

**Family Loyalty Conflict in an Adolescent
(A systematic Clinical case Study of a Dysfunctional Family)**

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Abstract:

This study aimed to investigate the impact of a disturbed interaction pattern—namely, family loyalty conflict—in adolescents and the emergence of mal-adaptive behaviors. Using a clinical approach that focuses on an in-depth study of the individual case, and employing a range of tools including; clinical interviews, clinical observation, family mapping, and a family Apperception test, the study focused on an adolescent living in a dysfunctional family and suffering from behavioral disorders. The findings revealed that:

- The adolescent experiences a clear loyalty conflict, sometimes towards the mother and sometimes towards the father. This conflict manifests as a persistent feeling of guilt and emotional confusion when siding with one parent over the other.
- The family loyalty conflict is reflected in the adolescent's behavior, manifesting as disturbed behaviors such as lying, stealing, and aggression.

Keywords: Family loyalty conflict, behavioral disorders, dysfunctional family, teenager.

Introduction:

The family is the primary nucleus for an individual's social and psychological development. It is the framework within which a child learns the fundamentals of communication, emotional regulation, and self-awareness within a system of relationships. However, this vital role is disrupted when the family suffers from chronic conflicts or a deterioration in parental relationships, making it a psychologically unstable environment.

In this context, adolescence emerges as a crucial stage in identity formation. During this period, the individual strives for independence without losing their sense of belonging. This is where the phenomenon of familial loyalty conflict arises. The adolescent finds themselves torn between the conflicting parents, feeling compelled to choose between loving their mother or father, or between loyalty to the family and the desire to break free from the conflict's grip.

This situation leads to a disturbance in psychological equilibrium and to various behavioral manifestations ranging from withdrawal and aggression to isolation and emotional outbursts. From this perspective, this study aims to encompass the dimensions of this conflict by analyzing a clinical case that reveals the effects of disturbed interaction patterns in the daily lives of adolescents belonging to dysfunctional families.

1- Problematic of the study:

The concept of family loyalty is a socio-psychological concept that expresses an individual's emotional and sentimental attachment to their family, and the resulting symbolic

and behavioral obligations towards it. Psychological literature has addressed this concept from multiple perspectives. For (Bowen,1978) it represents one of the fundamental dimensions in the dynamics of family relationships, reflecting the degree of an individual's attachment to their family system and their ability to balance belonging and independence.

Family loyalty also refers to a kind of hidden emotional loyalty that governs relationships within the family, such that children—even after maturity—remain subject to invisible pressures that push them to adopt attitudes or choices to please their parents or avoid guilt (Boszormenyi-Nagy and Spark, 1973).

Family loyalty takes two contrasting forms:

Positive loyalty: which strengthens family cohesion and solidarity, and forms the basis of psychological security.

Unhealthy or conflictual loyalty: arises when a family member finds themselves torn between the conflicting demands of two family members (often the parents), creating internal conflict that manifests as emotional and behavioral disturbances.

In the context of dysfunctional families, familial loyalty becomes a psychological burden on the adolescent, who finds themselves in the position of "emotional mediator" between conflicting parents, or as a "symbolic substitute" for one of them. This disrupts their normal psychological development and hinders the formation of their independent identity.

The term "dysfunctional family" refers to a family that fails to perform its basic functions related to socialization, emotional support, and meeting the psychological needs of its members.

From a systemic perspective, the family is a dynamic system whose members influence one another. If a dysfunction occurs in one part (such as the marital relationship or communication), it is reflected in the other members. (Minuchin,1974) distinguishes several patterns of dysfunction, including blurred role boundaries, lack of clear authority, overlapping alliances, emotional isolation, and poor communication. In these cases, the adolescent finds themselves trapped in a web of strained relationships and often burdened with responsibilities beyond their years. When parental conflict escalates, the adolescent may become a third party in the dispute, implicitly or explicitly called upon to side with one parent, thus generating a loyalty crisis.

Furthermore, the absence of a balanced family model leads to disturbances in self-perception and a diminished capacity to build stable relationships with others. This causes adolescents in dysfunctional families to experience what Bowen calls "emotional fusion"—a loss of psychological boundaries between themselves and others within the family system.

On the other hand, adolescence is considered one of the most sensitive stages of psychosocial development, characterized by the conflicts between dependence and independence, and between belonging to the family and openness to the outside world. Stanley Hall defined adolescence as a "stormy and stressful period" due to its characteristic emotional and affective fluctuations. From a psychoanalytic perspective, Freud considered it a period of reorganizing libido towards new relationships outside the family framework. (Hall,1904)

Erikson describes adolescence as a stage of identity search versus identity fragmentation, where the adolescent strives to formulate a coherent self-image within a network of shifting

relationships. During this stage, balancing familial belonging with individual self-actualization presents a fundamental challenge. (Erikson, 1968)

When adolescents live within a tense family, this balance is threatened, as they are subjected to conflicting emotional pressures: on the one hand, the need to maintain family ties as a guarantee of security; and on the other hand, the desire for psychological separation from a family system that makes them feel suffocated or powerless.

The concept of familial loyalty conflict is closely linked to the issue of psychological identity formation in adolescents. When adolescents face conflicting demands from their parents or the family system, they experience an internal split between belonging and rejection.

This conflict threatens the formation of their identity, which is supposed to gradually stabilize by the end of adolescence. Adolescents experiencing dual or contradictory loyalties lack a sense of inner cohesion and may express this through aggressive or rebellious behavior, withdrawal and depression, or disturbances in social relationships (difficulty trusting, fear of loss, excessive attachment).

From a psychoanalytic family perspective, the loyalty conflict represents a struggle between the principles of love and duty. The adolescent finds themselves obligated to protect family ties, even at the expense of their own psychological development. They often feel guilty towards one parent if they express bias towards the other or if they attempt to separate from the family. Erikson (1968) asserts that adolescents unable to resolve these contradictions enter an identity crisis, manifested in emotional and behavioral disturbances, a lack of direction, and a constant search for alternative sources of belonging (friends, groups, the virtual world). Based on the foregoing, we pose the following questions:

- How does familial loyalty conflict manifest itself in adolescents from dysfunctional families?
- What are the clinical and psychological manifestations that reflect familial loyalty conflict in adolescents?

2- Study Hypothesis:

- Adolescents experience conflicting family loyalties, manifesting as persistent feelings of guilt and emotional confusion when siding with one parent over another.
- This conflict can also manifest in disruptive behaviors such as lying, stealing, aggression, and delinquency (as previously mentioned).

3- Objectives of the Study:

This study aims to uncover the impact of a disruptive interaction pattern—namely, conflicting family loyalties—on adolescents and how it leads to the emergence of abnormal behaviors.

4- Importance of the Study:

The study's significance lies in its exploration of a sensitive and complex topic of interest to practitioners in clinical psychology and family counseling, especially given that many adolescents live in troubled family contexts without receiving the necessary psychological support.

Furthermore, the study seeks to enrich the Arabic psychological literature on the concept of family loyalty and emotional conflict in adolescents.

5- Procedural Concepts:

Family Loyalty Conflict: This refers to the adolescent's feelings of guilt and discomfort resulting from their choice of parent. The resulting relational commitment leads to a sense of obligation towards them, causing suffering and internal psychological conflict, which manifests as disturbed behaviors.

Behavioral Disorders: These are characterized by recurring and persistent patterns of socially unacceptable behaviors that violate family values and norms. They negatively impact the adolescent's academic performance, family and social relationships, and psychological and social adjustment. These disorders can be identified through interviews and a review of the adolescent's past history.

Dysfunctional Family: This is a family that fails to fulfill its basic functions towards its members, whether in terms of emotional support, behavioral guidance, or meeting psychological and social needs. It is characterized by an unhealthy environment that leads to disturbances in the psychological and social development of its members.

Adolescence and the adolescent: Adolescence is a transitional stage of growth, intermediate between childhood and adulthood. It is characterized by a set of changes that occur in the adolescent, including physical, emotional, mental, and social changes. It is sometimes accompanied by psychological difficulties and various psychosocial problems.

The adolescent in the current research is 15 years old and suffers from disturbances in his behavior, represented by lying, stealing, and aggression (based on the mother's statement and the legal precedents he has experienced).

6- Methodology and Study Tools:

Methodology:

Daniel Lagach defines the clinical method as an approach to the psychological process from its own perspective, identifying the individual's attitudes and behaviors towards specific situations. This approach attempts to give meaning to the case in order to understand its structure and composition, and it also reveals repressed conflicts and the individual's attempts to resolve them (Rechlin, 1992).

Study Tools: These consisted of:

Clinical Interview:

Le Petit Robert defines the interview as follows: conducting an exchange of words with one or more people. Therefore, it is an exchange of words in many circumstances and in many ways (Chiland, 2006).

Clinical Observation:

Observation is considered one of the most important psychological tools for obtaining sufficient data about the client's behavior. It includes observing behavior in everyday life situations and in all types of social interaction, and recording the different emotions and situations the client experiences. **Psychological Tests and Measures:**

These are also among the tools used by clinical psychologists in managing certain cases. In this study, we relied on the Family Apperception Test (FAT) and the Family Map. Their definitions are as follows:

The Family Apperception Test (FAT) is a projective test designed to detect and investigate an individual's disorder within the relational context of the family. This projective test was developed by Wayne M. Sotile, Alexander Julian, Sunan E. Henry, Mary O. Sotile, and Dana Castr. It was initially published in English in 1988 and translated into French by the Center for Applied Psychology in Paris in 1999. The test has evolved thanks to abstract concepts derived from various systemic schools of thought. This systemic approach focuses on the relationship rather than psychodynamic or individual aspects—which are considered. An individual's responses result from the interaction of internal structures (unconscious, preconscious, conscious, id, ego, superego), which are revealed by projective tests such as Rorschach, TAT, and CAT. Specialists in the systemic field view an individual's behavior as a product of their interaction with family members. This individual plays a role within their family framework, and the test-taker is seen as part of a much broader whole. To understand this specific test-taker, it is necessary to first assess family behaviors, lifestyles, and interactions. The Family Perception Test contains 21 colored panels in black, white, and gray, depicting typical family situations, relationships, and activities. These panels largely reflect projective implications on family processes and structures, as well as emotional reactions related to specific family interactions (Wayne et al., 1999).

The family map: It is a diagnostic tool for understanding the structure and relationships between family members and clarifying the patterns of interaction between them. Some lines and symbols introduced by Mnuchin are used, which represent different types of boundaries within families. These allow the therapist to use the symbolic method to express the family system, to identify the subsystems that contribute significantly to creating the problem, and to identify the type of troubled family interactions, including alliances, conflicts, cohesion, sacrifices, and the success of family members towards each other.

7- Summary of Interviews with the Case:

Five interviews were conducted with the case, and the following is a summary of the information and data collected:

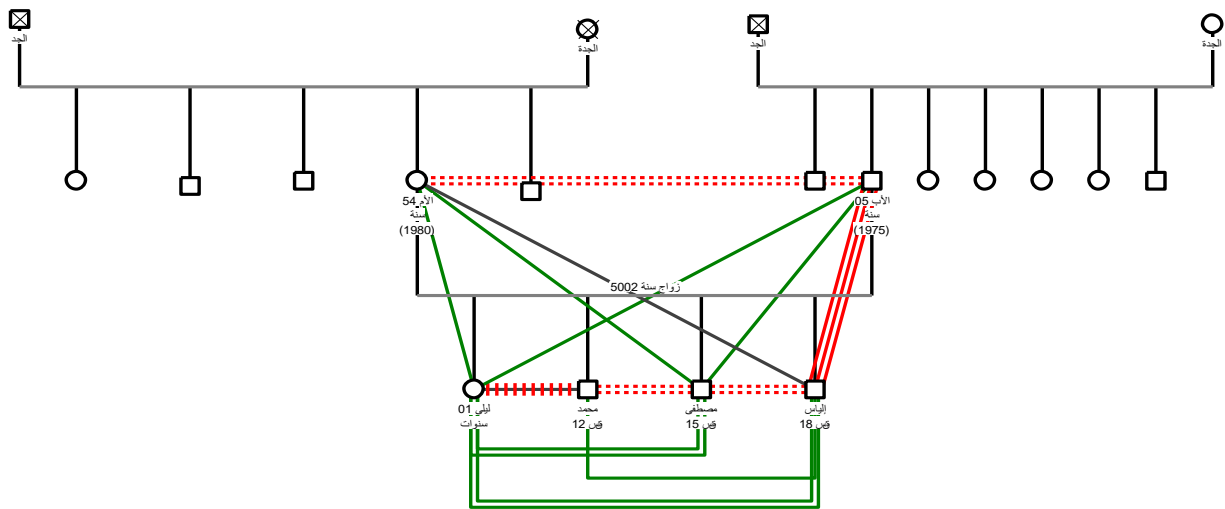
Mustafa is 15 years old, the second of three siblings (two brothers and one sister). He was born naturally and is in his third year of middle school. His parents are alive; his father is retired and his mother is a homemaker. The family's income is average. Mustafa sometimes works to meet his needs, and if he cannot find work, he resorts to stealing, as he smokes. He has previously been in a rehabilitation center. Mustafa's language is understandable, and his movements are measured.

Mustafa mentions that he was very disruptive in his childhood, especially at school. He was often punished for his destructive actions towards classmates, property, and even the administrative staff. Regarding his relationships with his family members, they are unstable, marked by parental and even sibling conflicts. He is close to his parents but experiences a loyalty struggle, as expressed in his statement: "I love both my parents, but sometimes I feel I

favor one over the other. I get very upset when I do. Their behavior is exhausting; I'm torn between them."

Mustafa is constantly arguing with his brothers, especially his younger brother, who imposes his authority on him, while he defies his older brother's orders. He has a good relationship with his sister. He is aggressive in his behavior, disregards family rules, and rebels against them. He feels his father favors his older brother, which leads him to challenge his father's authority: "My father listens to my older brother a lot and takes his opinion into account. He wants us to remain under his control, but I don't obey him."

We asked Mustafa to collaborate with us in drawing up a family tree, and he cooperated in planning it, which is as follows:



Family Map of Case Mustafa's Family.

Conflict is evident in the family map of Case Mustafa's family between the spouses, as well as between Case Mustafa and his brothers. We also note a strained relationship between the younger brother and sister, while there is harmony in the relationship between the parents and their children. The closest relationship is between the younger sister and both her older brother and Case Mustafa.

However, this does not negate the fact that Case Mustafa's overall structure is disturbed, because when there is conflict between the spouses, the structure inevitably becomes disrupted.

Finally, we administered the Family Awareness Test charts, which took 21 minutes to complete, after ensuring Case Mustafa understood the test instructions. The following is a presentation of Case Mustafa's responses, accompanied by a protocol analysis:

A/ Presentation of Case Mustafa's responses on the Family Apperception Test picture:

Picture 1: The family is fighting. One of the sons is thinking, the daughter is looking bewildered, and the youngest son is eating, indifferent to what is happening. They will fight. The husband hits his wife. The children are afraid and hide. They always live the same routine.

Picture 2: The mother gives her son a CD to listen to music. He is happy, and his mother loves him.

Picture 3: The father hits his son because the son broke a vase. The father is disciplining his son so he doesn't repeat his mistakes.

Picture 4: The mother wants to buy clothes for her daughter. She asks her if she likes the dress or not. The daughter likes the clothes.

Picture 5: This family is happy and playing. It's beautiful when a family and its children are happy and together. But her family is only filled with problems.

Picture 6: A mother yells at her son, ordering him to tidy his clothes, but the child doesn't listen to his mother.

Picture 7: The son turns off the light. Or what...? [He took some time and looked around the picture, puzzled.] I don't understand. He's doing something, and his mother will punish him.

Picture 8: A mother and her children are messy and disobedient. When they get home, their parents will punish them by hitting them.

Picture 9: The father is sitting, the mother is cooking, and the son is watching them, seemingly afraid of being hit.

Picture 10: Friends are playing sports, encouraging each other. They will succeed.

Picture 11: The family is worried, waiting for their son who comes home late at night. The son doesn't care, and the father advises him not to do it again, but the son doesn't listen. He will be late, and his father will hit him.

Picture 12: Parents are watching and encouraging their daughter in her studies. However, the daughter is indifferent. She will fail, and her parents will punish her by hitting her.

Picture 13: The mother is sick, and the father is by her side, comforting her by saying she will recover.

Picture 14: The father and his children are happy, playing together.

Picture 15: The father is reading a book, the children are playing chess, and the mother is watching them.

picture 16: A son asks his father for the car keys. The father refuses, and the son gets angry.

picture 17: Two sisters, one putting on makeup and the other waiting for her to wash her face, will fight, and their mother will punish them.

picture 18: A family. The mother looks angry with her children, who will ask her to forgive them. Siblings are playing. The father watches them in the rearview mirror. The children make a mess, and their father will punish them.

picture 19: A father encourages his daughter to study. She takes his advice and passes her exam.

picture 20: A son looks in the mirror; his clothes look nice.

picture 21: A father is traveling and says goodbye to his wife. His children are waiting for him to say goodbye. It's a sad farewell.

B/- Analysis of the Family Apperception Test Results for Case "Mustafa":

Based on the eight questions outlined in the test manual, we will analyze and discuss the case protocol using the scoring sheet. The following is the case protocol:

1/- Is the protocol content sufficient to establish valid hypotheses?

The case protocol is sufficiently clear, as evidenced by the case's responses. There are no unusual or rejected responses, and each panel has a beginning and end. Therefore, this protocol can be relied upon to establish hypotheses.

2/- Is there conflict present in the family system?

The overall index for this protocol is very high, scoring 69N, where the total number of points indicating dysfunction and disorder is 48. This shows that the case experiences conflicts within the family system.

3/- In which area does the conflict appear?

The conflicts appear clearly in the case protocol and are entirely centered on family conflict, which scored 11.

4/- What is the specific functional pattern that characterizes the case's family? In the case protocol, negative solutions (11) outweighed positive ones, to the point that positive solutions were absent. Regarding the setting of limits, i.e., the children's adherence to parental restrictions, we observe one score (01) indicating appropriate limits that were complied with by the children, compared to three (03) scores indicating appropriate limits that were not complied with by the children.

Another pattern that warrants consideration is the family dynamic, which was indicated in the first panel.

5- What hypotheses could relate to the apparent quality of relationships within the family?

The indicators of relationship quality point to the presence of two-point relationships (mother and other), while the father was a source of concern (07) and the mother was also a source of concern (06). Furthermore, sadness and depression (01) and fear and anxiety (04) dominated most of the case responses, indicating that the emotional rhythm of this family appears to be disturbed and unbalanced.

6- What hypotheses can be formulated regarding the relational system of this family? a) Are there parental subsystems that exert influence and have functions?

The limits were appropriately defined, and the children did not comply with their parents' restrictions (03). Family conflicts dominated the case protocol, while the protocol showed no signs of attachment, anxiety, or tension in the couples' relationships.

b) What are the developments in boundary formation?

The case responses lacked any indication of alliances, integration, or separation, and even the closed/open system type was absent.

7) Are there any indicators of general family maladjustment?

Through the protocol's maltreatment analysis, we found it was assessed at (09) points, with a complete absence of signs of sexual abuse, neglect and abandonment, substance abuse, and bizarre responses.

8) Does this protocol contain topics that contribute to formulating useful clinical hypotheses?

Based on the analysis of the test scores, we observe clear and evident disturbances in the relationships between the father and the children (the case often revealed the father's disturbed and strict interactions: monitoring, control, authority, power). The family functions and interacts in a disturbed and disrupted manner. From this, we conclude that the case lives in a somewhat disturbed family system, meaning its balance is fractured and is clearly evident through the general index of malutilization, in which we recorded N=69. Thus, it can be said that the disturbance of family interactions, the absence of dialogue and parental communication, strictness and mistreatment, and the tendency towards negative solutions to

problems or the failure to solve them push the children towards deviant behaviors such as stealing, aggression, lying, and others.

8- Discussion of the Study Results:

The study began with the central question of how the conflict of family loyalties manifests in adolescents and its impact on their behavior. This was explored through the case study of Mustafa, an adolescent from a dysfunctional family characterized by violence and frequent marital conflict.

Our study employed a clinical approach, utilizing a range of tools including interviews, clinical observation, the Family Awareness Test (FAT), and family mapping. The aim was to uncover the unconscious dynamics governing the adolescent's perceptions of family relationships and their impact on behavior within the family and school environments.

By collecting data from the case, we identified several indicators of a disordered pattern, including:

A dysfunctional family: characterized by constant arguments between the parents and clear favoritism shown by the father towards the eldest son.

Lack of emotional security: Mustafa experiences conflicting loyalties, leading to internal tension and feelings of guilt. Strained Sibling Relationships: Conflicts with brothers foster feelings of rejection and aggression as a defense mechanism.

Lack of genuine parental support: The father imposes his authority through punishment and discrimination, leading Mustafa to rebel and seek compensation through deviant behavior.

It can be said that Mustafa lives within a dysfunctional family system characterized by:

- Weak emotional communication.
- Lack of family cohesion.
- Divided loyalties between the parents.
- The use of violence as a disciplinary method.

This reality has produced an adolescent personality that is anxious, hesitant, seeking recognition and belonging, striving to prove oneself through aggressive and deviant behavior, and suffering from a weak sense of self and a unclear self-image. Regarding the individual's responses on the Family Perception Test boards, the individual is expressing their repressed feelings and internal conflicts, which can be summarized as follows:

Scenes of hitting and punishment: These appear on boards (1, 3, 8, 9, 11, 12, and 18) and are interpreted as reflecting an internalized image of the father as a symbol of authority and punishment, and an association of the family with violence.

The presence of an active but limited-influence mother: This is seen in boards (2, 4, 6, and 8), where the individual perceives the mother as an emotional source but one weak in controlling behavior or providing protection.

Feelings of fear and threat within the family: These express a lack of family security and a conflict of loyalty between the parents.

The appearance of images of cooperative and happy families: This appears in some boards (5, 14, 15, and 19) and expresses a deep-seated desire for an ideal family model that is currently lacking. Self-perception as a rebellious or disobedient party: In paintings (06, 11, 12, 16), the

self is projected into roles of rebellion against authority as a defense mechanism against exclusion or discrimination.

The connection between punishment and guilt: This indicates an interplay between feelings of guilt and the constant anticipation of punishment, highlighting the internal conflict. Returning to the study's hypothesis, "The adolescent's familial loyalty conflict manifests as a persistent feeling of guilt and emotional confusion when siding with one parent," it can be said that it has been confirmed. Mustafa's spontaneous speech and his projections on the test reveal that he is experiencing a loyalty conflict between his parents. He expresses alternating love and hate towards both his father and mother. He sees his father as a symbol of punishment and his mother as a symbol of protection, but he cannot side with either without feeling guilty. He clearly expressed this when he said, "I love both my parents, and sometimes I feel that I prefer one over the other, so I get very upset when I prefer one over the other..." This emotional conflict consumes his psychological energy and manifests in disturbances in his academic and social behavior. The loyalty conflict generates emotional duality and a persistent feeling of guilt, hindering his balanced emotional development. Psychological studies, particularly from the perspective of family psychoanalysis (Bowen, 1978), indicate that familial loyalty conflict generates feelings of guilt, anxiety, and internal division in children as a result of their involvement in the conflict. The marital relationship negatively impacts his psychological stability and emotional well-being.

Furthermore, the responses in the F.A.T. test reflect a perception of the family as a source of threat and fear rather than security and affection. Most of the pictures depict scenes of violence or punishment ("Father hits his son," "Mother yells at her son," "He is afraid of being hit"), indicating mental representations associated with authority, cruelty, and punishment.

This cognitive pattern reflects a disturbed internal representation of parental relationships and explains the emotional conflict and persistent guilt he experiences. The second hypothesis, that "family loyalty conflict manifests in disturbed behaviors such as lying, stealing, aggression, and delinquency," was also confirmed. Mustafa does indeed steal to meet his needs (which he links to smoking), and he has previously been in a rehabilitation center. His daily behavior is characterized by aggression and rebellion within the family and school. This rebellion represents a defense mechanism against feelings of helplessness within the authoritarian and dysfunctional family system. His repeated academic failures reflect a lack of focus and attention deficit resulting from this internal conflict.

Mustafa's behavioral disturbances are not merely a moral deviation, but a direct consequence of a family loyalty conflict that has not found a healthy outlet or psychological treatment within the family. Behavioral and social theories (Bandura, 1977) confirm that deviant behavior in adolescents is often a product of social learning within a disturbed family environment, where the child learns that violence is a means of resolving conflicts and that rebellion brings self-affirmation. The results of the family perception test also support this hypothesis, as they show that scenes of punishment, violence, rejection, and fear of the father dominate most of the case responses, reflecting a troubled family image that generates aggression instead of dialogue.

Conclusion:

In conclusion, we find that the family forms the fundamental framework for the adolescent's psychological well-being, and that any disruption to its communicative and emotional functions directly impacts their social adjustment. When affection and understanding are absent between parents, the adolescent finds themselves in a difficult position of emotional conflict between loyalty and love on the one hand, and rebellion on the other, which may drive them to seek negative external compensation.

Accordingly, the study concluded that the conflict of familial loyalty is not merely a fleeting emotional experience, but a structural factor that profoundly affects the adolescent's emotional and behavioral development, and may become a source of chronic psychological distress if not addressed within their original environment.

Therefore, addressing such cases cannot be limited to the adolescent alone, but must encompass the entire family system through family and educational counseling programs aimed at rebuilding communication channels and establishing an atmosphere of mutual understanding and respect within the family. Based on our findings, we offer the following recommendations for this study:

1. The necessity of family-based therapeutic intervention aimed at improving communication between parents and reducing conflict in front of children.
2. Providing individual psychological support to adolescents (like Mustafa's case) to help them express their feelings safely and strengthen their self-esteem.
3. Integrating therapeutic educational programs in rehabilitation centers that focus on anger management and conflict resolution skills.
4. Raising awareness among families about the impact of marital conflict on children and adolescents, and the importance of maintaining family cohesion as a preventative measure.

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