

# Identifying and Working with the Replacement Child Syndrome in a Therapeutic Relationship

## INTRODUCTION (5.1)

For the purpose of this research, I intend to discover how therapeutic practitioners can identify the Adult Replacement Child Syndrome and which approach best helps to promote healing and reduce trans-generational trauma.

As defined by the Replacement Child Forum (2020) a 'replacement child' is a child conceived and born to replace a child who died. Over the past 30 years, the concept has been broadened, to include the role attributed to a person, or the role a person self-identifies with.

Although I knew I had a brother who died two years before I was born, I only became aware of the gravity of it during a therapy session a few months after the death of my mother. I discovered that being born into my family after the death of my ten month old brother and two subsequent miscarriages, was fundamental. It was a pivotal moment. My therapist quickly recognised the connection between my presenting issues of feeling lost as a mother, and the significance of being born after the death of my sibling. It attributed to my lack of identity and my anxiety with loss, and how it had influenced, impacted and shaped my childhood. I was surprised to learn at the age of forty seven that death anxiety could be transferred through generations, let alone identify with this relatively unknown psychological condition in midlife. I was privileged to have such a researched and insightful therapist.

Having since spoken to several adult replacement children, I found they were also surprised that my therapist was aware of the condition as many had found it had taken years for them to find resolutions for their unidentified feelings. Seven years on, my personal experience, and own 'individuation process' to become a counsellor, has guided my desire to bring this awareness to other people who also find themselves searching for answers in therapy.

My intention is to bring this relatively unknown syndrome into the mainstream so therapeutic practitioners can learn more how infant loss before a further conception can impact those subsequent siblings, and how practitioners can play a greater role in preventing trans-generational trauma in those children and thus help adult replacement children become aware of the unconscious. Therefore, I decided to directly contact people who identify as Adult Replacement Children. Belonging to the Replacement Child Forum, an international community which has been set up to connect members for support, knowledge and guidance, it seemed the obvious choice.

From letters shared on the forum, the topic of therapy has been mentioned several times so it seemed natural to pursue how effective it has been towards healing. After sending an email to the founders of the forum requesting the opportunity to send a questionnaire to the group, they responded encouragingly offering me the platform to host my own webinar. The opportunity was too good to miss and I embraced the idea. Consequently, a date was set for the webinar and I composed a questionnaire on Google Documents which I sent to the founders to share on the forum with a deadline to complete before the online webinar. The idea being that I could share the information to the forum and have qualitative based research for my project.

Considering the forum has several hundred members, I directed my questionnaire for research to the participants that had received therapy and were happy to discuss at the webinar. By doing this, it enabled me to concentrate my findings on one platform and therefore retrieve the information from one source.

### **LITERATURE REVIEW (5.2)**

Although there is a modicum of information relating specifically to therapeutic treatment, I have found there are articles, academic studies and latterly books which have covered the syndrome extensively and refer to psychotherapy as a way of bringing awareness of the complex issues which manifest throughout childhood.

Judy Mandel's 2013 Memoir, *Replacement Child*, is a story of a 'replacement child born to heal the wounds of loss and provide a salve for the burns.' Although Judy received marriage counselling, it was only years later while writing her book that she came to understand the origin of her own issues related to the syndrome which ultimately gave her the title for her book.

In the September 24th 2014 issue of *Psychology Today*, Abigail Brenner, M.D. Psychiatrist and Author, wrote a blog describing the syndrome and shares her upcoming book, a collaboration with co-author Rita Battat Silverman. This book was ground breaking in bringing awareness, guidance and support to parents, therapists and replacement children of the syndrome as well as present a comprehensive overview of its characteristics into the mainstream. Despite the numerous accounts from those who had attended therapy, the findings revealed a lack of awareness among professionals of the condition.

The writers suggest that 'it's essential that the therapist go well beyond the basic questions and topics..... Unresolved parental grief should be a huge red flag.' (Silverman & Brenner. p.258-260)

In the same year, Andrea Sabbadini published a book, *Boundaries and Bridges* in which he dedicates chapter two to *The Replacement Child*. In his book, he explores the concept of personal identity and states, "It begins by considering the general condition of individuals whose sense of identity is undermined by the impression that they are not quite themselves. An extreme instance of this phenomenon is represented by the "replacement child", here described with the help of a detailed analytic case." He goes on to say, "Such children inevitably suffer from a sense of confusion in the area of self-identity, and often display serious difficulties in the development of self-esteem and in the establishment of mature object-relationships." (Sabbadini, A (2014) *Boundaries and Bridges: Perspectives on Time and Space in Psychoanalysis* - Introduction p.xx

Other sources include the extensive work and treatment by Kristina Schellinski, Jungian Psychoanalyst in private practice, Supervisor and teaching analyst at C. G. Jung Institute, co-founder of the Replacement Child Forum and author of *Individuation for Adult Replacement Children, Ways of Coming into Being* (Published by Routledge 2019). Her work also includes treatment, prevention and trans-generational transmission. Much of her teaching at the C.G. Jung Institute can now be accessed through recorded webinars and zoom videos on the Replacement Child Forum which have become a fundamental and valuable resource for therapists. In her book, she uncovers many facets of the replacement child condition derived

from her own clinical practice as well as studying well known Replacement Child figures such as Sigmund Freud, Vincent Van Gogh and Carl Jung. She highlights how the syndrome can be influenced unconsciously or more openly imposed depending on the situation. Albert C. Cain writes in the Foreword,

'This book points out the particulars of the typical transference and counter-transference phenomena encountered in "dis-identifying" individuation to reach a "True Self," rather than helplessly submitting to having been "conceived, born or designated to replace another human being" (Schellinski 2020).

An extensive study compiled by Sarah Vollman LICSW, ATR-BC who explores experiences of twenty five subsequent children to clarify common issues and experiences states the implications in her conclusion "our tasks are to be alert to signs and risks of replacement child dynamics and to be aware of the vulnerabilities of subsequent children and their families, so that we can intervene appropriately and effectively." (Vollmann 2014)

John Bowlby highlighted the effects that grieving parents had on their subsequent children. He noticed a profound difference in the parents who openly grieved compared to those that suppressed their feelings of grief and unconsciously transferred them to surviving children. "This can lead to a distorted and pathogenic relationship between parent and new baby. A better plan is for parents to wait a year or more before starting afresh to enable them to reorganise their image of the lost child and so retain it as a living memory distinct from that of any new child they may have." (Bowlby 1980 Vol.3 p.122)

Whilst this literature extensively identifies the condition, there is a scarcity of evidence in the mainstream to assist therapeutic practitioners in knowing how to identify it and therefore work with it effectively.

### **RESEARCH METHODOLOGY (5.3)**

I chose to gather qualitative research using a google form questionnaire. This seemed to be the best way to discover current situations since the Syndrome has been gaining awareness over the past couple of years especially as there is a Replacement Child Forum for individuals to connect. It also enabled me to approach the forum with an easy format to access and reply especially given the members would be responding from different locations. This was a huge advantage as I was able to direct my questions to my specific group who had received therapy in the last few years. Asking the forum also gave a concentrated view of the dynamics in the counselling room so it was a rich resource for my work. Since the founders are based in the United States and Switzerland, the geographical area for the study was mainly from these two countries as well as others parts of Europe and South America. As part of completing the questionnaire, I offered to share my findings with the Replacement Child Forum via a webinar. The co-founders Kristina Schellinski, Judy Mandel and Rita Battat Silverman kindly offered me the opportunity to communicate in an open online event scheduled to take place a few days after the deadline for the return of replies on the questionnaire.

The intention of my research questions was to establish whether there was a theme amongst the participants. My first question asked the age they discovered the syndrome. The following eight questions delved into the presenting issue; whether the therapist recognised the condition or not, and if they didn't, whether the client mentioned it to the therapist. If the latter, to discover whether the therapist took it seriously. In order to establish a common thread, it was also important to find out how long it took for the therapist to discover the condition. As identifying the condition was an integral part of my research, these questions filled that objective.

In order to get an understanding of which approach seemed most helpful, I included a question to find how the therapist worked with the client. I listed a few options to include the theories I have studied. Finally, I felt it necessary to ascertain what if anything, had been most helpful in finding their true self. By leaving the question without a multi choice answer, I could see how many had found therapy to make a profound difference in their lives. The fact that the members of the forum are located worldwide meant I received a broad spectrum of responses but due to data protection, I was unable to make global observations of commonality.

However, it was easy to analyse the answers as each response was represented by a percentage on a pie chart. The only disadvantage of this choice was not being able to identify the true scale of this dilemma since I was focusing on the members of the forum. A more public platform may yield responses which could indicate geographically where there may be a higher percentage of Adult Replacement Children; such as natural disasters or war.

However, the webinar gave me a further opportunity to explore my questions in greater depth by receiving first hand accounts. By reaching out to fellow members in this way, other questions and areas were explored which evidenced the need for more research.

### **RESEARCH FINDINGS (5.4)**

I initially collected my information from the questionnaire. The responses on the google document gave me the replies in both written and in pie chart format. As the responses increased, the pie chart segments changed in percentage and colour. This gave me a visual indicator of the emerging dynamics. I also received a couple of emails from members of the forum who shared their experience of therapy and lack of identifying the syndrome during their sessions.

The other source of information came from the participants of the webinar who shared their experiences with their fellow members during the online recording. I hosted the meeting with the co-founders and observed the situations as they arose and then took notes from the recording. The questionnaire gave a mixed response. Some were evident from the pie chart while other questions with an option to add another reply revealed a wide array of responses. However, it did help to identify which areas emerged with a repeating theme.



From the seventeen responses it was apparent that the majority (64.7%) found out about the Replacement Child Syndrome between the ages of twenty five and fifty years old, while the rest (35.3%) discovered it after the age of fifty. For those that came to therapy, the main presenting issue was mental and somatic health issues (23.5%). In reply to whether the therapist knew of the Replacement Child Condition the majority (64.7%) did not. Of those who told the therapist of the condition, I questioned whether it was taken seriously and followed up in therapy, and an equal number replied with yes, and no (18.8%) while the rest gave numerous accounts of it only being discussed again when they brought it to the session.

It was interesting to observe that it took more than one year for the therapist to identify the condition in the majority of the participants (58.3%) while the others were within six months (16.7%) and six weeks (25%). Questioning whether the therapist asked about the loss of a sibling, birth order and family history, the replies varied:

"I have had therapists ask these things, but none seemed to know how to work with it, once they heard my story."

"Yes but I worked on adoption issues and not the fact that my adoptive mother lost a baby born 5 days after I was born."

"The info of loss of a sibling was presented but no acknowledgment of the syndrome was mentioned by me or by my therapist."

Since being interested in siblings is a key factor in identifying whether they have been any losses, I found this to be a significant finding and useful in my practice.

When asked 'How did your therapist effectively work with you to support healing?' The majority (41.2%) replied Integrative and Talking Therapies (Person Centred, Gestalt and CBT). With the second majority (23.5%) answering Transpersonal Therapy. This is encouraging as these modalities including Transpersonal are my learned approaches and how I wish to evolve in my practice. Others included Jungian Therapy while one mentioned the therapist focused on reparenting strategies.

Sharing some of my data collected from the questionnaire, the participants of the webinar also found that generally the therapist was completely unaware of the condition and when made aware, was unsure how to work with it. This highlighted how the research has been useful and I learnt from the discussion during the webinar that since the condition creates a distance and an appearance of strength in the individual, due to filling the void of the lost sibling, it also affects their identity formation and therefore how people present in the counselling room.

(See Appendix A for the research explanation)

(Appendix B for the google document questionnaire)

### **DISCUSSION (5.5)**

It is apparent there is a need for more research in this area with specific attention to exploring family histories. I feel that I have only begun to illuminate the distinct lack of connection between research and knowledge in this field and how it is actually used in practice.

I found the webinar discussion brought up more suggestions with interventions. One member suggested that the Adult Attachment Interview always include a question to ascertain whether there has been a loss of a sibling. Created in 1985 by George C Kaplan and Mary Main, this interview technique is a series of questions that a therapist can ask at the beginning of therapy to quickly ascertain their client's history and any unconscious events that help to determine the attachment style.

Another key point raised during the webinar was the need to explore in counselling the relationship between the subsequent child (replacement child) and their dead sibling. It often presents in the Adult Replacement Child and therapist relationship as a void or silence which can easily be misinterpreted. Where the Replacement Child feels the need to heal the family, they may feel the need to take care of the therapist or appear competitive or defensive in the counselling space. All these points suggest that attachment has a fundamental part in identifying the condition in the counselling profession.

This research project suggests that it is vital that the syndrome is identified in cases where there is a loss of a sibling in the family of origin in order to bring awareness of the unconscious and promote healing.

There is mounting literature to substantiate this is a recognised condition yet the information is not being repeatedly shared with the counselling profession today.

For instance, the earliest information in this field was first published by Cain & Cain (1964). 'Cain and Cain counselled that "a significant waiting period should be considered. If the parents still feel that having another child is the solution, a vigilant follow-up seems obligatory, to watch for and intervene should such pathogenic forces present" (Cain & Cain p.455). (Kristina Schellinski p.176-177)

Although this research evidences the impact of these symptoms over fifty years ago, there is a distinct lack of communication between studies like this and accredited courses today. Even despite the mounting evidence in recent years, only a few are benefitting from this knowledge. In this respect, considering many Replacement Children unconsciously identify with their dead sibling, it is vital for bereavement counsellors who support grieving parents that their healing also promotes a preventative role by bringing awareness of the repercussions of having another child too soon.

The responses from both the webinar and questionnaire validate the relevance for the therapist to understand the impact and ramifications of unresolved grief for subsequent children. Not only will it deepen the therapeutic relationship between client and therapist, but by identifying this condition as a root cause could also break the cycle of trans-generational trauma.

In Mark Wolynn's book, *It Didn't Start with You* (2016), he discusses at length working with inherited family trauma. He once worked with a woman who was born less than a year after her older brother died stillborn.

"I feel like an outsider in this family," she said. "I don't have a place." In the words of Wolynn, 'Identifications like these can significantly alter the course of our lives. Unsuspecting and unaware, we relive aspects of our family traumas with startling consequences.' (Wolynn, M. *The Four Unconscious Themes* 2016 p.82)

### **EVALUATION (5.6)**

From my research, I ascertained there needs to be more emphasis in counselling to identify loss by exploring sibling dynamics. The webinar invited discussion where many participants shared how their therapist had not felt the death of a sibling bore much significance, particularly if they were born after. This dramatically influenced their therapeutic relationship. While my questionnaire puts the spotlight on the same dynamic, the direct feedback from participants at the webinar validated its importance.

The questionnaire I used was also effective as it answered some of my primary concerns such as *'how therapists recognised the condition'* and *'how they worked with it to support healing'* as well as highlighting areas where there needs to be further investigation. By approaching the Replacement Child Forum in this way, it also directly addressed those that identified with the condition as well as those who had received therapy.

In contrast, I also feel that there were areas that could have been tighter in the research. For instance, it is my experience that many Adult Replacement Children are not aware of the condition until quite late in life. Having several age brackets on the questionnaire would give a more accurate age of discovery of the Syndrome since twenty five to fifty was too broad a range.

Another instance where further exploration would be helpful was in reply to my question; *'How did your counsellor/therapist recognise your presenting issue was due to the replacement child condition?'*

The majority (17.6%) stated relationship issues. Although this was a fundamental question, and this featured the highest percentage, it was not the definite reply. However, under a broader search, it may well be considering Kristina Schellinski's findings on the effect of our early attachment style which can lead to relationship issues later in life.

In fact, of the other answers divided into fourteen sections, there was only one who stated loss of a sibling (5.9%). There is obviously much ground to explore when it comes to identifying the key traits and emerging themes in practice. On a personal note, I hope this research material will broaden my ability to work with Adult Replacement Children as I wish to specialise in this area. I see the value in recognising this condition to break unhealthy cycles as our identity affects our life choices and therefore can prevent trans-generational trauma.

In Sarah Vollman's 2014 research article (A Legacy of Loss p.243) she suggests that, 'Clinicians should additionally be watchful for trans-generational transmissions of loss, both between the bereaved parents and the subsequent child as well as with future generations of the

family. In some cases, subsequent children continue the cycle and dynamics of replacement, attempting to replace their deceased sibling by having a baby.’

In February 2022, Dr Zack Elefteriadou chaired and curated the Confer UK Webinar where the topic for discussion was The Replacement Child. Both Kristina Schellinski and Andrea Sabbadini, the key speakers, spoke extensively on the condition which was attended by over one hundred therapists.

Andrea Sabbadini spoke on ‘not being entirely oneself’ saying “Replacement Children unconsciously collude with parents’ projections competing with the absent other. Implications of such confusion can be severe and lead to depression or personality disorder.”

He states, “The person does not feel whole or only feels an illusory wholeness by experiencing the environment as an inconsistent world of uncanny, bizarre objects with no continuity of space and time, constantly threatening to collapse.” Boundaries and Bridges (2014). Andrea Sabbadini discovered in his analytic work how transference roles change, with the therapist becoming either the mother, father or the idolised dead sibling. In one particular case, Sabbadini’s goal was to integrate the split off parts of his client’s identity which were being projected onto the dead sibling or therapist.

Kristina Schellinski stated, “Silence is because of absence. There’s absence in death. It’s now a marker for diagnosis. A criteria for diagnosing.” She goes on to say, “We need to get to existential therapy to help the ‘replacement child’ to heal. Being close to one’s own suffering, that’s the biggest gift that ultimately can come, once we do the work.”

Unsurprisingly, like Kristina Schellinski, there are many counsellors, psychotherapists, psychologists and social workers who are Replacement Children and come into the profession from one of the attributed symptoms of being a caregiver in their family of origin.

Abigail Brenner, Psychiatrist and Author wrote in Psychology Today:

‘Are there positives about being a replacement child? What factors explain the resilience and strength of those who have endured an assault on their identity and yet have emerged as a whole, unique self from the conflict?’

From a clinical perspective, the constellation of symptoms presented by the Replacement Child deserves more intensive focus and examination in mainstream therapeutic thought especially for its implications for intervention in individual treatment.’

Therapy has changed many lives of Adult Replacement Children and now there is a wealth of resources including articles and recordings for counsellors and therapists of the dynamics to be found on the Replacement Child Forum website. ([replacementchildforum.com](http://replacementchildforum.com)).

It seems apparent from my research that it has not only been of value to me on a personal level but also for the wider community. Several participants reached out and offered help with future research and appreciated the difference it could make. Therefore, I see there is real benefit of this and further research in my practice and the profession as a whole.



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**APPENDIX A****Identifying & Working with the Replacement Child Syndrome in Counselling**

*How can therapists best identify the Replacement Child Syndrome and which approach best helps to promote healing and reduce trans-generational trauma?*

My name is Lizette Baker and I am an Adult Replacement Child. I discovered this during my own therapy several years ago, that being born two years after the death of my ten month old brother played a significant role in my life.

As a consequence of my therapy, I am presently in my final year studying the Level 4 Advanced Diploma in Integrative Counselling at Heartwood Centre for Counselling and Psychotherapy based in Dartington Hall in Devon, England. During the course, I am to participate in a research project and for the purpose of the research, I have chosen to explore Replacement Child Syndrome as I seek to discover how counsellors and therapists can better identify this relatively unrecognised Syndrome and attributed conditions as well as broaden my understanding of this field.

Could you please kindly take 5 minutes to answer the questions below and return before 20th April 2022.

Ethical consideration: This data will initially be shared with the Replacement Child Forum at a webinar where the content of the questionnaire and responses will be discussed within the online community. I will also be sharing my research with my fellow student counsellors at the college, the Replacement Child Forum and other counsellors and therapists who may benefit from my findings. However, there may be further opportunities within the future to discuss my findings within the field of Counselling and Psychotherapy.

All responses will be held confidentially and anonymously and any identifying information will be kept under data protection and will only be shared via consent from the participants.

Thank you for your participation in this project.

**APPENDIX B**

[https://docs.google.com/forms/d/1uZwsa2JofCgLNulcfeAUSnZ\\_JooN8dg-6sv3\\_rl1IRo/  
edit#responses](https://docs.google.com/forms/d/1uZwsa2JofCgLNulcfeAUSnZ_JooN8dg-6sv3_rl1IRo/edit#responses)

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## ADDITIONAL WEBINAR FINDINGS

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On the 20th April 2022, the Replacement Child Forum held a webinar open to all members, to discuss the outcomes of therapy in diagnosing the condition known as Replacement Child Syndrome.

Part of the information discussed has been included in the main body of my research but there were other topics which came to light. This additional information highlights some of the key points in the discussion.

### Sibling Rivalry

One member, whose family was completely fragmented after the death of an older sibling, was unable to create a closeness with her siblings. She said her parents never abandoned her but she felt abandoned by her siblings. “Sibling wound has been so huge for me. I’ve talked in therapy about this but we skim over it. I put it away somewhere. I’m good at making therapists believe I’m doing better than I’m doing. It’s part of what I do. It’s what I’ve done in life.”

This is quite a common theme among participants. Having a ‘I’m stronger than you mentality’ creates an illusion of strength. It creates a distance but beneath the facade of not being oneself, they learn not to be ‘with themselves’ either. Kristina Schellinski added, “Replacement Children need permission to allow themselves to grieve. It’s a defence mechanism.”

Kristina continues, “Defensiveness is huge. Therapists can work round the issues but not tackle the issue. In some cases, the replacement child does not even know that they are a replacement child. Be intentional. Listen to the silence. The condition is so hidden.”

### Survivor’s Guilt

Even a surviving sibling can be a Replacement Child. Not only have they lost a sibling, but they have lost a mother. If one keeps in mind, André Green’s concept of the ‘dead mother,’ meaning a grieving mother is perceived as absent. It’s not unusual for there to be competition and rivalry when the new child is born as they are taking all the attention at a time the older sibling is bereft. Jealousy can be a huge issue for Replacement Children. Feeling the need to fight for attention can make siblings feel jealous when another sibling ‘steals’ the mother’s attention. It can feel like a huge threat to their survival. Sometimes, older siblings may direct blame towards the new child: “If she wasn’t here, my brother may still be alive.” A child may think he died because she wanted to be born.

For the older sibling, witnessing a sibling die can create a feeling everything is ‘my fault,’ “It should have been me.” The older siblings can often carry the grief for the mother.

*“Until you make the unconscious conscious, it will direct your life and you will call it fate.”*

Carl Jung

### Trans-Generational

Trans-Generational Trauma is the ‘fallout’ of inherited trauma. Children of Replacement Children will likely pass on the baton unless we become aware of that which lives on, in our unconscious. Our parenting is part of the picture but until we become aware of the complexities, grand-parents’ parenting also influences the family dynamics. Therefore, parents are not solely responsible for the transference of grief and other emotional traits. These roles are assigned without choice. As one participant stated, “It is the position you are put in, it’s not something that you did.”

‘You can’t go back and change the beginning,  
but you can start where you are and change the ending.’

C S Lewis

### Creavity

Another key point raised was the importance of not identifying as a Replacement Child. The awareness is fundamental but so is having the choice to choose a different role. Finding passion and purpose is key for the Replacement Child as it offers freedom from the condition. One experience that seemed universal was this transformative journey.

One described it to ‘shedding a skin’ much like a snake in order to grow and evolve. Or like a flower that opens under the right environment. Just like you can’t force the petals of a flower to open, it’s a process where the Replacement Child in therapy naturally comes to the interpretation.

Many find creativity cathartic, either in the form of writing, painting or sculpting, it helps to express the unconscious. Others find professions in medicine and mental health where healing others is a natural path to finding their own resolutions. It seems therapy has helped many Adult Replacement Children to make sense of their lives and become more attuned to their own intuition. Rather than listening to their programmed 'default setting' empowerment comes from listening within to their own internal compass.

*"I have no special talent. I am only passionately curious."*

Albert Einstein