

ADOLESCENT BETWEEN THE TWO SHORES. PRESENTING A CASE OF PSYCHOTHERAPEUTIC PRACTICE



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Abstract

A case of psychotherapeutic practice for an adolescent between identity, symptom and balance. Individual identity is essential for mental health. Identity development is a basis of self-acceptance and good self-esteem. As Erikson (2013) pointed out, subjective sense of identity must continue to be rediscovered and developed in a never-ending process. Erikson emphasizes that the term of identity has different but generally interrelated meanings. In many situations it can be attributed to a conscious sense of individual identity, in the others - to "an unconscious battle" for continuity between tradition and individuality, in the third - to the stability of the self, and in the fourth – as a mechanism for maintaining internal balance with group (traditional) ideals and group (traditional) identity.

Keywords: identity, symptom, balance, Positive Psychotherapy, 5 stage model

Introduction

In my work as a children and youth psychotherapist constantly I am encountering one or another parent's requests - "You're a psychologist - do something," "Talk to him / her a little," "Look .. tell him / her couple of words ..."

What is the question about here? What the parents expect?

I am sharing this case from my practice as a psychotherapist as an illustration for a professional response to such parental requests.

Results

Case presentation

The mother on her phone, directed by her GP, contacted me. Her 17-year-old son (who I will call Alex) has nausea and vomiting. The problem started when he was 12 years old and has deepened over the years. (much earlier, as we will see). No physiological reasons have been found for it. A

number of medical analyses have been performed on him, including hospitalizations within three years. The mother insists on seeing me before the meeting with her son. Usually for adolescents aged 16 to 19, I encourage and support parents to motivate their child to come to see me alone. Sometimes I also do this for younger adolescents – 13 to 15 years. As for the parents' point of view, I talk with them by phone, then after the meeting with the adolescent, I invite the parent in for a conversation and it usually works. But in this case, with the mother speaking in an angry tone of voice, I felt her anxiety, helplessness and fear (lack of trust in everyone and everything) and I invited her to a meeting before I had seen or spoken with her son.

What did I learn from the mother except for the medical history of the condition)?

Alex, 17-years old, the first born of two children (has a brother 14-years old), the family is formed of a mixed marriage - the mother is a Bulgarian, the father is of Turkish origin, not from the Turkish ethnic group in Bulgaria (who are born and live in Bulgaria). The mother watches over her son (and his symptom) like an eagle, while the father, who

was initially irritable, developed intolerance about three years ago toward his son's crises of nausea and vomiting. Alex had a very difficult birth (the mother remembers it as a long battle), but actually the real battle began when Alex was at least seven years old and the father's family requested him to be introduced in the Islamic Religion with the ritual of "circumcision". According to the Islamic legal system, there is no definite age in which circumcision must be performed, but it is acceptable to have the children circumcised between 7 and 10 years old. The mother's family opposes this strongly and stormily. The mother and father made a good family at first, and they actually have the ability to support it if their parents do not interfere. In Bulgaria these mixed marriages are often problematic because of cultural and religious differences between the two ethnic groups, one can imagine what the family is when it comes from two nationalities. The emphasis on these differences usually begins with the grandparents or someone else in the parent's family. The situation is similar here, but much more strongly emphasized – tension has grown between this mother and father and although they had initially decided to leave the choice of religious and ethnic identity to their children, later both sides started to "pull the carpet" to their own religious identities. At this time Alex began to go to school and thus spent most of the year in Bulgaria and school vacations in Istanbul. At the same time, he began to be sick increasingly often: Sore throat, stomach pain, vomiting (symptoms of difficult adaptation to school), then when he was about 10 years old, the nausea and vomiting stops to return later as a clear-cut symptom. When he was 12-13 years old, he started to insulate himself and two years later (when he was 15 – 16 years old) he no longer wished to go out to meet friends, to communicate (with the exception of online communication). Nor did he want to go to school. This caused his performance in school to drop and decreased his chances of entering a prestigious university in either Turkey or Bulgaria. This provoked his father to behave even more harshly with him.

First meeting with Alex - **Stage of Observation and Distancing**

The 17-year-old boy entered my office and presented himself. Apparently calm in behavior, but it gave me a feeling of anxiety, fear and somehow a seeming hidden hope. It was a first meeting for him with a psychologist/psychotherapist. He did not know what to do, how to start and from where to start. Until now, he had experienced a number of visits to doctors for disease symptoms. He suffers from insomnia, tension, nausea, vomiting, and as I have understood later in the course of our conversation - painful thoughts with aggressive contents.

Prepared to "report" about his complaints (because of the many medical visits), Alex proved to be surprised at my

question "What happened to you that was important or significant, just before the appearance of the first unpleasant symptoms?" There was a pause. Then, apparently, he went back in time and started to sort out the first events:

The Actual situation at the onset of the symptom

12-year-old, already a student in a Mathematical High school, after months of preparation for the competitive entrance exam, still in the period of adaptation to the new school and among new people, gladly accepted his parents' decision to go on Holiday to the seashore in Antalya. Amid the pleasant events surrounding the arrival on the beach, he began to vomit, which had also happened at home, but now the reaction of the parents was different: they appeared shocked and quickly cleaned up the mess and he also faced the glances of people around looking at him. He subsequently saw this as reproach from the parents and ridicule on the part of the other people who were there. He captured himself in an attempt to deal with these feelings and began to justify himself. His father said in Turkish, so as to be understood by those around them: "Dribbler! You embarrass yourself! You embarrass us also. It's one thing to do this at home to escape your responsibilities, but here ..."" His mother's passivity during this time blocked his ability to produce a good explanation or justification for himself and provoke him to begin another struggle - whether it was better only to stay at home in order not to embarrass anyone .

How does a psychotherapist react after such a story about the actual situation that unlocks the illness? The positive psychotherapist goes looking for the function of the symptom, its positive reinterpretation and reflection of the relation between the symptom and psychological (emotional) problems. In this case, my positive reinterpretation of the symptom - nausea and vomiting was: "It seems you have an ability to possess a fine sensitivity to what is happening around you and easily dispose of what is unnecessary!"

Alex appeared astonished when I seemed to take his side. He also seemed perplexed and resisted accepting my reading of the experience he had undergone 5 years before.. I realized that until now, no one had considered his internal anguish. Who would have understood it?

1. Himself? – Certainly not! Otherwise, it would not be a disease symptom. The human mind does not accept content that runs contrary to the appropriate attitude and patience, which he had learned at home.

2. The friends? – They would reject him. Moreover, they might decide that he embarrasses them also.

3. The parents? – Even more certainly not! They had not yet found a reason and an explanation for what is happening.

This was my understanding of what was going on unconsciously in Alex's head. It had motivated him to make a decision to isolate himself from the social environment and to use the symptom if he was forced to make contact.

For years Alex had been musing over the questions, "Who am I?"; "What am I, What do I belong to?" "Who / what should I follow - myself or others?" In terms of Positive and Transcultural Psychotherapy, this is the content of his Key Conflict (Fig. 1) He continues learning, goes to language and math courses, but always feels he is "standing between two shores". He is constantly afraid that he will vomit again and embarrass himself in front of everyone.

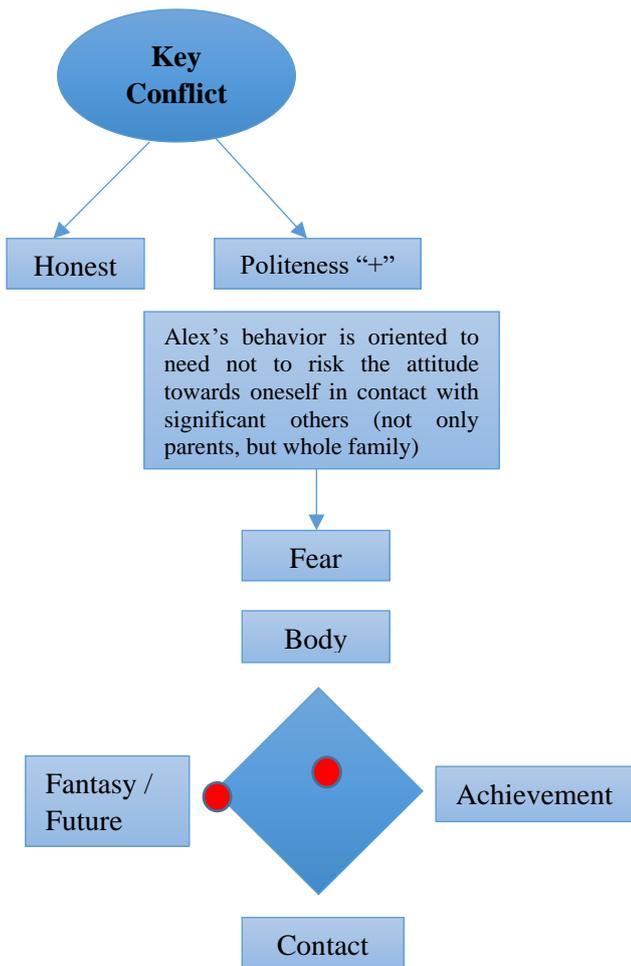


Fig. 1 Client's key Conflict Model

What I learned about him - Stage of **Inventory?**

4. Since childhood, the brothers have done sports, Alex's brother plays football and Alex plays volleyball. The volleyball was not Alex's decision or desire, it was his father's decision. Alex did not want to go there, but he was not able to say, "No" or "I do not want!"

5. Mother and father (especially father) made the decision that Alex should start to study at school with

profiled sports classes. It means he must participate in competitions. Before these competitions, he has stayed awake all night with painful thoughts about failing. On the playground, he has been worried, nervous and frozen by fear.

6. After several failures at competitions, the parents decided that he will not have success in sports, and he has been moved to a school with profiled biology and chemistry classes without his agreement (the father's words were: "let's even become a doctor"). He attends school regularly and prepares his lessons and homework, always thinking that he must not embarrass his parents.

7. During the period of his growing up, he has learned that the parents must be listened to and that the father's will is law. He is convinced that they all rely on him (the Turkish grandparents inculcate in him that the first-born son must take the hope of the whole family upon himself) and he must fulfill their expectations not only about educational success and obedience, but also in every other aspect. Typical of that kind of family is the importance of order, politeness and success. As for the religion, the attention there is toward obedience.

8. Then followed math lessons and Alex's applying to the Mathematical High school chosen by the parents again.

9. With this family background, he has experienced many disappointments connected to the idea that his brother is much more loved (according to his experience) and much more successful according to relatives and the circle of acquaintances. He is well aware that his brother, like a "Free Bird," follows his own desires and intentions, while he always respects others.

10. What worries him, he does not share with anyone. To this day, at night he is unable to sleep and is tormented with thoughts of failure. As a young man with a high intellectual level, he has the ability to over-control himself and behave mostly politely, which helps him to stand aside from the chaotic and indiscriminate contacts with others (as some adolescents are able to do), he seems pleased with himself, mentally balanced and successful. It is because,...

As the Stage of **Situative Encouragement** has shown,

11. He is a man of reason, obedient, consistent, seeking success at any price.

He can handle himself and his emotions by "gulping and swallowing" - in fact, he turns them off and minimizes them.

Stage of **Verbalization**

Somewhat the connection between what I had told Alex at the beginning and his own story about himself appeared spontaneously in his head. In the beginning of our meetings, I had told him that he has the ability to turn attention in a noticeable way into something within himself or something

around himself and I told him that something which is not shown during the day comes out at night with a stormy force. It is those emotions which he does not allow himself because he does not know how to use them as strengths.

He replied: "I've never heard such good things about myself in my life until now." In his verbalization Alex himself presented our therapeutic task as his own problem. I realized that Alex did not know himself in the light of his own abilities, but only as a "shining with reflected light" from the abilities of the others.

In a series of 20 therapeutic meetings, we went through a number of life situations and topics. The first, important for me as a therapist and for him as a patient, was to understand the logic of the appearance of the aggressively-charged thoughts that he swallowed politely. We dealt with this subject for 4 meetings.

In the next group of sessions, we moved through the struggle for change, with Alex taking the lead and me providing psychological support. Our tasks had been conscious until now, to develop new behavior, which requires tenacity (he holds it as a strong ability). The other task was openness in sharing the ability we had just developed in our contact, and later he would bring it in his polite form of expression to the relatives.

We have also handled a number of life misunderstandings:

13. The form of parental affection - to deal with the painful experience that he is not loved because he does not fulfill their expectations, that he is still not noticed and therefore it is better to be "crouched behind a computer", "a silent letter";

14. What does it mean to follow the religious rules and what is the place of faith? What is the meaning of faith?

15. What do I lose but also what do I gain when I behave in a certain way.

For example: When I am only the obedient child, correct, attentive, respecting the others, how will they know what I am thinking about and how I experience things differently - that is a presentation of the power of negative emotions.

16. What do I give to myself when I am doing the thing for the others? For example: When I rush to do something, but actually in this instance, nobody expects anything from me. Even so, I think I am doing it for others, without a chance to realize that I use this way as a defense of my norm of justice and my vision of success.

Gradually, the first changes in his behavior appeared:

17. The ability to distinguish "what others want" from "what I want" in the same situation gave him the right to choose the way to deal with the situation.

18. Instead of trying to realize his fantasy of "winning behavior", he developed the ability to produce emotionally-motivated, free behavior.

19. Instead of extreme perfectionism in order just to be accepted - he expanded his spontaneous potential.

Satisfied with what we had achieved, we made our detachment with the following balance sheet:

Stage of **Goals expanding**

He gave a report that if before, he had wanted to be successful in his activities just for the approval of the others, now, it is more important for him to feel himself satisfied. In this direction, he is now an active young man, secondarily by upbringing, but emotional by nature, and already knows what to do with his daily life without the symptoms and the sense of dependence on the approval of his relatives. The great test of his achievement came during his participation in the Biology Olympics, - when he felt himself surprised, calm and without symptoms- and this had never happened before.

Why am I sharing this case with you?

This adolescent is in a psychological (and emotional) stage of separation. In the stage when he actively attempts to synthesize his experience to form a stable sense of personal identity. Eriksson emphasizes the role of accurate self-knowledge and realism, but here this adolescent felt himself - and thus behaved himself as 3 - 4 years old when the "battle was for autonomy". Every mother knows how plastic a child could be if it decides to do what the others expect from it, but it is impossible to make it do only this.

Conclusion

The presence of strong external control and overly rigid and secondary education deprives the child of his involvement in learning to control and express himself according to his own will and free choice. The long-standing suspicion and shame comes and leads to an inevitable sense of loss of self-esteem and a sense of parental over-control.

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