123	Looks down	Submission	Son, withdrawn and submissive in front of father
Mr Ferhat and Omar	128	Omar is at his father's mercy		Son, withdrawn and submissive in front of father
Omar	130	Submissive and subdued, trying to please father		Son, withdrawn and submissive in front of father
Omar	136	Uncomfortable and shuts down		Son, withdrawn and submissive in front of father, uncomfortable
Omar	112	Witnesses violence at home		Son, witnesses violence
Omar	144	"Weight lifted off his shoulder"		

Leininger family - Themes observed

Leininger, a compliant family

Person involved	Page #	Phenomenon	Other information	Theme
Jennifer, Johnny, Susan and Dora	107	Handle mother's absence better		Children, handle mother's absence better
Jennifer, Johnny, Susan and Dora	102	Since my putting in place rules (law), the children want me to be more actively involved		Children, insist on my presence the more I implement rules
Family Leininger	111	Children reassured by mother		Children, reassured by mother
Jennifer, Johnny, Susan and Dora	102	Wait for me approval, calmer		Children, wait for approval, calmer
Jennifer	93	Comes with stull as well		Daughter, also provides
Jennifer	106	Childlike, "let her hair down" for the first time		Daughter, childlike, lets her hair down
Jennifer	96	Chooses everything		Daughter, chooses everything ("Mother knows best")
Jennifer	97	Organises snacks for everyone		Daughter, chooses everything ("Mother knows best")
Jennifer	99	Decides everything, runs the show	Likes a mother taking care of her children	Daughter, chooses everything ("Mother knows best")
Jennifer	92	Compliant and resembles foster mother		Daughter, compliant, resembles foster mother
Jennifer	107	Does not want to change	Does not wish to go back to the past when they say their mother in another visitation centre	Daughter, does not want to change
Jennifer	96	Fights for attention		Daughter, fights for attention
Jennifer	104	Forbidden from cutting hair		Daughter, forbidden from cutting hair
Jennifer	111	Intervenes		Daughter, intervenes
Jennifer	93	Intrusive and authoritative with all the children		Daughter, intrusive and authoritative with all the children
Jennifer	99	Intrusive		Daughter, intrusive and authoritative with all the children
Jennifer	93	Does not give Johnny any space, intrusive		Daughter, invasive of brother
Jennifer	90	Mother always remarks her stature		Daughter, large stature, mother in awe
Jennifer	98	Seems to be looking for her role in the family		Daughter, looking for her role
Jennifer	101	Monopolises the time		Daughter, monopolises time
Jennifer	93	Mother to Susan and Dora		Daughter, mother to sisters
Jennifer	101	Says nothing, only seems to be authoritative with Johnny	Johnny is trying to separate her from her mother, a threat to her role, Johnny seems to uphold a symbolic function of separating mother and daughter	Daughter, only authoritative with brother
Jennifer	105	Organises snacks for everyone		Daughter, organises everything
Jennifer	106	Organises everything		Daughter, organises everything
Jennifer	107	Organises everything		Daughter, organises everything
Jennifer	110	Organises everything		Daughter, organises everything
Jennifer	94	Serves the others and puts herself last		Daughter, others first, her last
Jennifer	94	Puts herself last		Daughter, others first, her last
Jennifer	100	Organises everything and forgets about herself		Daughter, others first, her last
Jennifer	101	Organises everything and sees about the others before she sees about herself		Daughter, others first, her last
Jennifer	91	Physical manifestation of difficulties		Daughter, physical manifestation of difficulties
Jennifer	103	Present, but understandable in this case		Daughter, present (understandable)
Jennifer	111	Rationalises everything	Intellectualisation	Daughter, rationalisation, intellectualisation
Jennifer	95	Speaks for her mother		Daughter, speaks for mother
Jennifer	100	Speaks for the others, fills the void her mother has left (not being able to talk) and asks questions (shows an interest in the children)		Daughter, speaks for others, fills void
Jennifer	107	Steps up even more		Daughter, steps up more
Jennifer	108	Takes care of mother and children		Daughter, steps up more
Jennifer	93	Too much authority, the others are invisible		Daughter, too much authority, other children invisible
Family Leininger	106	Child run amok, difficulty in controlling the children	Routine keeps the child-therapist in his/her role	Family, chaotic
Family Leininger	92	Faster compliance to my presence		Family, compliant
Family Leininger	90	Cultural aspect		Family, culture

Leininger family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Family Leininger	104	Same amount of time invested for each child		Family, equity
Father	90	Absent		Father, absent
Foster parents, social workers, etc.	103	Infantilization of the mother, she lives with her own mother		Foster parents, infantilise mother
Mémé	100	Mémé is the one who raised Jennifer, favourite child		Grandmother, raised child-therapist, special place for child
Susan	105	Rebels, gets 2 hairclips		Little sister 2, afterthought

Leininger family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Susan	109	Father no longer wants to see her, ignores her		Little sister 2, father no longer wants to see her, ignores her
Susan	108	Frustrated/angry with Jennifer who robs her of her mother		Little sister 2, frustrated/angry with child-therapist (robs her of her mother)
Susan	101	Where is she?		Little sister 2, invisible
Susan	102	Looks to me before acting (when her mother speaks to her)		Little sister 2, looks before she leaps (law)
Susan	107	Overly concerned about her mother		Little sister 2, overly concerned for mother
Susan	107	Concerned, afraid for her mother		Little sister 2, overly concerned for mother
Susan	108	Concerned about her mother's condition (exhaustion)		Little sister 2, overly concerned for mother
Susan	108	Concerned about her mother		Little sister 2, overly concerned for mother
Susan	111	Concerned about her mother		Little sister 2, overly concerned for mother
Susan	102	Shocked at rules being upheld		Little sister 2, shocked at rules being upheld
Susan	102	Wants to greet me as she does family		Little sister 2, wants to treat me as family
Dora	107	Says nothing		Little sister, says nothing
Dora	94	Isolates herself with her mother to talk	Strategy put in place to avoid Jennifer?	Little sister, separates herself with mother (strategy)
Mrs Leininger and Dora	97	Spend time together		Little sister, separates herself with mother (strategy)
Dora	100	Seeks "alone time" with mother, confidential		Little sister, separates herself with mother (strategy)
Dora	101	Isolates herself with her mother to talk		Little sister, separates herself with mother (strategy)
Mrs Leininger, Susan and Dora	99	Brief greetings		Little sisters and mother, brief greetings
Susan and Dora	100	Go to Jennifer for everything	Seem to recognise Jennifer as the maternal figure	Little sisters, recognise child-therapist
Susan and Dora	101	Test limits, push buttons		Little sisters, test limits
Susan and Dora	101	Outward defiance, look to test limits		Little sisters, test limits
Me	93	"Mrs Jennifer" instead of Mrs Leininger		Me, Freudian slip
Me	100	Insist that she has a place, something for herself		Me, includes daughter (thinks about herself)
Me	93	Intervention		Me, intervention
Me	108	Intervene, children seem to be there to see me		Me, intervention, children seem to be there to see me
Me	106	Law and order		Me, law and order
Me	97	Law		Me, prohibition
Me	99	Law		Me, prohibition
Me	101	Law and prohibition		Me, prohibition
Me	111	Law		Me, prohibition
Me	101	Law and repeats what their mother said		Me, prohibition and uphold mother's rule
Me	103	Law, give the mother her place and respect, acknowledge her capacities		Me, prohibition and uphold mother's rule
Me	108	Law, stop Johnny from mocking his mother		Me, prohibition of mocking mother
Me	96	Law, interference		Me, prohibition, interference
Me	102	Reinforce the mother's law (rules)		Me, reinforcing law
Mrs Leininger and Jennifer	104	Jennifer reassures her mother for her errors		Mother and daughter, daughter reassures mother
Mrs Leininger and Jennifer	105	Jennifer reciprocates and does her mother's hair		Mother and daughter, daughter takes care of mother
Mrs Leininger and Jennifer	104	Annoyance over cutting hair, feels hurt (personally)		Mother and daughter, mother annoyed that daughter cut her hair
Dora	103	Difficulties in understanding who her father is		Mother and daughter, mother authorises daughter
Mrs Leininger and Jennifer	110	First time I have been offered cake by the mother, then by Jennifer	Triangulation complete?	Mother and daughter, offer me cake (included in visit)
Mrs Leininger and Jennifer	96	Play together as a team		Mother and daughter, play as a team
Mrs Leininger and Jennifer	95	Special attachment, and reverence of Jennifer		Mother and daughter, special bond, reverence
Mrs Leininger and Jennifer	97	Special bond, mother more invested in Jennifer, reverence		Mother and daughter, special bond, reverence
Mrs Leininger and Jennifer	99	Invested in Jennifer, admiration		Mother and daughter, special bond, reverence

Leininger family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mrs Leininger and Jennifer	99	Special attention towards Jennifer		Mother and daughter, special bond, reverence
Mrs Leininger and Jennifer	100	Extra investment in Jennifer		Mother and daughter, special bond, reverence
Mrs Leininger and Jennifer	105	Mother invested in Jennifer, gives her brushes, etc.		Mother and daughter, special bond, reverence
Mrs Leininger and Jennifer	106	Mother invested in Jennifer		Mother and daughter, special bond, reverence
Mrs Leininger and Jennifer	110	Jennifer is the special focus		Mother and daughter, special bond, reverence
Mrs Leininger and Jennifer	104	Admiration of Jennifer's hair		Mother and daughter, special bond, reverence (hair)

Leining family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mrs Leining and Susan	105	Less time spent on Susan's hair		Mother and little sister 2, less time spent together
Mrs Leining and Dora	103	Shows her capacities in dire times with Dora	Seems she is more of a mother with Dora, when Dora "escapes" Jennifer	Mother and little sister, has capacities
Mrs Leining and Dora	103	Has capacities with Dora		Mother and little sister, has capacities
Jennifer and Dora	104	Dora is authorised to go to Jennifer	Understandable, the mother authorises it	Mother and little sister, has capacities
Mrs Leining and Johnny	106	Wants to reassure Johnny that he hasn't lost his place, even though John is happy	Absence of mentalization	Mother and son, mother reassures son although he is not bothered
Mrs Leining and Johnny	109	Johnny grudgingly accepts his mother		Mother and son, son grudgingly accepts mother
Mrs Leining	90	Dependent on her own mother		Mother dependent on own mother
Mrs Leining	106	Absent today		Mother, "absent"
Mrs Leining	110	Acknowledges Johnny's attachment to me and is grateful for this		Mother, acknowledges son's attachment to make figure, grateful
Mrs Leining	104	Anger over Jennifer's hair		Mother, angry over hair
Mrs Leining	91	Very compliant		Mother, compliant
Mrs Leining	91	Focuses on Jennifer		Mother, focus on child-therapist
Mrs Leining	98	Has capacities to understand and adapt, as well as mentalize		Mother, has capacities
Mrs Leining	107	Overly exhausted today		Mother, incapable today
Mrs Leining	90	Unable to uphold her duties		Mother, incapacity to uphold her duties
Mrs Leining	92	The mother provides things		Mother, instrumental (materialistic) role
Mrs Leining	106	Late, breaks "routine"		Mother, late (breaks routine)
Mrs Leining	91	Negligent to herself	(So daughter takes care of her??!!)	Mother, negligent of herself
Mrs Leining	93	Relies on Jennifer for information		Mother, relies on child-therapist for relationship (information) with other children
Mrs Leining and Jennifer	109	Focuses on Jennifer, wants info on Peter		Mother, relies on child-therapist for relationship (information) with other children (baby brother)
Mrs Leining	91	Does plan visitations, but relinquishes the role once her daughter is present		Mother, relinquishes role to child-therapist
Mrs Leining	95	Puts her emotions aside or rather hides them (does not want to disturb the waters, compliant)		Mother, represses emotions, compliant
Mrs Leining	92	Reverence of daughter		Mother, reverence of daughter
Mrs Leining	107	Wants to change organisation	To the previous centre (unconscious rejection of law?)	Mother, wants to change organisation
Johnny, Susan and Johnny	107	No response		Siblings, no response to mother
Johnny and Susan	109	Always fighting		Son and daughter, always fighting
Jennifer and Johnny	93	Jennifer leaves no place for Johnny	"Mother knows best"	Son and daughter, daughter leaves no room for son ("Mother know best")
Jennifer and Johnny	94	Wants to decide Johnny's candles		Son and daughter, daughter leaves no room for son ("Mother know best")
Jennifer and Johnny	97	Jennifer wants to decide for Johnny, speaks in his place	Absence of mentalization	Son and daughter, daughter leaves no room for son ("Mother know best")
Jennifer and Johnny	95	Fight for their mother's attention (Johnny's book)		Son and daughter, fight for mother's attention
Jennifer and Johnny	97	Fight/competition for mother's attention		Son and daughter, fight for mother's attention
Jennifer and Johnny	97	Sibling rivalry when I am present	Triangulation complete?	Son and daughter, sibling rivalry in my presence
Jennifer and Johnny	93	Tension, Johnny is frustrated		Son and daughter, tension, son is frustrated
Johnny	96	Asks me to keep the broken games safe for him		Son, asks male figure to keep broken games safe for him
Johnny	94	Attached to me		Son, attached to me (law)
Johnny	92	Attachment to male figures		Son, attachment to male figure
Johnny	110	Stays with me		Son, attachment to male figure
Johnny	96	Wants his mother, not Jennifer		Son, desires mother, rejects child-therapist
Johnny	109	Proud of little brother, is an excellent big brother, protective and gentle		Son, excellent big brother, proud of little brother
Johnny	93	Upset with Jennifer's attitude		Son, frustrated with child-therapist
Johnny	96	Always goes for broken games		Son, goes for broken games
Johnny	105	Happiest of the children for his baby brother because he is fed up of girls		Son, happiest for baby brother
Johnny	95	Happy for his mother's recognition		Son, happy for mother's recognition
Johnny	99	Doesn't care, seems to be avenging himself		Son, indifference, anger, vengeful

Leininger family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Johnny	105	Really invested in mother's gift		Son, invested in mother's gift
Johnny	109	His gift (for his mother) is the most thoughtful		Son, invested in mother's gift
Mrs Leininger and Johnny	110	Johnny is always intent in getting something special for his mother		Son, invested in mother's gift
Johnny	91	Invisible		Son, invisible

Leininger family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Johnny	94	Looks for male figure (me)		Son, looks for male figure
Johnny	107	Mocks his mother when she's down		Son, mocks mother (knocks her when she's down)
Johnny	108	Mocking, rejection		Son, mocks mother (knocks her when she's down), rejection
Johnny	100	Only comes when I am at the table	Law, triangulation	Son, only comes in presence of male figure
Johnny	106	Protective of brother against Jennifer		Son, protective of baby brother against sister
Johnny	99	Provokes and overcompensates his masculinity		Son, provocation, overcompensation of masculinity
Johnny	92	Refusal, rejection to participate in visitations		Son, refusal, rejection
Johnny	95	Refusal of mother		Son, refusal, rejection of mother
Johnny	106	Rejection of his mother		Son, refusal, rejection of mother
Johnny	107	Happy his mother is not there, rejection		Son, refusal, rejection of mother
Johnny	111	"Does not care" which hurts his mother	Seems to want his mother to feel pain for her failure, love-hate relationship	Son, refusal, rejection of mother, looks to hurt mother
Johnny	101	Rejection of his mother, wants the butterfly		Son, refusal, rejection of mother, wants broken toy
Johnny	99	Refuses his sister (when she calls him)		Son, refuses child-therapist
Johnny	95	Refuses his mother until I tell him to go to her		Son, refuses mother untie male figure insists
Johnny	96	Refusal of mother, but chooses same game as his sister (rejection of Jennifer)		Son, refuses mother, but chooses similar game
Johnny	110	Hides true feelings of pride		Son, repressed feelings of pride
Johnny	94	Seeks validation, his birthday is secondary to Dora		Son, seeks validation from mother
Johnny	92	Smiles in the presence of a male figure		Son, smiles in presence of male figure
Johnny	92	Withdrawn		Son, withdrawn, avoidance
Johnny	105	Isolates himself with butterfly		Son, withdrawn, avoidance (isolates himself with toy)
Johnny	99	Rejection of his mother, isolates himself	Is he waiting for her to come to him?	Son, withdrawn, avoidance (isolates himself)
Family Leininger	90	Unknown family history, family secret		The unknown, family secret
Family Leininger	91	Unknown family history, family secret		The unknown, family secret

Schuster family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Brother	150	Absent		Brother, absent
Brother	151	Uninterested		Brother, uninterested
Ms Schuster and Violette	150	Violette is agreeable		Daughter, agreeable nature
Violette	151	In a hurry to leave		Daughter, precipitates to leave
Violette and brother	151	Parental role with brother, also like a doll	Father as husband, triangulation complete	Daughter and brother, daughter in parental role, also objectifying role
Ms Schuster and Violette	155	Looks away when her mother speaks of her returning home		Daughter looks away when her mother speaks of returning home
Ms Schuster and Violette	150	Violette is elsewhere, whilst her mother keeps talking, she gives automatic responses to her mother	No mentalization	Daughter, "absent", automated responses
Violette	157	Says she's fine		Daughter, "she's fine"
Violette	154	Concerned by my absence (left for a second to get some paper towels), calmed down once I returned		Daughter, anxious because of my absence
Violette	153	Breaks rules, texts her father, obsession, overjoyed, unnatural desire to reach out to him, in love		Daughter, breaks rules, unnatural desire for father's love
Violette	148	Meek		Daughter, childlike
Violette	149	Childlike, but does not seem to be bothered by her mother's odour		Daughter, childlike and fusional with mother
Violette	153	"Little child snuggling up to maternal odour"		Daughter, childlike and fusional with mother
Violette	147	Baby demeanour, observer, acted younger than her age		Daughter, childlike in presence of mother
Violette	151	Constantly looks at the clock on the wall, once the time comes, she switches off and bolts for the door		Daughter, constantly looks at clock, resentment, longing for it to end, precipitates to leave
Violette	153	Constantly looks at the clock on the wall, once the time comes, she switches off and bolts for the door		Daughter, constantly looks at clock, resentment, longing for it to end, precipitates to leave
Violette	146	In a cupboard	Contained like an animal, taken out when needed like a doll	Daughter, cupboard
Violette	155	Disappointed because her father isn't there today		Daughter, disappointed for father's absence
Violette	154	Distant, preoccupied today		Daughter, distant, preoccupied
Violette	162	Does not seem to acknowledge her mother's attitude, open with me	Is she making her mother pay for her crimes?	Daughter, does not acknowledge get mother's pain, open with me
Violette	158	Panic at thought of her mother visiting her the foster parents' home	Afraid for mother to know her??!!	Daughter, fear of mother finding her
Violette	153	Grudgingly accepts		Daughter, grudgingly accepts
Violette	146	Would take care of her siblings		Daughter, her brothers' keeper
Violette	163	Indifferent		Daughter, indifferent
Violette	157	Offers sweets to everyone, no one takes any, insists that I take one		Daughter, insists my involvement (sweets)
Violette	163	No darting eyes		Daughter, keeping track of me no more
Violette	150	Has kept all the roses, in love with father, obsession	Before Oedipus	Daughter, keeps declaration of father's love
Violette	156	Keeps track of me, last visitation is unspoken of		Daughter, keeps track of me
Violette	157	Keeps an eye on me		Daughter, keeps track of me
Violette	161	Chattier with me, less in a hurry to leave the building		Daughter, less anxiety to leave the premises
Violette	160	Does not look at the clock, I need to remind her of the time, takes longer to switch off		Daughter, longer to switch off
Violette	154	Little girl, darting eyes, tracked my every move throughout	Literally looking for the third party	Daughter, looking for something, tracks my every movement
Violette	158	Is maniac, removed all traces of footsteps so her mother could not find her (when first moved in with foster family)		Daughter, maniac, paranoiac, removes all traces of herself so her mother can't find her
Violette	163	More at ease		Daughter, more at ease in general
Violette	152	More at ease, speaks to me		Daughter, more at ease with me
Violette	158	More open and comfortable with me		Daughter, more open and comfortable with me
Violette	161	Does not look at the clock, I need to remind her of the time		Daughter, no clock

Schuster family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Violette	162	Does not look at the clock, I need to remind her of the time, she's not in a hurry		Daughter, no clock, not in a hurry
Violette	156	No mobile phone, no demand to talk to her father		Daughter, no desire for father
Violette	157	Verbalised that she no longer wants to see her mother, bedwetting and nightmares to the days leading up to the visit	The traumatic nature of the child-therapist, losing him or herself	Daughter, no longer wants to see mother
Ms Schuster	163	Sees no point in coming to visitations, has given up		Daughter, no sense in coming to visits, futility in coming
Violette	152	Numb at the thought is returning home		Daughter, numb at the thought of returning home
Violette	161	Very chatty with me, acts more her age (except for her voice), I'm getting to know her	Child's identity coming through, importance of symbolic father, helping her go through her Oedipal phase	Daughter, open with me, divulges her identity
Violette	155	Petrified for her brothers' safety		Daughter, petrified for brothers
Ms Schuster and Violette	155	Violette professes love for her mother, insists on it, impression of a younger child		Daughter, professed love for mother
Violette	158	Pronounces my name		Daughter, pronounces my name
Violette	158	Acts as usual rarely looks at the clock		Daughter, rarely looks at clock
Violette	158	Reassured with me, her mother remains calm	She no longer has to sacrifice her being to keep her mother happy (separated from mother?)	Daughter, reassured with me, keep mother calm
Violette	163	"Emotionless", relaxed and at ease, but indifferent to her mother		Daughter, relaxed and at ease
Violette	153	Did not want to stop		Daughter, resists prohibition
Violette	150	Seems to appease her mother, but never wore any of the clothes		Daughter, seeks to appease her mother
Violette	160	Self-assured, pulling away from mother		Daughter, self-assured, pulling away from mother
Violette	156	Solicits me more and more, speaks my name, I am "symbolically" included in the visit	Similar to Jennifer and her mother	Daughter, solicits me more and more
Violette	162	Is no longer a good little girl, is starting to rebel, which is a welcome experience		Daughter, starting to rebel
Violette	157	Does not switch off because was not switched on throughout the visit		Daughter, switched off throughout
Violette	156	Switches off		Daughter, switches off
Violette	154	Switches off, but waits for me, not in a rush to leave afterwards		Daughter, switches off, but waits for me
Violette	155	Switches off and waits for me		Daughter, switches off, but waits for me
Violette	149	Quiet in the corridor, reactive on seeing her mother		Daughter, switches on seeing mother
Violette	152	Switches on		Daughter, switches on seeing mother
Violette	158	Jumps on mother's lap when she sees her		Daughter, switches on seeing mother
Violette	151	Always wants to put the lumps of sugar in a parent's coffee and stir, like a younger child would		Daughter, takes on "childish tasks" for her mother
Violette	153	Makes her mother's coffee		Daughter, takes on "childish tasks" for her mother
Violette	161	Very open with me, would talk and joke around, but not seductive		Daughter, very open with me (not seductive)
Everyone	159	Surprised at Violette's request to no longer see her mother, as well as the mother's reaction		Everyone, surprised daughter spoke up
Violette and family	151	Violette going from mother to father to brother		Family and daughter, daughter adapting between mother, father and brother
Family Schuster	146	Family secret, close knit everything kept within the family		Family secret
Violette and Ms Schuster's husband	150	More infantile with mother than with father, father put no limits between Violette and her mother		Family, daughter more infantile with mother, father places no limits between mother and daughter

Schuster family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Violette and family	156	Not much interactions between Violette and her parents, she's quite restless today, no roses, no board games	"Forced" profession of his love for her	Family, not much interaction, daughter restless
Violette and family	160	They all play together		Family, play together
Family Schuster	146	Home was filthy		Family, unkempt home
Violette and Ms Schuster's husband	150	Violette goes towards her father, seduction towards him, asks for roses		Father and daughter, daughter asks for a declaration of father's love
Violette and Ms Schuster's husband	160	Violette is happy to see her father, wants roses		Father and daughter, daughter asks for a declaration of father's love
Violette and Ms Schuster's husband	153	Odd exchanges between Violette and her father		Father and daughter, odd exchanges
Ms Schuster's husband	148	Physical handicap, father		Father, handicap
Ms Schuster's husband	156	Father is present today, Violette is happy, he brings sweets for her, sweets aimed at a younger demographic	It would seem that the parents see her as the person she was when she left them	Father, sees daughter younger than she is
Judge	159	Female, is the only person Ms Schuster has been fragile with and only woman she respects (this judge knew her from a child)	Mother-child relationship	Judge, only woman with whom mother has been fragile, a child
Me	149	Different approach	Similar to Jennifer and her mother	Me, different approach, put mother in place
Me	148	Rules		Me, enforce rules
Me	149	Prohibition, intercepted Ms Schuster to avoid her talking to Violette and the foster mother		Me, enforce rules
Me	158	Included in the visit		Me, included in the visit
Me	153	Forbid		Me, prohibition
Me	153	Insist		Me, prohibition
Me	157	Run interference, forbid		Me, prohibition
Me	149	Acknowledge parental roles, put them in their parental roles		Me, put parents in place
Me	158	Tell Violette that the visit is done, she switches off then		Me, remind daughter of time, daughter switches off
Me	149	Intervention, Violette also had to accept the rules and not accompany her parents and brother		Me, separation of mother and daughter
Ms Schuster and Violette	161	No visible tensions, Violette is a good little girl, mother is happy for that	Beginning of mentalization, and accepting her daughter's identity	Mother and daughter, daughter is a good girl, mother is happy
Ms Schuster and Violette	155	Violette jumps on her mother's lap, "ma fille"		Mother and daughter, daughter switches on, mother "ma fille"
Ms Schuster and Violette	162	Violette jumps on her mother's lap, her mother seems uninterested		Mother and daughter, daughter, switches on mother is uninterested
Ms Schuster and Violette	153	Board games, interactions		Mother and daughter, interaction
Ms Schuster and Violette	160	No "ma fille" or boasting of how well she knows her daughter, asks questions instead of affirming		Mother and daughter, mother asking questions
Ms Schuster and Violette	163	Different greeting, Violette is relaxed		Mother and daughter, no switching on, daughter is relaxed
Ms Schuster and husband	149	Content that only me, derogatory comments about my colleague		Mother and husband, content with me, derogatory comments about colleague
Ms Schuster	162	Absent		Mother, "absent"
Ms Schuster	156	Knows what her daughter likes		Mother, "knows what her daughter likes"
Ms Schuster and Violette	150	Ms Schuster speaks of "ma fille"	Possessive, confirmation bias	Mother, "ma fille"
Ms Schuster	163	Acceptance of Violette's decision, no enthusiasm for visits, obligation	Has not yet found closure, still mourning	Mother, acceptance (closure/mourning), comes through obligation
Ms Schuster	147	Accepted me (man?!)		Mother, accepted me (man)
Ms Schuster	146	Would party like an adolescent		Mother, adolescent behaviour
Ms Schuster	146	Aggressive nature, constantly broke rules, at odds with everyone		Mother, aggressive nature

Schuster family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Ms Schuster	157	Angst and frustration because daughter does not want to see her, hurt and deeply saddened, wants to confront Violette to understand		Mother, angst because daughter no longer wants to see her
Ms Schuster	148	Phone during visitations, rule breaking		Mother, breaks rules
Ms Schuster	157	Accepts my request to not confront her daughter		Mother, compliant
Ms Schuster	150	Offers Violette clothes which are mini versions of herself	Like a doll, play dress up	Mother, daughter is a mini version of her (clothes)
Ms Schuster	152	Her daughter is her everything	She has four sons	Mother, daughter is her all
Ms Schuster	152	Happy to see her daughter		Mother, daughter is her all
Ms Schuster	156	Just happy to see her daughter		Mother, daughter is her all
Ms Schuster	153	Happy to have her daughter on her lap, "ma fille", engulfed her	"Engulf" = eat = incorporate = no separation = no mine and yours = skin ego (like Ms Maraj)	Mother, daughter is her all, engulfs her
Ms Schuster	158	No "ma fille", does not insist on how well she knows her daughter, distracted, in pain		Mother, distraught
Ms Schuster	158	Distraught		Mother, distraught
Ms Schuster	161	Distraught over daughter not wanting to see her, but puts on a brave face	Unspoken of, unworked feelings and unworked trauma	Mother, distraught, but hiding feelings
Ms Schuster	160	Does not speak of the last visit	Unspoken of, unworked feelings and unworked trauma	Mother, does not speak of painful visit
Ms Schuster	153	Seems to "encourage" her daughter's relationship with her father		Mother, encourages daughter's unnatural love for father
Ms Schuster	152	Erases all traces of her time in the visitation room		Mother, erases all traces of her presence
Ms Schuster	155	Erases all traces of her time in the visitation room, existence		Mother, erases all traces of her presence
Ms Schuster	149	More with Violette		Mother, focused on daughter
Ms Schuster	150	Preoccupation with Violette		Mother, focused on daughter, preoccupation
Ms Schuster	159	Fragile without daughter, childlike, lost with no mother, lost favourite doll, lost, empty	No phallus	Mother, fragile without daughter, needs daughter
Ms Schuster	162	Seems to have given up		Mother, given up
Ms Schuster	162	Lifeless, empty, but making an effort		Mother, given up, lifeless
Ms Schuster	163	Very little talking, just seem to be "going through the motions"		Mother, going through the motions
Ms Schuster	159	Hates social worker		Mother, hates social worker (displacement)
Ms Schuster	146	Hatred for all those in authority (monitors, psychologists, care workers, etc.)		Mother, hatred for authority
Ms Schuster	161	Incomprehension, does not want to talk about it with her daughter	Afraid to hear the truth, so unconsciously knows	Mother, incomprehension, afraid to confront reality
Ms Schuster	147	Fairly intelligent		Mother, intelligent
Ms Schuster	148	Attitude with me vs. with my colleague = polite vs. aggressive		Mother, me vs. colleague, polite vs. aggressive
Ms Schuster	153	Offers no resistance		Mother, no resistance
Ms Schuster	154	Not resistant to me		Mother, not resistant to me
Ms Schuster	147	Protective/territorial of her daughter (and history)		Mother, protective/territorial of daughter (and history)
Ms Schuster	148	Rage in mother		Mother, rage
Ms Schuster	161	Resigned		Mother, resigned
Ms Schuster	152	Respects rules and enforces them (her daughter must wait in the waiting room)		Mother, respects rules and enforces them
Ms Schuster	163	Seems better, speaking about evolution of rights		Mother, speaks about evolution
Ms Schuster	154	Concerned about her daughter feeling left out because her brothers will be spending time at home		Mother, thinks in her daughter's place
Ms Schuster	155	Interprets her daughter's distance as feeling left out	Absence of mentalization, confirmation bias, teleological stance	Mother, thinks in her daughter's place
Ms Schuster	146	Unkempt		Mother, unkempt
Ms Schuster	147	Repugnant odour, hair full of flakes, unkempt like a child (baby)		Mother, unkempt
Ms Schuster and husband	157	Father noticed her agitation (blamed the sweets), mother saw nothing (just happy to see her daughter)		Parents, father notices daughter's agitation, mother just happy to see daughter

Schuster family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Ms Schuster and husband	160	Tensions between them, denied		Parents, tension, denied
Ms Schuster and husband	151	No reaction		Parents, unresponsive

Roos family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Caseworker	179	Dave likes to manipulate and charm people, is a tyrant and only listens to him (large stature), defies the females caseworkers, eats non-stop		Caseworker, explains that son is a tyrant, defies rules and aggressive towards females
Family Roos	171	All-powerful, seems to run everything		Family, all-powerful
Family Roos	164	Muddled timeline, confusion		Family, confusion, absence of structure
Family Roos	165	Confusion in family history, structure		Family, confusion, absence of structure
Family Roos	167	Dave is the shining star of the family, he just made one little mistake		Family, son is the shining star, trivialises aggressions
Dave	192	Seems to be repeating history		Family, son, history repeating itself
Mr Roos and Dave	188	No substance in their conversation		Father and son, absence of substance in "conversations"
Mr Roos and Dave	187	Father and son talk without saying much, speak of Dave's birthday		Father and son, absence of substance in "conversations", speak of son's birthday
Mr Roos and Dave	191	Avoidance between the two		Father and son, avoidance
Mr Roos and Dave	186	Father and son are closer		Father and son, closer
Mr Roos and Dave	189	Father and son lecture everyone	Delusion of grandeur, good objects vs. bad objects	Father and son, delusion of grandeur, good objects vs. bad objects
Mr Roos and Dave	173	Delusional thinking, Dave compliments his father	Delusional thinking, do not live in this reality (Mrs Maraj and Mr Ferhat)	Father and son, delusional thinking
Mr Roos and Dave	174	Hug for the first time, emotions		Father and son, display of emotions, hug
Mr Roos and Dave	191	Interfered with Dave when he was a child		Father and son, father interfered with son (breaking rules and psychic law)
Mr Roos and Dave	176	Bolsters his father's ego, compliments his father's size, Mr Roos is put on a pedestal		Father and son, father's need for glorification
Mr Roos and Dave	175	Father hugs son		Father and son, hug
Mr Roos and Dave	175	Hug on greeting		Father and son, hug
Mr Roos and Dave	169	Poor interactions	Mentalization is the basis of all human interactions	Father and son, poor interactions
Mr Roos and Dave	165	Ritual greeting, hand shaking and "les bises"		Father and son, routine
Mr Roos and Dave	177	Usual routine to say bye		Father and son, routine
Mr Roos and Dave	166	Dave boasts of his strength, Mr Roos is in admiration		Father and son, self-glorification and admiration of son
Mr Roos and Dave	170	In admiration of Dave, seeks approval for his slimness, overjoyed for this approval		Father and son, self-glorification and admiration of son, father seeks approval, overjoyed for this
Mr Roos and Dave	173	Looking at photos, praise and reciprocated glorification	Seemed perverted	Father and son, self-glorification reciprocated, delusion of grandeur
Mr Roos and Dave	191	Silence		Father and son, silence
Mr Roos and Dave	181	Dave idolises his father		Father and son, son idolises father
Mr Roos and Dave	165	Dave has a pet name for his father, "papounet"		Father and son, son infantilises father
Mr Roos and Dave	164	"Hand me downs" from son to father	Role reversal, father growing into his "big brother's clothes"	Father and son, son playing instrumental role
Mr Roos and Dave	166	Role reversal, Dave brings clothes for his father		Father and son, son playing instrumental role
Mr Roos and Dave	168	Brought clothes for his father, Mr Roos is extremely happy		Father and son, son playing instrumental role
Mr Roos and Dave	176	Dave is still taking care of his father		Father and son, son playing instrumental role
Mr Roos and Dave	170	Dave is wearing new clothes, his father is expecting new clothes		Father and son, son playing instrumental role, which father is actively seeking
Mr Roos and Dave	190	Dave pushes, father is defensive		Father and son, son pushed, father is defensive
Mr Roos and Dave	191	Dave questions his father, his father resists		Father and son, son questions father, father resists
Mr Roos and Dave	174	Dave comforts his father, his father is pleased		Father and son, son reassures father, father pleased
Mr Roos	193	Seems "destroyed"		Father, "destroyed"

Roos family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mr Roos	180	Displeased because Dave got the wrong type of chocolate biscuits, will share them with other people		Father, "disappointed" in son
Mr Roos	182	About to crack to Dave's demands		Father, about to give in to son's demands
Mr Roos	180	Avoids every tentative of me setting things straight		Father, actively avoids reality
Mr Roos	165	Always thinking of himself and his need for hand me downs		Father, actively seeking child-therapist
Mr Roos	167	Asks Dave to call him because he has no credit on his phone	Puts son in parental role	Father, actively seeking child-therapist
Mr Roos	169	Wants Dave to print photos, unaware of Dave's problems	Parent seems focused on his needs	Father, actively seeking child-therapist
Mr Roos	170	Wants Dave to call him		Father, actively seeking child-therapist
Mr Roos	175	Gives list for his birthday, a "gimme" mentality, like a child writing a list to Santa Claus		Father, actively seeking child-therapist
Mr Roos	176	Pressuring Dave to print photos for him		Father, actively seeking child-therapist
Mr Roos	182	Dave has to call him		Father, actively seeking child-therapist
Mr Roos	177	Gives birthday list again because Dave lost the first one		Father, actively seeking child-therapist and parent
Mr Roos	180	Dave has to get him a coffee machine for Christmas because of wrong gift (mugs)		Father, actively seeking child-therapist and parent
Mr Roos	182	Refusal to uphold any fatherly role, asks Dave to set his half-sister straight		Father, actively seeking child-therapist and parent
Mr Roos	184	Adamant to not relinquish his current role of being taken care of, shuts down when I bring up the topic		Father, actively seeking child-therapist and parent, adamant to not relinquish this role
Mr Roos	181	Sees his son's concerns, but does not reassure him, but rather reinforces and adds to his distress		Father, actively seeking child-therapist and parent, reinforces son's concern
Mr Roos	166	Admiration of his son, looked up to Dave		Father, admiration of son
Mr Roos	168	Sings praises of his son		Father, admiration of son
Mr Roos	168	Notifies his son's "impressive" size		Father, admiration of son
Mr Roos	168	Shared his son's delusion		Father, admiration of son, shared delusion
Mr Roos	192	Agrees		Father, agreement
Mr Roos	169	Agrees with me, but praises his son for being a shining star		Father, agrees, but admiration of son
Mr Roos	173	Broke rules, reminded Dave to call him		Father, breaks rules
Mr Roos	187	Comes with everything that Dave asked for		Father, brings everything his son asked for
Mr Roos	179	No cake as no cheque	Has an excuse	Father, brings nothing
Mr Roos	179	Excited to celebrate his birthday, seems like a kid, wants gifts quickly		Father, childlike
Mr Roos	166	Wants "his coffee"	Entitlement and control, "king"	Father, commands others
Mr Roos	169	Caught himself and asked politely for some coffee		Father, commands then remembers rules
Mr Roos	166	Concedes		Father, concedes
Mr Roos	186	Defends Dave, everyone is bad, he and Dave are the good ones		Father, defends son, everyone is bad vs. they are good
Mr Roos	192	Denies at first, then downplays what he did, self-glorification because he's "changed"		Father, denial, then admittance, then self glorification
Mr Roos	165	Mr Roos would comment on Dave's large stature and brag about himself	No compassion, denigration and self-glorification	Father, denigrate son, but in awe, self-glorification
Mr Roos	190	Desperate and denies all responsibility		Father, desperation and denial of responsibility
Mr Roos	171	Displeased with my demands and shuts down		Father, displeased with demands and shuts down
Mr Roos	171	Does not like that I speak of rules		Father, displeased with my intervention
Mr Roos	184	Says nothing		Father, does not intervene
Mr Roos	172	Dave's half sister is bad	Other are bad, they are the good guys	Father, glorifies son, everyone else is bad
Mr Roos	172	Wants Dave, the shining star, to speak to his half-sister, Dave is the example to follow		Father, glorifies son, everyone else is bad
Mr Roos	180	Happy Dave remembered everything, tells Dave to print photos of birthday		Father, grateful child, actively seeks child-therapist

Roos family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mr Roos	178	Helpless, does not like that his son is angry		Father, helpless, afraid of not being glorified
Mr Roos	187	In pain because of the lack of recognition, grateful for my compassion		Father, hurt for no glorification
Mr Roos	187	Hurt and plays up everything in hope of a reaction		Father, hurt for no glorification, plays up everything
Mr Roos	188	Lost and makes excuses for Dave		Father, lost, makes excuses for son
Mr Roos	174	No attempt to comfort Dave		Father, no attempt to comfort son
Mr Roos	174	No food for Dave		Father, no food
Mr Roos	166	Places no limits on his son's eating habits, but rather encourages it	Contradictory because in awe of Dave's size	Father, no limits on son, encourages son's eating habits
Mr Roos	168	Brought food for his son		Father, no limits on son, encourages son's eating habits
Mr Roos	170	Has food for his son	Indulges son's eating habits	Father, no limits on son, encourages son's eating habits
Mr Roos	173	Came with food	Like a mother who breastfeeds her child, satisfies his oral needs	Father, no limits on son, encourages son's eating habits
Mr Roos	175	Has goodies for Dave, looks for adoration, asks for clothes		Father, no limits on son, encourages son's eating habits, actively seeks child-therapist
Mr Roos	192	Prefers young children		Father, prefers young children
Mr Roos	176	Rejects my idea	Rejects the law, perversion	Father, rejects my intervention
Mr Roos	182	Resents me, ignores me, refuses and denies what I am saying	Resistant to the law	Father, rejects my intervention
Mr Roos	182	Contradicts everything I am saying		Father, rejects my intervention
Mr Roos	183	Determined to resist		Father, rejects my intervention
Mr Roos	191	Was not put on a pedestal, but asked directly to take care of him		Father, removed from his pedestal, asked by son to take care of him
Mr Roos	182	Played no role in Dave's transgressions, resistant to upholding his fatherly duties		Father, resistant to role in son's transgressions, and his fatherly duties
Mr Roos	189	Resists		Father, resistance, rejects my intervention
Mr Roos	189	Rejects outside influences (me), aggressive, resistant, determined to keep me out		Father, resistance, rejects my intervention
Mr Roos	192	Respects his wishes		Father, respects son's wishes
Mr Roos	176	Pressuring son to open a bank account		Father, seems to want to live through son
Mr Roos	164	Self-glorification, constantly boasting of band name clothes		Father, self-glorification
Mr Roos	170	Shows off his new sneakers		Father, self-glorification
Mr Roos	192	Says that he now likes women		Father, self-glorification
Mr Roos	174	Focuses discussion on changing and being the father that Dave needs, self-glorification and self-admiration		Father, self-glorification (speaks of changing, being the father his son needs)
Mr Roos	175	Gives his "speech" of being a good father, but now explaining how he hopes to accomplish it	Seems to derive a lot of pleasure from oral, oral satisfaction of grandeur, perversion	Father, self-glorification (speaks of changing, being the father his son needs)
Mr Roos	176	Repetition of his speech, receives praise from Dave		Father, self-glorification (speaks of changing, being the father his son needs), receives praise
Mr Roos	175	Verbalises that he will be the father that Dave needs, but does not explain the type of father that Dave needs		Father, self-glorification but void of substance (speaks of changing, being the father his son needs)
Mr Roos	176	Speech absent of any real substance		Father, self-glorification but void of substance (speaks of changing, being the father his son needs)
Mr Roos	177	Criticises son's writing even though he can't write himself		Father, self-glorification in denigrating son, absence of reality (his own faults)
Mr Roos	177	Wants to make a celebration of his birthday		Father, self-glorification, seeks a celebration
Mr Roos	168	Self-glorification, boasted of his slimness, looking for Dave's vindication and approval	Looking for "Daddy's approval", looking at his "strong father"	Father, self-glorification, seeks son's approval
Mr Roos	176	Constant glorification and confirmation		Father, self-glorification, seeks son's approval
Mr Roos	172	Similar history to Dave, in and out of children's homes, and the same as Dave		Father, similar history to son

Roos family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Mr Roos	174	First time he speaks of his failure as a father		Father, speaks of failure
Dave	186	Speaks of future, he is torn		Father, speaks of future, torn
Mr Roos	174	Talk a lot without saying much	Oral/verbal	Father, talks but no substance
Mr Roos	166	Trivialises Dave's serious aggressions onto minors, ergo "law breaking"	Shows rapport with psychic as well as social (juridical) law	Father, trivialises serious aggressions
Mr Roos	180	Trivialises Dave's hearing, not in touch with reality	In their own reality	Father, trivialises serious aggressions, not in touch with reality
Mr Roos	172	Unhappy with the limits, "like a child being denied playing outside"		Father, unhappy with limits
Mr Roos	169	Waiting for Dave to come and live with him when he's 18		Father, waiting for son turning 18
Mr Roos	172	Cannot wait till Dave's 18th birthday		Father, waiting for son turning 18
Mr Roos	178	Apprehensive and wants to be a good father, refuses to sign the approval for smoking	Torn between being a father ("other") and other	Father, wants to be a good father
Foster family	185	Explains that Dave is charming		Foster family, son is seductive
Me	170	Lines seem blurred, who's the father and who's the son	Whilst it's true that this family fits the criteria, the role reversal is even more flagrant that I really start to question who is who	Me, confused as lines blurred
Me	175	Dave is father's son, but also his guardian		Me, confused as lines blurred
Me	176	Father seems to be trying to live through his son		Me, confused as lines blurred, father seems to want to live through son
Me	176	It would seem as though Dave reassures his father as if speaking to a young child		Me, confused as lines blurred, son seems to infantilise his father
Me	177	Doubt the sincerity of father's efforts		Me, doubt the sincerity of the father's efforts
Me	191	Intervene to facilitate the conversation		Me, facilitate conversation
Me	193	It would seem that his reticence in the last few visits was because he had a feeling that this was coming		Me, father's reticence was a sign of him knowing what was coming
Me	165	Frustration, confusion, did not understand the meaning and value of visitations		Me, frustrated, confused, value of visits unknown
Me	187	Intervene, insist that Dave be respectful and thank his father		Me, intervention, make son recognise father's efforts
Me	190	No intervention		Me, no intervention
Me	191	No intervention		Me, no intervention
Me	181	I've noticed that "verbalised evolution" is no more		Me, no more verbalised evolution observed
Me	177	It seems that there is a lot of talking, but no substance, non-verbal interactions speak volumes		Me, no substance to visits
Me	188	Intervene because Dave has been testing limits of late		Me, prohibition as son is testing limits
Me	167	Intervention, called a spade a spade		Me, prohibition, bring reality
Me	169	Intervene, what does she really know about her		Me, prohibition, bring reality
Me	171	Asks other questions about girlfriend bring Dave back to reality		Me, prohibition, bring reality
Me	174	Intervene, put things into perspective		Me, prohibition, bring reality
Me	177	Intervention, Dave cannot get all of those things		Me, prohibition, bring reality
Me	188	Bring him back to reality		Me, prohibition, bring reality
Me	188	Intervention		Me, prohibition, bring reality
Me	189	Try to intervene		Me, prohibition, bring reality
Me	171	Explain the gravity of Dave's acts		Me, prohibition, bring reality about aggressions
Me	173	Intervene and remind them of reality, Dave would be in prison if it were not for the fact that he is a minor		Me, prohibition, bring reality about aggressions
Me	180	Intervene, Dave should take the hearing more seriously		Me, prohibition, bring reality about aggressions
Me	181	Even though they're talking about these things, they are taking things too lightly and it would seem that Mr Roos wants to avoid facing reality	Why does Mr Roos want to avoid facing reality (would seem that the parents unconsciously know where they failed)	Me, prohibition, bring reality about aggressions

Roos family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Me	171	Law, spoke of their passive role in Dave's investigation	Help him to mentalize	Me, prohibition, bring reality about dealing with transgressions
Me	166	Intervene to remind him of others		Me, prohibition, brings "others"
Me	182	Intervene, law		Me, prohibition, law
Me	192	Law, psychic prohibition		Me, prohibition, psychic prohibition, law
Me	172	Put father in his role		Me, prohibition, put father in role
Me	171	Reminder of who's the son and who's the father, no more clothes		Me, prohibition, reminder of place
Me	173	Intervene, explained that the father should guide his son		Me, prohibition, reminder of place
Me	176	Intervene, explain that Mr Roos can develop the photos		Me, prohibition, reminder of place
Me	178	Intervention		Me, prohibition, reminder of place
Me	182	Intervene		Me, prohibition, reminder of place
Me	183	Law, I insist that Dave not call his half-sister		Me, prohibition, reminder of place
Me	166	Law, displaced father from his throne		Me, prohibition, remove father from throne
Me	167	Forbid it, ask him to take off his hat		Me, prohibition, rules
Me	170	Intervenes and reminds them of the rules		Me, prohibition, rules
Me	178	Intervene, rules		Me, prohibition, rules
Me	189	Intervene without father present, Dave apologises for his behaviour		Me, prohibition, rules
Me	183	It was a heated visit because of my insistence on following the rules		Me, prohibition, rules (father is extremely resistant, defiant)
Me	184	Intervene, law, rules, legality		Me, prohibition, rules, law
Me	178	Speak to Dave after the visit, Dave tries to charm me	Contrary to other children (with the exception of Farha, Dave uses seductive tactics to try and manipulate the third party)	Me, prohibition, rules, son tries being seductive
Me	189	I have noticed that Dave is testing limits more and more, and it's becoming worrisome		Me, son is testing limits more and more
Me	186	It would seem that Dave is looking for something		Me, son seems to be looking for something
Me	187	His reaction is strange		Me, son's reaction is strange
Me	181	They no longer speak of their troubles		Me, they no longer speak of their troubles
Me	168	It felt creepy		Me, uneasy (creepy atmosphere)
Dave's sister	186	Denies wrongdoings done onto him		Sister, denies wrongdoings onto son
Dave	174	Happy and "grateful"		Son, "grateful"
Dave	174	Happy for what his father said		Son, "grateful"
Dave	175	Happy to hear his father say that he will be the father Dave needs	Second birth, no more rules for a minor	Son, "grateful"
Dave	176	Happy to hear his father saying that he will be the type of father he needs		Son, "grateful"
Dave	164	In and out of institutions, no structure or stability		Son, absence of structure and stability
Dave	182	Accept the role in which his father is putting him		Son, accepting of role
Dave	189	All-powerful attitude, he is good, everyone else is bad		Son, all-powerful, good (him) vs. bad (everyone else)
Dave	188	Gets angry when criticised (no control)		Son, anger shown when criticised (no control)
Dave	165	Eagerly anticipating his 18th birthday to live with his father		Son, awaiting 18th birthday
Dave	175	Will soon be 18 years old		Son, awaiting 18th birthday
Dave	180	Waiting for his 18th birthday		Son, awaiting 18th birthday
Dave	186	Bothered by dismissal of what happened to him (yet trivialises what he has done)		Son, bothered by dismissal of what happened to him (yet trivialises his aggressions)
Dave	178	Calms down once I see that he is breaking the rules and lying		Son, calms down once he's found out
Dave	182	Cigarettes	Oral fixation	Son, cigarettes, oral fixation
Dave	165	Comfortable talking about his paedophilia		Son, comfort in talking about rule-breaking
Dave	169	New girlfriend, 1st person his own age and female, rushed for a girlfriend, a serious relationship after two days		Son, difficulty in understanding relationships, attaches too quickly to others

Roos family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Dave	171	New girlfriend, met at 12pm, this is "the one"	Does not understand relationships	Son, difficulty in understanding relationships, attaches too quickly to others
Dave	185	Distraught, broke rules and contacted one of his sisters		Son, distraught after talking to sister
Dave	166	Eats a lot		Son, eats a lot
Dave	185	Eats a lot at the foster family		Son, eats a lot
Dave	169	Gorged down his snacks		Son, eats a lot, gorges down food, inhales food
Dave	187	Thanks his father, but with no real sentiment		Son, empty thanks
Dave	180	Dave's eyes are fixed on me		Son, eyes fixed on me
Dave	165	Care taken in outward appearance	Families of child-therapist show a façade	Son, façade
Dave	167	Now fed up of hearing everyone talk about his violations	Contradictory because he used to take pleasure in talking about it	Son, frustrated with hearing about his violations
Dave	178	Gets angry and starts saying that he could break the rules, but is being good		Son, frustrated with rules, threats and self-glorification
Dave	178	Frustration		Son, frustration
Dave	174	Getting bigger (rounder), tattered clothes, hair on point		Son, getting bigger, tattered clothes, hair on point
Dave	179	Bought everything his father wanted		Son, got everything his father wanted
Dave	177	Fixed hair		Son, hair
Dave	190	Is hurt by his father's reaction		Son, hurt by his father's reaction
Dave	183	Now idolises his father, blind to his father's faults		Son, idolises father, blind to father's faults
Dave	186	Idolises his father		Son, idolises father, blind to father's faults
Dave	185	"Lost a lot of weight" but not noticeable		Son, in a different reality
Dave	192	Is in shock, but glad to know the truth		Son, in shock, but "glad to know the truth", relieved??
Dave	179	Speaks of his "papounet" as the good parent	Glorification seems to be the essence of their relationship	Son, infantilises father
Dave	184	Wants to buy his father crops, father does not refuse		Son, infantilises father, father accepts
Dave	180	Beams with pride as father opens gifts		Son, is proud parent
Dave	184	Listens, but does he internalise?		Son, listen, but does he internalise?
Dave	178	Tries playing both parents, pitting them against each other		Son, manipulation of parents
Dave	173	No control, no oral control	With food and in talking about his acts	Son, no control, no oral control (when speaking or eating)
Dave	166	Touches everything, no limits, unaware of others (sugar cubes)		Son, no limits, unaware of others
Dave	191	Wants no more hugs		Son, no longer wants hugs (physical contact)
Dave	192	No longer wants hugs, he feels uncomfortable		Son, no longer wants hugs (physical contact), uncomfortable
Dave	183	Doesn't seem to be bothered		Son, not bothered
Dave	169	Knows nothing about his girlfriend, objectifies her		Son, objectifies girlfriend
Dave	171	Has prepared answers about this girlfriend		Son, objectifies girlfriend
Dave	167	Passionate about fishing	Fishing = "pêcher" like "pécher"	Son, passionate about fishing (word play)
Dave	178	Adds pressure and Mr Roos wants to cave		Son, pressures his father
Dave	173	No more girlfriend, she was a bad person	Seems to project on everyone	Son, projection, everyone is bad whilst he is good
Dave	190	Questions his father's capacity to be a parent		Son, questions father's capacity to be a father
Dave	178	Rebels		Son, rebels
Dave	188	Refuses to listen		Son, refuses to listen
Dave	183	Is forbidden from contacting anyone, contacting his half-sister would mean breaking the rules		Son, rule breaking
Dave	184	Speaks of young boy		Son, rule breaking (seeks out young boy)

Roos family - Themes observed

Person involved	Page #	Phenomenon	Other information	Theme
Dave	184	Still wants to be with the boy, despite being told be the foster family to stay away from him, forbade him, Dave refused	Delusion of grandeur	Son, rule breaking (seeks out young boy)
Dave	186	Took advantage of foster family for they did not know that he wasn't allowed to contact anyone, breaks rules		Son, rule breaking, took advantage of foster family
Dave	188	Extremely seductive		Son, seductive (extremely)
Dave	185	Seductive with me, especially when I'm authoritative		Son, seductive towards me, especially when I'm authoritative
Dave	167	Eyes on me, seductive and addresses me		Son, seductive towards me, focused on me
Dave	164	Seductive, focused on outward appearance, hair on point, imposing cologne		Son, seductive, façade
Dave	191	Asks to speak to me, divulges that he got some troubling information about his father		Son, seeks me to divulge some troubling information
Dave	190	Is looking for something from his father		Son, seems to be looking for something from his father
Dave	168	Boasts of his "strength", does two pushups and is already seeing gains		Son, self-glorification, different reality
Dave	188	Says that he is perfect, his father agrees, his sister is bad		Son, self-glorification, different reality, father agrees, sister is bad
Dave	181	Shows great angst over his father's well-being and wants to help him, gives him advice and wants his father to go out with one of the caseworkers		Son, shows angst over father's well-being
Dave	187	Shows no gratitude		Son, shows no gratitude towards father
Dave	186	Raped when he was 4, questions everything		Son, traumatised when he was 4
Dave	167	Hat inside, against social norms and rules		Son, tries breaking rules, against social norms
Dave	168	Cap, tries breaking rules with caseworker, intervention		Son, tries breaking rules, against social norms
Dave	170	Wants coffee, seems more like a command		Son, tries to command me
Dave	171	Nods in agreement with me, but I doubt his sincerity as he often tries to be seductive		Son, tries to please, doubt sincerity
Dave	178	Dave, not a charmer for once, not saying what is expected of him (seduction)		Son, unable to be seductive, rather abrasive
Dave	180	No projection of his life after 18, even for the following week		Son, unable to project his future
Dave	181	Unable to project his future		Son, unable to project his future
Dave	192	Wants answers		Son, wants answers
Dave	177	Wants to smoke		Son, wants to smoke (oral)
Foster family	183	Dave with a foster family		Son, with foster family

Appendix 4

Table 8.1 Maraj family - Chronological interactions

	37	38	39
Chandahas			Attachment Attachment Rej. of sibling/Displacement
Family	Confusion/Unknown	Confusion/Unknown Confusion/Unknown	Attachment Objectification Latent anger and resentment Manipulation/Seduction Lack of boundaries
Farha			
Siblings	Delusion of grandeur/Reality		
Father and children			
Me			
Father		Absent father Rej. of sibling/Displacement	Confusion/Unknown Latent anger and resentment Compliant/Subservient
Father and son			
Father and daughter			
Mother	Delusion of grandeur/Reality Confusion/Unknown		Attachment
Parents	Delusion of grandeur/Reality	Lack of boundaries	

Table 8.1 Maraj family - Chronological interactions

		40		41	
Chandrahass				Sibling rebellion and separation	Sibling rebellion and separation
Family	Therapeutic role/Seduction				
Farha					Therapeutic role/Seduction
Siblings	Attachment			Therapeutic role/Seduction	Sibling rebellion and separation
Father and children	Rightful places/Triangulation	Revenge on mother			
Me				Prohibition/Guide	Prohibition/Guide
Father	Seek separator/father	Therapeutic role/Seduction	Manipulation/Seduction	Rulebreaking	Conflict/Communication
Father and son					
Father and daughter					
Mother	Manipulation/Seduction	Rulebreaking		Rej. of rules/Seduction of prohibition/Testing of limits	Intrusive mother
Parents	Delusion of grandeur/Reality				Objectification
					Intrusive mother

Table 8.1 Maraj family - Chronological interactions

	42	43			44			
Chandrasahs		Objectification	Sibling rebellion and separation	Sibling rebellion and separation	Sibling rebellion and separation	Sibling rebellion and separation		Sibling rebellion and separation
Family		Rulebreaking						Rulebreaking
Farha		Latent anger and resentment	Objectification					
Siblings								
Father and children								
Me					Prohibition/Guide			Prohibition/Guide
Father	Disruption of places	Avoidance of mother			Rej. of sibling/Displacement	Therapeutic role/Seduction	Obsess./Desire/Rev. for child-therapist	
Father and son								
Father and daughter								
Mother	Obsess./Desire/Rev. for child-therapist	Objectification	Objectification	Intrusive mother	Manipulation/Seduction	Denigration/Rejection/Helplessness of father	Denigration/Rejection/Helplessness of father	Delusion of grandeur/Reality Objectification
Parents					Conflict/Communication			Latent anger and resentment

Table 8.1 Maraj family - Chronological interactions

	45				46				
Chandrabhas	Desire for father								
Family	Routine								
Farha	Rej. of rules/Seduction of prohibition/Testing of limits								
Siblings									
Father and children									
Me	Prohibition/Guide								
Father	Denigration/Rejection/ Helplessness of father				Rej. of sibling/Displacement	Latent anger and resentment	Seek separator/father	Rightful places/Triangulation	
Father and son									
Father and daughter									
Mother	Manipulation/Seduction n	Need for control	Latent anger and resentment	Confusion/Unknown	Denigration/Rejection/ Helplessness of father	Intrusive mother	Manipulation/Seduction n	Delusion of grandeur/Reality	
Parents	Conflict/Communicatio n <								

Table 8.1 Maraj family - Chronological interactions

	47	48	49	5
Chandrahas			Desire for father	Sibling rebellion and separation
Family				
Farha			Identity/Indiff. to parents	Rej. of rules/Seduction of prohibition/Testing of limits
Siblings				
Father and children		Denigration/Rejection/ Helplessness of father		
Me		Prohibition/Guide		
Father	Therapeutic role/Seduction	Obsess./Desire/Rev. for child-therapist	Objectification	Rej. of sibling/Displacement
Father and son				
Father and daughter				
Mother		Denigration/Rejection/ Helplessness of father	Obsess./Desire/Rev. for child-therapist	Intrusive mother
Parents		Conflict/Communication	Conflict/Communication	Therapeutic role/Seduction
			Compliant/Subservient	Routine

Table 8.1 Maraj family - Chronological interactions

	0	51	52	
Chandrasahs				
Family				
Farha		Seductiong of father		Rej. of mother/Absent mother
Siblings		Therapeutic role/Seduction	Sibling rebellion and separation	
Father and children				
Me		Prohibition/Guide		Prohibition/Guide
Father		Rulebreaking	Manipulation/Seduction	Objectification
Father and son				
Father and daughter				
Mother	Denigration/Rejection/ Helplessness of father	Manipulation/Seduction	Objectification	Need for control
Parents			Manipulation/Seduction	Obsess./Desire/Rev. for child-therapist
			Rej. of sibling/Displacement	Obsess./Desire/Rev. for child-therapist

Table 8.1 Maraj family - Chronological interactions

	53	54	55	56
Chandrahas				
Family	Rulebreaking		Routine	Rulebreaking
Farha	Rej. of mother/Absent mother			
Siblings	Broken mother	Desire for father	Intrusive mother	Therapeutic role/Seduction
Father and children			Rulebreaking	Rightful places/Triangulation Revenge on mother
Me	Prohibition/Guide		Prohibition/Guide	
Father	Rej. of sibling/Displacement	Obsess./Desire/Rev. for child-therapist	Obsess./Desire/Rev. for child-therapist	
Father and son	Rej. of sibling/Displacement			
Father and daughter				
Mother	Rej. of mother/Absent mother	Rulebreaking	Objectification	Routine
Parents	Conflict/Communication			

Table 8.1 Maraj family - Chronological interactions

		57	58	59	60
Chandrahas	Rej. of mother/Absent mother				
Family	Desire for father				
Farha		Rej. of mother/Absent mother	Desire for father	Seductiong of father	Seek separator/father
Siblings	Sibling rebellion and separation	Desire for father	Rej. of mother/Absent mother		
Father and children					
Me		Prohibition/Guide	Prohibition/Guide	Prohibition/Guide	Prohibition/Guide
Father		Seek separator/father	Rightful places/Triangulation		
Father and son					
Father and daughter					
Mother			Rulebreaking	Objectification	Objectification
				Delusion of grandeur/Reality	Delusion of grandeur/Reality
Parents		3			

Table 8.1 Maraj family - Chronological interactions

	61	62	63	64	6	
Chandrahas						
Family				Rightful places/Triangulation	Identity/Indiff. to parents	Routine
Farha	Therapeutic role/Seduction			Invites mother		
Siblings				Rightful places/Triangulation	Rej. of mother/Absent mother	Rightful places/Triangulation
Father and children						
Me	Prohibition/Guide	Prohibition/Guide		Prohibition/Guide		
Father	Rightful places/Triangulation	Rej. of sibling/Displacement		Latent anger and resentment		Latent anger and resentment
Father and son						
Father and daughter				Sibling rebellion and separation	Therapeutic role/Seduction	
Mother	Rej. of rules/Seduction of prohibition/Testing of limits	Objectification	Rej. of rules/Seduction of prohibition/Testing of limits	Delusion of grandeur/Reality	Objectification	Rej. of rules/Seduction of prohibition/Testing of limits
Parents				Conflict/Communication		Conflict/Communication

Table 8.1 Maraj family - Chronological interactions

	5	66	67	68
Chandahas			Sibling rebellion and separation	Rej. of sibling/Displacement
Family				
Farha		Disapp./Frust. of mother		Desire for father
Siblings				
Father and children				
Me		Prohibition/Guide		Prohibition/Guide
Father	Conflict/Communication			
Father and son			Rej. of sibling/Displacement	
Father and daughter				Rightful places/Triangulation
Mother	Need for control	Rightful places/Triangulation	Rulebreaking	Objectification
			Therapeutic role/Seduction	
Parents			Conflict/Communication	Conflict/Communication
				Obsess./Desire/Rev. for child-therapist
				Latent anger and resentment

Table 8.1 Maraj family - Chronological interactions

	69	70	71	72
Chandrahass	Sibling rebellion and separation	Confusion/Unknown	Rej. of mother/Absent mother	Sibling rebellion and separation
Family				
Farha	Therapeutic role/Seduction	Identity/Indiff. to parents		
Siblings		Rightful places/Triangulation	Reduced anxiety	Reduced anxiety
Father and children				Confusion/Unknown
				Rej. of mother/Absent mother
				Rightful places/Triangulation
				Reduced anxiety
Me		Prohibition/Guide		Prohibition/Guide
Father	Broken mother		Reduced anxiety	Obsess./Desire/Rev. for child-therapist
Father and son				Obsess./Desire/Rev. for child-therapist
Father and daughter				
Mother	Need for control	Broken mother		
Parents	Latent anger and resentment	Delusion of grandeur/Reality	Broken mother	

Table 8.1 Maraj family - Chronological interactions

		73	74		75		76			
Chandrahas	Rightful places/Triangulation								Demanding of place	Desire for father
Family										
Farha	Seek separator/father		Identity/Indiff. to parents	Seek separator/father		Seduction of father	Rej. of rules/Seduction of prohibition/Testing of limits	Identity/Indiff. to parents	Seek separator/father	
Siblings			Son adopts role	Seek separator/father	Identity/Indiff. to parents		Therapeutic role/Seduction			
Father and children			Rightful places/Triangulation	Reduced anxiety						
Me	Prohibition/Guide					Prohibition/Guide				
Father	Compliant/Subservient	Rightful places/Triangulation			Rightful places/Triangulation		Denigration/Rejection/ Helplessness of father			
Father and son	Seek separator/father									
Father and daughter										
Mother										
Parents										

Table 8.1 Maraj family - Chronological interactions

	77	78	79	80	8
Chandahas	Seek separator/father				
Family					
Farha	Seek separator/father			Seek separator/father	Therapeutic role/Seduction
Siblings			Identity/Indiff. to parents	Rightful places/Triangulation	Identity/Indiff. to parents
Father and children	Reduced anxiety	Rightful places/Triangulation	Reduced anxiety	Rightful places/Triangulation	Reduced anxiety
Me	Prohibition/Guide	Prohibition/Guide			
Father	Denigration/Rejection/ Helplessness of father	Rightful places/Triangulation	Rightful places/Triangulation	Rightful places/Triangulation	
Father and son					Identity/Indiff. to parents
Father and daughter					
Mother					
Parents				Need for control	

Table 8.1 Maraj family - Chronological interactions

	1	82	83	84
Chandahas	Sibling rebellion and separation			Rej. of mother/Absent mother
Family				
Farha				Therapeutic role/Seduction
Siblings		Therapeutic role/Seduction	Sibling rebellion and separation	Rightful places/Triangulation
Father and children	Rightful places/Triangulation			Rej. of mother/Absent mother
Me		Prohibition/Guide		Seek separator/father
Father		Denigration/Rejection/Helplessness of father		Prohibition/Guide
Father and son				
Father and daughter				
Mother			Broken mother	Need for control
Parents			Broken mother	Intrusive mother

Table 8.1 Maraj family - Chronological interactions

	85	86	87	88	89	
Chandrasahs	Rightful places/Triangulation					
Family						
Farha	Disapp./Frust. of mother	Seek separator/father	Rej. of mother/Absent mother	Rulebreaking	Seek separator/father	Rej. of mother/Absent mother
Siblings	Seek separator/father	Rej. of mother/Absent mother	Rej. of mother/Absent mother	Rej. of mother/Absent mother		
Father and children						
Me						
Father	Rightful places/Triangulation					
Father and son						
Father and daughter						
Mother	Rej. of rules/Seduction of prohibition/Testing of limits	Objectification	Rej. of rules/Seduction of prohibition/Testing of limits	Rej. of rules/Seduction of prohibition/Testing of limits	Need for control	
Parents						

Table 8.2 Leininger family - Chronological interactions

	90		91		92		9		
Dora									
Leininger family	Culture/Family history or secret/Society	Absent father	Culture/Family history or secret/Society	Compliance					
Jennifer	Child-therapist active in role		Child-therapist active in role		Child-therapist active in role		Child-therapist active in role	Rejection/Invasion of siblings/Need for control/Authoritative	
Jennifer and Johnny							Tension	Rejection, refusal or frustratton of child-therapist, strategies put in place	
Jennifer and siblings									
Johnny			Erased/Invisible/Secondary position		Rejection/Avoidance of mother	Search for or attachmet to male figure/prohibition	Rejection, refusal or frustratton of child-therapist, strategies put in place		
Johnny and Susan									
Johnny, Susan and Dora									
Me								Prohibition	Freudian slip (Confusion)
Mother	Erased/Invisible/Secondary position	Absent/Inadaptd mother, relinquishes role	Reverence/Need/Focus on child-therapist	Absent/Inadaptd, relinquishes role	Reverence/Need/Focus on child-therapist	Absent/Inadaptd mother, relinquishes role	Reverence/Need/Focus on child-therapist		
Mother and Dora									
Mother and Jennifer									
Mother and Johnny									
Mother and Susan									
Mother, Susan and Dora									
Susan									
Susan and Dora									

Table 8.2 Leininger family - Chronological interactions

	3		94		95				
Dora			Rejection, refusal or frustratton of child-therapist, strategies put in place						
Leininger family									
Jennifer			Erased/Invisible/Secondary position	Child-therapist active in role	Erased/Invisible/Secondary position	Child-therapist active in role			
Jennifer and Johnny	Child-therapist active in role	Rejection/Invasion of siblings/Need for control/Authoritative	Child-therapist active in role	Rejection/Invasion of siblings/Need for control/Authoritative	Desire/Need for recognition				
Jennifer and siblings									
Johnny			Desire/Fight for mother	Search for or attachmet to male figure/prohibition	Search for or attachmet to male figure/prohibition	Search/Need for authority, separator, limits	Rightful places/Triangulation/Mother assimes her role/Identity shown	Rejection/Avoidance of mother	Desire/Need for recognition
Johnny and Susan									
Johnny, Susan and Dora									
Me									
Mother					Compliance	Repression of emotions			
Mother and Dora									
Mother and Jennifer	Reverence/Need/Focus on child-therapist								
Mother and Johnny									
Mother and Susan									
Mother, Susan and Dora									
Susan									
Susan and Dora									

	96							9
Dora								
Leininger family								
Jennifer	Child-therapist active in role				Child-therapist active in role			
Jennifer and Johnny					Desire/Need for recognition		Rightful places/Triangulation/Mother assumes her role/Identity shown	
Jennifer and siblings								
Johnny	Ambivalence (desire-rejection)	Rejection/Invasion of siblings/Need for control/Authoritative	Desire/Fight for mother	Negative self image	Search for or attachment to male figure/prohibition	Rejection, refusal or frustration of child-therapist, strategies put in place	Desire/Need for recognition	
Johnny and Susan								
Johnny, Susan and Dora								
Me	Prohibition				Prohibition			
Mother								
Mother and Dora					Rejection, refusal or frustration of child-therapist, strategies put in place			
Mother and Jennifer	Reverence/Need/Focus on child-therapist				Reverence/Need/Focus on child-therapist			
Mother and Johnny								
Mother and Susan								
Mother, Susan and Dora								
Susan								
Susan and Dora								

Table 8.2 Leininger family - Chronological interactions

	7	98	99	100
Dora				
Leininger family				Culture/Family history or secret/Society
Jennifer		Search for or attachmet to male figure/prohibition	Rejection/Invasion of siblings/Need for control/Authoritative Child-therapist active in role	Rejection/Invasion of siblings/Need for control/Authoritative Erased/Invisible/Secondary position Child-therapist active in role
Jennifer and Johnny	Search for or attachmet to male figure/prohibition	Rejection/Invasion of siblings/Need for control/Authoritative	Looking for role/identity	
Jennifer and siblings				
Johnny			Rejection/Avoidance of mother Anger/Vengeance/Indifference 1	Search for or attachmet to male figure/prohibition Search/Need for authority, separator, limits
Johnny and Susan				
Johnny, Susan and Dora				
Me			Prohibition	Prohibition Rightful places/Triangulation/Mother assumes her role/Identity shown
Mother		Rightful places/Triangulation/Mother assumes her role/Identity shown		
Mother and Dora				
Mother and Jennifer			Reverence/Need/Focus on child-therapist	Reverence/Need/Focus on child-therapist
Mother and Johnny				
Mother and Susan				
Mother, Susan and Dora			Erased/Invisible/Secondary position	
Susan				
Susan and Dora				Siblings go to child-therapist

Table 8.2 Leininger family - Chronological interactions

	101				102		103	104	
Dora	Rejection, refusal or frustratton of child-therapist, strategies put in place						Rightful places/Triangulation/Mother assimes her role/Identity shown	Rejection, refusal or frustratton of child-therapist, strategies put in place	
Leininger family							Rightful Infantalisation of mother/Mother removed from her duties	Rightful places/Triangulation/Mother assimes her role/Identity shown	
Jennifer	Reverence/Need/Focus on child-therapist	Child-therapist active in role	Erased/Invisible/Secondary position	Rejection/Invasion of siblings/Need for control/Authoritative			Rightful places/Triangulation/Mother assimes her role/Identity shown	Objectification/Projection by mother	Culture/Family history or secret/Society
Jennifer and Johnny									
Jennifer and siblings	Search/Need for authority, separator, limits								
Johnny	Rejection/Avoidance of mother	Negative self image							
Johnny and Susan									
Johnny, Susan and Dora									
Me	Prohibition	Rightful places/Triangulation/Mother assimes her role/Identity shown	Prohibition		Rightful places/Triangulation/Mother assimes her role/Identity shown	Prohibition			
Mother							Culture/Family history or secret/Society	Objectification/Projection by mother	
Mother and Dora							Rightful places/Triangulation/Mother assimes her role/Identity shown		
Mother and Jennifer							Reverence/Need/Focus on child-therapist	Objectification/Projection by mother	
Mother and Johnny									
Mother and Susan									
Mother, Susan and Dora									
Susan	Erased/Invisible/Secondary position				Search/Need for authority, separator, limits				
Susan and Dora	Search for or attachmet to male figure/prohibition								

Table 8.2 Leininger family - Chronological interactions

			105			106		10
Dora	Culture/Family history or secret/Society							
Leininger family	Confusion							
Jennifer	Child-therapist active in role			Rejection of role/Identity			Child-therapist active in role	
Jennifer and Johnny								
Jennifer and siblings	Less anxiety							
Johnny	Rejection/Avoidance of mother	Negative self image	Rightful places/Triangulation/Mother assumes her role/Identity shown	Desire/Fight for mother	Desire/Need for recognition	Rejection, refusal or frustration of child-therapist, strategies put in place	Rejection/Avoidance of mother	Rejection/Avoidance of mother
Johnny and Susan								
Johnny, Susan and Dora	Anger/Vengeance/Indifference							
Me	Prohibition							
Mother							Absent/Inadapted mother, relinquishes role	Absent/Inadapted mother, relinquishes role
Mother and Dora								
Mother and Jennifer	Culture/Family history or secret/Society	Child-therapist active in role	Culture/Family history or secret/Society	Reverence/Need/Focus on child-therapist				
Mother and Johnny						Objectification/Projection by mother		
Mother and Susan	Erased/Invisible/Secondary position							
Mother, Susan and Dora								
Susan	Erased/Invisible/Secondary position						Desire/Fight for mother	
Susan and Dora								

Table 8.2 Leininger family - Chronological interactions

	07	108	109	110
Dora				
Leininger family				
Jennifer	Child-therapist active in role			Child-therapist active in role
Jennifer and Johnny				
Jennifer and siblings				
Johnny	Anger/Vengeance/Indifference	Rejection/Avoidance of mother	Anger/Vengeance/Indifference	Rightful places/Triangulation/Mother assumes her role/Identity shown
Johnny and Susan			Tension	Desire/Fight for mother Rejection, refusal or frustration of child-therapist, strategies put in place
Johnny, Susan and Dora				
Me		Prohibition	Absent/Inadapted mother, relinquishes role	Search for male figure
Mother	Rightful places/Triangulation/Mother assumes her role/Identity shown			Search for or attachment to male figure/prohibition Search/Need for authority, separator, limits
Mother and Dora				
Mother and Jennifer			Reverence/Need/Focus on child-therapist	Absent/Inadapted mother, relinquishes role Reverence/Need/Focus on child-therapist Search for or attachment to male figure/prohibition Search/Need for authority, separator, limits
Mother and Johnny			Ambivalence (desire-rejection)	Desire/Need for recognition
Mother and Susan				
Mother, Susan and Dora				
Susan	Rejection of child-therapist	Desire/Fight for mother	Erased/Invisible/Secondary position	Absent father
Susan and Dora				

Table 8.2 Leininger family - Chronological interactions

	111
Dora	
Leininger family	Rightful places/Triangulation/Mother assumes her role/Identity shown
Jennifer	Rationalisation/Intellectual isation/Denial
Jennifer and Johnny	
Jennifer and siblings	
Johnny	Rejection/Avoidance of mother Anger/Vengeance/Indifference
Johnny and Susan	
Johnny, Susan and Dora	
Me	Prohibition
Mother	
Mother and Dora	
Mother and Jennifer	
Mother and Johnny	
Mother and Susan	
Mother, Susan and Dora	
Susan	Desire/Fight for mother
Susan and Dora	

Table 8.3 Ferhat family - Chronological interactions

	112			113		114	
Family	Family secret/Culture/Hist ory/The unkown/Mother		Violence	Family secret/Culture/Hist ory/The unkown/Mother		Family secret/Culture/Hist ory/The unkown/Mother	
Hamza	Confusion	Family secret/Culture/Hist ory/The unkown/Mother	Mother present				
Judge							
Me							
Mother	Prohibition	Absence of structure/Difficulti es in relationship	Mother present	Absent mother/Rejection of mother	Absence of structure/Difficulti es in relationship		
Father	Family secret/Culture/Hist ory/The unkown/Mother		Family secret/Culture/Hist ory/The unkown/Mother			Repression of emotions/Containe d	Absent mother/Rejection of mother
Father and Hamza							
Father and Omar						Absence of structure/Difficulti es in relationship	Objectification/Co ntrol/Projection/U nawareness of others
Father and Sons							
Omar	Anger	Violence	Absence of structure/Difficulti es in relationship	Confusion	Acclimatisation/Su bmission/Acceptan ce		
Omar and Hamza	Absence of structure/Difficulti es in relationship		Tension	Violence	Child-therapist active in role/Blames himself		

Table 8.3 Ferhat family - Chronological interactions

		115		116		1
Family	Tension					
Hamza	Seek father/Separator			Seek father/Separator		
Judge						
Me						
Mother	Absent mother/Rejection of mother		Family secret/Culture/History/The unknown/Mother			
Father	Delusion of grandeur/All-powerful/Need for self-	Objectification/Control/Projection/U nawareness of others	Manipulation/Seduction/Threats/Compliance		Delusion of grandeur/All-powerful/Need for self-	Delusion of grandeur/All-powerful/Need for self-
Father and Hamza		Acclimatisation/Submission/Acceptance	Delusion of grandeur/All-powerful/Need for self-	Objectification/Control/Projection/U nawareness of others		
Father and Omar						
Father and Sons						
Omar			Projection onto adults	Acclimatisation/Submission/Acceptance	In search of/Found identity	Test of strength
Omar and Hamza	Delusion of grandeur/All-powerful/Need for self-					

Table 8.3 Ferhat family - Chronological interactions

	17	118			119		
Family							
Hamza	Rejected/Invisible/ Unconsidered/Erased						
Judge							
Me	Prohibition						
Mother							
Father	Manipulation/Seduction/Threats/Compliance	Delusion of grandeur/All-powerful/Need for self-			Delusion of grandeur/All-powerful/Need for self-	Manipulation/Seduction/Threats/Compliance	Absent mother/Rejection of mother
Father and Hamza							
Father and Omar							
Father and Sons	Tension						
Omar		Child-therapist active in role/Blames himself	Acclimatisation/Submission/Acceptance	Eats a lot	Child-therapist active in role/Blames himself	Acclimatisation/Submission/Acceptance	Objectification/Control/Projection/Unawareness of others
Omar and Hamza					Child-therapist active in role/Blames himself	Distraught/Disappointment	

Table 8.3 Ferhat family - Chronological interactions

				120			14
Family							
Hamza	Distraught/Disappointment			Distraught/Disappointment			
Judge							
Me	Prohibition						
Mother							
Father		Manipulation/Seduction/Threats/Compliance	Delusion of grandeur/All-powerful/Need for self-	Objectification/Control/Projection/Unawareness of others			Need for/Focus on child-therapist
Father and Hamza							
Father and Omar							
Father and Sons							
Omar	Rejected/Invisible/Unconsidered/Erased	Rejection/Denigration of prohibition	Acclimatisation/Submission/Acceptance	Projection onto adults	Child-therapist active in role/Blames himself	Test of strength	Seek father/Separator
Omar and Hamza	Confusion		Anxiety/Angst/Fear/Dread	Ambivalence (apprehension vs. excitement)			Child-therapist active in role/Blames himself

Table 8.3 Ferhat family - Chronological interactions

	21	122						
Family								
Hamza	Rejected/Invisible/ Unconsidered/Eras ed							
Judge								
Me	Prohibition							
Mother								
Father	Delusion of grandeur/All- powerful/Need for self-	Awareness of rejection and absence of place	Delusion of grandeur/All- powerful/Need for self-	Attack on/Distrust of child-therapist (bad object)	Objectification/Co ntrol/Projection/U nawareness of others			
Father and Hamza								
Father and Omar	Attack on/Distrust of child-therapist (bad object)							
Father and Sons								
Omar			Acclimatisation/Su bmission/Acceptan ce	Child-therapist active in role/Blames himself	Need for/Focus on child-therapist	Eats a lot	Anger/Vengeance/ Frustration in son	Child-therapist active in role/Blames himself
Omar and Hamza	Confusion							1Rejection of father

Table 8.3 Ferhat family - Chronological interactions

	123	124
Family		
Hamza		Rejected/Invisible/ Unconsidered/Erased Test of strength
Judge		
Me		Prohibition
Mother		
Father	Need for/Focus on child-therapist	Delusion of grandeur/All- powerful/Need for self- Anger Delusion of grandeur/All- powerful/Need for self-
Father and Hamza		
Father and Omar		
Father and Sons		
Omar	Family secret/Culture/Hist ory/The unkown/Mother	Rejected/Invisible/ Unconsidered/Erased Acclimatisation/Su bmission/Acceptan ce Projection onto adults Tension Seek father/Separator Anger/Vengeance/ Frustration in son Test of strength
Omar and Hamza		

Table 8.3 Ferhat family - Chronological interactions

	125			126				
Family								
Hamza	Repercussions on child (behaviour)	Seek father/Separator						
Judge								
Me	Prohibition			Prohibition			Prohibition	
Mother								
Father	Delusion of grandeur/All-powerful/Need for self-	Objectification/Control/Projection/Unawareness of others		Objectification/Control/Projection/Unawareness of others	Delusion of grandeur/All-powerful/Need for self-	Need for/Focus on child-therapist	Family secret/Culture/History/The unknown/Mother	
Father and Hamza	Rightful places			Delusion of grandeur/All-powerful/Need for self-	Need for/Focus on child-therapist			
Father and Omar				Attack on/Distrust of child-therapist (bad object)				
Father and Sons								
Omar	Anger/Vengeance/Frustration in son	In search of/Found identity	Acclimatisation/Submission/Acceptance	Seek father/Separator	Seek father/Separator	Anxiety/Angst/Fear/Dread	Child-therapist active in role/Blames himself	Family secret/Culture/History/The unknown/Mother
Omar and Hamza	Child-therapist active in role/Blames himself			Rejection/Denigration of prohibition				

Table 8.3 Ferhat family - Chronological interactions

	127	128	129
Family			
Hamza	Repercussions on child (behaviour)		
Judge			
Me	Prohibition		Confusion
Mother			
Father	Objectification/Control/Projection/U nawareness of others	Manipulation/Sedu ction/Threats/Com pliance	Objectification/Co ntrol/Projection/U nawareness of others
Father and Hamza			
Father and Omar	Attack on/Distrust of child-therapist (bad object)	Acclimatisation/Su bmission/Acceptan ce	
Father and Sons	Tension	Acclimatisation/Su bmission/Acceptan ce	Child-therapist active in role/Blames himself
Omar	In search of/Found identity	Rightful places	Test of strength
Omar and Hamza		Child-therapist active in role/Blames himself	Child-therapist active in role/Blames himself

Table 8.3 Ferhat family - Chronological interactions

		130	131	132			
Family							
Hamza	Awareness of rejection and absence of place						
Judge							
Me	Prohibition				Prohibition		
Mother							
Father	Delusion of grandeur/All-powerful/Need for self-	Delusion of grandeur/All-powerful/Need for self-	Rejection/Denigration of prohibition	Need for/Focus on child-therapist	Need for/Focus on child-therapist	Delusion of grandeur/All-powerful/Need for self-	Tension
Father and Hamza							
Father and Omar		Attack on/Distrust of child-therapist (bad object)	Anger/Vengeance/Frustration in son				
Father and Sons		Objectification/Control/Projection/U-nawareness of others	Delusion of grandeur/All-powerful/Need for self-				
Omar		Acclimatisation/Submission/Acceptance	Child-therapist active in role/Blames himself	Test of strength	Seek father/Separator	Child-therapist active in role/Blames himself	
Omar and Hamza		Anxiety/Angst/Fear/Dread	Seek father/Separator				

Table 8.3 Ferhat family - Chronological interactions

	133								
Family									
Hamza	Confusion								
Judge									
Me	Prohibition								
Mother									
Father	Rule-breaking	Rejected/Invisible/ Unconsidered/Eras ed	Attack on/Distrust of child-therapist (bad object)	Delusion of grandeur/All- powerful/Need for self-	Anger	Confusion	Rejection/Denigrat ion of prohibition	Delusion of grandeur/All- powerful/Need for self-	
Father and Hamza									
Father and Omar									
Father and Sons									
Omar	Anxiety/Angst/Fear/ Dread	Confusion							Attack on/Distrust of child-therapist (bad object)
Omar and Hamza									

Table 8.3 Ferhat family - Chronological interactions

	134	135	136	
Family				
Hamza		Test of strength	Rejected/Invisible/ Unconsidered/Erased	Need for/Focus on child-therapist
Judge		Delusion of grandeur/All- powerful/Need for self-		Repression of emotions/Contain- ed
Me		Prohibition	Prohibition	Prohibition
Mother				
Father	Objectification/Co ntrol/Projecttion/U nawareness of others	Manipulation/Sedu ction/Threats/Com pliance	Delusion of grandeur/All- powerful/Need for self-	Attack on/Distrust of child-therapist (bad object)
Father and Hamza			Rejected/Invisible/ Unconsidered/Erased	Rejection/Denigrat ion of prohibition
Father and Omar				
Father and Sons			Rejection/Denigrat ion of prohibition	Delusion of grandeur/All- powerful/Need for self-
Omar	Acclimatisation/Su bmission/Acceptan ce	Test of strength	Acclimatisation/Su bmission/Acceptan ce	Anger/Vengeance/ Frustration in son
Omar and Hamza			Anxiety/Angst/Fea r/Dread	Distraught/Disapp ointment

Table 8.3 Ferhat family - Chronological interactions

	137	138	139
Family			
Hamza	Distraught/Disappointment		
Judge	Delusion of grandeur/All-powerful/Need for self-		
Me	Prohibition		Prohibition
Mother			
Father	Manipulation/Seduction/Threats/Compliance	Attack on/Distrust of child-therapist (bad object) Rejection/Denigration of prohibition	Objectification/Control/Projection/Unawareness of others Displacement Manipulation/Seduction/Threats/Compliance Rejection/Denigration of prohibition
Father and Hamza			
Father and Omar			
Father and Sons			
Omar	In search of/Found identity	Anger/Vengeance/Frustration in son	In search of/Found identity
Omar and Hamza	Test of strength		

Table 8.3 Ferhat family - Chronological interactions

		140		141		
Family						
Hamza	Distraught/Disappointment					
Judge						
Me	Prohibition		Prohibition		Prohibition	
Mother						
Father	Anger	Attack on/Distrust of child-therapist (bad object)	Anger	Delusion of grandeur/All-powerful/Need for self-	Rejected/Invisible/ Unconsidered/Erased	Manipulation/Seduction/Threats/Compliance
Father and Hamza						
Father and Omar		Attack on/Distrust of child-therapist (bad object)	Anger			
Father and Sons						
Omar		Anger/Vengeance/ Frustration in son	Confusion	In search of/Found identity	In search of/Found identity	Rejection of father Rightful places Anger/Vengeance/ Frustration in son
Omar and Hamza		Child-therapist active in role/Blames himself				

Table 8.3 Ferhat family - Chronological interactions

	142	143	144	145
Family				
Hamza				Allowed to be
Judge				
Me		Prohibition	Prohibition	
Mother				
Father	Objectification/Control/Projection/Unawareness of others	Rejection/Denigration of prohibition	Delusion of grandeur/All-powerful/Need for self-	
Father and Hamza				
Father and Omar				
Father and Sons				
Omar	In search of/Found identity	Anger/Vengeance/Frustration in son	Anger/Vengeance/Frustration in son	Rejection/Denigration of prohibition
Omar and Hamza			Distraught/Disappointment	In search of/Found identity
				Test of strength

Table 8.3 Ferhat family - Chronological interactions

	45
Family	
Hamza	In search of/Found identity
Judge	
Me	
Mother	
Father	
Father and Hamza	
Father and Omar	
Father and Sons	
Omar	
Omar and Hamza	

Table 8.4 Schuster family - Chronological interactions

	146			147			148		
Brother									
Everyone									
Schuster Family	Hiding identity/Family secret/Repressed emotions	Lack of structure							
Judge									
Me	Prohibition/Triangulation/Acknowledge roles								
Mother	Lack of structure	Infantilisation of mother/Infantile mother	Protective/Aggressive/Territorial nature	Seeking/accepting of separator	Lack of structure	Protective/Aggressive/Territorial nature	Seeking/accepting of separator	Rejection of authority	Rulebreaking
Mother and husband									
Mother and Violette									
Husband									
Violette	Active in child-therapist role/Compliant/Submission								
Violette and family									
Violette and stepfather									

Table 8.4 Schuster family - Chronological interactions

		149	150			151		
Brother	Indifferent/Uninterested/Distant							
Everyone								
Schuster Family								
Judge								
Me	Prohibition/Triangulation/Acknowledge roles							
Mother	Protective/Aggressive/Territorial nature	Need for/Focus on child-therapist	Need for/Focus on child-therapist	Objectification/Infantilisation/Conviction				
Mother and husband	Indifferent/Uninterested/Distant							
Mother and Violette	Indifferent/Uninterested/Distant		Need for/Focus on child-therapist	Objectification/Infantilisation/Conviction	Active in child-therapist role/Compliant/Submission			
Husband								
Violette	Active in child-therapist role/Compliant/Submission	Active in child-therapist role/Compliant/Submission	Unnatural desire/Seduction of father		Latent resentment		Avoidance/Escape	Active in child-therapist role/Compliant/Submission
Violette and family	Active in child-therapist role/Compliant/Submission							
Violette and stepfather	Unnatural desire/Seduction of father		Active in child-therapist role/Compliant/Submission	Absent father				

Table 8.4 Schuster family - Chronological interactions

	152				153				
Brother									
Everyone									
Schuster Family									
Judge									
Me	Prohibition/Triangulation/Acknowledge roles								
Mother	Hiding identity/Family secret/Repressed emotions	Need for/Focus on child-therapist	Rightful place/Accept rules		Absent mother	Need for/Focus on child-therapist	Seeking/accepting of separator		
Mother and husband									
Mother and Violette	Less anxiety Rightful place/Accept rules								
Husband									
Violette	Fear/Dread	Seeking/accepting of separator	Identity found/In search of identity	Active in child-therapist role/Compliant/Submission	Active in child-therapist role/Compliant/Submission	Rulebreaking	Unnatural desire/Seduction of father	Rejection of authority	Latent resentment
Violette and family									
Violette and stepfather	Unnatural desire/Seduction of father								

Table 8.4 Schuster family - Chronological interactions

		154				155			
Brother									
Everyone									
Schuster Family									
Judge									
Me									
Mother	Seeking/accepting of separator		Objectification/Infantilsation/Conviction			Objectification/Infantilsation/Conviction		Hiding identity/Family secret/Repressed emotions	
Mother and husband									
Mother and Violette						Fear/Dread	Avoidance/Escape	Active in child-therapist role/Compliant/Submission	Objectification/Infantilsation/Conviction
Husband									
Violette	Seeking/accepting of separator	Latent resentment	Seeking/accepting of separator	Indifferent/Uninterested/Distant	Stress in absence of prohibition	Latent resentment	Seeking/accepting of separator	Active in child-therapist role/Compliant/Submission	Unnatural desire/Seduction of father
Violette and family									
Violette and stepfather									

Table 8.4 Schuster family - Chronological interactions

	156			157				158	
Brother									
Everyone									
Schuster Family									
Judge									
Me	Prohibition/Triangulation/Acknowledge roles				Prohibition/Triangulation/Acknowledge roles				
Mother	Need for/Focus on child-therapist	Objectification/Infantilisation/Conviction		Distraught	Need for/Focus on child-therapist	Seeking/accepting of separator		Distraught	
Mother and husband	Objectification/Infantilisation/Conviction			Reality					
Mother and Violette									
Husband	Objectification/Infantilisation/Conviction								
Violette	Seeking/accepting of separator	Absence of desire for father	Avoidance/Escape	Seeking/accepting of separator	Avoidance/Escape	Identity found/In search of identity	Rebellion/Agitation	Hiding identity/Family secret/Repressed emotions	Fear/Dread
Violette and family	Lack of structure	Rebellion/Agitation							
Violette and stepfather									

Table 8.4 Schuster family - Chronological interactions

					159			160		
Brother										
Everyone	Identity found/In search of identity Rebellion/Agitation									
Schuster Family										
Judge	Infantilisation of mother/Infantile mother									
Me										
Mother	Seeking/accepting of separator Distraught Need for/Focus on child-therapist Hiding identity/Family secret/Repressed emotions									
Mother and husband										
Mother and Violette	Rightfil place/Accept rules									
Husband										
Violette	Seeking/accepting of separator	Active in child-therapist role/Compliant/Submission	Less anxiety	Identity found/In search of identity					Less anxiety	Identity found/In search of identity
Violette and family	Rightfil place/Accept rules									
Violette and stepfather	Unnatural desire/Seduction of father									

Table 8.4 Schuster family - Chronological interactions

	161				162				
Brother									
Everyone									
Schuster Family									
Judge									
Me									
Mother	Hiding identity/Family secret/Repressed emotions	Reality	Distraught		Distraught	Absent mother	Objectification/Infantilisation/Conviction		
Mother and husband									
Mother and Violette	Active in child-therapist role/Compliant/Submission	Objectification/Infantilisation/Conviction			Active in child-therapist role/Compliant/Submission	Objectification/Infantilisation/Conviction			
Husband									
Violette	Latent resentment	Less anxiety	Seeking/accepting of separator	Identity found/In search of identity	Seeking/accepting of separator	Indifferent/Uninterested/Distant	Rebellion/Agitation	Less anxiety	Identity found/In search of identity
Violette and family									
Violette and stepfather									

Table 8.4 Schuster family - Chronological interactions

	163				
Brother					
Everyone					
Schuster Family					
Judge					
Me					
Mother	Distraught	Need for/Focus on child-therapist	Reality	Absent mother	Hiding identity/Family secret/Repressed emotions
Mother and husband					
Mother and Violette	Identity found/In search of identity				
Husband					
Violette	Less anxiety	Identity found/In search of identity	Seeking/accepting of separator		
Violette and family					
Violette and stepfather					

Table 8.5 Roos family - Chronological interactions

	164		165				166			
Caseworker										
Dave	Lack of structure/Attachment	Manipulation/Seduction/Force	Rejection/Defiance of prohibition	Awaiting 18th birthday	Size/Hair		Oral fixation/Eats a lot	Absence of control/Limits	Objectification of...	
Sister										
Roos family	Lack of structure/Attachment		Glorification of...	Trivialisation/Ignorance/Dismissal						
Foster family										
Me			Anger/Frustration	Confusion	Lack of structure/Attachment		Prohibition			
Father	Self-glorification/Validation		Need for child-therapist	Objectification of...	Glorification of...	Self-glorification/Validation	Glorification of...	Encourages son	All-powerful/Tyrannical/Delusion of grandeur	Seeks prohibition/Separation
Father and Dave	Child-therapist active in role	Need for child-therapist	Infantilisation of father	Routine			Self-glorification/Validation	Glorification of...	Child-therapist active in role	Need for child-therapist

Table 8.5 Roos family - Chronological interactions

		167			168					169
Caseworker										
Dave	Rebellion/Rejection	Manipulation/Seduction/Force	Rejection/Defiance of prohibition	Rejection/Defiance of prohibition	All-powerful/Tyrannical/Delusion of grandeur	Reality	Self-glorification/Validation	Oral fixation/Eats a lot		
Sister										
Roos family	All-powerful/Tyrannical/Delusion of grandeur									
Foster family										
Me	Prohibition		Prohibition		Creepy atmosphere			Prohibition		
Father	Trivialisation/Ignorance/Dismissal	Need for child-therapist	Glorification of...		Encourages son	Reality	Need for child-therapist	Self-glorification/Validation	All-powerful/Tyrannical/Delusion of grandeur	
Father and Dave			Child-therapist active in role		Need for child-therapist		Absence of substance/Superficiality			

Table 8.5 Roos family - Chronological interactions

					170				171	
Caseworker										
Dave	Lack of structure/Attachment	Objectification of...			All-powerful/Tyrannical/Delusion of grandeur	Rejection/Defiance of prohibition			Objectification of...	Manipulation/Seduction/Force
Sister										
Roos family										
Foster family										
Me	Prohibition									
Father	Seeks prohibition/Supervisor	Glorification of...	Need for child-therapist	Awaiting 18th birthday	Need for child-therapist	Self-glorification/Validation	Absence of control/Limits	Encourages son	Rejection/Defiance of prohibition	
Father and Dave	Self-glorification/Validation									
						Glorification of...	Need for child-therapist	Child-therapist active in role		

Table 8.5 Roos family - Chronological interactions

	172				173			174			
Caseworker											
Dave	Objectification of...				All-powerful/Tyrannical/Delusion of grandeur		All-powerful/Tyrannical/Delusion of grandeur		Reality	Self-glorification/Validation	
Sister											
Roos family											
Foster family											
Me	Prohibition			Prohibition				Prohibition			
Father	Rejection/Defiance of prohibition	Family history	All-powerful/Tyrannical/Delusion of grandeur	Awaiting 18th birthday	Rulebreaking	Encourages son		Absent father (role)	Family history	Self-glorification/Validation	
Father and Dave					Child-therapist active in role	All-powerful/Tyrannical/Delusion of grandeur		Reality	Child-therapist active in role	Need for child-therapist	Proximity

Table 8.5 Roos family - Chronological interactions

			175					176		
Caseworker										
Dave	Gratitude	Size/Hair	Awaiting 18th birthday	Gratitude	Gratitude					
Sister										
Roos family										
Foster family										
Me	Prohibition		Confusion					Prohibition	Confusion	
Father	Absence of substance/Superficiality		Encourages son	Absence of control/Limits	Need for child-therapist	Self-glorification/Validation	Absence of substance/Superficiality	Self-glorification/Validation	Glorification of...	Absence of substance/Superficiality
Father and Dave	Proximity							Need for child-therapist	Self-glorification/Validation	Child-therapist active in role

Table 8.5 Roos family - Chronological interactions

				177				178		
Caseworker										
Dave				Size/Hair	Oral fixation/Eats a lot			All-powerful/Tyrannical/Delusion of grandeur	Rejection/Defiance of prohibition	Self-glorification/Validation
Sister										
Roos family										
Foster family										
Me				Prohibition	Absence of substance/Superficiality			Prohibition	Manipulation/Seduction/Force	
Father	Need for child-therapist	Rejection/Defiance of prohibition	Objectification of...	Need for child-therapist	Self-glorification/Validation	Objectification of...	Reality	Self-glorification/Validation	Need for child-therapist	
Father and Dave	Need for child-therapist			Routine						

Table 8.5 Roos family - Chronological interactions

				179		180				
Caseworker	All-powerful/Tyrannical/Delusion of grandeur									
Dave	Manipulation/Seduction/Force	Anger/Frustration	Rebellion/Rejection	Child-therapist active in role	Infantilisation of father	Infantilisation of father	Child-therapist active in role	Awaiting 18th birthday	Difficulty to project future	Manipulation/Seduction/Force
Sister										
Roos family										
Foster family										
Me	Prohibition									
Father	Absent father (role)				Distraught/Dissappointment/Trauma	Need for child-therapist	Trivialisation/Ignorance/Dissmissal	Reality		
Father and Dave										

Table 8.5 Roos family - Chronological interactions

	181			182				183		
Caseworker										
Dave	9	Child-therapist active in role		Tension	Child-therapist active in role			Rulebreaking	Glorification of...	Trivialisation/ Ignorance/Dismissal
Sister										
Roos family										
Foster family										
Me	Prohibition			Prohibition			Prohibition			
Father	Need for child-therapist	Encourages son	Glorification of...	Reality	Rejection/Defiance of prohibition	Absent father (role)	Need for child-therapist	Rejection/Defiance of prohibition		
Father and Dave	Glorification of...									

Table 8.5 Roos family - Chronological interactions

	184				185			186		
Caseworker										
Dave	Child-therapist active in role	Infantilisation of father	Need for child-therapist	Rulebreaking	Oral fixation/Eats a lot	Reality	Manipulation/ Seduction/Force	Distraught/Dissappointment/Trauma	Trivialisation/ Ignorance/Dissmissal	Rulebreaking
Sister	Family history									
Roos family										
Foster family	Manipulation/ Seduction/Force									
Me	Prohibition Seeks prohibition/Supervisor									
Father	Absent father (role)	Need for child-therapist						Encourages son	All-powerful/Tyrannical/Delusion of grandeur	Self-glorification/Validation
Father and Dave	Proximity									

Table 8.5 Roos family - Chronological interactions

				187			188			
Caseworker										
Dave	All-powerful/Tyrannical/Delusion of grandeur	Manipulation/Seduction/Force	Glorification of...	Rebellion/Rejection			Anger/Frustration	Absence of control/Limits	Self-glorification/Validation	Reality
Sister										
Roos family										
Foster family										
Me	Prohibition					Prohibition				
Father	Denial	Adapted role		Distraught/Dissappointment/Trauma	Need for child-therapist	Distraught/Dissappointment/Trauma				
Father and Dave	Absence of substance/Superficiality			Awaiting 18th birthday	Absence of substance/Superficiality					

Table 8.5 Roos family - Chronological interactions

			189		190				191	
Caseworker										
Dave	Rejection/Defiance of prohibition	Manipulation/Seduction/Force	All-powerful/Tyrannical/Delusion of grandeur	Self-glorification/Validation	Rejection of father	Rebellion/Rejection	Seeks prohibition/Supervisor	Distance/Avoidance	Seeks prohibition/Supervisor	Rejection of father
Sister										
Roos family										
Foster family										
Me	Prohibition			Prohibition				Prohibition		
Father	Rejection/Defiance of prohibition			Reality		Need for child-therapist		Distraught/Dissappointment/Trauma		Rejection of father
Father and Dave	All-powerful/Tyrannical/Delusion of grandeur			Rebellion/Rejection		Denial		Rebellion/Rejection		Denial

Table 8.5 Roos family - Chronological interactions

				192				193
Caseworker								
Dave	Rebellion/RejectionRejection of fatherFamily historyLess anxiety							
Sister								
Roos family								
Foster family								
Me	ProhibitionProhibition							
Father	Denial	Denial		Adapted role	Self-glorification/Validation		Distraught/Dissappointment/Trauma	
Father and Dave	Rulebreaking	Distance/Avoidance	Rejection/Defiance of prohibition					

Résumé

Le « child-therapist » évoque un enfant qui sacrifie son psychisme et ainsi son développement pour la survie du système familial. Cette thèse cherche à explorer son vécu et à mieux comprendre ce qu'il vit. A travers la méthode d'observation et une analyse utilisant la méthode d'IPA (*Interpretational Phenomenological Analysis*), je questionne son développement psychique, sa mentalisation et la colère latente qu'il peut ressentir envers ses parents. Cette recherche a révélé que certains child-therapists se développent à travers un conditionnement, c'est-à-dire à partir des tâtonnements vers des comportements désirés, ainsi que des comportements qui réduisent les tensions au sein de la famille. Aussi, en présence de ses parents, il démontre de fausses capacités de mentalisation. Enfin, sans exception, il porte une colère envers ses parents défaillants. Cette recherche a donc élucidé le fonctionnement mental du child-therapist.

Mots clés : child-therapist – développement – famille – psychopathologie - psychisme

Résumé en anglais

The child-therapist speaks of a child who sacrifices his own psychical development for the survival of his or her family. This dissertation sets out to understand the mind of the child. Using the observational method and the IPA (*Interpretational Phenomenological Analysis*) to analyse the data, I set out to investigate his or her development, his or her mentalization capacities and a latent anger that he or she could harbour towards his or her parents. This research showed that the child develops through a form of conditioning. In addition, he or she exhibits false mentalization capacities, but only in the presence of his or her parents. Lastly, the child holds anger and resentment towards his parents that failed him or her. This study helped shed light on the mind of the child-therapist.

Key words: child-therapist – development – family – psychopathology – psyche