

A DMT case study on child sexual abuse, trauma, and psychosis

Seeds of hope

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Basque mythology is rich in characters and stories, and among them, although not so well known, is Martin-Txiki, little Martin. The tale takes place at a time when men and women did not possess seeds of wheat, precious goods that were controlled by giant guardians of the forest called Basajaun. They lived in caves and sowed wheat on the slopes of the mountains and were feared by the people who craved the seeds but feared to approach them. One day Martin-Txiki put on huge boots and entered the woods of the Basajaun, defying their territory and boasting that he could jump further amongst their piles of wheat. Of course, in no time, the giants caught up with Martin-Txiki, who fell into the middle of a heap of wheat. When he recovered, he climbed out of the pile and ran home as fast as he could, his huge boots full of precious seeds. When he arrived at the village, he was able to offer the costly, cherished, treasured for precious Kernels, sows for seeds of wheat to his people.

Introduction

Perhaps it seems a huge leap from the heroic Basque character to the protagonist of this chapter. This young offender had his first psychotic outbreak within the setting of an educational centre. Martin-Txiki, he who dared the giants, survived and stole a number of precious seeds for his people. Martin-Txiki is the name chosen for the protagonist of this chapter: a tale of deprivation, injustice, and enchantment, features that may sound familiar to those working with young psychotic patients.

No seeds, starving for the right nutrition. Martin-Txiki's parents would separate soon, and his biological father left his natal country Cameroon in order to find work in Spain. Martin-Txiki grew up with his mother, a stepfather and two younger siblings. A story of neglect and abuse, a small character that had no important role and remained unseen until he grew old enough to cause problems.

Martin-Txiki got to wear a pair of boots that were far too big when, at the age of fourteen, he was put onto a plane to join his father in Spain. He then was a boy who caused trouble, a boy who did not fit into his family. The biological father, who by then was living with a new partner, agreed to

take on his son in Spain. Forests and woods, new obstacles on the journey: the father kept moving towns because of his work and the fragile attachment with his new stepmother broke when she passed away. A period of going from one educational centre to another followed until Martin-Txiki ended up in a centre for young offenders, accused of having sexually abused a girl in one of the homes where he had lived.

Stones, troubles, a lot of aggression. Even in the penitentiary centre, Martin-Txiki was moved from one group to another, a last shift triggering his first psychotic episode. It must have felt like a moment of complete darkness, disorientation, and abandonment.

Lost in a deep dark wood, Martin-Txiki perceived a ray of light from somewhere. Voices from the past, his mother, and the Christian faith surrounding him in Cameroon blended with some ancient African rituals. Martin-Txiki grasped onto these specks of light and took off.

One night Martin-Txiki called his educator in the early hours of the morning. He could not sleep and could be heard talking incessantly from his room. When a companion opened his door, he was wearing a white robe, carrying a bible in his hands and repeatedly reciting a verse from the holy book. He barely slept that night, and when he woke up again, he could not get out of this loop where only the word of God could fit. This event triggered his first admission to psychiatry for several days (Vignette extracted from the diary of the therapist).

Martin-Txiki's diagnosis of psychosis provided some explanation for his somewhat maladaptive behaviour. The image of a tiny boy with huge boots seemed just right, describing a human being who was wearing the wrong footwear to advance at his own pace in life, use his body in an efficient way and relate to others in a fluid, natural manner. The disembodiment of the self in mental health patients has been largely described by Fuchs (2005, 2016). Patients are not able to access the knowledge of their body anymore and lose their implicit way of working, including the pre-reflective way of 'being-in-the-world' that is mediated by the body:

As the sense of self is bound up with the sense of others, disembodiment of self and disturbance of intercorporality mutually influence each other, resulting in a loss of natural self-evidence. A lack of tacit attunement to other people and situations (Fuchs and Schlimme, 2009, p. 572).

Similar to Martin-Txiki, he did not seem to possess a body that resonated and provided him with an intuitive comprehension of his own and others' emotions. From this split-off and broken place, the outlook on himself and the world seemed to be completely fragmented. He had lost a sense of how to deal with others and seemed more and more confused in his surroundings,

caught up and trapped like the Martin-Txiki from the Basque mythology when he fell into the heap of grains, not knowing where he was anymore.

Recent research has shed new light on early adversity and psychological difficulties in later life (Schäfer and Fisher, 2011). The role of childhood trauma, especially sexual and physical abuse and, increasingly over the years, emotional abuse and neglect, has been uncovered steadily over the last decades. Whereas Post-Traumatic Stress Disorder can be detected in about 3% of the neurotic population, it correlates with 17–45% within the psychiatric population. Early life trauma can lead to lasting changes in the developing brain (Fan et al., 2008), and sexual abuse during infancy has been related specifically to hallucinations and delusions (Thompson et al., 2010).

At the time of Martin-Txiki's admission to the penitentiary centre, his story of abandonment, loss, and neglect was known to the authorities. The fact that he had been abused sexually over the years by his stepfather only emerged at a later point, disclosed by Marti-Txiki in a very lucid manner and, just like so many things in his life, completely out of context. His biological mother had probably failed to protect him from this painful experience, wiping out the particularly harmful relationship with the stepfather and endorsing thus Martin-Txiki's extremely fragmented and uncertain existence.

This constant ambivalence seemed quite evident when looking at Martin-Txiki's physicality. Clearly delimited, his body looked like a small version of a large armour. He was not very tall, but his muscles were well defined, fibrous, and seemed like a perfect machine for action. This machine worked completely disconnected from his head, leaving a dissociated, brisk body without limits. On other occasions, he would switch into a quite different mode, his eyes diving into passages of the bible while his body remained suspended and inert. In both cases, he seemed to have no limits, either going beyond his physicality in his automatic manner or not being able to stop his mind with his religious phantasies. His greatest fear was to go beyond his proper limits, nobody being able to contain him, acting with violence and a complete disconnection from what he was trying to overcome or prove, ruminating all the time.

Thus, one of the main goals for the work with Martin-Txiki was to provide a therapeutic setting that could offer some early holding functions and safe containment. The work with sexual abuse survivors through Dance Movement Therapy has been described by several scholars (for example, Cristobal, 2018; Goodill, 1987; Herman, 1997; Ho, 2015; Meekums, 1999; Pierce, 2014). Building on embodied perceptual practices, creativity, and expression, a stable relationship should help Martin-Txiki recapitulate some of his early relationships and mediate some of his traumatic experiences.

The relationship

Martin-Txiki responded with enthusiasm to the idea of receiving a therapeutic movement space with his tutor.¹ In some ways, this fitted in perfectly

with his fantasy of being the chosen one, a recurrent religious dream that placed him in the position of saviour.

A classical DMT setting with a stable venue, place, and time was fixed, starting with a similar ritual and check-in that should help him to arrive in the present moment. However, from the beginning, Martin-Txiki would minimise his existence, either by confirming that he was fine and not in need of anything at all or tired, just wanting to sleep. Frequently he resorted to one of the passages of the bible in order to have 'something worth sharing'. He always found something bigger or more important than himself, and it was extremely hard to count on his presence.

During the warm-up, we worked on finding a safe place within the space, simply recognizing an area where he felt at ease and could build a basis to work from. My body served as a mirror, reflecting back some of his gestures and movements to offer him some reflection and presence in his existence. (...) My proposals kept changing according to his disposition, but on numerous occasions, Martin-Txiki wandered off into meditation, one of his many ways of avoiding movement. I started wondering if the movement and what moving with another person may involve would frighten him too much (Vignette extracted from the diary of the therapist).

Relating to an adult or stretching out a hand to someone in order to receive help seemed an enormous struggle for Martin-Txiki. In his experience, similar to so many other survivors of sexual abuse, adults such as his mother or father or the surrounding community often had contributed to the experience of not being heard, and being silenced instead, experiencing secretiveness, betrayal of trust, fear and shame (Cristobal, 2018).

In her work with Martin-Txiki, his therapist found herself confronted with a frequent sense of feeling lost or losing herself, confirming Bennedettis's affirmation that 'in psychosis, transference often moves along paths different from neurosis' (1995, p. 60).

His speech had a point of lucidity that puzzled me. It was not at all vague, and I felt very clearly a need to stay alert and protect my own limits. At this point, I tried to differentiate myself, to make him feel the existence of a different other, although also available and respectful. I tried to take into account those feelings of mine as valuable information about what he might be feeling (Vignette extracted from the diary of the therapist).

Working with a psychotic patient has been described as entering a room with many mirrors that can distort the reflections, send back multiple images, and confront with a mixture of uneasiness, fascination, and disorientation. Dealing with someone with a serious mental illness involves putting oneself in a relationship with someone else who sees their reality in a

different way, with a different brain, but also with a body that moves in a different way, that interacts from another place, hardly understandable from a purely rational standpoint. Here DMT seems to have a lot to offer, allowing us to get to know the client through action. Through action, a shared process of co-creation of one's own world is sought while the patient transforms (Fischman, 2008).

At one stage, his therapist suggested that Martin-Txiki pay attention to his respiration, just breathing and becoming aware of how the air was flowing into his body and out again. As Hackney observed, 'Breathing is not only about connectivity but also our first experience of inner space' (1998, p. 64) observes. It thus seemed another way of connecting him with his own body as a container, a recipient that could take in and let go of the air around him.

During the eighth session, I proposed a very simple exercise that would help him recognise different parts of his body and later try to connect them. We did not get that far, but the first time he passed his hands in front of his face with closed eyes, he was able to feel the warmth of his own hands without touching his skin. All of a sudden, his eyes opened wide, he seemed deeply impressed, having been able to recognise his own warmth, his own body, a part of his existence. The fact that I was there with him, going along with his movement and witnessing this incredible moment of insight converted me into some kind of a magician (Vignette extracted from the diary of the therapist).

Through the simple exercise of perceiving his own breath, he had in some way started to identify his own body, a body that had been numbed before, a body that had not existed previously but that he had now clearly felt through his own warmth, marking an important milestone in his existence. Samaritter (2021, p. 23) affirms that '(...) body and movement serve as the source and means of sensations, feelings, experiences, actions, and interactions but also integrate body organization and coordination in the therapeutic context'. The first step of recognizing his own physical existence and connecting it to his proper inner space had been undertaken.

Our warm-ups always started the same way. We kept travelling through the DMT space, myself accompanying him. Then we would find a place, oddly enough, it was always the same spot and ended up standing face to face (Vignette extracted from the diary of the therapist, to be continued below).

In her study on survivors of child sexual abuse Ho (2015) puts a particular focus on the embodiment of the place and space concept. Building on attachment theory (Bowlby, 1989, 1999) which focuses on developing a safe

base and a sense of security by internalising a secure relationship, an individual learns that the world is generally a safe place.

Because place and space can be perceived only through the body by seeing, sensing, feeling, and moving (reacting), the bodily experience becomes extremely important in helping abuse survivors to regain a healthy experience of place and space and thus in assisting them to recover a sense of security and freedom conducive to outward exploration (Ho, 2015, p. 10).

The study describes the importance of getting a sense of anchoring to a place, feeling the body in contact with a delimited surface in developing a sense of security and fostering healthy interpersonal relationships. Pierce (2014) confirms that for any healing to occur, therapy must necessarily begin with establishing a felt sense of safety within the relationship and developing skills for orienting to present time and space.

(...) I usually proposed to move each part of his body, starting from the feet and ending at the head, and he would follow me. All this meant passing through his body scheme, of being able to connect with each part, but also in an attempt to offer a relationship, a reflection that might help him to see the other in a more integrated way (Vignette extracted from the diary of the therapist, continued from above).

The use of mirroring, kinaesthetic empathy, and nonverbal reflection have been described extensively as central DMT interventions with survivors (Campo and Panhofer, 2021; Koch and Harvey, 2012; Meekums, 1999; Pierce, 2014). Samaritter (2021, p. 62) confirms that dynamic movement experiences within the relational framework of a therapist-child interaction, as they are offered in DMT, may be particularly appropriate to advance a sensory-motor integration within a psycho-social context of the self-other relatedness.

However, since the moment Martin-Txiki had felt his own breath and with it a first notion of his existence, he converted his therapist into some kind of a magician, a mystical being with certain superpowers. His capacity to engage in symbolic play, a certain ‘As-If’-function seemed to have disappeared, a quite common characteristic in schizophrenia that prevents the distinction between the factual and the fictional.

This failure becomes manifest in the phenomena of *concretism* or a disturbance of metaphorical language; in *transitivism*, implying a loss of self-other boundaries; and finally in *delusion* as a breakdown of the ‘as if’ which until then marked the last connection of the patient to the intersubjective world. Now the co-constitution of a shared world fails and is replaced by the new, rigid coherence of delusion (Fuchs, 2018, p. 16).

This converts the illness also into an interpersonal disease that endangers the co-creative function of reality that our habitual interactions involve.

Similarly, Martin-Txiki either adored his therapist as a kind of magician or disappeared and resisted any profound engagement, connecting only when something seemed to be extraordinary and remarkable.

Weaving a skin

At one stage, the therapeutic work with Martin-Txiki became centred on his upcoming trial for the sexual abuse of another minor. It seemed as though he wanted to share his version of what had happened, and he was looking for his therapist's approval. Martin-Txiki chose to come back to the theme of looking for a safe space, and the need to cover himself seemed to become stronger and stronger.

He would lie down in a corner of the room, no matter if it was hot or cold, and wrap himself up, covering himself thoroughly, curled and rolled up so that, at times, I could only see his eyes. (...) He reminded me of a cocoon, and I was wondering if he was also preparing his transformation, waving his cover that would allow for his metamorphosis (Vignette extracted from the diary of the therapist).

Anzieu (2016) argues that even the therapists' verbalisations if they come at the right moment and seem alive and accurate, may take on the function of a psychic envelope for the patient. Equivalent to a symbolic skin woven out of phonological and semantic planes, the words heard may allow the patient to reconstruct and ease the pain of the grievance.

Similarly, Martin-Txiki's therapist fed back with her physical and verbal reflections, attentive to his behaviour and as respectful as possible with his process.

Then he would ask me to always listen to the same piece of piano music and to lead a relaxation. Everything metaphorically seemed to configure that ball of silk thread that allows the caterpillar in nature to forget food and movement and concentrate on giving rise to the necessary metamorphosis (Vignette extracted from the diary of the therapist).

Wrapping up Martin-Txiki with his preferred music or with gentle verbalisations could be compared to what Anzieu (2016, p. 72) calls creating the 'maternal environment', an outer envelope of messages that adjusts with a certain softness, leaving the space available in the inner envelope for the surface of the baby's body. That way, a place and instrument for the emission of its proper messages can develop: to be an 'I' is to feel the ability to emit signals that others receive. This tailored wrapping completes the process of individualisation.

Throughout the sessions, we changed that blanket for the elastic fabric, first reluctantly, because Martin-Txiki told me that he was cold and that the one I offered him was not enough. Over time lycra cloth became his first choice. It seemed more adapted to its own limits, it had the particularity of being able to define its shape in space. From there, I intervened, mobilising it in the distance, always respecting his space. Without invading his personal kinesphere, I was trying to figure out how to play with him. I stretched that elastic blanket and provided Martin-Txiki with many ways of making contact through the fabric. A tug of war marked our dance in several sessions, but I managed to get a smile of his more than once. I wondered whether he would ever be able to get out of his cocoon alone: If he seemed comfortable, why should he? To meet someone? He did not seem to have had nutritious experiences of encounters with 'the other' and after all, I too was going to disappear from his life (Vignette extracted from the diary of the therapist).

Weaving a new skin seemed to be a leitmotiv throughout the work with Martin-Txiki. Establishing clearer body boundaries where others had invaded and vulnerated his existence represented one of the biggest challenges. At times, it would be an actual cover that was needed to wrap him up and create this protective place of change, other times, the limits of the space and the verbal or nonverbal reflections of the therapist would offer a safe and protective shield.

On certain occasions, the cover seemed to offer the possibility of separating himself from the outer world and his therapist.

When Martin-Txiki begins to use the blanket to cover himself, it feels like a barrier that he manages to put between us. He has used our moving space to hide, isolate himself, and remain immobile. I feel frustrated with these drastic changes, swinging from him having lots of energy and wanting to 'achieve wisdom' (because that was the objective that Martín Txiki raised when I asked what the space could serve us for when I introduced it to him) to him trying to merge with the ground, attempting almost to disappear.

I feel that he could stay for hours under that cover, also contained by space and his classical piano music. Who needs my presence? ... I am not clear if my presence actually makes a change. He has his refuge. Does it include me? But when I carefully lift one end of the cloth, the first thing I see is that his body reappears. His muscles are activated to try to hold the fabric, his gaze seeks me out to ask what is happening, and he verbalises and gestures allowing us to enter into a relationship. In addition, this moment of interaction becomes part of the ritual of several of our sessions. A part in which Martin-Txiki begins, at times, to play. The fabric seems to allow him an interaction from a safe distance, but the possibility

of contact. It connects him with his own physicality in a different way from the body machine and close to one that plays in an intersubjective space (Vignette extracted from the diary of the therapist).

The vignette describes glimpses of a co-created space of interaction and play, moments of connection and mutual understanding. Hiding, being found, and not allowing the other to find oneself are quite common activities at the early stages of ego development. It seemed as though Martin-Txiki needed to repair many of these lost occasions of shared play and empathetic interaction. Kinaesthetic empathy, one of the key concepts of DMT (Koch and Fischman, 2011), seemed to provide the beginning of the healing for many years of neglect and abuse.

According to his needs, he used the blanket as a way to hide, disappear, or create a safe space, a cocoon-like wrapping which, perhaps at one point, would allow for his transformation.

Folie à deux

In the Basque mythological tale of Martin-Txiki, the main character boasts of being able to beat the giants when jumping over the heaps of seeds, a complete illusion that, for some reason or other, the *Basajaun* believe. How could they have been tricked so badly by the little boy? It seems as if both parts had engaged in something like a 'folie à deux', described as 'a very rare psychiatric syndrome in which a psychotic symptom is transmitted from one individual to another' (Vargas Alves Nunes et al., 2016, p. 339). Working with a young psychotic sexual offender certainly implies a central mindset, but believing in the supernatural powers of Martin-Txiki and the possibility of his recovery insinuates a different panorama. Indeed, the little boy falls into the heap, completely covered by the grains and unable to be rescued. Projecting a woven, new skin, a warm cocoon that might bring transformation, could be part of the distorted picture of a too bleak and unjust reality. Would his cocoon ever crack open and free a beautiful butterfly? Would the regular therapeutic work within an education centre for offenders allow for such a transformation? Would Martin-Txiki be able to get out of this heap of grains and manage to run home, saving some of the precious grains for his people? Was he the elected one?

Martin-Txiki's existence appeared distorted by his dreams, visions that seemed to have their proper life, even though they were not repetitive. Just like the heat of his hands that he had perceived, they had a magic and premonitory component, informing him about being 'the elected one'.

In his dreams, sudden movements of the universe were quite frequent: a huge crack in the earth that would open and wholes or waters that would cause a giant wave. Sometimes, all kinds of animals would arise from the earth, running away in fear. Then, another higher being would emerge, just

like a God, always appearing serene and safe amid the greatest cataclysms. Martin-Txiki connected these dreams to moments where he had felt a physical presence around him, moments he had initially feared until he had connected them with those dreams of greatness. He had concluded that God had chosen him as the saviour, and those presences, like his dreams, were only signs of it.

Benedetti refers to hallucinations as ‘not just a minus in psychotherapy, but a plus too. They do not correspond solely to a loss of reality but also to a gaining of a ‘communicational surrealism’ (1995, p. XVIII). At times, of course, it seemed difficult to work with this surrealism and, at the same time, keep in touch with reality.

During our third session, Martin-Txiki wanted to tell me what happened that night before he had been admitted for the first time to the psychiatric hospital. Someone had been with him in his room; he had clearly felt the presence of someone he feared terribly. He decided that he needed to leave the room and pray. His speech was confusing (Vignette extracted from the diary of the therapist).

(...) There was a dream that, looking at it from a different perspective, seemed the original cataclysm. Sometimes he named it as such, but on one occasion; he presented it as a reality. Martin-Txiki told me that he had fornicated with the Devil when he was a child. And, most important of all, it was crucial to him whether I believed him or not. This episode confronted him with his uttermost fear, and somehow, he sought confirmation from me. All I could do was transmit to him that I was familiar with this incredible fear through him and that I felt the realness of the situation for him. His shared images, made up of particular and very rich alphabets, in which pain, stupor, and chaos could be clearly felt in the face of a heartbreaking situation that made possible a new way of focusing, seeing, and even feeling (Vignette extracted from the diary of the therapist).

This dream could undoubtedly be related to the sexual abuse he had suffered during his childhood from his stepfather, but that had somehow converted the real person to a devil that kept haunting him in many ways. Trauma has long been known for inducing dissociative symptoms that affect an individual’s inner anchors. Sexual trauma and the violation of interpersonal boundaries have particular relevance to these processes (Thomson et al., 2010). Benedetti (1995, p. 36) suggests that

the appearance of cosmic hallucinations whose universality is not only a consequence of projections (to be understood as forms of defence) but rather are expressions of the tendency to perceive as parts of the world, which the self is unable to feel as its own.

Thomson et al. (2010) defend that the content of attenuated psychotic symptoms may provide insight into the underlying cognitive schemas of patients. In the case of Martin-Txiki, the hallucinations and premonitory dreams would seem to have found this functionality.

Benedetti (1995, p. 102) suggests that the therapist may start sending messages to the patient which are different from the psychotic ones, but messages of hope, of communication, of contact with the here and now. Indeed, there were moments of profound insight where Martin-Txiki questioned whether all this was connected with what he had gone through in his childhood. In many ways, it seemed a step forward in the relationship with his therapist when he stopped idealising her but recognised her as somebody different.

In the tenth session, when starting the check-in, Martin-Txiki told me he was depressed. First, he said 'because of you', then changed his statement to 'because of your words'. Faced with his recurring questions about my religious beliefs, I had told him previously that I was a different person with different beliefs. He then made several attempts to convert me to his faith but in vain. That day he seemed to accept me being different, even though he seemed to cover up for the loss of his magical therapist, telling me about a volunteer priest from whom he received visits. He claimed to be totally in tune with him and not with me. Martin Txiki ended the check-in by saying that relationships with other people transformed him, which surprised me and, in his case, seemed to be an incredible recognition of the other.

We ended up talking about how human relationships make us feel different, and when engaging in movement, he identified his head as his most present part. However, he could not recognise any body part that seemed the least present. He wrote, 'I am satiated with answers, almost'. The session was exhausting for me, feeling that he would feel lost if I did not merge with him. I realise that I need to set my own limits with him while also having a strong presence (Vignette extracted from the diary of the therapist).

The vignette seems to touch down on the sobering reality for both sides: A common illusion, a 'folie à deux' may offer incredible possibilities and fuel the dimension of hope and recovery. Martin-Txiki's only way out seemed to hang onto the dream of a divine figure who had chosen him as a saviour. He would also identify his therapist as a magic rescuer during one period. Being freed and safe could be a fantasy to trick away both sides from a far too bleak reality of abuse and injustice, of a life-long diagnostic of psychosis and a long prison sentence for abusing yet another youngster.

Conclusions

This book chapter weaves a red thread between early childhood trauma and psychosis, narrating the story of Martin-Txiki, a young offender who had his first psychotic episode in a centre for offenders.

The evidence for an association between childhood trauma and psychosis is steadily accumulating. ‘More research is (...) needed to develop further and evaluate appropriate treatments for psychotic patients suffering from the consequences of childhood trauma. Nevertheless, the existing trials suggest that patients with psychotic disorders can benefit from both present-focused and trauma-focused treatments’ (Schäfer and Fisher, 2011, p. 365).

DMT offers a present-focused approach as it works with the body and all bodily movement, always drawing the patient back to the present moment through action. Psychosis is characterised by a fragmented, split-off way of experiencing the body. The extreme disembodiment of the self and disturbance has far-reaching effects on dealing with others, an important factor tackled effectively by the dynamic movement experiences within an inter-corporeal framework, always present in the DMT.

As described by other authors from the field (Ho, 2015; Pierce, 2014), the re-building of a secure base, a safe place from where to explore, presents the first part of the work with survivors of sexual abuse as anchoring the body in a safe space within a secure relationship is a necessary basis for further healing. DMT interventions such as mirroring, kinaesthetic empathy, and nonverbal reflection have been described extensively as central DMT interventions with survivors (Campo and Panhofer, 2021; Koch and Harvey, 2012; Meekums, 1999; Pierce, 2014). Some early relationships can be recapitulated within the relational framework of a therapist-client interaction, and traumatic experiences may be mediated in movement (Campo and Panhofer, 2021). Martin-Txiki’s story is yet another tale without a happy ending. It points at an unspoken injustice, a vicious circle of far too high numbers of sexual abuse and trauma in early childhood.

The Martin-Txiki from the Basque mythology escapes, saving some precious seeds for himself and his community. The story of the young boy from Cameroon who, as this chapter draws to an end, is still held in a centre for young offenders is yet to be continued.

Note

- 1 The second author of the chapter, Maika Campo, was Martin-Txiki’s therapist.

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