BRAIN. Broad Research in Artificial Intelligence and Neuroscience
e-ISSN: 2067-3957 | p-ISSN: 2068-0473
Covered in: Web of Science (ESCI); EBSCO; JERIH PLUS (hkdir.no); IndexCopernicus; Google Scholar; SHERPA/RoMEO; ArticleReach Direct; WorldCat; CrossRef; Peeref; Bridge of Knowledge (mostwiedzy.pl); abcdindex.com; Editage; Ingenta Connect Publication; OALib; scite.ai; Scholar9; Scientific and Technical Information Portal; FID Move; ADVANCED SCIENCES INDEX (European Science Evaluation Centre, neredataltics.org); ivySCI; exaly.com; Journal Selector Tool (letpub.com); Citefactor.org; fatcat!; ZDB catalogue; Catalogue SUDOC (abes.fr); OpenAlex; Wikidata; The ISSN Portal; Socolar; KVK-Volltitel (kit.edu)
2026, Volume 17, Issue 2, pages: 449-457
Submitted: February 17th, 2026 | *Accepted for publication:* May 3rd, 2026

Writing The Goodbye: The Hypnotic Use of Systemic Storytelling to Facilitate Forced Termination in a Case of Complex Childhood Trauma

Bogdan Pavlovici
Versailles Central Hospital - André Mignot Hospital, Versailles, France.
bpavlovici@ght78sud.fr,
https://orcid.org/0000-0002-1489-3394

Abstract: *The termination of a therapeutic relationship constitutes a clinically significant moment that can either consolidate prior therapeutic gains or, conversely, reactivate core psychological vulnerabilities. This is particularly true in patients with preexisting attachment pathology. Endings of clinical therapy that are imposed externally, driven by institutional constraints rather than clinical readiness, present a specific challenge for which there is limited published guidance, especially in paediatric contexts. This paper presents a clinical case study that illustrates the use of systemic storytelling as a technique for facilitating a forced therapy termination in paediatric psychiatry. The patient, a 13-year-old boy with a history of sexual abuse, severe attachment disorder, placement instability, and multiple early maladaptive schemas, faced an abrupt, institutionally mandated end to a long-standing therapeutic relationship. Drawing on Philippe Caillé's method of the systemic tale and integrating a preparatory state of calm to minimise dissociative risk, the therapist composed a metaphorical narrative encoding the patient's relational history, therapeutic journey, and separation, which was read aloud during the final session in the presence of two significant attachment figures. The intervention appeared to facilitate a meaningful, emotionally contained farewell, which resulted in interrupting the patient's established pattern of crisis-driven relational endings. Follow-up information obtained over two years post-termination indicates sustained clinical improvement, including cessation of crisis hospitalisations and successful integration into vocational and social contexts. The systemic tale offers a flexible tool for navigating therapy termination in complex paediatric cases where conventional ending protocols cannot be used. The case also helps to show the countertransference dimensions of forced endings and the role of clinical supervision as a generative space for creative therapeutic solutions.*

Keywords: *systemic tale; narrative therapy; therapy termination; complex developmental trauma; paediatric psychiatry; early maladaptive schemas; disorganised attachment; countertransference.*

How to cite: Pavlovici, B. (2026). Writing the goodbye: The hypnotic use of systemic storytelling to facilitate forced termination in a case of complex childhood trauma. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience, 17*(2), 449-457. https://doi.org/10.70594/brain/17.2/28

1. Introduction

The ending of a therapeutic relationship can be one of the most significant moments in psychotherapy, while being one of the least theorised. Since Freud's early writings on transference and the dynamics of endings in therapy, the phase of termination has been recognised as a pivotal moment that has the power to either consolidate therapeutic gains or, conversely, reactivate core psychological wounds (Freud, 1937). Contemporary psychotherapy research has increasingly acknowledged that termination is not merely an administrative endpoint but an event in its own right, and one that usually carries deep emotional valence for both the patient and the therapist (Marx & Gelso, 1987; Roe et al., 2006). Rabinowitz et al. (2025) identify several distinct termination types, where they distinguish planned, collaborative endings from abrupt or externally imposed separations. The latter carries a higher risk of retraumatisation, particularly in patients with preexisting attachment pathology. The literature has consistently highlighted that unplanned terminations can represent a special clinical challenge, as they can deny the patient a certain sense of agency and closure that a planned ending would provide (Rabinowitz et al., 2025).

Within the domain of paediatric psychiatry, the treatment of children who have experienced complex trauma can be a special clinical challenge. Unlike single-incident trauma, complex developmental trauma, which usually encompasses chronic abuse, neglect, exposure to domestic violence or other forms of trauma, disrupts core developmental processes including attachment formation, emotion regulation, identity development, and language acquisition (van der Kolk, 2005; Terr, 1991). Bowlby's foundational attachment theory establishes that any early relational disruptions can create internal models of the self where one sees themselves as unlovable, and where they see others as unreliable or dangerous. These models help shape all subsequent relational functioning, including the therapeutic alliance (Bowlby, 1988). Ainsworth et al. (1978) elaboration of disorganised attachment patterns in maltreated children maps closely onto the clinical profile presented in complex paediatric cases, wherein children go back and forth between seeking proximity and enacting defensive aggression. In institutional child welfare contexts, these dynamics are more complex because of placement instability, multi-carer systems, and inter-institutional conflict. These factors have been shown to complicate therapeutic progress and make behavioural dysregulation even worse for children already carrying heavy trauma histories (Tarren-Sweeney & Hazell, 2008).

Within the broader landscape of child psychotherapy, narrative and systemic approaches can offer an important alternative to models based on insights. White and Epston (1990) work on narrative therapy established that the stories people tell themselves can carry an important weight. More specifically, in child therapy, the use of a metaphor, play or storytelling is well established within the field. Bettelheim (1976) argued that fairy tales have a role, performing a deep psychological work by externalising internal conflicts into a narrative form, which then enables children to process overwhelming emotional material from a more safe distance. Within systemic family therapy, Caillé and Rey (2017) work on the development of the ‘systemic tale’ as a therapeutic tool takes this tradition and extends it by giving context to the metaphorical narrative within a relational system, which gives the child the ability to encode not only the child's inner world but the entire network of significant relationships and the therapy relationship itself, including its ending.

Despite the urgency and importance of clinical therapy endings with traumatised children, the literature on qualitative and case-based specific techniques for facilitating this clinical termination in this population remains too sparse. Most of the literature addresses adult patient populations in relatively stable clinical contexts. Clinical case studies and accounts that aim to integrate multiple modalities in service of a single, complex therapeutic ending are almost entirely absent from the published literature. This gap is extremely consequential: practitioners working in institutional child psychiatry and welfare settings routinely face abrupt, externally mandated therapy endings with the most vulnerable patients, yet have little published clinical guidance to draw on.

The present paper aims to address this gap by offering a detailed clinical illustration of the use of systemic storytelling, more specifically Caillé and Rey (2017) technique as adapted and extended by the author, in facilitating the therapeutic ending with a severely traumatised adolescent with a history of sexual abuse, disorganised attachment, and placement instability. Beyond its technical contribution, the case also helps to illuminate the countertransference dimensions of forced endings, including the therapist's own attachment to the patient and the personal resonances that such endings can activate. In doing so, it contributes to a small but clinically vital body of reflective, qualitatively rich literature on the therapist's experience of separation.

Patient details have been anonymised to protect confidentiality. The patient's legal guardian provided consent for clinical material to be used for educational and research purposes.

2. The Systemic Tale (or Storytelling)

This concept was developed by Caillé and Rey (2017) and can be summed up by saying that it involves writing a metaphorical tale (written by the T) in which the T's empathic understanding of the P's heavy history of life, the P-T therapy story, their future separation and a sequel to be written by the P.

We are therefore in a past-present-future space-time, where the past-present-moment of separation is written, in metaphorical form, by the T, and the future part will be anticipated and written by the P.

Why is this called a 'systemic tale'?

Because, as you will see, it metaphorises all the P's interrelations with the protagonists in his life context, and even the systemic hypotheses that have already been validated in the work done in therapy.

Important clarification: I do not use the systemic story as a biblical text applicable to everyone, but I adapt its use according to each patient or family, and I precede it with preparatory work: an induction of hypnotic trance, so that the story can be listened to in this state of maximum openness on the part of the patient. But in some cases, such as the one we'll see straight away, I only produce a state of overall calm before reading the story, avoiding trance because of the major risk of traumatic dissociation. Finally, in certain situations, I ask the patient or the family to write the rest of the story after the reading, and in other cases when they feel ready.

3. Clinical Illustration

Case Dan: an 8-year-old child whom I met at the urgent request of the ASE[1] and the foster home where he had recently been placed for domestic violence: severe attachment disorder, dysphasia and severe stammering, an appearance of what used to be called "emotional debility", and to whom, because of his severe language disorders and this appearance suggesting that he suffered from an intellectual disability, I suggested that he act out his life story using play-mobiles. From the 4th session, he confided in me that his father had raped him and his little brother (aged 5).

Her mother is a very hard-hearted woman who has experienced abuse herself, claiming ignorance of the incestuous acts committed by her husband, but acknowledging that she failed to protect her children from his physical violence, just as she failed to protect herself from the violence committed against her, describing a "psychological hold" her husband had over her, as well as an economic hold. Finally, as she herself suffered from a number of early maladaptive patterns (Young et al., 2003) (instability/abandonment, mistrust/abuse, lack of affection, etc.), it was more difficult for her to bear the reactivation of the emptiness of abandonment than to leave this violent man.

I filed a report to the Judge and a long investigation process followed, during which Dan was interviewed by untrained police officers, who did not use communication mediators and only noted his verbal responses, which were barely intelligible given his severe language difficulties. A great deal of time passed before the father, who had been imprisoned for 2 years for the physical violence, was heard for the sexual violence, which he would not acknowledge. However, a

[1] Aide Sociale à l'Enfance: the French Institutional Child Welfare

psychiatric assessment of the father and the prison psychiatric service drew up an alarming portrait of this man, who had already been arrested in the past for several cases of rape, which were dismissed. Once he has served his sentence, he will be released, which will be the occasion for new 'clastic crises' of Dan, which will earn him a lot of labels from the hospital psychiatrists of the wards where he will be accompanied via emergency, on several occasions. And while the father is free (because the incest investigation is still in its early stages, and everything is very slow and lengthy), Dan will go from one foster home to another, because inevitably confrontation with other children who are already there (and in his eyes more valiant than he is in the eyes of the adults accompanying him) will reactivate his patterns of vulnerability against a backdrop of serious attachment disorder, and he will go from one clastic outburst to another, each time becoming a veritable *« HULK ».* This triggers a chain reaction of fear and exclusion. Eventually, of course, he'll integrate a new pattern: from the moment he's the one excluded, the one punished, the one sequestered in hospital to protect others from him, and his father runs free, and his mother too (who in the meantime has found a new partner and had a 3rd child), he'll deduce that he's the Monster, the Shame incarnate, the Madman (and he'll say it himself: *"I'm mad").*

In view of the impressive number of carers, who are also changing, pulling at each other's feet because some see Dan as an adorable, endearing and resourceful child and others as the Monster Aggressor, the Madman, my room for manoeuvre, in my little CMPE[2] consultation office, will be very narrow indeed.

Nevertheless, as a result of my insistence that Dan be brought to therapy, of the fact that everyone around him noticed that he was much better when he came and that he had more crises when he wasn't in therapy, of my participation in large meetings in which I explained how he functioned, I explain what is known as a psychic **dissociation** and its effects, which are themselves aggravated by the differences of opinion and the inter-institutional tensions/conflicts around him, I manage to reweave the links between the various people involved, to get his support team out of an **intra-** and **interinstitutional systemic dissociation**, Dan gradually improves. But all this takes a lot of energy and investment on my part, because this multi-weaving has to be done repeatedly and frequently.

I'd like to take this opportunity to pay tribute to Mrs T, the ASE referrer, who has given me a great deal of support on this obstacle course.

Dan is finally settling into a cocoon where he is happy, which is an innovative place of welcome, with an educator for each young person welcomed, of whom there are 7, but given that even Achilles has a soft, rotten heel, this place of welcome has 2 major disadvantages :

- It can only accept young people up to the age of 13.
- It costs the earth and the ASE has a limited budget

So, despite my repeated warnings that it would be better to invest a little more in the development of a child who has finally started to develop again and feels good in this oasis after having known only the desert and predators up until now, the response will be dry and administrative: age limit, budget limit.

The solution that will be imposed by the Judge, in the light of all the evidence, will be to place him in a new home closer to his mother, one that is suitable for his age and inexpensive (rather free).

Dan would inevitably have another huge *"clastic crisis",* which would end with him being rushed to the hospital in his mother's area of residence, supposedly *to "treat his pathology and prepare for his discharge to a care setting appropriate to his age and as close as possible to his mother".*

This makes it impossible for me to continue seeing Dan in therapy, and that affects me greatly, because **I anticipate the worst** and see myself as « **indispensable** ».

[2] CMPE = center of psychiatric child therapy and treatment

I talk about it in my supervision group and thanks to it, thanks to our brilliant supervisor and thanks to a link I make with systemic storytelling (the existence and use of which I had learned about in my training at IDES), an idea emerges: the hypnotic use of systemic storytelling!

In passing, I discovered that my own difficulty in separating and my feeling of being indispensable were also linked to personal issues: the sudden death of my father when I was 13, the fact that Dan was 13 at the time of this forced break-up and the fact that I felt the painful sensation, at the time of my father's death, that someone who was to me **indispensable had suddenly disappeared into nothingness** and that **I was anticipating the worst to come…**

After battling with the child psychiatric care team over the need for me to travel to their department to see Dan one last time and say goodbye, we were able to go with Mrs T and another teacher (L) to whom Dan was very attached and she to him.

Dan was very moved by the fact that the 3 of us had come for him, and I began to put words to our shared feelings, sentence by sentence, waiting for each sentence to be emotionally validated.

Then I said to Dan:

"Dan, as I was thinking about you and the whole story you've been through, with its very bad moments but also, fortunately, the good ones, and also thinking about everything you've been able to confide in me, the work we've done together, with the help of Mrs T and L, a story came to me almost by itself, and I let my right hand write it down... Do you agree with me telling it to you?"
Dan: *"Yes*
Me: *"Can I tell this story with Mrs T and L present?"*
Dan: *"Yes*

I then proceeded to read the story presented in Annex 1.

4. Epilogue

Dan was very moved by this tale, which was read to him on 21/02/2022, and told us that he would write the sequel when he could, but in the end he didn't do it.

On the other hand, I have kept myself regularly informed of his progress, which has been positive, in the sense that the clastic crises and hospitalisations have disappeared, in favour of part-time care in HDJ and integration into a medical-social establishment. Here's the latest news I received, via Mrs T, in an email dated 13/02/24: *"I spoke to Dan's mother yesterday, who told me that Dan will be going to a vocational high school one day a week in addition to the medical-social establishment where he is being cared for. She sees her son every fortnight on an open visit and says that things are going well. A criminal hearing will be held in March 2024 on the charge of sexual violence by the father against his son".*

5. Discussion

The case of Dan illustrates several clinical challenges happening at the same time, that are also common in institutional paediatric psychiatry but rarely addressed together in the literature: therapy termination under institutional constraint, complex developmental trauma with disorganised attachment, and the need for creative, multimodal techniques when conventional verbal approaches are insufficient.

For Dan, whose schema landscape was organised around abandonment, mistrust, and defectiveness, any externally imposed ending carried the risk of confirming his deepest conviction, which was that he was the cause of his own rejection. The systemic tale held the role of a counter-narrative, helping him to reflect on his history in a metaphorical form and offering a version of this particular story in which he was a protagonist of courage rather than a condemned monster. This reframing aligns with the narrative therapy principle of re-authoring (White & Epston, 1990), which consists of not denying the painful story, but constructing alongside it an alternative account with an increased sense of agency for the patient.

The use of metaphorical distance was done on purpose. Consistent with Bettelheim (1976), the symbolic narrative allowed Dan to receive reflections about his own experience without the direct confrontation that might have overwhelmed his emotional regulatory capacities or triggered dissociation.

The countertransference dimensions of this case are just as instructive. The therapist's recognition, within supervision, of the personal resonance with Dan's situation transformed a risk of over-identification into a unique clinical solution. This underscores the importance of reflective supervision in complex institutional work, particularly where forced terminations are likely.

As a single case study, this report cannot support generalisation, and the informal nature of the follow-up is a limitation as well. Nevertheless, the systemic tale offers a thoughtful and very sensitive tool for honouring the therapeutic relationship even as institutional imperatives require it to close.

References

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Lawrence Erlbaum.

Bettelheim, B. (1976). The uses of enchantment: The meaning and importance of fairy tales. Alfred A. Knopf.

Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. Basic Books.

Caillé, P., & Rey, Y. (2017). Les objets flottants: Méthodes d'entretiens systémiques (Nouvelle éd.). Éditions Fabert.

Freud, S. (1937). Analysis terminable and interminable. International Journal of Psycho-Analysis, 18, 373–405.

Marx, J. A., & Gelso, C. J. (1987). Termination of individual counseling in a university counseling center. Journal of Counseling Psychology, 34(1), 3–9. https://doi.org/10.1037/0022-0167.34.1.3?urlappend=%3Futm_source%3Dresearchgate.net%26utm_medium%3Darticle

Rabinowitz, Y. L., Yim, B., & Muran, J. C. (2025). Termination of psychotherapy: A systematic review. Cogent Mental Health, 4(1), Article 2535626. https://doi.org/10.1080/28324765.2025.2535626

Roe, D., Dekel, R., Harel, G., Fennig, S., & Fennig, S. (2006). Clients' feelings during termination of psychodynamically oriented psychotherapy. Bulletin of the Menninger Clinic, 70(1), 68–81. https://doi.org/10.1521/bumc.2006.70.1.68

Tarren-Sweeney, M., & Hazell, P. (2008). Mental health of children in foster and kinship care in New South Wales, Australia. *Journal of Paediatrics and Child Health, 42*(3), 89-97. https://doi.org/10.1111/j.1440-1754.2006.00804.x

Terr, L. C. (1991). Childhood traumas: An outline and overview. American Journal of Psychiatry, 148(1), 10–20. https://doi.org/10.1176/ajp.148.1.10

van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. Psychiatric Annals, 35(5), 401–408.

Winnicott, D. W. (1953). Transitional objects and transitional phenomena. *International Journal of Psycho-Analysis, 34*, 89–97.

White, M., & Epston, D. (1990). Narrative means to therapeutic ends. W. W. Norton.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). Schema therapy: A practitioner's guide. Guilford Press.

Annex 1

Analytical Note

The narrative presented below was composed by the therapist in advance of the final session and read aloud to the patient in the presence of two key attachment figures. Each narrative element

corresponds to a specific therapeutic function. The intergenerational transmission of the 'spell' encodes the concept of intergenerational trauma, externalising the abusive behaviour as something passed on rather than intrinsic to the patient. The dolphin's loss of 'sounds' maps onto Dan's dysphasia and communicative impairment. The black spot metaphorises the early maladaptive schemas (Young et al., 2003) resulting from trauma exposure while preserving the fundamental integrity of the patient's 'pink heart.'

The figure of Dr Belouga represents the therapist, while Mrs Dauphinady corresponds to the ASE referrer, both are integrated into the narrative to symbolically represent the internalisation of transitional attachment objects. The charm offered at the end of the story functions as a concrete, portable symbol of this internalisation, drawing on the psychotherapeutic concept of the transitional object (Winnicott, 1953).

The open ending, 'we wonder how the story of brave Dolphy will continue", is deliberate, preserving the patient's authorship of his own future and avoiding a prescriptive closure.

The story - *Dolphy's obstacle course*

"Once upon a time, there was a little dolphin called Dolphy.
When he was born, he couldn't have known that a terrible spell had already existed, passed down from father to son, even before he was born: well, the Big Bad Ocean Shark had used his black magic to transform his great-grandfather's pink dolphin heart into a black, merciless shark heart.

One day, Dolphy had a little brother: Titi. As he grew up, Titi proved to be a better swimmer and better at producing the famous dolphin sounds from his snout to communicate with each other and call for help. Titi became the dolphin mother's favourite.

Dolphy then felt alone, abandoned and worthless... Because he didn't yet know all the important and numerous qualities he had deep down inside, well hidden even from his own eyes...
But the worst was to come later: Dolphy's father, who carried the spell passed down from father to son (a large black spot in his heart), began to beat Dolphy and Titi violently...

Then, instead of living out his love life with his wife, the mother dolphin, he took Dolphy instead and forced her to do things that only happen, anywhere in the oceans, between adult dolphins of the opposite sex.

From that moment on, Dolphy's head became extremely confused, which prevented him from learning at the dolphin school and caused him to completely lose his dolphin sounds, so that he could communicate properly with others or call for help...

What's more, his dolphin father had told him to keep everything that had happened between them a secret... And because this father was big, angry and impressive, Dolphy was terrified and couldn't say anything to anyone, not even his mother. He imagined that if he told anyone, the worst thing would happen: his father would kill him, or his parents would kill each other, or his mother would think he was a liar, or disgusting and at fault!...

Worse still, he thought that if he hadn't stopped his father from taking him for his wife the very first time, it meant that he had accepted that and that if he had accepted even a 2nd or 3rd time, without saying anything, it meant that he perhaps appreciated that... And this terrible idea settled firmly in his head and he then found himself even more worthless and disgusting and guilty of everything... And he had only one desire left: to end this nightmarish life…

He then began to show that he wasn't doing well, first at school, by mutilating himself or getting into fights over anything and everything... And so did Titi, because he was subjected to the same violence.

So the 2 dolphin brothers were placed in homes for unfortunate little dolphins.

At first, it was very difficult, because they were used to being hit by their father and not protected by their mother, and they no longer trusted any adult dolphin. They reacted violently to defend themselves from these new adults, fearing that they would be mistreated even worse than their parents...

But once they realised their confusion, they asked for forgiveness. And once they were reassured, they showed all their qualities: helping others, being of service, learning to draw, read and do arithmetic, cook, and lots of other things.

However, a serious problem persisted: as the black spot on their father's heart was still there and had caused the serious violence described, part of this black spot had passed, unnoticed, into Dolphy and Titi's hearts, whereas their hearts were initially pink and pure, like those of all the little dolphins in the world.

What's more, because Dolphy felt that deep down he was a loser, guilty of everything, abandoned and unloved, he decided to end his life: so he strangled himself with underwater vines, pointed sea knives at his chest or stomach, and had to be taken to see a dolphin doctor, Dr Belouga.

He soon realised what had happened to Dolphy and alerted the Dolphin Judge.
A kindly dauphine educator was also appointed to accompany her: Mme Dauphinady.

Little by little, Dolphy learnt to trust Dr Belouga and Mrs Dauphinady, then other adults, and he began to improve, to know the good side of a little dolphin's life and not only the dark side…

One day, he showed clearly that, despite the black spot that had been imprinted on his pink heart, this heart was always bigger, braver and brighter than this spot: Dolphy's blood ran cold when he saw the suffering of this baby toad, paralysed with terror... This baby toad reminded him so much of himself, when he was small, terrorised, and could do nothing and say nothing to be protected... So Dolphy attacked the attackers, but as there were more of them and they were bigger than he was, he was hit himself!... But all the while, the baby toad gathered his courage and managed to escape! Even though he had taken the blows to protect the baby toad, Dolphy's act of courage forever marked the difference between him and his father: the fact that his heart had not been won and possessed by the black spot.

But more hardship followed for the unfortunate Dolphy: when, thanks to his progress, he left the home of the little dolphins to join a foster family for dolphins, he came across another little dolphin, younger than him and the darling of the family, and this reminded him of the past, triggering a huge crisis in which he hit the little one. The same thing happened with a second foster family.

Dolphy had really had enough! He said to himself: "Nobody loves me! Wherever I am, there's someone other than me who is loved and protected, and I'm abandoned! Everyone sees me as a monster! The worst even! But I didn't ask for anything, not even to be born! So, if everyone sees me as a monster, fine, I want to please them and I'm going to show them that they're right!" ... But, misfortune of misfortunes... By letting her heart be won over by revolt, anger and hatred, Dolphy didn't realise that the black stain printed on her pure pink heart was taking advantage to grow, grow and grow... Because this stain fed on anger and hatred, and the blacker the anger, the bigger the black stain got…

And as he also saw that his mother dolphin was left in peace by the Judge to look after a new little dolphinette , and that the father dolphin whose heart had been won over by darkness was still left at large, Dolphy could only think of one thing: "well, if they're all so nice and exemplary, while I'm rejected and abandoned by everyone, it's because I'm really right: I'm the real monster to be put down! "... And when he thought like that, his ideas of ending his life came back to him…

Then again, reassured by Dr Belouga and Mrs Dauphinady, hope returned and he ended up in a beautiful castle for little dolphins. But once again, the happiness didn't last: one fine day, he learned that he had reached the age beyond which he could no longer stay in this beautiful castle, even though his heart had calmed down and he felt so good there... This was the final blow and Dolphy had another attack of despair which took him to a faraway hospital.

His two travelling companions, Mrs Dauphinady and Dr Belouga, suddenly learnt, at the same time as Dolphy, that the Judge had decided that he should remain in this distant hospital and be admitted to another place, close to this distant hospital. The 3 of them therefore had to say goodbye ...

Dolphy's first thought was: "This is it, even they, whom I trusted the most, are abandoning me...". ... And a never-ending disappointment coupled with a strong inner anger returned to Dolphy's poor, tired heart, but he didn't dare show them this anger and disappointment, because deep down he liked them…

Doctor Belouga, who knew that life had taught Dolphy that every "goodbye" was a new rejection, a new abandonment, and therefore a new atrocious suffering, calmly said to him: "My dear Dolphy, I know that life has taught you that it's better not to trust anyone, because everyone who was important to you in the beginning ended up disappointing you, rejecting you, abandoning you... And then you thought of yourself as nothing but a nuisance to be thrown away, or a monster to be put down... But I'll always remember your courage and your spirit of sacrifice, and your kindness and goodness... And your humour... You taught me a lot and helped me to improve as a doctor. Thanks to you, I have a better understanding of the hearts of the little dolphins who didn't have the childhood they deserved... I only hope that you were able to learn things from me too, and above all that you will continue on your path helped by others, never forgetting that this black spot in your heart is not you... It has just been passed on to you... Your heart remains and will remain stronger than it. Now take this charm with these wise and holy words and may they be with you forever, and when you clasp this charm in your hand, Mrs Dauphinady and I will appear in your mind and continue to light your way! ...

Well, we wonder how the story of brave Dolphy will continue... ”