# The child and the parents in psychotherapy: expanding the Gestalt therapy view

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**Abstract:** The purpose of this paper is to approach the relevance of caring for parents during the psychotherapeutic process of the child, since the family system as a whole is stronger than its parts. The family field contributes to the formation of the child's subjectivity and identity and also to symptoms and pathologies. Disturbances reside in the organism/environment field. For Gestalt therapy, an emotional problem is not exclusive to the individual, but arises from a field that may contain dysfunctional relationships. Children's psychological and behavioural disruptions may emanate from unsolved childhood tragedies and dramas in their parents. When ruptures and conflict arise, seeds of psychopathologies are sown. The therapist works to gain access to each one's pain, to promote the contact of parents with their hurt inner child, to re-establish awareness of each person's place, role and significance within their family, and to integrate polarities and alienated parts.

*Key words:* Gestalt therapy, family, child, inner child.

## Introduction

My extensive professional experience in public service in Brazil, working at a psychiatric hospital and a medical and psycho-pedagogical orientation centre, a multiprofessional unit directed at children and adolescents, has contributed immensely to building my clinical knowledge and practice with children and their families. In conjunction with my training in Gestalt therapy and theory, which views individuals and the world as a totality, intimately connected via interdependence and reciprocity, I began considering the immense influence of family and parents on the formation of children's identity, as well as on their emotional disturbances. I realised that, without caring for the parents, the chances of significant changes occurring in the child were slim.

In general, when children come to therapy, they represent a figure-symptom-part that stands out from a background-family-whole where interpersonal relations are disturbed. Children may not understand why they are going to therapy, whilst their parents in turn may not acknowledge their part in the child's problematic presenting behaviour. Clinical practice has taught me that the younger the child, the more likely it is that their difficulties originate with the parents, and the more the therapist will need to meet with the parents to provide them with guidance and support.

Thus, one of the relevant tasks of the Gestalt therapist who works with children is to include parents in the treatment to raise their awareness of the meaning of the child's symptoms in the context of the family and also to clarify how each parent's respective inner child emotional woundedness may be contributing to the child's problematic behaviour. As quoted by Clarkson (1989), 'Unresolved childhood situations are often experienced as unfinished situations or incompletely formed Gestalten. These unfinished situations continue to disturb the person in adult life' (p. 7).

Psychotherapy with children depends greatly on the parents' empathy, acceptance and trust in the professional. Problems can arise if a parent competes with the therapist for the child's exclusive love, their inner child neediness feeling threatened by the child's relationship with the therapist. Other parents may be dismissive of the therapist and psychotherapy, their hurt child reacting against perceived authority. Parents who lacked affective attention in childhood may manifest this by denying the existence of any psychological problem their children might have. In such cases, the child's behavioural and psychological disorders may stem from parents' unsolved childhood dramas, which are now projected on to their children. On discussing the theory of the 'removal of inner conflict', Perls and Goodman (1977) indicate that 'the disturbances are in the field; true, they spring from the "inner conflicts"

of the parents, and they will later result in introjected conflicts in the offspring as he becomes freestanding' (p. 64).

One of the aims when caring for the parents is to give them the opportunity to relive their own childhood, in such a way that they can reconnect to their hurt child and be open to a process of personal growth. According to Kolodrub-Burtaine (1989), 'We speak in Gestalt of adults who live "as if" they were still children, who live "as if" they have to keep manipulating the world as they did their parents in order to get their basic needs met' (p. 1). Some fathers compete with the child for the mother's love because they have not let go of their place as a child. A four-year-old boy went to therapy due to sleep problems (he would wake up several times during the night) and aggressive behaviour with peers at school. The mother said that the father complained that she gave the boy excessive attention and had forgotten to 'be a woman' (have sexual relations) with him. In turn, the mother complained that the father did not play his paternal role, did not help care for the child or contribute to the household expenses, spending money on superfluous things for himself and acting as if he were single. In one of my sessions with the father, he became aware of the confusing relationship he had lived with his own mother, who excluded and deprecated her husband (his father) and charged him with an intolerable and incomprehensible burden of love. The therapeutic task at hand was to help the father link the current situation to the past, which was full of feelings of anger, grief and fear, so he could stop blaming his mate for his feeling like a rejected child and not the most important person in her life.

Gestalt theory is based on a holistic view of the whole part, in which each individual is a part that affects the identity of the whole, and the identity of the whole affects the identity of the parts, postulating that we are not a pure 'self'. We are part of several other 'selves' and we have parts of these other 'selves' in ourselves (relatives who we lived and related with, connected to other wholes to which we belong), which define a trans-generational family self and a personal self with specific psychodynamic. Wheeler (2002) makes an important statement about this holistic principle: 'Every part of the field is a part of each one of us. ... We are deeply part of each other and in our belongingness, to each other and to the field that we share' (p. 78).

Children and their families are intimately linked, and the history of the parents as experienced in the trans-generational family field strongly influences the identity formation of their child. Kempler (1978) states that 'Family is the imperative You: the essential other' (p. 17). We learn to relate via contact and the affective bonds constructed with other family members. The

qualities of contact and of the bond are responsible for the emergence of feelings of belonging, inclusion and identification with the family totality. When a member feels excluded from the family, some kind of emotional disorder may arise. And when we deny certain characteristics and behaviours, we are not functioning with all of our potential and possibilities. The suppression of needs, desires, and wills creates a manual of false identifications. We spend a significant part of our time trying not to face our own fears, fantasies, and desires that interrupt the flow of contact and love through our lives.

## Field and intersubjectivy: the child–family unit in health and pathology

Healthy children are spontaneous and impulsive. Spontaneity is essential to health. It is a natural impulse, and when expressed in action, creates the experience of 'I can', 'I think', 'I am', directing the process of identification, which is guided by experiences lived in accordance with the organismic choices of the self in formation. Oaklander (2006) states that 'the healthy infant comes into the world with the capacity to make full use of her senses, her body, her emotional expressions, her intellect' (p. 6) and the total organism is functioning in an integrated way, trying to make sense of the world as the intellect develops.

Perls, Hefferline and Goodman (1997) describe development considering both health and pathology:

> The description of health and psychological pathologies is simple. It is a question of identifications and alienations of the self in formation: if an organism identifies himself with his self in formation, he does not inhibit his own creative excitement and his search for a coming solution; and, inversely, if he alienates what is not organically his, as a consequence it cannot be vitally interesting because it dilacerates the figure/background ... however, on the contrary, if he alienates himself and, due to false identifications, he tries to subjugate his own spontaneity, he makes his life insipid, confusing and painful. (p. 49)

Parents, however well-intentioned, may block the full development of the child's potentialities and authentic manifestation, as they tend to transmit their introjected personal beliefs and adapt the child to society according to their rules, beliefs and (dis)-individualised values. Perls (1977) makes an interesting statement regarding this ongoing social drama:

> Even among well-meaning parents, rarely is the development of children's potentials facilitated. These have to be molded into something that will be approved by their parents and society. This imposes two types of processes: the mutilation of some attitudes and the artificial development of others. (p. 79)

Healthy parents encourage their child's genuine affective expression instead of inhibiting spontaneous excitement to explore the world and cope with the environment. Warnings such as: 'Don't climb trees, you will fall down! Don't fight! Don't be angry! Don't run!' are expressions of parental fears. What happens is that some parents carry with them an inner child full of fear, pain, anger, or sadness, which is activated when they find themselves in situations that rekindle the painful memories of childhood.

There was a thirty-eight-year-old woman, for example, who as a child was separated from her parents and siblings and given over to her maternal single aunts because her mother had to take extra care of one of her brothers who was sick. She grew up believing that 'family has to be united' in order to avoid another separation of the kind that caused her suffering. As an adult, she was afraid of separation and exclusion, of creating attachment bonds to significant others and intolerant of third parties in affective relationships. Her needy child manifested itself in these situations with tears, jealousy and insecurity. The authentic expression of her primary needs was inhibited, leading her to live an 'as if' personality, the role of the good child.

For Gestalt therapy, an emotional disorder does not lie exclusively in the individual; it resides in the field, the co-created reality between self and other. The therapist seeks to understand the connections between the parts that organise the whole and that lead to a given pattern of communication, behaviour, perception and unhealthy contact. In the words of Parlett (2005): 'The field is organized, and therapy involves the mutual investigation of how it is organized' (p. 48). For each pattern we maintain, there is an introjected experience that carries an unfulfilled need, an open gestalt, which creates certain experiences, the repeated patterns, the dysfunctional contacts, as it leads to a compulsion to repeat past experiences.

Field theory states that for the child to change, the family environment must change and offer support for the changes expected from the child to occur. There can only be significant transformation in the child if the parents are willing to change their way of interaction, communication and contact (Antony, 2014). Parlett (cited in McConville, 2001) emphasises the force of the contextualising field:

> If personal and situational are not divided but seen together as one realm, then changes in one part of the field will automatically lead to changes in other parts of the field as well … changes in habitual patterns of behavior occur only if there is enough accompanying support in the field, linked to a compelling invitation 'to risk doing something differently'. (pp. 47–48)

A nine-year-old boy who came to therapy as a victim of bullying revealed his introjection: 'We cannot say bad words, we must not fight, we must control our anger, we must solve problems with our intelligence.' When he began talking back to his peers at school and also to his parents when he felt wronged and repressed, he was punished for his disobedience. The boy was confused because on the one hand he was learning to defend himself and express his thoughts and feelings (through the therapeutic task of strengthening the self, developing his aggressive energy), but on the other hand he was reprimanded by his parents who did not support his new behaviour. This process towards increasing self-confidence, autonomy and self-support had to be explained to his parents so that they could reassess their beliefs, expectations, and demands toward their son and thus support his emotional and behavioural transformation.

Cure comes when the parents can empathise with the child's pain and conflicts, when they can admire the hidden qualities, so as to see the *real* child in front of them, not the *ideal* one they would like to have. This awareness process can lead each parent to reappropriate for themselves aspects of their personality that have been denied since childhood. Conflicts emerge as a result of the projected parts of their personality that originated from the projections made by their own parents. These games of projection sustain the trans-generational transmission of emotional disorders that result from interrupted contact that disturbs the flow of love in the family relational field.

## The interruption of contact and of the flow of love in family relations

I believe that the great human drama responsible for psychological disorders is the experience of *love* that occurs (or does not occur) in the primary relation between child and parents. Parents' love for their child is a determining force in their future choice of mates and relationships. Moreno (1994, cited in Marra, 2008) states 'This love exists long before the child was born and goes on fulfilling the expectations from the moment they are born. The relationship between the child and their parents is the keystone of our social life (p. 62)'. Family is the cradle where we develop the ability to establish good contact, a sense of belonging to the world, the feeling of self-love and the acceptance of significant roles to be performed in later life.

In the words of Winnicott (1983), 'Love means the totality of the care with the child that favors the process of maturity. That includes hatred' (p. 94). On addressing the development of self-confidence as the basis of a healthy personality, Briggs (1986) asserts that the language of love is respect, protection, empathy, and acceptance of individuality. To this list, I would add the acceptance of differences and the disabilities that

children carry with them. Unconditional love accepts the different other with their alleged disabilities and insufficiencies. Children need to build the following beliefs to be emotionally healthy: 'I am loved the way I am, I deserve to be loved, I have value'. These beliefs are the source of self-love, which sustains the capacity of self-nurturing and self-support that will provide them with conditions to recognise their personal qualities, find comfort in tense situations, and trust themselves in their personal life choices.

Our greatest interpersonal existential dramas occur due to the deprivation of love and related emotional disturbances, such as: negligence, violence, over-protective love, possessive and selfish love, or early separation/loss of the mother–baby unit. When such experiences happen, the child employs creative adjustments to cope with the reality, which function as psychological defence mechanisms, by blocking awareness of painful feelings, feared sensations and prohibited behaviours. Such processes represent the child's attempt to diminish, disguise, or deny the anguish experienced in the environment. The purpose of every psychological defence mechanism is to maintain emotional equilibrium and health, even if this manifests itself through supposedly maladjusted conduct. A child being reprimanded who fears her father's shouting may create a distraction – a deflection – that will interfere with her full healthy functioning as a form of expressing the self. According to Perls, Hefferline and Goodman (1997), the foundation of the human neurotic drama is the confusion between the spontaneous personality and the deliberate personality. The deliberate one tends to be subjected to the continuous social demands and pressures of daily existence, while the spontaneous personality follows its impulses and excitements as much as possible.

The major task of psychotherapists is to restore the flow of awareness, contact and love among family members, so that each one can take their place in the order of love: 'Love always exists, you just have to look for it' (Hellinger and Hovel, 2007, p. 84). In this sense, therapy is at the service of reconciliation between parents and children, re-establishment of nurturing contact among the family members, and the awareness of each one's place and role in the family, aimed at providing the child with a sense of belonging. When people feel they belong to someone (or to a group) and someone belongs to them, they are less likely to feel logged out from the world, at a loss about their destiny and value.

According to Hellinger and Hovel (2007, p. 102) 'loyalty is love and it means the willingness to share the destiny of family'. It still implies the existence of a strong sense of commitment and ethical obligation to preserve family identity. Family members who feel some kind of threat that may destroy the family unit or create chaos may act protectively to restore balance and conserve family unity. It is amazing how many children cannot accept their parents' separation. No matter how old they are, children hold on to the desire and fantasy of their parents' reunion, even if the mother or father explain that they do not love each other anymore, even if they see that their father or mother have built a new relationship; they still wish their parents would live together again, they long for the 'return' of the unit – the idea that *we are one* forever.

Therapists must be familiar with the family's myths in order to understand their history, and the history of the symptoms. Myths are built upon the system of trans-generational beliefs, values and introjections. Myths create patterns of relationships, behaviours, thoughts, and feelings within the family, accounting for the individual's identity and the family *self*. They dictate. the rules, roles, expectations, and destinies to be fulfilled by its members. Fernandes (2010) addresses the topic of myths, highlighting the need for therapists to listen to the *stories* and *histories* which parents tell about themselves and their ancestors in order to propitiate the identification of family myths. It is a ride through the family memory in order to recognise the heroes and miscreants that gave origin to the conflicts, fears, ghosts and secrets that perpetuate the open gestalten of the family. A forty-five-year-old woman believed that the women in her family were born to be unhappy in love, their marriages were doomed to fail; she did not believe in men's love. Thus, she started a new relationship with the preconceived idea that it would not last, and she was not able to sustain a relationship long-term. She got involved in love triangles and ended up breaking up because she always doubted her partner's love. Negative experiences in the family history bring up negative introjections that create negative myths, as stated by Rosanes-Berrett (p. 19): 'The negative myth arises because not all the material introjected by the child enhances its self-esteem or ego strength. The negative myth is created, therefore, when the child introjects a negative or punitive parent.'

## Games of projection and introjection

As long as the emotional wounds lived by parents in childhood remain out of awareness, a lot of games of manipulation can take place within families. Through these games parents may blame their child, or even blame each other for the family's maladjustment. Sometimes the parental figure that is the target of projections may use the child as a depository of complaints, wishing to turn the child into an ally. This parent assigns to the child the role of confidante and

mediator of conflicts between father–man and mother–woman, which can result in anguish and confusion for the child.

The two most commonly-used mental defence mechanisms in these games of accusation, victimisation and domination are projection and introjection. In projection, there is the determination of what the child 'must *not* be and must *not* do', while the introject commands what he or she 'must be and must do'. In general, we project our introjections. We project on to others characteristics and behaviours that we do not accept in ourselves. For example, a parent who complains about his children being disobedient and hostile towards him may be attempting to get rid of his inner hurt child who was disobedient, and used to be hit by his parents when he confronted their orders. Children may mirror for their parents how their own parents saw them.

In Gestalt therapy, introjection is the primary process of internalisation of beliefs, values and thoughts transmitted by parents, culture, and significant others, in an imposing way that often negatively interferes in the organisation of the child's identity. 'Introjection is the generic mode of interaction between individuals and their environment. The child simply experiences many aspects of life as "that's the way it is"' (Polster and Polster, 1979, p. 80). As stated by Oaklander (2006), in the first stages of development children have not yet developed reflective consciousness, which enables them to question, chew and digest the validity of parental moral messages – thus they may passively swallow their parents' judgments and beliefs, and feel guilty for bad things that happen in the family.

In this sense, introjection is one of the psychological processes that disturbs the child's perceptions of herself and that damages healthy contact between the child-the other-the world. Introjections are toxic when they carry destructive emotional messages to the child's self. A parent who expresses humiliating words such as: 'You are useless, you never do anything right! You are dumb! You have been a burden in my life since you were born', is liable to plant in the child seeds of insecurity, depression, and self-destruction. These negative messages that children hear about themselves carry a 'should' ('you should be and act this way') that is associated with tragic expectations (threats of punishment, deprivation of love, of abandonment) for having disobeyed, for having a different opinion from that of their parents, behaviours that aim to maintain the boundaries of individuality. Perls (1977) exemplifies this process as follows:

> Answering to the 'should', individuals act in a role which is not supported by their genuine needs. They become false and phobic. They avoid facing their limitations and perform roles with no basis on their potential. They build an imaginary ideal of what it 'should' be like, and not of what it is really like. (p. 21)

Such messages generate a drama between the original and the introjected parts, creating a dominator versus dominated conflict. The more threatening and catastrophic the introjections are, the more frightened, the more anxious and the less authentic the child will be in her way of acting. That which is original is alienated and projected outwards, leading to a false identification due to the loss of capacity to discriminate what is nurturing. The result is a distorted, diminished, fragmented and confused perception about reality and of oneself (Antony, 2010). Children who introject the idea that they are a burden to their mother may come to relate with others in a way so as not to bother them and not be inconvenient, blocking their capacity for opposition, confrontation and true self-expression.

The dominator versus dominated conflict is responsible for the internal voices that dialogue among themselves when a person must make a choice, or is faced with a situation of tension. The role of the dominator (the severe adult) is to torment the dominated (the child), regardless of the child's will, needs, or desires. The dominator seeks to impose orders and demands because he or she considers him or herself to be the owner of truth. As the dominated, the child tries to escape from such sovereignty and develops oppositional behaviour, pretending to be a victim, putting off tasks, getting ill: for instance, 'Tomorrow', 'I promise', 'Yes, but ...', 'I do the best I can', 'I am tired and ill'. Thus, 'the two of them, the dominator and the dominated, live a life of mutual frustration and in constant attempts to control each other' (Perls, 1971, p. 37). From such conflicting dynamics, Perls describes the appearance of games of manipulation that aim to preserve the dominator's power and suppress the dominated one. Some of them are:

- The game of ascendancy: 'I am better than you', 'I can supplant you, I can repress you.'
- The game of adjustment: 'Is this correct, adequate?' 'Does my behaviour adjust to the concept of how a person should behave?'
- The game of accusations/blame: 'You don't do anything right.' 'You never understand me' (ibid., p. 29).

Because of unsolved past situations, in which someone was destructive or oppressing to the child, the adult brings with him strong feelings of guilt, hatred, fear, rejection from the family. For example, if the mother who rejects her child is aggressive, or strict, the child may introject these parts into her identity with the unconscious aim of looking like her, being recognised by the mother as her equal, and thus earning her love. Therefore, the child will identify with that parent

figure by whom she feels rejected or not recognised. However, what happens is a war of projections, where the mother sees herself in her child and disapproves of those behaviours or personal characteristics that were condemned by her own parents in childhood. 'Those who confront their own father will forcibly be alike. And those who confront their mother will forcibly be like her' (Hellinger and Hovel, 2007, p. 84). There are children who try to deny their history and their parents, as they want to forget a history of humiliation, shame, or violence. A lot of disorders and illnesses originate from this inability or refusal to recognise family bonds.

Alice Miller (1997) clearly illustrates these projections when there are feelings of weaknesses, failures, and/or hatred: 'We can get rid of the old wounds when delegating those to our own children' (p. 74). It can be painful for children when they begin to see their parents as people who have negative qualities (and who are cruel in certain circumstances), and start to dismiss them from the position of the omnipotent God. Adults who are emotionally estranged from their parents, who carry anger, sorrow, resentment within themselves, may be limited in their capacity to fully express love to others and themselves. Those who do not love the woman–person that is their mother or the man–person that is their father will not love others fully and healthily. If children can internalise a positive representation of their parents they are more likely to be able to love themselves, create a nurturing loving relationship, and offer themselves reliably to be loved.

Thus, the Gestalt therapeutic way aims to: (1) *identify and clean these toxic introjections*, which are emotional garbage that inhibit and confuse the person's identity; (2) *restore dialogue* of what has not been said between the caregiver and the hurt child who has a confused and fragile sense of self; and (3) *carry out healing dialogue between the hurt child and today's adult*, so as to reduce guilt and self-blame. Where there is guilt, there is self-condemnation and a need for atonement. The last objective is to (4) *integrate the inner child*, a process that leads the individual towards self-acceptance, self-forgiveness, self-respect and the rediscovery of self-love, very much forgotten in the past.

## The parents' inner child

We all have a hurt child in our heart who every once in a while cries out to express him or herself. The path towards freedom includes rescuing this inner child who has been forgotten, silenced, feared.

In sessions with parents, I try to make the parents' inner child present, leading them to connect with their child at the same age as the child who has come to therapy. Based on my clinical observations, I have noticed that there is a link between the conflicts experienced by the child in therapy and a conflicting situation experienced by one of the parents when they were young, with their own parents. It is in the trans-generational field. I ask the parents: 'What were you like as a child at eight-years-old? Is what your son is experiencing with you today somehow similar to what you experienced with your father? How did you as a child try to resolve the situation? What emotions and feelings did you feel in that context and which ones do you still strongly feel with your son/daughter? What are you afraid of? What makes you angry? When do you feel guilty?' I find that the parents' inner child is always present when their emotional reactions are intense and extreme in the face of behaviour from their children that they consider wrong.

Lebovici (1988, cited in Acquarone, 2004) introduces an in-depth perspective of two dimensions of the adult's inner child, making a distinction between the phantasmatic child and the imaginary child. He says that:

> The phantasmatic child is the unconscious construction that parents build up in their minds of the child, as a product of the parents' conflicts with their own parents. The imaginary child is the conscious construction that the parents make out of characteristics that they perceive or wish for (or from) the child. … The phantasmatic child and the imaginary child are different from the actual child. (p. 37)

Thus, the parent's inner hurt child is entangled in the family's emotional dramas. These parents are dealing with their phantasmatic child, not with the one who is before their eyes. According to the author, the thoughts regarding this phantasmatic child may influence the kind of bond to be developed with them, and also the psychopathologies that emerge. As Nichols and Schwartz (1998, cited in Penso and Costa, 2008) state: 'The family problem is the result of a multi-generational sequence where all the family members are agents and reagents' (p. 16). Raising the parents' awareness of the unresolved conflicts with their own parents is really important for allowing the original expression of the child's self, free from the parents' inner child, who sometimes asks: 'Love me, protect me, accept me and recognise me as a source of your emotion, creativity, spontaneity, kindness. Don't judge me so much, don't convict me so vehemently, don't forget me, don't silence me. Let me know that we will always be together no matter what, giving me strength, courage, love and limits, when necessary.' The child that still exists in each one of us cries out to be free, forgiven, accepted. Parents must adopt their own inner child if they are to build new values and improve their self-esteem, self-confidence, and self-support.

Therefore, the restoration of the child–adult–parents significant unit requires revisiting the temporal flow of

life, so that each one can look back at the painful past and be grateful for everything experienced, giving those experiences an adequate place in their lives, integrating pain and love. In so doing, each parent can become a whole person and be who and what they really are, and children can be who and what they really are.

## Final considerations

> We have this life from which evolves the divine in us. When you can learn to live it without falling back on roles, defenses, or old fears for support, you have a chance to become a human being in the highest sense of the word. (Rosanes-Berrett, 1989, Preface)

The essence of the child brings forth what is most sacred in us. Children know what they need and act wisely towards their best welfare, doing their best to cope with reality. They are moved by the principles of pleasure and excitement, having to go through constant creative adjustments to adapt to the rules and prohibitions mandated by adults.

Becoming a healthy adult requires the release of the infant image (the obedient, dominated, dependent child) and the toxic messages of childhood conveyed by our parents. We grow up shaped by the law, beliefs and demands of our parents, school, and society. Many parents teach their children that feelings are dangerous and that they need to be always calm and controlled (something they are not able to be or do themselves). As Gebrim points out (1998): 'Adults are thieves of feelings' (p. 21).

The family system as a whole is stronger and more determinant than its parts. Family gives life to the individual and when this is not taken into account, nothing is worthwhile, nothing makes sense – existence is empty. When the therapist guides the child and her parents to face paternal and maternal wounds, they will have a better understanding of the conflicts, of themselves, and of the family history in itself, with its myths and legacy that determine the destiny and role of each of its members.

A divine child dwells in us (full of happiness, love, spontaneity, creativity, excitement), guiding our true and original actions. This child is the source that leads us to the truth of the 'I am', free from the chains and obstructions that prevent human beings from fully being. Let us honour and love the child who has survived and led us to where we are, whom we are with and how we are, even if there is pain, in the same way as there have surely been moments of love. 'This child is present in the eyes and soul of every human being, hoping to be welcomed and celebrated. Her full wisdom is beyond the intellect and very close to the heart' (Café, cited in Gebrim, 1998, Preface).

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