

Case study “Working with Sara: support in managing the challenges of adolescence”

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Summary

This case study gives an overview of the individual psychotherapy work with adolescent facing relational issues. Sara (14) comes to psychotherapy at her own request. She lives with her parents and two sisters, attends the final grade of the primary school, an excellent student with few good friends. She readily defines the therapeutic goal as “to find her peace”. She speaks of her family relations and situations that are not adequate or supportive. As the only way out, she sees various forms of self-support until she can separate herself and become independent.

The therapeutic work integrates Gestalt diagnostic framework, elements of the family-system therapy, theory of attachment, Erikson’s psycho-social development theory and the classical diagnostic framework (DSM-5) with respect to relational psychotherapy and interpersonal neurobiology. After establishing therapeutic relationship, the key work is on support systems. The central therapeutic work includes work on opening and recognising emotions, on recognising and expressing anger, primarily in relationship with mother, on her boundaries, support systems, but also ways in which she creates contact with people around herself. Grieving is identified due to unrecognised loss in a (dysfunctional) family, attachment is analysed and the plan of change is defined. The case study includes the counter-transference reactions and insights, as well as interventions within it.

Key words: *adolescent psychotherapy, support systems, grieving process*

Sažetak

Studija slučaja daje pregled individualnog psihoterapijskog rada sa adolescenticom u suočavanju sa odnosnim izazovima. Sara (14) godina na psihoterapiju dolazi na vlastiti zahtjev. Živi sa roditeljima i dvije sestre, pohađa završni razred osnovne škole, odlična je učenica i ima nekoliko prijateljica. Spremno definiše terapijski cilj "da pronađe svoj mir". Govori o porodičnim odnosima i prilikama koji za nju nisu adekvatni i podržavajući. Kao jedini izlaz vidi podržavanje sebe na različite načine dok ne bude u prilici da se odvoji i osamostali.

U terapijskom radu su integrirani geštalt dijagnostički okvir, elementi porodične-sistemske terapije, teorija privrženosti, Eriksonova teorija psihosocijalnog razvoja i klasični dijagnostički okvir (DSM-5) sa osvrtom na psihoterapiju odnosa i interpersonalnu neurobiologiju. Nakon uspostavljanja terapijskog odnosa, ključan je rad na sistemima podrške. Središnji terapijski dio obuhvata rad na otvaranju i prepoznavanju emocija, rad na prepoznavanju i izražavanju ljutnje, prvenstveno u odnosu sa mamom, rad na njenim granicama, sistemima podrške ali i načinu na koji kreira kontakt sa ljudima oko sebe. Identificirano je žalovanje zbog neprepoznatog gubitka (disfunkcionalne) porodice, analizirana privrženost te definiran plan na promjeni. Prikaz studije slučaja obuhvata kontra-transferne reakcije i uvide, te intervencije iz istih.

Ključne riječi: *adolescentna psihoterapija, sistemi podrške, proces žalovanja*

Introduction

Psychotherapeutic work with adolescents requires understanding adolescence as a developmental phase and all of its details. McConville (1995) emphasises that, even though it may last for just a short while, there is the need of the adolescents to be listened to, taken “serious”, especially when they are in search for themselves, facing challenges, inner and outer conflicts and rough periods and usually not getting something like that from their parents and the closer environment – the time and space for themselves, the place where they can share what is important to them and understand it with full respect. This is especially important for young people when they are in a transition from childhood into the adulthood and when the rest, particularly parents, do not take them seriously and as adults (with which they are partially right) while they do not perceive themselves anymore as children, hence it is insulting, angering and provoking when they are treated so.

The theoretical background of the psychotherapeutic work with the adolescent Sara consists of the basic concepts of the Gestalt psychotherapy as the therapist’s primary psychotherapeutic background, the characteristics of Sara’s developmental age and the diagnostic framework in accordance with the DSM-5 Diagnostic and Statistical Manual of Mental Disorders. There is also the importance of consideration of the family dynamics and context, even when the adolescent’s entire family is not included in the therapy.

Therapeutic work with Sara occurs within private psychotherapy practice. Beside psychology and psychotherapy, therapist’s background includes years of work within psychosocial prevention and protection as well as work with children and adolescents at risk.

Anamnesis and the description of the problem

Fourteen-year-old client, here named Sara, comes at her own request to talk to someone. The first contact was made by her mother. The information that she comes to the psychotherapy at her own request separates her from the majority of adolescents who usually come unwillingly, at the “urging” of the parents or insisting of the environment. Sara lives with her parents and two older sisters, seven and eight years older than she is, both students. Father is employed and earns for the entire family and mother is housewife. Sara and her mother both talk of bad family relations and not getting along with Sara’s father, as well as a generally bad atmosphere in the family. Mother says that the situation in their family is intense in a way that she and her husband do not get along very well and therefore have problems.

Sara attends the ninth grade of the primary school and she is an excellent student. She is glad that next year she will start attending high school which provides opportunities

to meet new people. She says she has two-three friends from her class with whom she usually spends her time. Her mother states that Sara had regular development from her youngest age.

Therapeutic work and discussion

The information on long-term disrupted family relations is significant for the basic assumptions and the direction of the therapeutic work. Accordingly, the therapist's responsibility and caution in relation to possible currently occurring violence and the need to react is emphasised. The client readily defines her psychotherapeutic goal as "finding peace". The exploration on what does that exactly mean brings up her need for the ways of supporting herself in patience, in the family she lives in, with a vision of the future, of what she wants and does not want to be. In that way, the therapeutic aim of the work on the support systems is set from the beginning. The way Sara relates to others is of notable significance.

Sara speaks of how she does not like the tensions in the house, she tends to withdraw and spends time in her room, occupied with school obligations or she protects herself by fantasising. Her appearance completely suits her words – she is quiet, speaks little and short, with her gaze often directed toward the ground, playing with her fingers or with one hand holding the other. The shortness of her response and the usual "I am fine", speaks of retroflexion as her basic defence mechanism. She "carries some sort of sadness", almost ever since she can remember. She's aware of her own patience to be where she is until she finishes high school and the university, until she is able to separate from her family. She opens the question in what way she stands by and with her mother, and what are the roles, tasks and expectations she takes from that place. In that sense, Sara's need to separate from the family is exactly one of the crucial, basic developmental tasks of adolescence: the separation from the parents. Thus Siegel (2017) emphasizes adolescents do need to push away from their parents but also need adults in their life. Being in therapy opens and brings entire world of Sara's relating and integrating her experience. Integration is the basis of resilience and not being integrated leads either to chaos or rigidity.

The first diagnostic assumptions are related to depression, being that Sara speaks of a feeling of a reasonless sadness since the early childhood. What is perplexing is her functionality in everyday life, she has few friends, regularly attends school and she is an excellent student. The therapist remains cautious considering the length of the symptom provided by Sara, and that she has, in fact, spent her entire life in situations she estimates as negative and that she sees the way out only in growing up and separating from her family.

The beginning of the therapeutic work with Sara includes finding her safe place through fantasy and drawing. Various projective and creative techniques were used. Since Sara loves drawing, her feelings and what she brings into therapy was often explored that way. She delightedly creates stories through cards and writing. Sara sometimes writes "for her own soul" and keeps diary, but she does not bring any of it into the therapy, even though the therapist has offered that possibility. An important aspect in the therapeutic process was the work on the body, recognition, naming and expressing emotions. Through the empty-chair experiment, she came into contact with suppressed feelings. Sara spoke of trust and patience she found in therapy after a long time. Her relationship with mother was explored from various angles, she allowed herself to be angry at her, and she was preparing herself to make her mother a part of the sessions.

A continuous process of grieving of an unrecognised loss is also of a significant importance – loss of the family Sara never had the way she needed it. Arambašić (2005) states that these unrecognised losses are just the same as any other loss, but the difficulty with them is that in grieving they do not seek or receive support and help or they do, but only just in a fairly little amount. Sara does not recognise the situation in her family as a loss but it is exactly due to it that she seeks psychotherapeutic help. It is necessary to acknowledge and work through the phases of grieving as they follow, concretely understanding and growing from what Sara has available as a part of personal and environmental capacities. Sara's loss is in accordance with the statements of Arambašić (2005) since it is related to the sense of shame and inadequacy about what Sara partially speaks – she is aware her family seems just fine from the outside but she feels there's a lot that's not right.

Significant segment is the exploration of the attachment patterns Sara has adopted in the relationship with her mother and father. Having in mind significantly disrupted partner relationships between her parents at the time she was born, poses a question whether, and if so, Sara's mother was available for her. Dallos and Draper (2012) provide an overview of the interpersonal experience and importance of the attachment styles. They also emphasise importance of the styles of affective attachment of each of the partners-parents, and the complexity of partner dynamics caused by the birth of the child, moving from dyads to triads. Namely, besides the affective attachment to both of the parents, children relate to the relationship of the parents. It is, precisely from this perspective, interesting to observe Sara's position in her family. Siegel (2017) notes the upside of adolescents' shift of attachment from parents to peers – turning attachment needs is healthy and possible thanks to new – adolescent brain. This makes huge potential for Sara.

Sara frequently manifests restraint that causes a characteristic counter-transference reaction of helplessness in the therapist. Erskin (2015) explores counter-transference in relational psychotherapy and importance of acknowledgement, empathy, therapeutic involvement and commitment. Work on retroreflection as defence mechanism is long-term

and demanding, especially having in mind the context of Sara's family circumstances and dynamics, the learnt ways of conduct and coercion to be unnoticeable, withdrawn and speechless. The entire therapeutic process involves working on awareness, recognition of messages from her primary family and understanding them for the purpose of acquiring new and different patterns and forms of behaviour, particularly those she wants to change when she enters into new relationships. Working on Sara's boundaries was of a vital importance. Coming to psychotherapy she reaches for the outer support system, but in the psychotherapy, she also gains and builds the inner, through getting to know herself, her thoughts, feelings, beliefs and values.

Classical psychiatry through DSM-5 – Diagnostic and Statistical Manual of Mental Disorders recognises depressive disorders as one group, separated from bipolar and related disorders. The common feature of all these disorders is the presence of a sad, empty or irritable mood, followed by somatic and cognitive changes that significantly affect the person's ability to function. What differentiate individual depressive disorders are the characteristics of duration, time of occurrence, and presumed etymology. Erskin (2015) also states that when relational needs are not met over and over again the results may be depression and violence. Although Sara states and occasionally shows some of the symptoms, mostly sad and empty mood, the possibility of a depressive disorder is excluded due to the absence of impaired functioning in any of the aspects. Sara is of good general health condition, an excellent student who regularly performs her duties, and she has several friends with whom she also spends time outside of school. There is also no change in behaviour and interests, nor a withdrawal from previous activities. What can be in the focus of clinical interest are conditions and problems that are not disorders but significantly affect clinical practice and treatment. These are primarily relationships with close people, the relationship between partners, parents and children, or the influence of parental partner relationships on a child. Sara is seeking help exactly due to long-term disturbed relationships in her family and efforts to support herself in such situations.

In accordance with Erikson's theory of a psychosocial development, through a total of eight phases, the key development tasks or crises are resolved. Sara is at the identity-versus-confusion stage, just as Erikson states, examining everything she has received and achieved. Primarily she examines parental messages, those spoken to her and those witnessed through their own example; she questions her trust toward the world, herself and others, estimates her abilities, reaches or at least attempts to; she is at a place of choosing further education, occupation, but also values that will lead her on in the future. Due to the specific circumstances and family dynamics, and Sara's temperament, she does not emphasise the importance of peer values and norms but she shows interest for them and a hope that she will be close and good enough, exactly in anticipation of a "new chance" and getting to know new people in high school. She manifests a conflicting attitude toward parental decisions and the way of life, overtly toward her

father, but in a safe therapeutic environment, toward mother as well, and she expresses her anger more frequently and explicitly. It is precisely the recognition and expression of anger towards others, above all parents and authority figures that are one of the key segments of therapeutic process.

Conclusion

Therapeutic work supported Sara to manage difficulties of her family and close environment within challenges of adolescence. She was able to explore her support systems and express feelings within close therapeutic alliance. Therapeutic alliance provided space and opportunities to reflect and relate in a safe present moment and setting. Thus, her inner resilience has been strengthened, her emotional awareness developed and her attending relational needs improved. This empowered Sara to manage her situation and other relationships differently.

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