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Psychotherapeutic Treatment of The Boy with School Phobia

Jelena Subašić
Pedagogue, Integrative Child and Adolescents Psychotherapist
Interdisciplinary Therapeutic Child, Youth and Family Protection Center BHIDAPA, BIH
jelena.cvoro@gmail.com

Summary

In this case study I am going to represent my work with a boy aged 13, who is, at the first place, included into a psychotherapeutic treatment because of his school phobia. However, in the background of this school phobia, there were separation anxiety, early trauma experiences and the issue of attachment. This writing presents the importance of differential diagnostics when psychotherapeutic treatment with children and adolescents are in focus, as well the fact that in work with children and adolescents, we must be aware of the fact that the development of symptomatology lies in different samples and that is very important to look broader picture in treatment and not to bring conclusions too fast. Psychotherapeutic treatment was held in a continuous manner, 18 months, through 50 meetings. I used the principles of integrative psychotherapy. When choosing methods of my work and choice of interventions, I used theory and approaches od different psychotherapeutic directions, and the psychotherapeutic work with this boy was based on awareness, reparation, and integration of alienated parts of self, strengthening Ego and routing to present day and identity, as well as strengthening of his self-awareness in interaction with other persons. In this essay, the importance of bringing changes in the most important boy's environments: family and school, together with providing psychotherapeutic help to the boy, is emphasized too.

Key words: *school phobia, early trauma, attachment*

Sažetak

U ovoj studiji slučaja prikazaću rad sa dječakom u dobi od 13 godina koji se uključuje u psihoterapijski tretman prvobitno zbog školske fobije. Međutim, u pozadini školske fobije stajala su separacijska anksioznost, rana traumatska iskustva, te pitanje prvrženost. Rad pokazuje važnost i značaj diferencijalne dijagnostike kada je u pitanju psihoterapijski tretman sa djecom i adolescentima, te da u radu sa djecom i adolescentima moramo biti svjesni da razvoj simptomatologije leži u različitim uzorcima i da je u tretmanu važno gledati širu sliku i zaključke ne donositi prebrzo. Psihoterapijski tretman se odvijao kontinuirano, 18 mjeseci, kroz 50 susreta. U radu sam koristila principe integrativne psihoterapije. Pri odabiru pristupa u radu i izboru intervencija koristila sam se teorijom i pristupima različitih psihoterapijskih pravaca, a psihoterapijski rad sa dječakom se bazirao na osvještavanju, reparaciji i integraciji otuđenih dijelova selfa, jačanju Ega i usmjeravanju na sadašnjost i identitet, te jačanju svijesti o sebi u interakcijama sa drugim osobama. Također, u radu je istaknuta važnost unošenja promjena u dječakovim najvažnijim okruženjima, porodici i školi, paralelno sa pružanjem individualne psihoterapijske pomoći dječaku.

Ključne riječi: *školska fobija, rana trauma, privrženost*

Introduction

The school phobia arise as strong unreal fear of school that can become panic. The cause of development of the school phobia, according to psychodynamic learning, are difficulties in personality's organization, disorganized relation parents – child some social and cultural factors. School itself, as a phobia object, comes into this relation later (Tadić,2003). Children that suffer from this school phobia have certain features of the personality as it follows: enhanced insecurity, addiction, timidity, tendency to depressive and phobic answers, enhanced vulnerability, egocentrism and tendency to set-backs and projection. (Tadić.2003) For some of the authors phobia represents revival and repetition of tremble of the separation from the parents, and it is not school phobia- they suggest to call it like that. A child has no certainty into his/her parent's feelings and has a fear of abandoning. The mother of this boy had strong ambiguous feelings towards the boy from this case study. She had bad childhood and traumatic loss of her parents while she was an adolescent. She, herself, had a fear of separation and since the beginning, from the boy's birth she delivered her concerns and her fears. She is very much dominant in relation to the boy's father who gives impression of a passive and uncertain person. Tadić (2003) claims that a child, who grows in a family like this, feels overprotected and responds with animosity against addiction and fear from its own aggression.

To these answers, mother offers aggression and feeling of guilt, as well as new overprotection and compliance. Apart from this theory of the arise of the school phobia, I observed this boy's symptoms through Bowlby's theory of attachment. The attachment has a key role in a child's development, child's perception of relationship to others, because a child learns to be compassionate, learns social norms and controls behaviors which are not socially acceptable. This theory is important in development of one's idea of oneself, because a child through the relation with tutor strengthens perception of her/himself as lovable, worthy and competent. A child satisfies need for security, kinship, comfort and predictability through attachment (Bam and Morisson, 2011 according to Klarin, 2006). Based on parents' ability to perceive child's needs and respond to them, a child builds a picture about itself as a being who is (not) worth loving, caring and as a result it delivers conclusions about situations when a child has needs- if parents will respond or not. Since infantry period, inner model creates, which in the first place serves for interpretation and communication to parents, and later for development of relations to other people. In contact with this boy I recognized features of anxious – avoiding and ambivalent – antagonizing attachment.

Diagnostics and process of the treatment

The boy is 13 and he is in the second term of the seventh grade. He is an excellent student. The symptoms, which caused him to start with therapy, are strong fear from school that goes to panic, which then results in him being unable to attend school. At home, he is very fond of his school obligations. The boy feels fear on other places (home, street…) too, especially in the moments when he stays alone. He does not have developed relationships with other children of his age. He spends his time with his Granny gladly (his father's mother) who together with his mother takes care of him from his birth.

He sees himself as an old man, and he emphasizes that he does not have common features with other children of his age.

From hetero-anamnesis data I see that he was born from the first regular, planned and wanted pregnancy in natural way, on time. Immediately after his birth it is diagnosed that the boy was born with one kidney.

The other kidney had hydronephrosis (widened kidney channel) and it was surgically treated in his first month of life - two times. In his first year of life, because of his kidney problems, he had constant medical tests. A couple of times he was hospitalized, every time accompanied by his mother. Because of this health problem the boy has regular six month visits to doctors up to present day. Beside these kidney problems, in the first months of his life, deformities with both of his feet are diagnosed, and this needs constant doctors' supervision and interventions. During his first year of life, the boy constantly wears plasters and langetas which changed on monthly basis. His parents informed me that the wearing and changing these plasters vas very painful, and it constrained the boy from movement. Because of these feet problems, a boy did not crawl as toddlers do, and he started walking when he was 15 months old. The sphincter control was established when he was three. His parents told me that they did not force the boy to stop wearing diapers because of the kidney problems, and the boy himself wanted to stop using them when he was three. He pronounced his first words when he was two.

The first separation happened when he was one year old, when his mother turned back to her job after her maternity leave. His father's mother takes over and starts taking care of him. In the meantime, when the boy was three, he got a sister. His mother emphasizes that he took his sister's coming very well, and that he took part in taking care of his sister. He was not "hard" for upbringing. He did not like to play. Usually he took part in activities of the adults surrounding him. When he, in the age of five, started attending kindergarten, problems with adaptation to other children started appearing and it goes on in primary school. He was a victim of the bullying several times and that is the reason why he changed school.

His mother, at an early age lost both parents in a very traumatic way. Often, she feels depressive, especially after the boy's birth and dealing with his health problems. She is highly educated, employed and very committed to her job. His father is a craftsman. She is dominant person regarding to him. A few months before any of the boy's symptoms occurred, his mother started with psychotherapeutic treatment. (KBT approach is used- cognitive-behavioral therapy). The change needed by the treatment is turning back the roles that belong to her. In the first place, the roles of the mother and of the housewife, because she let the granny taking care of the kids and house chores. The boy is attached to Granny. Because all of that his mother limited his dwelling at Granny's to a period of one hour a day. These changes in family dynamics take places a month before this fear of school appearance. After that, mother stops her individual therapy.

Keeping in mind the health problems and staying in hospital during the boy's first year of life (these are early traumatic experiences) as well the stress that parents undergone during this period, traumatic losses that the mother had in her adolescence, negative experience of preschool and school environment, phenomenology of the boy's person organization and development of the symptoms, I observe through the theory as following: psychodynamic explanation of the school phobia origination, Bowlby's theory of attachment, Bronfenbrenner's theory of ecological system. The boy came to therapy with symptoms of school phobia. However, in the background of this phobia, there stood separation anxiety, early traumatic experiences and the issue of attachment. I made the treatment plan as following:

1. *To direct the boy to psychological testing*
2. *To work on the symptoms reduction, as soon as possible to strengthen the boy in attending school classes on a regular basis*
3. *To realize cooperation with school*
4. *After normalizing the process of the boy's attending the school, to work on the deeper processes which are connected to separation and attachment*
5. *To include parents into advisory and/or psychotherapeutic work in order to change family's dynamics and parents' attitude toward the boy*

After psychological clinical assessment were finished, it is concluded that "the case is about the boy that intellectually functions in rank more than average. It is hypersensitive, as well as rigid boy and in whose clinical picture separation anxiety dominates, and potential for development of obsessive- compulsive symptom is perceived. The boy is reserved in expressing his real emotions, thoughts and experiences, and that can be seen through a dialogue with him, in test results and through the high score on the control scale (his need to leave a positive impression about one self). It is necessary to work on reduction of the boy's multiple anxious symptomatology, strengthening of his self confidence and learning how to express his emotions and wishes without constraints through continuous therapeutic work."

The first contact and therapy are easy established, and that is a result of the boy's positive transfer as well as mine positive countertransference in relation with him. In the first part of the therapy I use formulations according KBT approach due to decreasing of feeling of fear and establishing possibility for him to go back to school as soon as possible and attend it regularly. The goal is achieved very soon, after a couple of meetings. After the fear from school had decreased, in the middle part of therapy, the space, for working on deeper processes related to reparation of attachment and separation, creates. I am aware that he is at chronological age when the process of leaving of parents idealization should take place and the beginning of the psychological separation from them, but because of fixation to earlier developmental phases and uncertain attachment, this process can not begin.

In the middle part of the treatment I use the principles Ziegler's treatment of the reconstruction of the attachment (safety, protection, accepting, belonging, trust, relations, picture of one self) I start the treatment and go on with the focus on establishing and maintaining therapeutic connection, as well as corrective emotional experience. It is of great importance for me that my message is "I can see you and I accept you as you are and I like you the way you are."

During our common meetings with the boy and his parents I perceive ambivalence of their experience of the boy. I consider these meetings very important, because it is present when I subtly confront to his parents, especially to the mother, when they express negative attitudes toward the boy. In the boy's presence, I always have consistent attitude toward the boy.

Strengthening of the social competencies and strengthening of his positive picture of himself are important parts of the treatment. Following the boy's rhythm, slowly the themes of bullying are opening. In the beginning, while opening these themes, dissociation from the feelings related to these painful experiences can be spotted. He retells the experiences as if they did not happen to him, and if emotions are shown, they are not harmonized with content they bear. He uses humor as a defense from painful memories. Space for reparation opens in places where suspense or time out in development had happened. On these places, slowly and carefully, by working through traumatic experiences of peer violence, we come to suppressed feelings, in the first place anger and helplessness, which he integrates. It is hard for him to accept and claim his own anger. This spot of working on anger is a spot of time out in therapy, because I work on similar processes myself in my therapy. After the permission to anger which he needed from me, he targeted it to his parents, especially to his mother, so the process comes opposite to idealization and to starting point of the separation from his parents.

In psychotherapy of children and adolescents, working with parents is very important, especially if a child is younger, because it is totally dependent of its parents. Parents are entitled to quit treatment at any time. Because of that, it is very important for me, to make kind of deal with parents that follows: disappearance of symptoms of the school phobia is not the end of the therapy. During treatment I meet parents every time. In the first part of the therapy with the boy, I have a short conversation with them, sometimes in the boy's presence, sometimes in private with them only. In advanced phase of the therapy I tend to meet them rarely. Both parents come to every meeting. While meeting them, mother is a leading figure in a relation to a father. The father supports everything that mother says, by nodding and only sometimes he delivers some of his experiences with the boy which only support her story. The mother always speaks in a half- quiet controlled manner of voice behind which I always feel suppressed aggressions. No matter what is the topic of the dialogue I start with, she always turns back to expressing boy's negative sides. All the time she repeats what "needs to be improved" and "what is not good" about the boy.

In my work with the parents I use consultations and psycho- education in order to understand psychodynamics of beginning of the symptoms and how they are important in overcoming of difficulties in the boy's functioning, as well for them to become aware of their unreal negative picture that they have about their boy and negative expectation that they have from him. I have meetings with them, both alone and in the boy's presence due to perceiving dynamics of their relationships, but also to demonstrate by myself how to be in the contact with the boy. The most challenging part of the therapeutic process was working with parents, because of the strong double countertransference which I felt towards boy's mother.

I consider the cooperation with the school as a very important of the treatment of this boy. In Bronfenbrenner's theory of ecological school systems, together with parents, represents part of microsystem, the "circle" that is closest to a child. Bronfenbrenner considers that a child and the environment (where a child develops and grows) permanently affect to each other. These influences are bilateral or transactional – between a child and the environment there is a reciprocal relation and mutual conditioning. Environmental conditions affect development of a certain child's characteristics but these influences depend on the nature and characteristics of a child itself, and partly they are shaped by themselves (FMK, 2011).

The boy was not included into individual treatment at school. However, in cooperation with school psychologist, teachers get instructions how to behave with the boy. Within the school, the boy got included into the program of development of social skills and it means him taking part in workshops together with the group of students from the school. As therapy went by, I myself became acquainted with his talents, capacities and interests. In cooperation with school psychologist, the boy was included into activities according to his interests. The success in these activities and excellent results he achieved as well as the changes that he undergone on the personal plan, open up possibilities of contact to his age-mates. Although he was an excellent student always, from the beginning of the therapy up to a present day, he really shines with his school achievements. He does not put a lot of efforts into studying, but natural intellect, doing school tasks in time, regular studying, strengthened stimulation, creating of highly positive attitude towards school, improvement of his relationship to his age-mates and teachers, as well as release from inner tension which resulted in resolving of inner conflicts as a result of the therapeutic process. They all give unbelievable results. Of course, it does not happen overnight. Together with the psychotherapy process, changes happen slowly. I see all these positive changes, which happen in the school environment, as a confirmation of Bronfenbrenner's theory of ecological system about mutual effect of parts of this system.

From the very beginning of the boy's encounter with preschool facility and primary school, his characteristics conditioned unfavorable answer of the environment which was unfavorable, too) changes that psychotherapy results on his personality plan (when we speak about his functioning and positive change of his picture of himself).as well as the changes that happen in new school environment, reverse mutual activities of the boy and school environment(teachers, peers),so the school becomes supportive environment. So, in a certain way, these factors take over the role of therapeutic and corrective elements when the boy finishes his treatment.

As the final part of the treatment, I consider his wish to finish the process. After 18 months of regular psychotherapy all of the symptoms vanished. The boy should start the ninth grade. He misses his friends and teachers. His view of himself and other people is changed. He does not attend extracurricular activities that he does not like and he obtained that over his parents. He is excellent in school. Also, his need to finish psychotherapy I see like confrontation to parents as well as mine authority. I consider to support him in that and that is an excellent intervention, especially because I know that significant changes are made in his environment, family, school. His family and school can be sufficient support on the way of healthy development.

Conclusion

The conclusion to this case study would be that it is important to keep the same principle: integrative approach, differential diagnostics and parallel to individual therapeutic treatment with a child, to organize work with parents and school, as well as regular individual psychotherapy of the therapist and supervision. In work with children and adolescence we must be aware that the development of symptomatology lies in different samples and that in treatment it is important to look broader picture and not to jump to conclusions too fast.

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