A clinical assessment relies first and foremost on a story told within a particular cultural and political framework: what is said and what is unsaid, whether expressed nonverbally or silenced.

The goat rejoiced because she was expecting a baby, but just as she was giving birth, she realized she had twins and was overwhelmed because it was too much for her. She went all through the village lamenting. Some time later, one of the kids died and once again the goat was totally distraught, this time because of her loss. She told everyone what had happened, and the whole village became concerned. As everybody was worrying with her, listening to her story and retelling it, the goat felt some relief.

This African story evokes the trauma which can be caused by too much or too little, or a loss, and describes trauma transmission as an inherent part of the reconstruction process, which is seen as social. In the goat story, time is the great healer.

In this chapter, we will present the story of Agrippine, a young girl from the Great Lakes area of Africa, focusing on the intertwining of cultural and political signifiers, in both trauma and the reconstruction process. To demonstrate the importance of time in the clinical encounter—the time needed for disclosure, for building meaning, and for establishing trust—we have chosen to present her story linearly, as it unfolded, and to examine how different layers of understanding emerged over time. This article extends the clinical process as a dialogue between the two main clinicians involved, illustrating the convergences and divergences between their voices and the images they represent: African and Canadian, black and white. These differences in the team provided a space where the patient and her family could negotiate meaning and take action.

An Adolescent Refugee Newly Arrived in Canada Who Challenges her Stepmother’s Parenting Skills

Agrippine arrived in Canada at the age of 15 as an unaccompanied minor. She comes from a polygamous family of four children. She is the first-born of twins, and is thus considered the eldest. Her twin’s status is that of “little brother.”
She also has two younger half-sisters, the daughters of her stepmother, her father’s second wife. She was born and raised in Kinshasa, the capital of what is now the Democratic Republic of Congo, until she fled to Angola when she was about 13 years old.\(^1\)

Agrippine’s life in utero and birth were unremarkable, as was her early childhood, of which she has good memories. When Agrippine was 6 or 7, her parents divorced. Her mother left the family and had no opportunity to maintain contact with Agrippine, who went to live with her stepmother. Despite that, Agrippine has positive memories of the atmosphere in the family. Her stepmother, who was very fond of her and her brother, devoted her time and energy to household tasks and to taking care of her own children as well as those of her former cowife (Agrippine’s mother).

Agrippine reported that she and her father were very close and he considered her, as the eldest daughter in the paternal line, to be a model of family virtue for her younger siblings, especially her little half-sisters.

Agrippine’s family was very close to ruling families of the old régime in Congo, and these ties to the family of the former president were apparently what led to the extraordinary events that adversely affected Agrippine directly and through her family. When she was 12 years old, her father was killed in cold blood by the members of an armed rebel group that had just seized power. She was at school when it happened and could not be present at his burial because she had to hide out. In her memory, the death of her father seems unreal and she still sometimes wonder if it has really happened. After his murder, Agrippine’s stepmother was sent out of the country with her two children, while the twins were left in the care of a paternal uncle who had held a government position under the old régime.

With the aid of his military-political-administrative connections, the uncle fled to Angola with Agrippine and her brother. After two years of living in exile in Angola, the two children left Africa for Canada, thanks to a nun who obtained travel documents for them. She rapidly obtained her refugee status and did not have to go through the angst of a lengthy and difficult determination process (Rousseau, Crépeau, Foxen, & Houle, 2002).

Shortly after her arrival here, Agrippine managed to find her stepmother, who had been living in Canada with her daughters, now aged 12 and 14, for about a year. As is the family custom in some parts of Africa,\(^2\) Agrippine and her brother went to live with their stepmother, who again took on the role of substitute mother. A few months later, Agrippine’s stepmother brought her in to the trans-cultural psychiatry outpatient clinic at the Montreal Children’s Hospital for a consultation at the request of child protection services, which had been alerted by

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\(^1\) To respect confidentiality, names and details of the story have been changed; we have however tried not to alter the cultural logic of the story.

\(^2\) We are using the expression “some parts of Africa” to refer to customs, traditions or beliefs common in Central and Western Africa, though there is obviously significant heterogeneity throughout African societies.