



BRAIN. Broad Research in Artificial Intelligence and Neuroscience

e-ISSN: 2067-3957 | p-ISSN: 2068-0473

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2026, Volume 17, Issue 1, pages: 611-619

Submitted: September 24th, 2025 | Accepted for publication: February 27th, 2026

Transgenerational Trauma and Institutional Dynamics: A Systemic Narrative Intervention in a Child Protection Case

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Abstract: Healthcare, educational, and social care institutions are frequently affected by what has been conceptualised in psychoanalytic and systemic literature as “transgenerational ghosts”—unprocessed traumatic experiences transmitted across generations, which shape individuals’ relationships to themselves, others, and the world. These unresolved dynamics do not remain confined to the individual or family system but may extend into institutional settings, where they contribute to relational tensions, fragmentation, and therapeutic impasses among professionals. Drawing on a clinical case within the child protection system, this article examines how transgenerational trauma can manifest as multi-level dissociative processes, affecting intrapsychic functioning, interpersonal relationships, and institutional dynamics. Particular attention is given to the emergence of polarised representations of the child across professional teams and to the resulting difficulties in coordinated care. In response to these challenges, the article presents a collective systemic narrative-based intervention designed to facilitate the transformation of dissociative dynamics into processes of emotional and symbolic re-association. By mobilising metaphor, role-taking, and shared narrative construction, this approach enables the integration of fragmented perspectives and supports the restoration of coherence within the institutional system. The findings highlight the importance of addressing transgenerational trauma not only at the individual and familial levels but also within the institutional contexts in which care is provided.

Keywords: transgenerational trauma; transgenerational ghosts; structural dissociation; child protection; institutional dynamics; systemic narrative intervention; symbolic processes; multidisciplinary teams; trauma transmission; parts of the self.

How to cite: Pavlovici, B. (2026). Transgenerational trauma and institutional dynamics: A systemic narrative intervention in a child protection case. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 17(1), 611-619. <https://doi.org/10.70594/brain/17.1/42>

1. Some Theoretical References: Silent Transgenerational Violence and its Deleterious Effect on the Institution

Silent violence is part of a family relational process that summons ghosts (Cohier-Raban, 2026). In general, it enters our offices through complaints about a child's behavior. The increasingly frequent individual diagnoses concerning the child is that of fixing them in their position as the designated patient, immobilizing parents and families in a wait for medication that can calm things down without solving the underlying problems.

In clinical terms, the child may be understood as carrying a transgenerational legacy of overt violence (OV). The behavioural manifestations observed can be interpreted as expressions of this unresolved transgenerational dynamic, which continues to exert its effects despite the apparent absence of direct and visible forms of manifest violence (MV) within the current parental interactions. In this context, violence assumes a more elusive form—namely subtle or symbolic violence (SV)—which is minimally detectable in direct interaction and typically absent from the explicit narratives of those involved.

One or more family members are identified as having disruptive behaviour. It is the complaint about this behavior that leads the family to seek counseling.

Subtle or symbolic violence (SV) becomes perceptible within the relational field between the family and the therapist, particularly through the therapist's subjective experience during sessions, often characterised by feelings of helplessness and confusion.

The therapeutic approach must be family-based, as an individual approach to the child makes no sense and contributes to their designation, and does not allow the "ghosts" of the past to be brought to the forefront and "exorcised."

Overt transgenerational violence constitutes the most readily identifiable form of violence within clinical settings. When such experiences are not adequately processed—or “metabolised”—by the individual who carries them, particularly through trauma-focused psychotherapeutic interventions, they tend to be transmitted across generations. This transmission operates through a range of well-documented mechanisms, including behavioural mimicry, processes of invisible loyalty (Boszormenyi-Nagy & Spark, 1973; Ducommun-Nagy, 2006), and identification with the aggressor. In this way, unresolved traumatic material is not only perpetuated within the family system but may also extend its effects into broader relational and institutional contexts.

2. Clinical Illustrations of the Employed Methods

The institutional systemic narrative (illustrated by a clinical case)

We will illustrate with a paradigmatic clinical case the phenomenon of **dissociation** developed within the intrafamilial system and exported to the intra- and inter-institutional macro-system. A possible solution to break the deadlock: **the institutional collective systemic narrative**.

2.1. Brief Case Presentation

Renaud is a boy and an only child, born to a mother diagnosed with borderline personality disorder. The mother has a history of multiple psychiatric hospitalizations following recurrent suicide attempts, during which she accused her son of being responsible for her unhappiness.

The father, of Caribbean origin, has six children from different partners, Renaud being one of them. The paternal figure was marked by early absence, as he left the family home during Renaud's early developmental period. Subsequent contact was sporadic, consisting of occasional weekend visits within the father's newly formed blended family.

During these encounters, the father would share his ongoing relational difficulties with his partners, implicitly assigning Renaud a parental role (a process of parentification). When Renaud exhibited runaway behavior, the father would intervene; however, he would return him to the

maternal home, justifying this decision by attributing the child's "unacceptable" behavior to inadequate maternal upbringing.

Within this family context, characterized by severe dysfunction and multiple forms of psychological abuse, Renaud developed "clastic crises" requiring emergency interventions and repeated hospitalizations, ultimately leading to his placement in foster care.

2.2. Institutional Context and Therapeutic Impasse

Against this background, a process of dissociation rapidly emerged, manifesting across multiple levels.

A process of dissociation rapidly emerged across multiple levels:

1. Renaud presented as calm, compliant, and cooperative within the CMPE setting, where he engaged in speech therapy, psychomotor therapy, and consultations with a child psychiatrist. In contrast, within the children's home, he was consistently perceived as aggressive, oppositional, and provocative.
2. Relational dynamics were similarly marked by splitting phenomena. Renaud maintained a positive and trusting relationship with his ASE educator; however, he appeared caught in a conflict of loyalty between this figure and his mother, who perceived the educator as a threatening and rival presence.
3. Divergent representations of the child were also evident within the professional teams. During initial consultations and interdisciplinary meetings with the residential care staff, it became apparent that some educators viewed Renaud as a developing psychopathic or delinquent profile, whereas others conceptualized him as a vulnerable and insecure child, struggling with intense abandonment anxiety.
4. Comparable divisions emerged within the school team, mirroring those observed in the residential setting.
5. More broadly, these polarized perceptions contributed to the development of antagonistic dynamics—and at times overt conflict—between the various institutional actors involved in Renaud's care.

In line with the literature on trauma-related dissociation (Hachet, 2000; Cohier-Rahban, 2026), particularly the theory of structural dissociation of the personality, the present case illustrates the division between Emotional Parts (EP) and the Apparently Normal Part (ANP) (van der Hart et al., 2006). EPs—conceptualized as fixated in traumatic experience and sometimes described as "clandestine ages" (Dubos, 2020)—remain segregated from the ANP, which is oriented toward daily functioning and adaptation.

Consistent with prior clinical and theoretical contributions (e.g., Van der Hart et al., 2006; Binet, 2022), this dissociative organization does not remain confined to the subject's intrapsychic space. Rather, it extends into the interpersonal domain through processes that may be understood as forms of psychic and emotional contagion, whereby dissociated internal dynamics are enacted within relational and institutional contexts.

Furthermore, the subject's intrapsychic dissociation appears to be rooted in, and reflective of, earlier dissociative processes within the intrafamilial system. These, in turn, are embedded within a broader transgenerational space-time, characterized by the transmission of unprocessed and non-metabolized traumatic experiences across generations. Such dynamics support the view that dissociation operates simultaneously at intrapsychic, familial, and systemic levels, reinforcing and perpetuating fragmentation across contexts (van der Hart et al., 2006; Nijenhuis & van der Hart, 2011).

At the height of the effects of this overall dissociation, in the macro-system including Renaud, **particularly at the moment when the home was about to send him elsewhere**, a multidisciplinary meeting was proposed by the director of the home (Child Protection Services (fr.

Aide Sociale à l'Enfance), home team, school team, and care team) (Fraiberg, 2012; Tisseron et al., 2012).

The situation was shaped by the home director's own internal ambivalence, as he appeared torn between empathic concern for Renaud and alignment with members of the team who perceived the child as a potential future delinquent with psychopathic traits. In a group email, the director explicitly emphasised the indispensability of our presence at the meeting. This designation implicitly positioned us in an untenable role, akin to that of an infallible authority, thereby constraining the space for clinical uncertainty and the possibility of error.

2.3. Description of the Narrative-Based Intervention

Accordingly, we sought to capitalise on this opportunity by inviting the team to endorse an experimental intervention which, in our view as clinicians in child and adolescent psychiatry, appeared both clinically pertinent and potentially capable of resolving the existing impasse.

"Listen, I have thought a lot about the difficult, even inextricable case of this child (9 years old) who concerns us all, each in a different way, with different feelings, which are even opposed, unfortunately leading to an impasse in understanding and progressing in this situation. So, rather than giving you my expert opinion on this situation, which will only be my opinion and therefore just one more opinion of dubious value, I have decided to use an approach that I have already used in situations where I felt I was at a dead end or faced with a dilemma: it's called a systemic tale. Well, rather than explaining the theory behind it, please give me 10 minutes of your time to read you this tale and we'll see where it takes us... Is that OK?"

Although initially met with surprise, the proposal elicited sufficient curiosity for all participants to provide their consent.

We then outlined the steps of this **collective narrative-based intervention**.

1. First, each participant was invited to imagine themselves as a member of one of the teams represented at the interdisciplinary meeting, selecting this role mentally.
2. Second, a short institutional systemic story was read aloud to the entire group.
3. Third, following the reading, each participant was asked to produce a brief written continuation of the narrative and subsequently share it with the group.
4. Finally, a collective debriefing phase was to be conducted.

Step 1: Role internalisation

Participants were invited to take a brief period (approximately three minutes) to mentally assume a role corresponding to one of the professionals present at the interdisciplinary meeting (e.g., director, educators, residential psychologist, social worker, special education teacher, speech therapist, psychomotor therapist). This role selection was to remain implicit and was not disclosed at this stage.

Step 2: Presentation of the narrative stimulus (reading the story)

A short systemic story (*The Story of Roudoudou*, see **Annex 1**) was read aloud to the group. This narrative functioned as a shared symbolic medium, intended to mobilise associative processes and facilitate projection.

Step 3. Individual narrative elaboration and collective sharing (writing a continuation of the story and reading it aloud to the group)

Participants were then invited to sit in a circle and, over a period of approximately 5 to 10 minutes, produce an individual written continuation of the story.

Subsequently, each participant introduced themselves by the role they had previously and silently adopted within the imagined interdisciplinary framework, and read their narrative continuation aloud to the group. This phase enabled the emergence of differentiated perspectives and the externalisation of implicit representations.

Step 4: Emotional and experiential debriefing

A structured debriefing phase was conducted, focusing on the participants' subjective and experiential responses to the exercise. The aim of this stage was to facilitate the integration of the emotional, sensory, and symbolic material elicited during the narrative process, and to explore its impact on both individual and collective representations of the child.

Participants were invited to reflect on their internal experiences through a series of guided questions:

"You have read the continuation of this story and listened to the others' versions... Is there a particular feeling, emotion, image, word, or thought that you experienced that you would like to share with us?"

They were then encouraged to externalise these experiences in a symbolic and embodied manner:

"Can you give me that feeling, emotion, image, word, or thought in my hand? ... Thank you!"

These contributions were subsequently reintegrated into the shared representational space of the group, through a metaphorical gesture directed towards the child:

"This child is here, among us, and I am going to sprinkle them with this feeling, emotion, image, word, thought... (gesture performed slowly): how do you see them reacting, right now?"

Participants were further invited to examine the reciprocal effects of this process on their own internal states, across multiple experiential dimensions:

"How does that affect you in return, in terms of S (sensation), E (emotion), I (image), M (word), P (thought)?"

Finally, the debriefing aimed to facilitate a shift towards action-oriented positioning, by inviting participants to identify emergent relational intentions:

"What is the first gesture (G) that comes naturally to you in their direction, that you would not have done before this meeting?"

This phase supported the transformation of individual and collective representations, fostering increased emotional attunement and the emergence of new possibilities for relational engagement with the child.

2.4. Clinical Outcome and Follow-Up: The Case of Renaud

The number of participants at this large meeting and its long duration made it possible to obtain a written follow-up from each of the members.

The fact that each participant read their account aloud to Renaud in front of the others, and the emotional (as well as intellectual) confrontations that this entailed, made it possible to articulate the different positions and, instead of a fragmented puzzle scattered across space and time, a portrait began to take shape of this child with whom, in the end, everyone could identify, with his petals, his fruits, and his thorns...

This had a rapid effect on Renaud's symptoms, who calmed down significantly and was able to change his relationships with the various people involved in his care.

As a result, his foster home, which was in the process of excluding him, kept him on, and Renaud was able to continue his progress.

3. Notes

The effectiveness of systemic storytelling lies in its use of metaphor as a means of facilitating both cognitive and emotional processes. Through its symbolic structure, it enables the integration of elements that may appear contradictory within a purely rational framework, promoting a more flexible and nuanced understanding of complex situations.

At the same time, it induces a temporary shift from a predominantly cognitive mode of functioning to a more affective and experiential one. This allows adult participants to access earlier, more emotionally attuned modes of processing, thereby enhancing empathy and identification with the child's experience.

3.1. "The Written Frisbee"

As outlined in *The Written Frisbee: The Art of Performing Care at a Distance* (Pavlovici, 2024), and as illustrated in the present case, the clinical focus concerns the diffusion of transgenerational traumatic dynamics—conceptualised as “ghosts”—into the broader macrosystem surrounding the child (including healthcare, educational, social, and judicial institutions). This process contributes to the emergence of dissociative phenomena across multiple levels, affecting not only the child but also the institutional networks involved in their care.

The “Written Frisbee” constitutes an alternative clinical approach designed to address such complex configurations. It aims to transform fragmented and dissociated dynamics into processes of re-association that are both structuring and action-oriented, thereby restoring coherence within and between the systems involved.

For a more detailed account of this approach, readers are referred to the author's work: *Le frisbee écrit: l'art de soigner à distance* (Pavlovici, 2021).

3.2. Working with Parts of the Self

The professional involved in the care of the patient (e.g., educator, caregiver, teacher) is invited to present, within a practice analysis or team supervision setting, the difficulties encountered in their work with the patient within the institutional context (e.g., inpatient unit, day hospital, medical-educational institute, medical-professional institute, medical-psychological centre, or multidisciplinary private practice).

Typically, the patient in question occupies a central and often problematic position within the institution, generating significant concern and discussion among staff. Their presentation tends to give rise to divergent interpretations, intense emotional reactions, and, at times, conflictual dynamics within the team, including disagreements, relational tensions, and even staff withdrawal or sick leave.

In other words, these manifestations may be understood as indicators that the institution has become affected by the patient's difficulties, which are themselves rooted in a significant transgenerational history.

1. Within this framework, the professional who presented the clinical situation is invited to reflect on the aspect of the patient with which they most strongly identify, drawing on the model of structural dissociation of the personality (Van der Hart et al., 2006), and distinguishing in particular between the Apparently Normal Part (ANP) and the Emotional Parts (EP), such as the “angry child” or the “abandoned child”.

2. The intervention is conducted in a group setting, with participants seated around a table or in a circle. An initial period of approximately three minutes is allocated for open discussion of the patient, during which divergent viewpoints and tensions typically emerge.

3. The supervisor or institutional practice analyst then intervenes with the aim of containing and transforming these escalating dynamics, particularly when the discussion appears to intensify institutional distress rather than alleviate it.

4. At this stage, the supervisor introduces a set of figurines representing a variety of human roles, animals, birds, and insects. Participants are invited, in turn, to engage in a symbolic representation exercise guided by a series of structured prompts:

- *If this patient were to be represented by a character that characterizes them, which one would it be? Are there several facets? Which ones and which characters would represent them? Which one do you feel closest to? Place it at the right distance.*
- *Could any of these facets represent, not necessarily with the same intensity, one of your own facets? If so, which one(s)? Keep this in mind for later.*
- *Could any of these facets represent, not necessarily with the same intensity, someone important in your life whom you have already helped or would like to help? If so, which one(s)? Keep this in mind for later.*
- *Can you now address a message to each of the facets (keeping in mind the patient, yourself, and the person being helped)? A message in which you give back what does not belong to you and that you do not accept, and take back the energy that you want and that makes you feel good. Is there a spontaneous gesture that comes to you to accompany your verbal message? And what gesture will you use to invite the characters to leave the scene?*
- *Now that you have expressed these messages, through words and gestures, and invited these characters to leave the stage, is there a particular feeling, emotion, image, word, or thought that you are experiencing right now and would like to share with us?*
- *Can you give me that feeling, emotion, image, word, or thought in my hand? ... Thank you!*
- *This patient is here, among us, and I am going to sprinkle him with this feeling, emotion, image, word, thought... (make the gesture slowly): how do you see him reacting, right now?*
- *How does that affect you in return, in terms of S (sensation), E (emotion), I (image), M (word), P (thought)?*
- *What is the first gesture (G) that comes naturally to you in his direction, that you would not have done before this meeting?*

This intervention facilitates a shift from individual and interrelational dissociative processes—associated with the transgenerational dynamics carried by the patient and their family—towards forms of emotional and multisensory re-association, thereby promoting greater integrative functioning at both intrapsychic and systemic levels.

4. Conclusions

This article has explored the complex interplay between transgenerational trauma, dissociative processes, and institutional dynamics through the clinical case of Renaud. The findings highlight how unresolved traumatic legacies may extend beyond the individual and family system, permeating the broader institutional environment and contributing to fragmentation, polarisation, and impasses in care.

By conceptualising these dynamics through the lens of structural dissociation and systemic transmission, the study underscores the necessity of moving beyond individual-focused interventions towards approaches that engage the entire network of care. In this context, the collective narrative-based intervention presented here offers a clinically relevant and innovative modality. By mobilising metaphor, role-taking, and shared symbolic processes, it enables the transformation of fragmented representations into more coherent and integrated understandings, while fostering emotional attunement among professionals.

The clinical outcomes observed in Renaud's case suggest that such interventions can have a rapid and meaningful impact, both on the child's symptomatology and on the relational climate

within and between institutions. More broadly, this work supports the view that addressing transgenerational “ghosts” requires not only intrapsychic elaboration but also systemic and collective processes capable of re-establishing continuity, meaning, and shared responsibility.

Future research may further investigate the applicability and effectiveness of narrative-based systemic interventions across different institutional contexts, as well as their potential integration within existing models of trauma-informed care.

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Annex 1. The story that was used during the collective narrative-based intervention

The Story of Roudoudou

Once upon a time, there was a rose that had been buffeted and shaken by the winds. Her parents were a southern pine tree (with spikes) and a wild rose (also with spikes, albeit finer and more discreet). They raised their young rose telling her they loved her, while constantly pricking each other... They even told her that they were only staying together for her sake, for her education... And throughout her childhood and adolescence, the rose was pricked by their war, because she was caught in the middle, until the day her parents separated. She was 18 years old and had herself become a rose with thorns, to defend herself against the adversity that life had shown her.

One day, a butterfly came to feed on her petals and thanks to this union, a beautiful little shrub was born... She called it Roudoudou.

The rose thought that the butterfly would stay with her and that they would raise Roudoudou together, with love, better than her parents, the pine tree and the wild rose, had done... But the nature of butterflies is, alas, to fly from flower to flower, attaching themselves to none... So she had to raise Roudoudou all by herself, and the only person she could count on was her mother, the wild rose... But since they both had both softness and thorns, sometimes it was paradise, other times hell, when they pricked each other... And Roudoudou was in the middle, just like the rose had been when she was little, between her parents... What's more, as roses are fragile, sometimes she was shaken too much by the wind and then she would either flatten out and be unable to do anything, either for Roudoudou or for herself, and have to go to the flower hospital... So Roudoudou felt lonely, abandoned, sometimes even thinking that it was all his fault: if the roses collapsed, if the butterflies flew away... He sometimes thought that he was to blame for all these things that were happening... He then had to go to the only person he could trust a little: his grandmother, the wild rose... But that was too hard too, because he felt torn: he was afraid that if he became too attached to his grandmother, the wild rose, his mother, the rose, would feel betrayed by him or even jealous... Life was definitely not easy for poor Roudoudou...

One day, after using the thorns that had grown on him to defend himself against the adversity that life had thrown at him, people at the school for young shrubs and flowers became concerned...

And so began another, even harder chapter in Roudoudou's life: he found himself uprooted from his garden and placed elsewhere, in foreign soil full of other thorny shrubs and flowers... A place where Roudoudou did not feel truly understood or helped, and where he had to face the thorns of other shrubs and flowers, often more prickly than his own...

The only place where Roudoudou felt a little understood and helped was a center that listened to and supported young shrubs shaken by the winds and life: first, it was a Grand Dalia who welcomed him, but who had to leave for a well-, then a Carpathian Oak, who was called "the doctor of shrubs and flowers." He also met another healing flower, known as "the lady for worries." And finally, he found a garden where he felt better than in any other place he had known.

Little by little, Roudoudou learned things. He learned to calm his sudden urge to lash out and hurt others, seeing that each time he did so, the pain came back to him multiplied by 100. He learned to read and do math, and he discovered that deep down he had plenty of resources, drive, intelligence, and talent. He also had a great sense of humor and loved to make jokes, which were sometimes misunderstood. At the school for young shrubs and flowers, everyone was happy with him, except when he was too afraid of being worthless or belittled, and that fear prevented him from showing his great abilities...

One day, Roudoudou heard through the grapevine that he was going to leave this garden, which was better than others, and that the doctor for shrubs and flowers and even the lady for marigolds would no longer be able to take care of him... This reawakened old fears in him. He thought to himself: "Oh dear, what's going to happen to me now? What prickly plants or trees are going to hurt me again, maybe even worse than anything I've experienced before? ..." And since he didn't want to talk about his fears because he had his pride, he kept it all to himself... So the fear of being let go again, abandoned, left to an even crueler fate, turned into anger... And the more he kept it to himself, the more that anger grew and made him hurt those around him...

So the others could only think of him as "a monster full of violence, he scares us!" And the gap widened between what he showed, what he really was, and what people understood about him...

This is the crazy story of Roudoudou, which fortunately will continue, and we wonder how...