

Family As A Destructive Factor: A Clinical Study

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Abstract:

This article explores the significance of the family and its power to shape the destiny of its members, showcasing a psychological support case for a young woman who grew up in a family where violence was the primary form of communication. By analyzing the cumulative effects of the violence she endured, we will present the case's diagnosis and the key stages of this support, emphasizing its significance in easing her suffering and assisting her in overcoming the challenging events in her family. We will highlight the psychological state that this young woman reached, which tragically culminated in a suicide attempt. We will present a clinical case study that highlights the challenges and stakes the subject faced during her psychological treatment journey to overcome her suffering and the negative impact of her family on her.

Keywords: Family, family protective factors, family risk factors, domestic violence, psychological trauma, rape, suicide, and psychotherapy.

Introduction

The family is considered the basic structure that constitutes society. It plays a crucial role in raising and nurturing a child, providing them with essential psychological, material, health, and economic needs. This support enables the child to grow in a suitable environment, enabling them to develop their individuality and progress through various stages of growth without significant obstacles, until they become an adult capable of taking responsibility and an active member of their family and community.

However, at times, the family can serve as a catalyst for tension and violence, potentially leading to psychological effects on the growth and development of its members. This was clearly evident in our diagnosis and psychological care of the case we referred to as "Asma."

Regarding our practice as clinical psychological specialists, we resorted to treatments inspired by psychoanalysis. In our psychological care for Asma's case, we aimed to adhere to the principles of psychoanalytic therapy in treating cases of psychological trauma.

For all these reasons, we made the decision to highlight the key ideas in this article, beginning with the family's dual role as a protective and risk factor, and continuing with discussions on violence, psychological trauma, suicide, and psychotherapy. Following that, we will outline our methodology and present the case.

Key Terms:

Family : In our search for a definition of the family, we found that there is consensus among scholars on the difficulty of providing a unified definition. We will try to address the most relevant definitions we see fit.

According to the Dictionnaire encyclopédique illustré (Alpha, 1996), the family is defined as "a group of people consisting of a father, a mother, and children who live in the same household, as well as a group that includes anyone related by blood" (Makiri, 2019, p. 25). In this definition, the family is represented as the nuclear family resulting from the marriage of parents and their children and the extended family when discussing all individuals related by blood.

Winnicott (2006) defines the family as the fundamental element of society, assigning it the function of welcoming each new individual. Here, Winnicott emphasizes the primary role of the family in receiving and nurturing a child, highlighting the importance of both the child and the mother by stating that "there is no child alone" but rather the necessity of the presence of the mother or the maternal function.

In psychoanalysis, the family is defined in relation to the roles of each of its members and the rules and prohibitions that govern their interactions, which in turn affect the complexes, fantasies, and psychological spaces. The family is not merely a collection of ideas; it represents a set of affiliations and support, governed by its dark and powerful laws, such as those relating to the unconscious, which ensure its coherence and cohesion (De Mijolla, 2013, p. 306).

Thus, the family is defined by providing a deeper and more comprehensive dimension, referring to the roles and functions of each member within the boundaries allowed by societal laws and taboos. It also represents the cradle of relational

exchanges, the source of fantasies, and all the psychological construction that the child will acquire and negotiate. Moreover, the family embodies a set of affiliations and support for its members.

Functions of the Family: The family works to welcome its members, care for them, and meet their material and emotional needs, providing a framework for the development of the child until they reach adulthood. Delage (2004) notes that the family responds to the early needs of a young child by offering the necessary environment for their emotional development, which inherits biological and psychological traits from the parents, forcing the child to negotiate with their desires and the inheritance from their parents.

Unconscious perceptions, transmitted from parents to children and later circulated, govern the interactions and relationships among family members. Brusset (2007) emphasizes that the mother is the first to initiate a relationship with the infant, who needs to "establish connections with the objects that occupy a central place in their environment" (Brusset, B., 2007, p. 20). The mother serves as the reference point for the child in reality, presenting reality to the child and introducing the child to that reality.

It is noteworthy that Winnicott placed enormous importance on the mother, discussing the concept of the "good enough mother," who can provide care through three essential points: offering nurturing, how to physically handle the child, and introducing the child to the world and the world to the child. This mother is both present and absent, allowing the child to form perceptions of her in her absence.

Winnicott also clarified that the mother is responsible for introducing the father into the child's life. The father's presence, as a real and living father, enables the child to feel love for one and project hostility towards the other. The mother will feel greatly relieved when the father gradually takes on responsibilities, as the union of the mother and father is a solid event that allows the child to build their fantasies around it, providing a rock to cling to. The father contributes a part of the natural construction and a personal solution to the issues of triadic relationships, enabling the introduction of laws and order.

Thus, the importance of the relationship between the mother and father in raising the child becomes evident. If understanding prevails between them, the child will receive the love and care necessary for healthy growth. Otherwise, their disagreements and troubled relationship risk the child's upbringing and future. This leads us to discuss the existence of family protective factors and risk factors related to family understanding and coherence, or conversely, their disturbance and disintegration, which will affect the children in one way or another.

We will first address family protective factors before moving on to family risk factors. It is worth noting that Anaut (2008) assigns the mother a central role in protecting her child, referencing Winnicott's concept of the "good enough mother," which means there should be neither excess nor deficiency in protection.

Factors of Family Protection and Risk:

Tisseron (2013), referencing Masten and Coastworth (1998), discusses the existence of family protective factors, which involve providing good upbringing, establishing a warm relationship between parents who are capable of being structuring figures, offering support, and having understanding parents. This includes having a supportive relationship with an extended family member and close ties with growth guardians.

Risk Factors Associated with Family Formation

Anaut (2008), citing Anthony et al. (1980) and de Garmezzy et al. (1996), notes the existence of risk factors related to family formation, which manifest in: parental separation, ongoing misunderstandings, violence, alcohol addiction, chronic illness of a parent, single motherhood, teenage or immature motherhood, and the death of a close person.

The classification of violence as a risk factor is evident, particularly when it occurs within the family, signifying a deficiency in understanding and communication. This highlights the necessity to define violence and then domestic violence.

Violence: Mekiri (2022), in his book "Aux origines de la violence," explains that violence represents "the use of force," which is a common point in all definitions. He also mentions that researchers (Bartov, 2002; Sommer, 2002) classify violence based on its severity into self-directed violence and violence directed at others, such as rape, causing harm to others, torture, and the annihilation of oneself or others (Mekiri, K. 2022, p. 82).

Domestic Violence: According to Miermont (2006), domestic violence is the practice of violence by one family member, such as a father, mother, or grandparent, against another family member (the child). This can encompass verbal or psychological abuse, as well as physical violence and/or maltreatment. This indicates a disturbance in the structure of the rules that establish the family order.

We observe that family figures, such as parents and grandparents, commit violent acts against a family member. Its consequences lead to a disruption in the foundational structure of the family. This results in consequences for the child, and even as they grow into adulthood, some may develop adaptive capacities stemming from their psychological resources

acquired through the presence of growth guardians, while others remain trapped in the negative effects of violence. We will discuss some of these consequences, not as an exhaustive list, but based on Asma's experience.

We will address psychological trauma and attempted suicide as direct or indirect effects of the domestic violence experienced by Asma.

Psychological Trauma: The international dictionary of psychoanalysis defines psychological trauma as an event characterized by its violence and suddenness, which creates an overflow of stimulation sufficient to undermine effective psychological defenses. This often results in a state of shock and causes long-term disruptions in psychological organization (p. 1858).

This definition focuses on the severity and suddenness of the event, leading to an overflow of stimulation and causing dysfunction in the psychological deployment of the victim, resulting in a breakdown in psychological organization. This means that there is a disturbance that requires "ego functions" to step in and drain its energy to launch a counterattack against the attack. This happens at the cost of other psychological systems becoming weaker, which leads to the breakdown of different psychological functions (Freud, S. 1920, p. 37).

Symptoms of Psychological Trauma: To discuss traumatic neurosis, an individual must initially experience horror and shock due to the ego's unpreparedness to confront danger and the suddenness of the traumatic events. After a latent period, symptoms begin to appear.

We will present symptoms of traumatic neurosis, which are characterized by:

The presence of specific symptoms primarily manifests in repetitive syndromes and inhibition of ego functions.

- The repetitive syndrome can indicate emotional discharge in attempts to control the event through nightmares, motor agitation, hallucinations, and mental rumination.

- The inhibition of ego functions can affect presence functions, sexual functions, and higher functions.

Additionally, non-specific symptoms of traumatic neurosis may manifest and be linked to other nosographic classifications, including hysterical manifestations, phobic avoidance behaviors, obsessive thoughts, denial of a specific area in the individual's life, addictive behaviors, and self-harm that may lead to suicide.

Asma has experienced abuse and physical and verbal violence within her family, which are considered traumatic events. Other assaults outside the family, the most significant of which was a sexual assault, lead us to discuss the trauma of rape.

Rape: Vasseur (2013) defines rape as a sudden and violent act capable of creating a rupture in an individual's life. This rupture transcends the body, leaving psychological scars on the victim.

The symptoms manifest as traumatic ones. This assault results in various traumatic symptoms that may appear immediately after the assault or after a short or long period. The symptoms may include feelings of shock and helplessness, also known as dissociation *peri-traumatique*, where the victim discusses the assault without emotion and becomes detached from the reality of the assault, as if it never happened. This is an initial response, and after a few days, feelings of sadness and continuous fear of the attacker may emerge, along with a loss of sense of security and trust in oneself and others, and feelings of shame and guilt.

After a latent period estimated at several months, symptoms related to re-experiencing the assault emerge through flashbacks, nightmares, and avoidance of certain places and situations that remind the victim of the assault. There may also be an excess of life activities, such as sleep disturbances, hypervigilance, and irritability.

Suicide: Fromentin (2015) defines "suicide" as an individual's act that results in their death (p. 714). The international dictionary of psychoanalysis characterizes suicide as a complex incidental act of depression and melancholia, symbolizing the simultaneous collapse of the ego, self-blame, and a loss or decline in self-esteem.

Suicide can be the result of a feeling of persecutory guilt, or it may represent the projection of this persecution onto subjects or liberation from its possession through death, and this is a decision specific to the individual (De Mijolla-Mellor, 2013, p. 1744).

According to this definition, suicide is considered a symptom of depression, which has profound psychological implications. It is associated with the collapse of the ego, a deterioration or absence of self-confidence, and feelings of guilt and/or persecution. All these factors lead the individual to choose to end their life.

Psychoanalytic Therapy

Psychoanalytic therapy is considered one of the first psychological treatments. Developed by Freud, it is defined as: "A method of exploring psychological contexts that are difficult to access. Psychoanalysis views it as a method for treating neuroses and a collection of psychological concepts that belong to a new scientific specialty (p. 1351). This definition encompasses three important points that cover the areas of exploration, treatment, and theory, meaning that psychoanalytic therapy belongs to the theory of psychoanalysis.

The couch serves as a special setup for the study and exploration of psychological contexts and unconscious phenomena, establishing a fundamental principle of therapy that involves referring to the individual's perceptions and everything that passes through their mind without any judgment or censorship, known as free association.

We would like to refer here to the works of Frankl, who established what is known as the active technique (*la technique active*), where the psychoanalyst does everything possible to encourage the patient to engage in free association while refraining from anything that could interrupt this process. This technique is characterized by flexibility and acceptance of regression, allowing traumatized patients to undergo a new experience with their symptoms (Brabant-Gero, E. 2013, p. 634).

Psychoanalysis is often regarded as a lengthy treatment that requires specific psychological employment. In contrast, psychoanalytic therapy has evolved from Freud's time, beginning with Lacan's introduction, which changed the duration and even the method of conducting treatment to face-to-face sessions, a practice known as therapy inspired by psychoanalysis.

This article focuses on the psychoanalytic treatment of psychological trauma, also referred to as cathartic assistance (*L'aide cathartique*). This approach aims to achieve a state of emotional discharge by reliving the event, providing a precise description of everything that happened, utilizing the associations linked to the event, leading to the discharge known as abreaction (Kapsambelis, V. 2015, p. 374).

Freud defines emotional discharge (*L'abréaction*) as a response through action, speech, behavior, and even physiological responses (tears, screaming, etc.). He emphasizes that the absence of adequate discharge leads to the emergence of symptoms, which in turn activates psychological trauma. These specific symptoms remain as a "foreign body," unknown to consciousness, and they play a significant role for a long time in the emergence of hysterical symptoms (Laplanche, J. & Pontalis, J.B. 1985, p. 302).

Emotional discharge plays a crucial role in releasing trauma; if the patient fails to achieve this when confronted with traumatic events, traumatic symptoms will surface. The goal of this technique is to allow the traumatized patient to relive the traumatic experience and to ventilate it, enabling them to overcome it and regain functioning according to the pleasure and reality principle.

In our treatment of the case of Asma, we relied on three stages in therapy: the stage of cathartic assistance through emotional discharge (*L'abréaction*), followed by the stage of elaboration, characterized by giving meaning to the traumatic events, and finally the stage of terminating therapy.

Methodology

It is worth mentioning that we took charge of Asma's case while working as a clinical psychologist, where we conducted a clinical examination for the purpose of diagnosing the case, after which we began treatment with her.

We relied on the clinical approach defined by D. Lagache, "which involves revisiting the study of individuals' histories by focusing on their behaviors and their responses to specific situations in order to arrive at the structure and nature of the conflicts mobilized to find solutions" (Reachim, 2002, p. 100).

The study of Asma's case included diagnosis and treatment. We based our diagnosis on the semi-structured clinical interview and the TraumaQ test to measure psychological trauma.

Before addressing the axes of the semi-structured clinical interview, we will define both the clinical interview and the semi-structured clinical interview.

Clinical Interview

We used the clinical interview, which is considered the most important tool relied upon by the clinical method. Both Bénony and Chahraoui (1999) explain that the clinical interview is a varying depth study of individuals' cases, where the individual is the reference framework. To understand the data obtained through their personal history, family background, and how they organize their relationships with others, it is necessary to refer back to them.

The semi-structured clinical interview involves a certain limitation on freedom, where a general instruction is given to the interviewee, but the researcher can intervene based on pre-prepared questions when the opportunity arises, meaning that questions are not asked sequentially, allowing for free responses from the interviewee.

We will present in the guide to the semi-structured clinical interview the general instructions for each axis and their purpose, which were prepared based on the guidance we received.

First Axis:

- **General Instruction:** Tell me about your life.
- **Purpose:** To understand the specifics of Asma's past and present life.

Second Axis:

- **General Instruction:** Tell me about your relationships with your immediate and extended family.

- **Purpose:** To understand the type of bonds and relationships prevalent among Asma's family members, both immediate and extended.

Third Axis:

- **General Instruction:** Tell me about your relationships outside the family.
- **Purpose:** To understand the nature of the bonds and relationships outside the family.

Fourth Axis:

- **General Instruction:** What are the most significant events you have experienced in your life, and how did they affect you?
- **Purpose:** To look for difficult events that might be behind the actions taken.

Fifth Axis:

- **General Instruction:** What are your future projections?
- **Purpose:** To understand Asma's future projections and investments, which will serve as an indicator of her overcoming the difficult circumstances she has faced.

TraumaQ Scale

The scale was developed by Carole Damiani and Maria Brere-Fardine in 2006 to detect acute and chronic trauma disorders and the changes that occurred after exposure to a traumatic event. The scale includes ten items, which we will present when discussing the results of the test with Asma.

Presentation of Asma's Case:

Asma, a 32-year-old woman, sought a psychological examination due to her struggles with psychological and family issues, as well as her history of attempted suicide. Her friend escorted her to the health center, where the psychiatry and psychological examination department received her referral. We arranged an appointment for her and decided to diagnose her case.

Diagnosis:

In the first phase, we diagnosed Asma's case through the semi-structured clinical interview and the TraumaQ test.

Results of the Semi-Structured Clinical Interview:

The first axis, which aims to understand Asma's life, it became evident that her past was filled with abuse, describing her childhood as very difficult from all aspects, both emotionally and materially, characterized by deprivation. She describes her current life as exhausting and filled with problems.

The second axis, which aims to understand the types of bonds that characterize Asma's family relationships, she described her mother as submissive, abused by her father, and unable to protect them. Asma's relationship with her mother is characterized by love and feelings of pity for her.

Asma's relationship with her father is deeply troubled, marked by verbal and physical violence. Asma explains that she hates her father, and there is no room for understanding with him. Her relationship with her siblings is poor and troubled, as they have also begun to imitate the aggressive behavior of their father toward their sisters and even their mother.

Asma has a positive relationship with her sister; she loves her and understands her, trying to alleviate her suffering, even if only through verbal and material support when possible.

When we inquired about her relationships with her extended family, Asma explained that her father's inability to communicate with her paternal relatives caused a disruption in their relationship, ultimately leading to a complete breakdown. However, her relationships with her maternal family are fluctuating, sometimes good and sometimes bad, as they were unable to protect their sister and her children from the husband's violence, and their support was limited to providing food for them from time to time.

On the second axis, which addresses family relationships, we found broken family ties and a complete absence of communication channels, with verbal and physical violence being the dominant means of communication. Asma endured severe abuse from a young age, maintaining a positive relationship with her younger sister, but the extended family provided no protection.

In the third axis, which aims to understand the types of bonds and relationships outside the family, it became evident that Asma had few outside friends due to the restrictions imposed by her father and the poverty she experienced during her schooling. Later on, she had a relationship with only one friend who understood her and advised her against the path she was taking. She also spoke of exploitative relationships with people who are not her friends, but rather see her as a means to their ends and even abuse her.

Regarding the fourth axis, which aims to identify events that affected Asma, she clarified that there were numerous events she could not overcome, some of which had affected her since childhood. Asma witnessed her father abusing her mother, endured various forms of abuse for herself and her siblings, and faced the impact of abandoning her studies and sexual assault. Here we note the emergence of psychological trauma symptoms, such as nightmares and distressing dreams, fear of people, anxiety in new situations, sleep disturbances, and finally the attempt to commit suicide.

Regarding the fifth axis, which aims to identify Asma's future projections, we found a complete absence of any projections, either within her family or outside.

Returning to the results obtained from the semi-structured clinical interview, we decided to administer the Trauma test.

Results of the Trauma Test for Asma:

Asma took the TRAUMA test on her own and achieved a raw score of 144, which we then converted into standard scores. She received a standard score of 05, which, according to the profile analysis of the questionnaire, indicates the presence of a very severe trauma. The distribution of points across the ten scales is as follows:

- **Scale A**, which includes 8 items, measures intense physical responses such as extreme fear, anxiety, and thoughts of death. Asma scored 24 raw points, indicating severe tension in her immediate physical responses. She marked (3) for these items.
- **Scale B** refers to event-specific disturbances and includes four items. **She** marked (3) for all items and scored 12 raw points.
- **Scale C** focuses on sleep disturbances and contains 5 items. She marked (3) for most of the items and scored 14 raw points.
- **Scale D** addresses anxiety, feelings of insecurity, and heightened alertness, and includes 5 items. She scored 17 raw points by marking (3) on three of the items.
- **Scale E deals** with loss of self-control and hypersensitivity and has six items. She marked (3) on most items and scored 16 raw points.
- **Scale F** assesses psychosomatic responses and consists of 5 items. She responded with varying marks and scored 6 raw points.
- **Scale G** addresses cognitive disturbances such as memory, concentration, and attention, with 3 items. She scored 7 raw points after marking (3) on two of the three items.
- **Scale H** relates to depressive disturbances and contains 8 items. She scored (3) on 6 items, resulting in a total score of 20 raw points.
- **Scale I, which pertains to traumatic experiences, consists of 7 items.** She marked (3) on all the items, scoring 21 raw points.
- **Scale J** relates to quality of life and includes 11 items. She marked varying responses and scored 7 raw points.

We totaled the raw points to give Asma a total of 144 raw points, which we then converted to standard scores. She received a standard score of 5, which clinically indicates the presence of a very severe trauma.

The Path of Psychotherapy

The therapeutic journey lasted a year and a half, consisting of three phases: the emotional discharge phase, the building and psychological stabilization phase, and finally, the separation and termination of therapy. We met once a week.

Phase One: Abreaction

In the first phase of therapy, we focused on emotional discharge due to its importance in reducing pressure and processing trauma.

Asma came to her first therapy session looking pale and showing signs of exhaustion. The session began with me saying, "Please go ahead, I'm here to listen." At that moment, she burst into tears and then fell silent for a long time. The first session ended without her being able to express her struggles; every time she tried to recount what had happened to her, she broke down in tears and fell silent, saying, "Where do I start? I don't know... My story is complicated." I replied, "You can start from any point you want... I'm here to listen." After some time, I suggested, "Maybe we can start from your childhood?" and she began to share fragmented memories of her early years.

In this session, Asma resorted to avoiding conflict through silence and a tendency to minimize her experiences, interspersed with bursts of strong, painful emotions manifested through her sobbing. The session also included interventions from the examiner.

During this period, we tried as much as possible to avoid silence during therapy sessions, as Ferenczi discussed in his concept of "professional hypocrisy" (*l'hypocrisie professionnelle*), where silence in therapy for traumatized individuals can feel like re-experiencing the trauma again with the therapist.

In the following sessions, Asma struggled to recount her story initially and how she attempted suicide and why. She would jump from one episode to another without a logical connection between the present and the past.

Asma grew up in a family of four, being the third child; she has two older brothers and a younger sister. She was raised in an environment filled with verbal and physical violence, mentioning that her father abused them and was a drug addict, selling everything he could to obtain drugs. He was even fired from his job due to his lack of discipline and constant drunkenness.

Asma says: "I grew up in an atmosphere of fear and terror. My dad would come home drunk and hit my mom and all of us. He wouldn't stop until the neighbors came to help us. He would be little us, curse us, and insult us. My mom would get the worst of it because she would stand up to him, and she would end up bleeding from the beatings. When he couldn't buy drugs or alcohol, he would steal from us or sell our household belongings. He would physically assault my mother and my siblings. They started hitting us too. They were unable to confront my mom, and they showed no fear towards her. My dad was employed as a driver for a company, but he was fired due to his habit of staying drunk and not arriving home on time. We don't want this. We hate it."

The mother felt overwhelmed and lacked a solution. Many times, she tried to contact her family to find a solution and return to them, but they refused to take her and her children in, forcing her to endure her husband's abuse. At best, her family would sometimes provide her with food.

Asma says: "My mom wanted to divorce and go to my grandfather's house. She told him, 'I want to go out and work for my children,' but my grandfather told her, 'Go on your own... I won't accept your children. My uncles are married and each is occupied with their own lives."

We can observe the turmoil in family relationships, with both the mother and children experiencing all forms of violence: verbal and physical abuse, spousal and familial violence from the father.

We notice in this case that the mother, who has a significant role in raising and protecting her children, is herself a victim of abuse from the father. She is unable to shield her children from their father's violence, and her family's refusal to take her and her children in indicates a lack of guardianship and protection.

It is worth noting that the male children have begun to identify with the aggressor (the father), as they also start to commit acts of violence and abuse their sisters and mother. Anna Freud defined the identification with the aggressor as a defensive mechanism where an individual, facing external danger, identifies with the aggressor (Laplanche, 1985, p. 203).

Here, we observe that Asma's family is behind the pathological transformations seen in both male and female members. Asma was a second-year high school student when she dropped out because her family could not provide her with the necessary school supplies. At that point, her father began demanding that she work in any field, as long as she brought him money. She tearfully states, "I wished to continue my studies; I wanted to become a teacher" (Asma cries intensely). They kicked me out of our home, ending my dream. My dad told me to go to work and take care of myself... My siblings did not pursue education and instead sold their goods on the market. I was young and couldn't find work... If I failed to bring back money, my father would beat me like a dog. From then on, I began to meet people and go out with them to earn money, which I would then give to my dad to buy drugs. I despise them. They are my driving force.

Specialist: Who are they?

Asma: My dad, my brothers, and even my grandfather and uncles because they didn't help us. They left us with him... and then he says, "Why did you go wrong?" I resented them, particularly my father, as he not only subjected me to beatings but also prevented me from pursuing my studies.

Asma's father's demands for her to work and earn money, along with her forced decision to leave school against her will and abandon her dream of becoming a teacher, led her to meet people and enter into illicit relationships. During this period, she underwent the most challenging phase of her life due to the exploitative nature of those around her. "From the moment I embarked on the wrong path, I underwent a transformation; I began to feel unclean." (crying)... I despised myself... I was exploited... I would wander around looking for some work, and I met an older man... (she started to tremble.) He told me he was looking for workers for a sewing shop, and he said, 'Come with me; I'll introduce you to the girls.' I didn't think much; I just wanted to escape. But he took me to a garage and assaulted me brutally... (crying heavily). I screamed, but no one heard me; I was in a secluded place... (crying). Then he threw me out on the street and gave me money to go home... I was unsure of my location, feeling dizzy and trembling. I tried to ask for directions to go home, but she broke down in tears. I didn't want to go down this path.

Specialist: When did this assault happen to you?

Asma: It was a lot when I was 20 years old... This incident occurred before I began dating men. It was very difficult... I returned home terrified... anxious... I couldn't speak, and there was no one to talk to. I began experiencing nightmares, crying, disturbing dreams, anxiety, feelings of panic, weakness, and an inability to sleep. I would stay awake all night. I began to experience fear each time the symptoms recurred. I desperately wanted to stop, but I couldn't. I don't know why.

Specialist: What was the content of the nightmares?

Asma: I kept having the same dream. As I wandered down the road, I would see myself in a state of brutal assault for the first time. I kept repeating it... crying... I feel as though that event is replaying itself; it continues to recur... (her hands trembled) and her teeth...

In reality, I am the one who provides for our household, along with my mother and sister. I had no one to assist me. I didn't know where to go... "My situation got worse since I came to see you. I thought I would rest."

Asma's exposure to rape, which led her into the world of prostitution, was too much for her psychological system to handle, leading to symptoms of psychological trauma. We must also acknowledge that the recurrence of illicit relationships represents an involuntary recurrence of the initial act of rape, reflecting Asma's psychological efforts to repeatedly relive the traumatic event, aiming to regain control and derive meaning from it.

Asma explains: "Since I started coming to you, my situation got worse; I became very anxious... I thought I would find relief, but it was the opposite... I still experience those nightmares, but each time I see them, they change slightly.

Specialist: Could you explain why your situation deteriorated?

Asma: When I reflect on the events that have occurred to me, the sum is substantial... (sighs).

Specialist: What are you dreaming about now?

Asma: When I dream, I see people chasing me... I wake up scared... When I dream, I wander down the road, and I have different dreams that I forget when I wake up.

Specialist: How do you explain the dream you had?

Asma: I have no idea who those people are. I forget... I don't know... maybe they represent the path of my life that I dreamed about.

Specialist: Tell me a little about the path of your life that you dreamed of?

Asma: My family didn't let me dream much... (crying)... I wanted to study... to become something... to have a future like all the girls... to have friends... to go out and have fun... to work... (crying)... I wanted to live in a home like everyone else... I would feel embarrassed when the other kids came to study with me, and their parents would take them. I was unaware of the situation we were in. I was ashamed of it... I had so many dreams that didn't come true.

We can observe Asma's ability to provide an interpretation of one of her dreams, symbolizing that she lost her way; she lost her path and dream in life, expressing feelings of jealousy towards her peers because they are surrounded by the warmth and protection of their fathers.

We noticed that the first phase of psychotherapy coincided with an increase in the severity and repetition of symptoms, as well as the recurrence of various traumatic dreams. Here, the mechanism of involuntary repetition intervenes, as we noticed she repeatedly talks about the same events and raises the same questions even though those points were discussed in previous sessions, such as: "Why is my life complicated? Why do the girls have families who care about them? Why do I have these symptoms? I became envious of every woman with a family, a home, and children; why am I not like them?"

Brette, F. clarifies that traumatic neurosis is characterized by repetition, whether in transference situations or others, where the subject re-experiences the primary trauma. Nightmares play a role in re-triggering the anxiety that disappeared during the initial incident (p. 1858), and this may explain her resorting to prostitution, which is an involuntary repetition of the assault on her. This is an attempt to re-experience the rape event, allowing the ego to reclaim the principle of pleasure, contain it, and gradually give it meaning. These symptoms signify the initiation of the ego's stabilization process and its attempt to give meaning to past events, as Asma's psychological defenses failed to contain the situation at that time.

Asma speaks about her suicide attempt: "I drank a whole bottle of epilepsy medication that my friend was taking while I was staying at her place... I was fed up with myself and detested my life. I felt like I couldn't bear it any longer. Then, I developed a relationship with someone with whom I discovered that he knew my brother. (Crying) ... When he was finished, he insulted me and refused to allow me to leave; he threw money in my face. I was in a terrible state... Ah... but no one knows my story, and no one understands... Therefore, I took the medication with the intention of finding peace.

Asma's suicide attempt was a reaction to a situation that caused her to feel disgusted with herself and her involvement in illicit relationships. She is a victim of domestic violence and all kinds of humiliation. "I didn't want to be like this, but I suffered in my family," she said. My dad and my brothers, who would hit me without any reason, are the ones who led me down this path.

Her action represents a desperate attempt to end her life due to feelings of guilt.

After a considerable period of psychotherapy, during which we aimed to give Asma the chance to remember what happened to her and re-experience those traumatic events, repeating parts of them and retrieving her personal memories, feelings, and emotions, the emotional discharge phase was quite challenging for Asma, yet it proved positive for her treatment.

The Second Phase: The Psychological Reinforcement Phase

After Asma successfully discharged her emotions related to various traumatic events she experienced, from her family to her suicide attempt, we began another phase of the therapeutic journey: the psychological reinforcement of what happened to her. Asma became better and more confident in herself, coinciding with the disappearance of some symptoms she had been suffering from. She says: "I was happy to be free from those nightmares; I started sleeping normally again, and my heart doesn't race like before..."

She began to discuss her story while giving meaning to some of the events she had endured, saying: "It's normal for me to have lived what I lived through because my family didn't take care of me... while other girls my age were either studying or at home... I was wandering the streets."

Asma also talked about investing in her younger sister's education, saying: "I didn't let them take my little sister out of school. I told them I would support her until she finished." Her father, along with her brothers, disciplined her. She stood up to them and told her sister not to listen to them. "I had no one to support me," she said. Don't be afraid; I'll silence them with money. I want my sister to fulfill my dream and complete her education, as she excels in her studies.

We observe that Asma has taken on the role of the protector she never had, making sure her sister doesn't suffer the same fate.

When she spoke about her mother, she said: "My poor mom annoys me... She has suffered a lot for us... I also don't want her to need anything, but I can't tell her what I'm going through so as not to add to her burdens... She keeps praying for us to find suitable husbands and get married... She doesn't know about my tragedy... I swear I won't let my sister go down the path I regret."

At this stage, Asma's desire to protect her mother and sister emerged, showing she was capable of thinking about their situation to find solutions. Her psychological system began to attempt to "internalize and reinforce the traumatic events, incorporating them into her personal history, thereby enabling their containment and processing." The ego achieves this by restoring and rebuilding the connections that trauma has severed (Anaut, M. 2008, p. 83).

The Separation Phase and Conclusion of Treatment

We have reached the final stage of treatment, where Asma has developed a way of thinking that allows her to process her life events and assign them psychological meaning. This has led to the significant disappearance of many of the symptoms she initially presented, and she has started to reinvest in herself and her future projects. Asma states: "Our house is completely crooked... My dad has aged and started to tire, so I am capable of imposing my will on them. He has stopped using drugs, but he still drinks, albeit not as much as he used to. He is no longer able to hit me, and my brothers are all absorbed in their own lives. They talk, and I just do what I need to do; I'm not afraid of them anymore. I have seen in one association that teaches girls skills, and I enrolled to learn pastry-making. I want to work from home and sell... Over time, I want to see if I can open a pastry shop with my friend... What matters is that I earn a halal living... With that income, I can contribute to the household and assist my sister in completing her high school education and preparing for university. I also want to buy what my mother likes because she has suffered a lot for us, and she is sick with diabetes and feels weak because of old age."

In conclusion, Asma has developed adaptive capacities that have enabled her to overcome her suffering and past while investing in future projects that concern both herself and her family (mother and sister). After her psychotherapy sessions, she has improved her defenses and regained her self-repair mechanisms, allowing her to deal with her past without taxing her psychologically. She has started to clarify her vision for her future alongside her mother and sister. Here, we note the absence of any role for her father and brothers, whom she speaks about negatively, as if they are absent.

Conclusion

When the family itself becomes the source and place of trauma and mistreatment, what can be the fate of its members? The initial exploitation occurred within the family, which subjected Asma to all forms of violence and drove her to the streets while depriving her of her right to education. In this case, we conclude that many family and social risk factors accumulated, resulting in Asma being subjected to rape and then resorting to prostitution, which manifested as repetitive compulsive actions. Finally, this led to her attempt to take her own life.

When Asma entered psychological counseling, the diagnosis revealed that she had suffered from severe domestic violence and psychological trauma. We suggested she begin psychotherapy, which gradually improved Asma's mental state, allowing her to eliminate the symptoms of psychological trauma. She began to invest in new relationships with her sister and mother, striving to provide them with protection and support. She has started planning to continue her life away from her past, successfully regaining her ability to think about her future.

References

1. Anaut, M. (2008). *Resilience: Overcoming trauma*. Armand Colin.
2. Barrois, C. (1998). *Traumatic neuroses* (2nd ed.). Dunod.

3. Benony, H., & Chahraoui, K. (1999). *Clinical interview*. Dunod.
4. Braconnier, A., & Bernard, G. (2015). *Winnicott and human creation*. Éditions ERES.
5. Brusset, B. (2007). *The psychoanalysis of the bond*. PUF.
6. Chiland, C. (2006). *Clinical interview*. PUF.
7. De Mijolla, A. (2013). *International dictionary of psychoanalysis*. Pluriel.
8. Ferenczi, S. (2006). *Trauma*. Petite Bibliothèque PAYOT.
9. Freud, S. (1981). *Beyond the pleasure principle*. PAYOT.
10. Fromentin, C. (2015). *The psychiatrist facing suicide*. In *Manual of clinical psychiatry and adult psychopathology*. SARP.
11. Jaspard, M. (2011). *Sexual assaults*. In *Violence against women*. Que sais-je? Collection repères. La Découverte.
12. Kapsambelis, V. (2015). *Manual of clinical psychiatry and adult psychopathology*. CREAPSY.
13. Mekiri, K. (2009). *The impact of family perceptions on adults who experienced traumatic events during adolescence* (Master's thesis, University of Algiers 2).
14. Mekiri, K. (2018). *Family, trauma, and resilience*. OPU.
15. Mekiri, K. (2022). *The origins of violence*. CREAPSY.
16. Miermont, A. (2006). *How family violence unfolds*. In *The mechanisms of violence*.
17. Pedinielli, J.-L., & Fernandez, L. (2011). *Clinical observation and case study*. Armand Colin.
18. Vasseur, P. (2013). *Psychic trauma of victims of sexual assaults with suspicion of chemical submission: management UMG*. In *Emergency 2013*. <http://www.sfmur.org>
19. Winnicott, D. W. (2015). *The good enough family*. Petite Bibliothèque PAYOT.
20. Lablanch, J., & Bontalis, J.-B. (1985). *Dictionary of psychoanalytic terms* (Moustafa Hegazy, Trans.). University Publishing Foundation.