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# Psychotherapy in Achieving Health and Well-being for Children and Young People

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Dear readers,

With great pleasure, the Bosnian-Herzegovinian Integrative Child and Adolescent Psychotherapy Association - BHIDAPA presents the Interdisciplinary Journal of Psychotherapy: *Psychotherapy in Achieving Health and Well-being for Children and Young People*. The journal aims to present, through original scientific, review, expert articles and case studies, multidisciplinary approaches to the recognition and understanding of the mental health problems of children and young people, and optimal prevention, therapeutic and rehabilitative activities that promote the Healthy development of the child. We hope that the articles of contemporary scientific and professional methods and approaches to children and young people in the areas of children's and adolescent psychotherapy, health, social protection, education and juvenile justice will be a source of search for unique standards of health protection and the well-being of every child.

*With respect,  
Mirela Badurina, editor*



# A content analysis of the most popular online news portals in Croatia regarding child abuse

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## Summary

*In recent years, child abuse as a media content have become increasingly present in the media reports. In approaching this topic, the public interest prevailed over the best interest of child for years. In recent years, the approach is slowly changing and today, in Croatian online media more attention is being paid to children's identity protection.*

*Over the period of three months media contents of the most popular online news portals in Croatia – Index.hr, Jutarnji.hr, 24sata.hr, Net.hr and Vecernji.hr – regarding child abuse have been analysed.*

*The goal was to learn about the way the Croatian portals report on the child abuse, whether or not they take account of the rights of the child, and to explore whether the framing theory is applicable to the topic.*

*As part of this research, 50 articles – 10 from each of the involved portals, were analysed. The investigated features were: representation of domestic and foreign reports, approach to the subject, disclosure of child's identity, sensationalism, and representation of expert views. The results have shown equal share of domestic and foreign reports, and equal number of theme-based and case-based articles. A chi-squared test pointed to a significantly larger number of articles violating the rules on child protection compared to those complying with the said rules. When observing the domestic articles from Croatia only, we see an equal number of articles violating the rules and those complying with the rules. Four out of five most popular media portals violate child protection rules when reporting on domestic cases (in Croatia), while all five violate the rules when reporting on foreign*

incidents. Also, the number of articles incorporating expert views is significantly smaller than the number of articles not involving such views. Statistically, there is a significant difference in the level of sensationalism ( $\chi^2(4)=11.667, p<.05$ ) among different portals.

The obtained data are alarming and they point to the need for additional education of journalists and editors on child protection and the best interest of the child.

**Key words:** child abuse, rights of the child, online portals, media reports

## Sažetak

Zlostavljanje djece medijski je sadržaj koji je posljednjih godina sve zastupljeniji u medijskim objavama. U pristupu temi prednost pred najboljim interesom djeteta godinama je imao mogući interes javnosti. Posljednjih godina, pristup tematici se polako mijenja, pa se danas u hrvatskim on line medijima prije svega vodi računa o zaštiti identiteta djeteta.

U periodu od 3 mjeseca analiziran je sadržaj članaka na temu zlostavljanja djece, na najčitanijim hrvatskim online portalima: Index.hr, Jutarnji.hr, 24sata.hr, Net.hr i Vecernji.hr.

Cilj je bio saznati na koji način hrvatski portali izvještavaju o tematici zlostavljanja djece, osobito uzimaju li pri tom izvještavanju u obzir dječja prava, te istražiti je li teorija framinga primjenjiva na ovoj tematici.

U istraživanju je analizirano 50 članaka, po 10 sa svakog od uključenih portala. Istraživana obilježja bila su: zastupljenost domaćih i stranih objava, pristup temi, otkrivanje identiteta djeteta, senzacionalizam, te uključenost mišljenja stručnjaka u članku. Rezultati su pokazali da su podjednako zastupljene domaće i strane objave, kao i tematski pristup zlostavljanju djece nasuprot orijentaciji na individualni slučaj. Hi-kvadrat analiza ukazala je na značajno veći broj članaka u kojima dolazi do kršenja pravila o zaštiti djece od broja članaka u kojem se ta pravila poštuju. Ako su objave iz Hrvatske, podjednak je broj članaka u kojima mediji poštuju i krše pravila. Četiri od pet najposjećenijih medijskih portala u objavama krše dječja prava kada je riječ o hrvatskim slučajevima, a svi ih krše kada je riječ i o stranim slučajevima. Također, broj članaka koji uključuju mišljenje stručnjaka je značajno manji od onih koji takvo mišljenje ne uključuju. Također je pronađena statistički značajna razlika u senzacionalizmu ( $\chi^2(4)=11.667, p<.05$ ) između različitih portala.

Dobiveni podatci su upozoravajući i govore o potrebi dodatnog obrazovanja novinara i urednika kada su zaštita djece i mladih i njihov najbolji interes u pitanju.

**Ključne riječi:** zlostavljanje djece, prava djece, on-line portali, medijski izvještaji



## Introduction

According to the Regulation of children's media privacy protection of the Ombudsman for Children in the Republic of Croatia (2009), the Constitution of the Republic of Croatia, the Convention on Protection of Human Rights and Fundamental Freedoms, and the UN Convention on the Rights of the Child guarantee the protection of the right to a family and home, freedom, reputation, honour, which includes protection of human, in particular child's intimacy. Furthermore, there are many Croatian laws that regulate the issue of children's media privacy protection. For example, Electronic Media Act stipulates that programme contents that seriously harm the physical, psychological or moral development of children and young people must not be published; Aiming to protect the privacy of juveniles and avoid publicity that may adversely affect their development, the Juvenile Courts Act, prohibits any reporting on their court proceedings and court decisions without the approval of the court, while the Criminal Code stipulates that whoever, in relation to another, asserts or disseminates a falsehood which can damage his or her reputation shall be punished by a fine or imprisonment.

Although media have contributed to raising awareness of the importance of protecting the rights of the child and raising the standard of protection of children's rights in Croatia, there is a number of examples of media reports directly violating the children's rights (Jelavić, 2009). Market competition has led to a change in editorial policy of both Croatian and European media. The priority is being given to the personal impressions and emotions. Such editorial policy resulted in the highest readership rates ever but also in the highest rate of professional misconduct in publishing the stories in which the young people commonly appear as parties involved in some negative incidents (Kanižaj, 2007; Kanižaj, 2009).

Media commonly represent children in two roles – as protagonists of advertisements, prompting the purchase of the advertised product or as protagonists of incidents (violence, abuse, misconduct, etc.). Despite all the regulations guaranteeing the protection of children in media, the citizens have been increasingly reporting infringements of the children's rights. The parties reporting the infringements usually complain about disclosure of child's identity, harm being caused to child's dignity, and children being exposed to potentially harmful media contents (Jelavić, 2009; Kanižaj, 2009).

The most profitable and the most popular part of media content concerning children commonly invades child's privacy and intimacy, with journalists revealing, directly or indirectly, the identity of a child who is victim, perpetrator or a witness of violence (Jelavić, 2009). With having its identity disclosed – by full name, initials, family information and/or family circumstances, by quoting child's words, talking about the child and/or by showing photographs, the child is being exposed to reactions of community to the published content and thus re-victimised (Gabelica Šupljika, 2009).

Undue invasion of privacy and intimacy of children is considered ethically and morally inadmissible, but due to readership and viewership ratings such texts are published and they have become a factor of competitiveness on the market (Zgrabljić Rotar, 2009). Violation of the child's right to privacy is particularly evident in the stories regarding peer violence in schools. Such events can be reported about day by day, giving all the details of the incident, the place, and indirectly or directly mentioning the child and the family circumstances. Journalists often obtain such information directly from parents of the victim of violence, who deem that the school failed to protect their child (Jelavić, 2009).

Child abuse means "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship or responsibility, trust or power" (WHO, 2006; in Bilić, Buljan Flander & Hrpka, p. 2, 2012). Croatian data suggest that between 14% and 16.5% of children are being physically, emotionally or sexually abused, while 2.5% of children are being neglected (Bilić, Buljan Flander & Hrpka, 2012). Media are interested in information on any form of child abuse, and for years, when reporting about it, they have been giving the preference to public interest over the best interest of the child.

In this paper we will present the content analysis of news articles on child abuse published in the most popular news portals in Croatia. We will also check whether there is any change in the approach to this topic, whether the Croatian online media are mindful of protection of child's identity i.e., whether there is any difference among the portals with respect to this particular issue. The paper relies on so-called *framing theory*, which explains the frame against which the journalists make selection and process information (Weaver, 2007). According to this theory, the choice of information to be published as news depends on individual interpretative norms of journalists and editors, and their experiences i.e. it depends on individual interpretation of social reality (Čengić and Mijić, 2007). For this reason, it is realistic to expect that different portals (with different journalists and editors) would also have a different approach to covering the topic of child abuse.

This research has two objectives. A practical objective is to gain an insight into information, which the general - unprofessional - population is exposed to and to learn how the most popular Croatian portals cover stories on child abuse, and whether, in doing so, they take account of the rights of the child. Achieving this objective may point to the need for additional education of journalists about the rights and children's privacy protection. A theoretical objective is to investigate whether the framing theory is applicable to this topic and to Croatian online news portals. These objectives will be achieved by addressing two fundamental research problems. The first objective will be achieved by determining the incidence of certain features in news articles (representation of domestic v. foreign topics; approach to child abuse – individual case vs. a social problem; infringement of the rights of the child by disclosing their identity; presence of sensation-

alism; and expert views in news articles on child abuse) on the whole sample, and by individual portals.

The second objective will be achieved by establishing difference in the incidence of above-mentioned features among the analysed portals.

This research is based on two basic hypotheses:

H1: Due to market competition and changes in editorial policy of Croatian media, the assumption is that, despite the existing rules and raising awareness of children's rights, some news articles will be infringing the rights of the child.

H2: Given the framing theory, according to which the topics are selected and covered based on individual standards of the journalists and editors, the portals will differ in at least some of the analysed features.

## Methodology

**Sample:** A total of 50 articles have been processed. Google search engine was used as a source of research to access the top five most popular news portals via independent online tracking system <https://www.alexa.com/topsites/countries/HR>. According to Alexa data these were: Index.hr, Jutarnji.hr, 24sata.hr, Net.hr and Vecernji.hr. An advanced search engine in Croatian language was used, showing the search results as per their relevance. In each of the mentioned news portal, the first ten articles published in the period from January 1 to April 1, 2018 containing the key word "child abuse" were selected.

**Features analysed:** Information on child abuse was used as a basic unit for quantitative content analysis (Skalski, Neuendorf & Cajigas, 2002).

Investigated features were: representation of domestic and foreign reports and features of the news articles, which include: approach to the subject, sensationalism in the content or/and headline, disclosure of child's or perpetrator's identity, and expert views.

**Approach to the topic** means the way in which the article was written i.e., whether it is focused on an individual incident or is child abuse presented as a general social problem, without specifying any particular incident (theme-based approach).

**Sensationalism** is about emphasizing scandalous parts and/or details of a story in the text or headline with the aim to provoke reader's interest.

Publishing any information that would enable readers to recognise the subject of the story is considered **disclosure of victim's or perpetrator's identity**. It includes name and surname of the persons concerned, initials, indicating name of the school or place of the school (especially if the place in question has one or few schools), indicating names of other parties involved in the incident, etc. Revealing the identity of the parties in a news article constitutes infringement of the rules.

**Expert view** feature suggests whether or not an expert view on the case or incident (e.g. by a child psychologist) was incorporated in the news article.

**Procedure:** Aware that some of the investigated features (such as sensationalism) will be difficult to assess, as they depend, to some extent, on personal perception of the person conducting the analysis (the thing that one person finds scandalous might not be perceived as such by another), the presence or absence of the features in the analysed articles was decided by a consensus of 3 persons who have read the articles independently. In cases where two out of three persons agreed that the observed features were present in the text, the article was considered to contain the observed feature and it was thus indicated.

**Data processing:** Data were analysed quantitatively through SPSS for Windows 21. Along with descriptive features (incidence analysis), a chi-square test was used to determine the difference and a more detailed contingency analysis to determine the difference among the portals by specific features.

## Results

A total of 50 articles from 5 different online news portals were analysed. These were: Index.hr, Jutarnji.hr, 24sata.hr, Net.hr and Večernji.hr. Ten articles from each portal were analysed. In table 1 we see the presence of analysed features in all articles included in this research.

*Table 1. Presence of investigated features in the whole sample*

		N	%
Representation of domestic and foreign articles	foreign	24	48
	domestic	26	52
Approach	Theme-focused	19	38
	Incident-focused	31	62
Sensationalism	No	20	40
	Yes	30	60
Identity disclosed	No	4	13
	Yes	27	87
Identity disclosed - domestic articles	No	4	29
	Yes	10	71
Expert view	No	35	70
	Yes	15	30

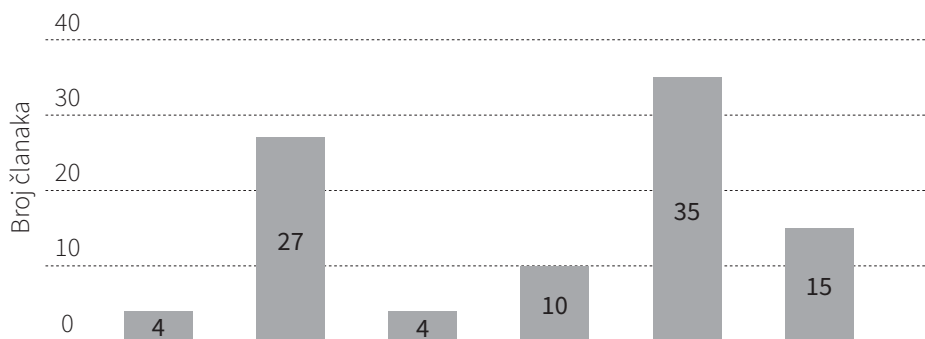
A one-sided chi-square test showed that child abuse stories from foreign and Croatian media were equally represented at the level of overall sample ( $p < .05$ ). Also, at the level of overall sample there is no statistically significant difference in the number of theme-

based v. case-based stories. The chi-squared test also showed that the number of articles containing sensationalism equals the number of articles that do not contain such elements ( $p < .05$ ).

There were altogether 31 articles that reported on a particular case, and in 27 of these (87%), the identity of the child concerned was in some way revealed. Despite all the laws and rules on children's privacy protection, the identity of a child is not only occasionally revealed but it is also statistically more often revealed than not ( $p < .05$ ). Furthermore, out of a total 14 articles reporting about an incident in Croatia, 10 (71%) revealed the identity of the child concerned. When it comes to domestic stories, the chi-square test showed an equal number of articles that publish and those that do not publish identity of the child. Yet, we need to bear in mind the size of sample, which is significantly smaller when it comes to articles with case-based approach in Croatia. Possibly, on a bigger sample this difference could appear to be statistically significant i.e., suggesting that child's identity is being disclosed in a larger number of cases. Regardless of this, the fact that identity of children is revealed in half of the domestic articles analysed suggests a high incidence of rule infringement.

At the same time, the number of articles involving expert view on child abuse is statistically smaller than the number of those that do not include such a view ( $p < .05$ ). The results on disclosing the child's identity and involving expert view are more clearly presented in the chart 1 below.

*Chart 1. Disclosing child's identity and including expert view in the child abuse news articles*



These findings point to an urgent need for additional education of editors of media portals and journalists on the issue of children's privacy protection. According to the Regulation of children's media privacy protection of the Ombudsman for Children in the Republic of Croatia (2009, p. 5) inappropriate exposure to media may further traumatise children, negatively affect their development, cause negative reaction of their community, make their intimacy exposed to all, thus exposing them to a traumatising evaluation, unpleasant comments, and possibly compromising their safety. The difference

between individual news portals in the share of domestic and foreign articles has been tested against a two-sided chi-square test. The incidence of domestic v. foreign articles, by portal, is shown in Table 2 below.

Table 2. Overview of the domestic and foreign news articles

	Portal				
	Index.hr	Jutarnji.hr	24sata.hr	Net.hr	Vecernji.hr
Strane objave	5	5	4	6	4
Domaće objave	5	5	6	4	6

There is no statistically significant difference in the number of foreign and domestic articles on child abuse published on different online portals ( $\chi^2_{(4)}=1.12, p>.05$ ).

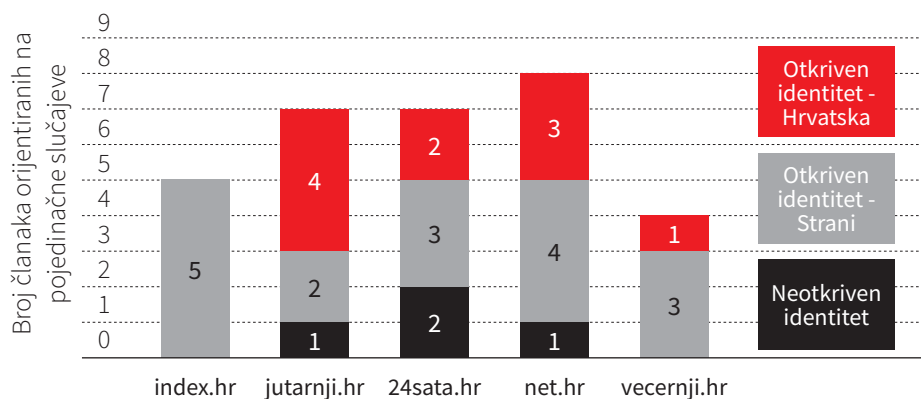
The incidence of other features, including approach to the topic, sensationalism, expert view and incidence of identity disclosure in child abuse articles, by portal, are presented in Table 3 below.

Table 3. Incidence of observed features in the analysed articles, portal

	Feature					
	Theme-approach	Case-approach	Sensationalism	Identity disclosed	Identity disclosed Croatia	Expert view
Index.hr	5	5	5	5	0	5
Jutarnji.hr	3	7	10	6	4	1
24sata.hr	3	7	5	5	2	4
Net.hr	2	8	7	7	3	1
Vecernji.hr	6	4	3	4	1	4

In the observed period, Index.hr had the same number of theme-based (social problem) and case-based articles. By reviewing incidence only, we see a slight precedence of case-based articles over theme-based articles on Net.hr. The portals Jutarnji.hr and 24sata.hr also had slightly more case-based articles, and only Večernji.hr published more theme-based than case-based articles. In case of portal Index.hr, five case-based articles were actually quoting a foreign media. As for Jutarnji.hr, all child abuse articles were domestic stories, which more or less violated the professional rules and revealed the identity of victims or perpetrators of violence against children. In articles relating to Croatia, the portal Jutarnji.hr covered individual incidents, presenting all the details thereof, but not a single article contained an expert view – doctors, psychologists, hospital representatives or experts of the Child and Youth Protection Centre of Zagreb. The number of case-based articles and the share of infringements is shown in chart 2 below.

Chart 2. Share of articles disclosing child's identity by portal



By searching the key words 'child abuse', the violation of children's rights was observed – to a greater or lesser extent - in four out of top five media portals. Speaking of the quoted foreign articles, all portals have revealed the identity of children in some way. These data are alarming and suggest the need for additional education of journalists and editors about the protection of children and the youth and their best interest. Examples of the ways in which the child protection rules were violated are shown in Table 5.

Table 5. Overview of news articles published on Jutarnji.hr for Croatia with examples of rule infringements

#### Jutarnji.hr

Identity of victim and offender has been disclosed, as well as the location, and the parents were described with their full name.

Place of residence, age of the girl and mother's job were revealed.

The place of incident and the age of children were disclosed (school children)

The name of association, age of the girl and duration of abuse, as well as details of the case were disclosed.

#### 24sata.hr

The name of the father and the name of the place were indicated.

Possibly, the child's identity was revealed, and the articles provided detailed description of the psychological condition of the child, as taken from medical records, and indicated the name of the clinic in which the child was treated.

#### Net.hr

In two articles, although the identity of the offender and the victim were not disclosed, it was clear where they come from.

Despite the initial difference in incidence of certain features, the chi-squared analysis has shown that these portals do not differ significantly by the approach to the topic, the number of articles involving expert view or by the number of articles revealing the iden-

tivity of the child. The only feature reporting a statistically significant difference among the portals is the sensationalism incidence ( $\chi^2_{(4)}=11.667$ ,  $p<.05$ ). For this reason, the sensationalism was subject to an additional contingency analysis (Garcia-Perez and Nunez-Anton, 2003; Beasley and Schumacker, 1995;). According to this analysis, the only portal that showed a statistically significant deviation in the number of sensationalist-oriented child abuse articles was Jutarnji.hr. The results are presented in Table 4.

Table 4. Incidence of sensationalism by portal

Sensationalism Index.hr	Portal					
	Jutarnji.hr	24sata.hr	Net.hr	Večernji.hr		
Present	n	5	0	5	3	7
	%	25.0	0.0	25.0	15.0	35.0
	$\chi^2$	0.52	8.35*	0.52	0.52	4.71
Absent	n	5	10	5	7	3
	%	16.7	33.3	16.7	23.3	10.0
	$\chi^2$	0.52	8.35*	0.52	0.52	4.71

\*  $\chi^2$  is statistically significant at the level of 5%; adjusted by means of Bonferroni correction.

By proving a difference in one of the features on various portals, we partially confirmed the hypothesis that the choice – in this case, the way of presentation – depends on individual assessment by journalists and editors, which corresponds with the framing theory. Based on these findings we could say that Jutarnji.hr, more than other portals, puts the issue of child abuse into a sensationalist framework. The reasons for this may be the interpretative norms of journalists and editors or editorial policy which, based on the past experience, proved to be successful in raising the readership rate in this way. Although the portals reported no statistically significant difference against other features, it is possible that the larger sample and qualitative analysis of articles would have shown significant difference, which is also a recommendation for future research on this topic.



## Conclusion

As for incidence of individual features in the analysed articles published on the most popular online media in Croatia, the results have shown an equal number of domestic and foreign articles on child abuse, and equal ratio of theme-based and case-based approaches to reporting on child abuse. When it comes to case-based articles, the chi-squared analysis has shown that the number of articles violating the child protection rules is significantly higher than the number of articles complying with the rules. Looking at the individual cases from Croatia, there is an equal number of articles violating the rules and complying with the rules. Four of the five most popular media portals violate the rights of the child when reporting on child abuse cases in Croatia, and all five of them violate the rights of the child when quoting the incidents from abroad. At the same time, the number of articles on child abuse involving expert views is significantly smaller than the number of the articles not involving such views. Such findings confirm the first hypothesis of this research, and thus highlight the need for additional awareness raising of journalists and editors on this topic. Media reports on child abuse can have serious consequences on the public perception, but it can also discourage reporting such cases or even encourage the commission of such acts. This is why it is crucial to educate journalists and editors on covering child abuse stories and the role of media in informing the public about public health campaigns aimed at raising the awareness about the consequences of such behaviour.

Comparison of articles published on different portals against the analysed features has shown no statistically significant difference in the incidence of analysed features. Yet, sensationalism, as one of the analysed features, appears to be a statistically significant ( $\chi^2_{(4)}=11.667, p<.05$ ). Additional contingency analysis confirmed that portal Jutarnji.hr is by far more sensationalist-oriented than other portals when reporting on child abuse. This finding partially confirmed the second hypothesis, suggesting that different portals have different approaches to the theme due to the framing theory.

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# School dimension of upbringing<sup>1</sup> and its role in students' socialization to desirable values

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## Summary

*As a social institution for upbringing and education, contemporary school performs various social roles or functions: humanistic education and upbringing, enculturation and socialization, selection, allocation etc. The aim of this article is to raise awareness of the relevance of the school dimension of upbringing as a significant factor in the students' socialization to desirable values. Upbringing is a social necessity and an activity by which a particular human being as the being of upbringing is formed, therefore the emphasis is put on humanistic upbringing that nurtures the person's integral being. School is a carrier and a conveyor of personal and social values. Successful socialization of students to desirable values can only be expected if all agents of socialization are acting in the same direction. This article discusses different social roles of school, the axiological dimension of humanistic upbringing, conditions of student's socialization to desirable values and practical implications of these theoretical hypotheses in order to form a democratic and supportive school climate.*

**Key words:** social roles of school, humanistic upbringing, socialization in desirable values, school climate

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1 The school system in Croatia has two inherent dimensions: upbringing (transfer of values) and education (transfer of knowledge). These terms will therefore be used in further text.

## Sažetak

*Suvremena škola kao odgojna i obrazovna institucija društva nositeljica je različitih društvenih uloga ili funkcija: humanističkog odgoja i edukacije, enkulturacije i socijalizacije, selekcije i alokacije te drugih. Cilj je rada podizanje razine svijesti o važnosti odgojne dimenzije škole kao važnog čimbenika u socijalizaciji učenika u poželjnim vrijednostima. Odgoj je društvena nužnost i aktivnost kojom čovjek kao biće odgoja uopće postaje čovjekom te se stoga naglasak stavlja na humanistički odgoj koji njeguje čovjekovo cjelovito biće. Škola je nositelj i prenositelj vrijednosti, osobnih i društvenih, a uspješna socijalizacija učenika u poželjnim vrijednostima može se očekivati tek ako svi agensi socijalizacije djeluju u istome smjeru. U radu se stoga razmatraju različite društvene uloge škole, aksiološka dimenzija humanističkog odgoja, uvjeti socijalizacije učenika u poželjnim vrijednostima te praktične implikacije tih teorijskih postavki u cilju oblikovanja demokratske i podupiruće školske klime.*

**Ključne riječi:** *društvene uloge škole, humanistički odgoj, socijalizacija u poželjnim vrijednostima, školska klima*

## Introductory considerations

Within the framework of the theory of school, this social institution is regarded by pedagogical sciences as the bearer of various social functions. However, its primary role is the role of upbringing by which a particular human being as the being of upbringing is formed (Bezić, 1977, Bilić, 2017, Golubović, 2010, Thomas, Vujčić, 2013). Thereby, the upbringing includes upbringing as well as education or training (Vujčić, 2013), and school is but one, albeit important, of the agents participating in a child's and adolescent's upbringing. Contemporary school is a place of humanistic upbringing that develops all the potentials of a child's personality, to what aim all the educational professionals are invited to participate in the development of various activities, such as pedagogical advising, pedagogical workshops and forming a democratic and supportive school climate. The aim of this review article is to raise awareness of the importance of the school's dimension of upbringing as an important factor in the students' socialization to desirable values, for the purpose of positioning of theoretical considerations on the school's role of upbringing as an important factor of contemporary educational policies.

## Social Roles of School

The theoretical view of the school's role of upbringing is related to different theories of upbringing. Ledić (1991) starts from the methodological approach in determining the goals of upbringing and distinguishes between physical, anthropological, abstract humanistic and agnostic upbringing. However, in this paper the starting point is the theoretical and conceptual dichotomy between formal and progressive upbringing (Thomas, 2015), with the remark that pedagogical schools and educational ideas cannot be fully categorized into one of the two aforementioned categories, since these are mostly mixed types. Alongside the aforementioned concepts of upbringing, two developmental lines of pedagogy have evolved: a formal and a progressive one.

In the concept of formal upbringing (Thomas, 2015), education is a lever for the transfer of information. Culture and civilization are warehouses of ideas and wisdom, which are to be handed over to new generations, the key component of this transformation is teaching, while the transformation process itself is upbringing. "While progressive upbringing emphasized a child's development from within, formalists, on the other hand, emphasized the formation from the outside - the formation that comes from diving into knowledge, ideas, beliefs, concepts and visions of the society, culture and civilization" (Thomas, 2015: 27). Even today, the advocates of formal upbringing are liberal formalists. "For the progressivists, upbringing is the development of the ability of critical thinking: it needs to be focused on a child and on problem solving. For the formalists, however, it is the process of importing and acquiring skills and knowledge that are crucial for prosperity and success in life." (Thomas, 2015:18).

Understanding different ideas of upbringing, theories and trends also helps to understand various functions of school in a society, such as the function of upbringing and education, enculturation, socialization, allocation, selection and reproduction of social strata, indoctrination etc. (Knowels & Lander, 2012, Vrcelj, 2000). Through enculturating one “dives” into culture, it is the process of inclusion in a society by learning cultural patterns, values and behaviors (Ellis, 2004, Schiro, 2008). According to Ilišin (2003), school carries a socialization role, since a person learns how to live in a community through organized and deliberate upbringing, but they are simultaneously exposed to unorganized and experiential affective learning of values, attitudes and habits that takes place in out-of-school situations as well. Socialization is thus “integrating an individual into social life through the process of adapting to social requirements and norms, which implies the acquisition of attitudes, values and desirable forms of behavior” (Ilišin, 2003: 10). The important role of school is also the functional one, actually the function of selection and allocation, since the school serves a certain social purpose, and it is there that one acquires knowledge, skills and competences needed for the inclusion in the world of employment. Hence, the school can simultaneously be a place where, according to the concept of *social reconstruction* (Schiro, 2008), the social or cultural capital that the student has not acquired in his family is compensated for and complemented, but also a place where differences are widened in accordance with the concept of *social efficiency* (Schiro, 2008). This question is related to the public interest of contemporary educational policies, which aim at the democratization of the process and system of education, making it equally accessible to everyone and ensuring the vertical and horizontal passage through the system.

Contemporary school supports humanistic upbringing that holistically approaches the child’s personality and supports its overall development: cognitive, physical, social and emotional (Jurčević-Lozančić, 2011). Humanistic upbringing rests on the *pedocentric* educational philosophy, which is directed towards a child and their integral being, unlike the *sociocentric* philosophical orientation, which is directed towards meeting the social needs (2002). *Pedocentrism*, as the concept of upbringing that puts the child in the center, connects all the agents in the humanistic upbringing, whose participants are the family, community and school as the specialized institution that is fulfilling the goals of upbringing and education.

## The Axiological Dimension of Humanistic Upbringing

As mentioned in the introduction, nowadays the discussions about the educational system are held not only in the media, but also in our homes on the desirable system for the 21<sup>st</sup> century, on the outcomes of teaching and learning, on the selection of adequate educational content, and additional discussions on the system of values appropriate for transfer to younger generations. Thus, it is necessary to define upbringing and its axiological dimension, as well as educational values.

Upbringing is the cultivation of a living being, “an activity based on caring, nurturing and respecting its subject, i.e. the human being that is nourished and whose human development is sought” (Polić 1993: 15). For Wolfgang Brezinka, one of the key theorists in this area, upbringing is a deliberate and purposeful action, which can never be fully planned, since then it would not be a productive and creative activity, but a manipulation in upbringing (Gudjons, 1994). The activity of upbringing is also the creative mediation of culture. The goals, purpose and methods of upbringing are determined by dialogue between the three interested subjects: the subject of upbringing, the educator and the legislator. Brezinka thus defines upbringing as a set of social actions that people use, in order to improve, in any possible way, psychological dispositions of others, or to retain desired dispositions, i.e. the personalities of others are attempting to be improved by using social activities. Therefore, Brezinka emphasizes altogether five aspects of upbringing: (1) upbringing is a process that consists of social actions by which the proper behavior of a human being, as the subject of upbringing, is achieved; (2) social activities, which make up the process of upbringing, are aimed at helping other people; (3) psychological dispositions are innate or acquired readiness, inclinations and traits that affect the behavior, attitudes, values and interests that an individual possesses, which are to be further developed or yet to be acquired; (4) the process of upbringing improves, enhances and maintains good human traits, while removing bad ones; (5) social actions or activities of upbringing do not necessarily have to be successful and give a positive and desirable result, since the educator can only try, but not force the child to accept their own positive educational capacities (Gudjons, 1994).

The axiological dimension is emphasized in the activities of upbringing. Numerous authors point out that there is no such thing as a value-neutral upbringing or a value-neutral school, since the upbringing always implies values that are transferred to new generations through the process of socialization (Hoblaj, 2005, Jukić, 2013, Miliša, Dević and Perić, 2015, Mlinarević, 2014, Stojanović, 2008; Vican, 2006; Vukasović, 1991). Value is understood as “a relatively permanent belief that a particular mode of behavior or the ultimate state of existence is personally or socially desirable, in relation to the opposite behavior or ultimate state of existence. The system of values is an acceptable organization of beliefs that encompasses desirable ways of behaving or the ultimate states of existence, next to the continuity of relative importance” (Rokeach, 1973: 5). Values can be defined as desirable goals of varying importance, which go beyond specific situations and act as guiding principles in a man’s life (Schwartz, 2006). Therefore, values can be differentiated as general, universal or life values; personal and social values; material and ethical or moral values; religious and secular values; values according to important areas (family values, work, scientific, social values, etc.) (Cifrić, 2011; Koprek, 2015; Krizmanić and Kolesarić, 2007).

From the aforementioned categories of values, the curriculum-building participants are choosing the values preferred in the socialization of students in a school, as a social in-

stitution for upbringing and education. In the National Curriculum Framework (MZOŠ<sup>2</sup>, 2011) those values of upbringing and education are *knowledge, solidarity, identity* and *responsibility*. The National Curriculum Framework (MZO<sup>3</sup>, 2017) added *integrity, respect, health* and *entrepreneurship*. Such values are generally not the controversial point that would lead to polemics in the scientific and professional public, state bodies, families, ecclesial communities, civil society organizations and other institutions that represent legitimate participants in curriculum building. The points of dispute are usually value orientations as “general principles of behavior and action in relation to pursued specific goals” (Miliša, Dević and Perić, 2015: 13). Ronald Inglehart described them as traditional, materialistic and post-materialistic value orientations (Inglehart, 1997). For example, a parent whose system of values is predominantly traditional or post-materialistic, seeks an upbringing for his or her child consistent with these values. The value orientation of curriculum’s creators, being the traditional, materialistic or post-materialist one, is a sort of a value framework for a curriculum as a national document. The reflection of this value framework will be reflected in a school’s climate and the hidden curriculum of the educational institution itself (Kelly, 2011). When this value system fails to correspond with the value system of a certain social group, polemic tones are appearing in the public space, sometimes leading to a true ideological conflict, as it has happened often in Croatia in the past couple of years.

The principles of teaching and upbringing for values are based on different philosophical, historical, psychological and educational assumptions, i.e. they originate from different points of view on human nature, learning and teaching (Rakić and Vukušić, 2010). In the *prescriptive approach* to values, the character is educated by direct and open teaching of fundamental moral imperatives, values and virtues, common to all people; in the *descriptive approach*, it is preferable to provide indirect upbringing through creative and critical thinking, problem-solving and concluding, in order for children to acquire competences of individual concluding about what is moral and correct. Authors Rakić and Vukušić (2010) offer the merger of these two approaches into a *mixed* one which includes both the cognitive and the affective dimension of value teaching, by developing reflection and critical thinking skills, asking, discussing and direct teaching on universal values. Likewise, Mougnotte (1995) emphasized that it is not advisable to teach about values in the same manner as teaching norms and rules, but to live according to those values, as shown by the entire school staff’s own example through their activities, cooperation and sensibility, which they present towards students and their needs.

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2 Ministry of Science, Education and Sports

3 Ministry of Science and Education



## Socialization of Students to Desirable Values

Socialization includes organized and deliberate upbringing as well as unorganized and experiential affective learning. It also takes place in especially prepared conditions and out-of-school situations and also includes upbringing and experiential learning of values, attitudes and habits (Ilišin, 2003). However, what about the context in which the socialization takes place?

According to Bronfenbrenner's *ecological model of human development* (Bronfenbrenner, 1994), social environment is a multi-layered system that consists of families, peers' relationships, schools, neighborhood, working environment, political, religious and other organizations, informal social networks as well as culture in general. In accordance with this theory, environmental layers that are closer have a larger impact on one's social development, which makes teachers and schools, alongside parents, family and peer relations, important factors in a child's socialization. For Bronfenbrenner, socialization is a way of becoming a member of a community, with three important assumptions: a person has an active role and influences its own environment; the environment draws the person to adapt to environmental conditions and limitations; the environment consists of different entities that interact on different levels of the ecological model of human development (Härkönen, 2007).

This theory teaches us that the cooperation of two social contexts - the family and the school context - is important for the cognitive and overall development of a child as well as for the child's socialization itself. An important factor for successful socialization to desirable values is certainly the same or similar value systems of the family and the environment from which the student comes from, the value system of peers and adults important in the child's life, the school's value system, the value system of teachers and other factors of the child's community. School is a place of dynamic and reciprocal relationships, and even though not all the participants have the same value system, values written in the national curriculum should not be disputed: *knowledge, solidarity, identity and responsibility* (MZOŠ, 2011) and *integrity, respect, health and entrepreneurship* (MZO, 2017). These are also humanistic values, as they assist the child's holistic development and fulfillment of all their potentials.

Declarative advocacy of students' socialization to desirable humanistic values leads to the discussion on positioning the upbringing for values within the curriculum. Value upbringing can be included in the civic education. In the Member States of the European Union, the civic education is in most cases taught as an interdisciplinary topic, and in other cases the content is included into other subjects (European Commission, 2017). The application of the *mixed model* is preferred as a desirable model of teaching humanistic values (Rakić and Vukišić, 2010). Taking into account all the aforementioned theoretical concepts, it is exactly the sciences of upbringing, as an interdisciplinary area, that can offer not only the content and the methods of teaching desirable values, but

also the tools needed for the assessment and evaluation of actual effectiveness of such programs. Namely, the upbringing for values is not part of the curriculum that can be subjected to grading, but it needs to be evaluated and assessed from the point of view of its pedagogic justifiability and relevance as well as personal and social effectiveness, which is not the case these days, and so is the area of upbringing left to the personal assessment of teachers, schools and communities.

## Concluding Considerations: Practical Implications of Theoretical Concepts

The starting point of this article is the fact that one of the tasks of pedagogical theory is to improve pedagogical practice by its knowledge and recommendations, which is especially important for humanistic upbringing since “a school should be the central institution in which the growth and development of every student is professionally and systematically stimulated” (Mlinarević, 2014: 143). Contemporary humanistic school is built as a *quality school* that students love, since it fulfills their needs for love, friendship, security and structure (Glasser, 2005). Everyday school life can be further humanized with the help of pedagogical tools: pedagogical counseling, pedagogical workshops, the formation of a democratic and supportive school climate and developing of active free-time programs as successful prevention forms of socially unacceptable children’s and youth’s behavior (Livazović and Vranješ, 2012). These solutions direct us towards the creation of a school curriculum as the curricular version of a particular educational institution which meets the needs of its children and community. The greatest responsibility lies on the school’s principal and the expert team that provides the operational framework for the implementation of the school curriculum, but on the teachers as well, who should be sensitized that, alongside their own subject’s content, they should also teach the civic education content. This can be achieved by incorporating these contents into the initial education and professional lifelong education of teachers, but also of principals and expert team members. The curriculum created in this manner is also the context of upbringing in which humanistic values such as self-fulfillment, respect and self-esteem, freedom, solidarity, democratic relationships, sincerity and loyalty, critical thinking and other values are effectively transferred and this should be the aim of modern educational policies.

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# Violence begets violence: risk factors for bullying in postwar and postsocialist context

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## Summary

The empirical evidence on bullying mainly comes from studies conducted in the established democratic societies. However, studies on risk factors, psychological and social consequences of bullying in postwar, postsocialist West Balkan countries are relatively scarce. We utilize Bronfenbrenner's theory of social-ecological development in postwar, postsocialist context, aiming to review existing literature on complex interactions of actors within a child's environment and their impact on bullying behavior. Apart from focusing on immediate influences of families and schools, we also aimed at extending our analysis by observing the interplay of micro-, meso-, exo- and macrosystem to identify broader environmental influences on bullying behavior among children in postwar Bosnia and Herzegovina. Synthesis of findings from existing studies shows that although war ended in 1995, the macroenvironmental influences, resulting from changes imposed by postsocialist transition, ethnic tensions, segregation based on nationality and lack of consensus among politicians of three conflicted ethnical groups, create culture that perpetrates various forms of violent behavior in families, schools and society.

**Keywords:** *bullying; family; postsocialism; postwar; school*

## Sažetak

*Empirijska istraživanja o vršnjačkom nasilju najčešće dolaze iz razvijenih demokratskih društava. Studije o riziko faktorima, te psihološkim i društvenim posljedicama vršnjačkog nasilja u postratnom i postsocijalističkom kontekstu zemalja zapadnog Balkana su izuzetno rijetke. U ovom istraživanju, koristili smo Bronfenbrennerovu teoriju socio-ekološkog razvoja u postratnom, postsocijalističkom kontekstu sa ciljem identifikacije i kvalitativne sinteze postojećih studija o interakciji relevantnih sudionika u okruženju djeteta i njihovog direktnog ili indirektnog uticaja na incidenciju vršnjačkog nasilja. Pored fokusiranja na porodicu i školu kao neposrednog okruženja djeteta, nastojali smo proširiti analizu na druge nivoe djetetovog okruženja poput mikro, meso, exo i makro sistema, te interakcije između njih. Sinteza rezultata iz postojećih istraživanja je pokazala da iako su ratna zbivanja okončana 1995. godine uticaji iz makro okruženja, a koji su rezultanta postsocijalističke tranzicije, etničkih tenzija, nacionalne segregacije i nedostatak političkog koncenzusa, stvaraju kulturu koja daje podstrek različitim oblicima nasilnog ponašanja u porodicama, školama i društvu kao cjelini.*

**Ključne riječi:** vršnjačko nasilje, porodica, postsocijalizam, postratni period, škola

## Introduction

Bullying and peer victimization in schools can be categorized as physical, verbal or relational abuse (Rudolph and colleagues 2014) resulting from early behavioral risk, heightens children's social alienation and subsequent deviant peer affiliation (DPA with psychological, educational and social consequences (Carnell and Merrell 2001). Pellegrini (2010) explains why early adolescence is related to peer victimization, by arguing that adolescence "is a critical period where youth explore their new social roles and their pursuit of status among their peer groups, which can motivate aggressive behavior, especially for students making the transition from elementary to middle school". Carney & Merrell (2001) imply that short- and long-term psychological, social and educational implications of peer victimization are serious. However, educators, parents, other significant adults and institutions often neglect or minimize the problem, attributing it to adolescence as a fragile period of human development. Regrettably, studies on bullying and peer victimization in postwar, postsocialist societies of West Balkans are relatively scarce and unsystemic. Therefore, the focus of this article is to review research with an aim to illuminate risk factors of bullying among children in postwar, postsocialist context of Bosnia and Herzegovina.

### Conceptual framework: Mapping the terrain of responsibility from social-ecological perspective

By founding our approach in Bronfenbrenner's social-ecological perspective (1979) and relevant literature in the fields of developmental psychology, educational psychology and educational leadership and management, we seek to identify main actors and risk factors within child's micro-, meso-, exo- and macroenvironment which may contribute to increasing prevalence of bullying among children and adolescents in postsocialist context. Social-ecological framework is comprehensive and holistic, with a potential to expand knowledge and our understanding of bullying and peer victimization as social and not merely individual phenomena. Swearer and Doll (2001) argue that bullying, when observed from social-ecological perspective, should not be considered merely as a result of individual traits of a bully child.

Bullying also occurs because of "actions of peers, actions of teachers and other adult caretakers at school, physical characteristics of the school grounds, family factors, cultural characteristics and even community factors" (p. 10). Hong & Espelage (2012) describe the ecological environment as a system of nested layers consisting of micro-system (relationships, inter-parental violence, peer relationships, school connectedness and school environment), mesosystem (teacher involvement), exosystem (mass media, parent's work environment, parental stress, and neighborhoods), macrosystem (economic, political, educational, governmental, legal, cultural, religious systems) and chronosystem (changes in family structure, socioeconomic status, place of residence).

## Evidence of bullying in Bosnian schools

The evidence on bullying and victimization among school children and adolescents in B&H is relatively scarce. There is no comprehensive statistical data or valid research studies focused on violence among children in Bosnian schools (Obrdalj & Rumboldt 2008; Obrdalj et al. 2013). However, we identified several studies that provide us with an insight into the nature and incidence of bullying.

The study by Obrdalj and Rumboldt (2008) conducted in cities of Stolac and Posušje revealed that 16.4% of children experienced some type of violent behavior in school, while 7% of them were bullied by their peers on a daily basis. The majority of bullies were boys. Similar study by Černi Obrdalj, Beganlić, & Šilić (2010) of 484 school children in cities of Stolac and Posušje aimed to identify types of violence in schools and students' perception of safety. The most frequent type of violence was verbal violence (59%), while sexual violence was reported in 2.24% of cases. Boys usually encountered in acts of physical violence, while girls were more frequently involved in verbal violence. Students perceive school toilets and school playgrounds as the most unsafe places in school where bullying usually takes place. The evidence suggests that children from Stolac perceive school playgrounds as unsafe places contrary to their peers in Posušje. Černi Obrdalj and colleagues (2010) argue that this finding in fact relates to absence of postwar reconciliation and schools' multiethnic structure and the system of "two schools under one roof"<sup>4</sup> in Stolac, since this city is a multiethnic community, while Posušje is monoethnic.

The evidence from recent study of 1055 school children in Mostar suggests that bullying as a form of aggressive behavior is more common among boys, while girls were more often victimized (Obrdalj et al. 2013). This study also reveals that students involved in bullying have more trauma symptoms such as anxiety, sadness, nervousness and fear contrary to their peers who were not involved.

Pranjić & Bajraktarević (2010) have investigated depression and suicide ideation of secondary school adolescents involved in bullying. The study of 290 students in secondary schools in Tuzla points to increased prevalence of depression (29% versus 8.8%) and suicidal ideation (16.1% versus 3.5%) in victims of bullying in relation to non-victims. The authors argue that the familial financial deprivation combined with a single parenthood and a refugee status represent risk factors associated with an increased prevalence of depression in adolescent victims. Financially situated adolescent male students are usually the bullies. Pranjić and Bajraktarević argue that uncertain and turbulent political, social and economic environment influences the quality of human relationships and mental health of people in Bosnia and Herzegovina, particularly on children and

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4 "Two schools under one roof" system in Bosnia and Herzegovina is considered as a form of segregation in schools, based on the existing administrative and political structure of the Federation of Bosnia and Herzegovina. In these schools, children of different ethnic background attend different curricula in separate classes within the same school.



adolescents. Authors conclude that “fathers who were exhausted in the recent war and who are dissatisfied with low employment opportunities in the postwar period have little understanding of the “small problems their children face in schools”. In feedback, adolescents who were involved in bullying express negative feelings towards their fathers” (p. 11).

## Macrosystem factors: Postwar and postsocialist context

***Bosnia and Herzegovina as a postwar, postsocialist society:*** Transition from socialism to market economy, political instability, ethnic tensions, prevailing nationalist rhetoric, war in the region between 1991 and 1995 and deteriorated standard of living had a tremendous impact on cultural and social values. As Čehajić-Clancy et al. (2011) argue “although the collective violence that raged in Bosnia and Herzegovina ended with the Dayton Peace Agreement in 1995, intergroup relations have remained severely strained, and the prospect of reconciliation in most spheres of everyday life remains far from reach”. (p. 9). Children and youth of all ethnic backgrounds were particularly affected by postwar effects (Kasumagic 2008; Hasanović, Sinanović, Selimbasić, Pajević, & Avdibegović 2006; Hasanović, Sinanović, & Pavlović 2005).

***Education in postwar and postsocialist context;*** Extremely complex and bureaucratic administrative structure of Bosnia and Herzegovina established by the Dayton Peace Agreement consequently creates complexities within national educational system and its institutions. The educational system is governed by 14 ministries including the Ministry of Civil Affairs on the state level, two entity level ministries of education, 10 cantonal educational ministries and an education department within the Government of Brčko District. Pašalić Kreso (2008) argues such complexities result in unequal pedagogical standards, unequal financial resources and different interpretation of historical facts from textbooks with respect to national and political interests. Nationalist rhetoric and irreconcilable political interests strongly impact segregated education. Torsti (2009) implies that segregated education represents a continuation of the war through other means.

***Gender stereotyping and patriarchal values:*** The political dominance of nationalist parties in Bosnia and Herzegovina significantly impacts the gender stereotyping and pronatalist discourse, prescribing women the roles of “mothers of nation”, primarily concerned for child-rearing and homelooking (Brunnbauer 2000; Dobrotić, Matković, & Zrinščak 2013). Accordingly, there is a strong prevalence of patriarchal values. Kodrnja (2002) argues that widely accepted patriarchal values are considered as a protective factor against the uncertainty and cultural shifts in postsocialism. Resilience of patriarchy in a more liberal context implies it is well hidden, subconscious and under investigated phenomenon that affects attitudes and social interactions within families and society.

## Family microsystem factors

The evidence from research study by Kodrnja (2002) show there is a high degree of compliance to patriarchal values among participants (80.5% versus 15.7%). Widely accepted patriarchal attitudes reinforced with gender stereotyping, are predominantly related to family values. The system of patriarchal values emphasizes the role of mother in caretaking and authoritative father figure. Father, in his distant, authoritarian, hypermasculinized role imposes authoritarian parenting thereby potentially affecting child's external locus of control (Trusty and Lampe 1997), attitudes toward conflicts and aggression (Baldry and Farrington 2000) and social interactions in and out of family circle.

## Exosystem factors and child maltreatment

After the war, the processes of restructuring and privatization of socialist state enterprises were initiated in order to revitalize industrial potential. However, these processes were particularly damaging for female working population in Bosnia and Herzegovina. Grapard (1997) argues that female population in socialist economies was mainly concentrated in the light industries such as food processing, textiles, and shoemaking, retail and service sector. These industries were the first scheduled for restructuring and privatization, that consequently led to higher female unemployment rates, worsened financial and social status of unemployed women and stress within their families. *Parental unemployment and financial deprivation in postsocialism* as factors within exosystem that has indirect influence on children generate excessive stress within families. *Parental stress* can compromise caregiving practices and parent-youth attachment at home, which can affect youth's developmental outcomes (Patton, Hong, Williams, & Allen-Meares 2013, p. 252). Buljan-Flander and Kocijan-Hercigonja (2003) argue that unemployment and financial deprivation in West Balkan countries represent main causes of child neglect, thereby affecting the quality of mental health and well-being of adolescents (Pranjić, Brković, & Began 2007).

## School environment factors

Neglecting and/or dysfunctional families do not exist in vacuum. In alignment with Bronfenbrenner's theory on micro environment, numerous research studies in the domain of school leadership, school culture and teacher effectiveness show that school context can be a significant predictor of involvement in bullying behavior (e.g. Pellegrini, 2002; Card & Hodges, 2008; Santinello, Vieno, & De Vogli, 2011; Cixin-Wang, Berry, & Swearer, 2013).

School variables that have been previously investigated as predictors of student behavior in schools are school culture and climate (e.g. MacNeil, Prater, & Busch, 2009; Kythreotis, Pashiardis, & Kyriakides, 2010), principal – teacher relationships (e.g. Davis & Wilson, 2000; Littrell, Billingsley, & Cross, 1994; Eyal & Roth, 2011), teacher – student relationships influenced by teachers' social support (e.g. Twemlow, 2006; Santinello et

al., 2011; Oldenburg et al., 2015), teacher fairness (e.g. Swearer & Doll, 2001; Unnever & Cornell, 2004), teachers' locus of control (e.g. Rose & Medway, 1981; Rydell & Henricsson, 2004), and student – student relationships (e.g. Cowie, Hutson, Oztug, & Myers, 2008; Cowie, 1998; Flaspohler, Elfstrom, Vanderzee, & Sink, 2009)

Pašalić Kreso (2008) discusses school context in Bosnian schools, arguing that main challenges that teachers and principals face in Bosnia and Herzegovina are related to lack of educational standards, outdated and obsolete equipment, shortage of teachers with proper educational background for responding effectively and efficiently to the needs of the labor market, curricula overlapping, high student-teacher ratios and initial teacher training that fails to meet the real needs of teaching practice. On the school level, teachers are often exposed to mobbing, work overload, burnout and teacher isolation, absence of institutional support and mentoring, poor relationships with principals, students and parents, and disciplinary issues in classroom. Such factors can have significant impact on school variables within school context (e.g school culture and climate), acting as predictors of bullying behavior.

In Bosnian context, Letić and Ivanović (2012) conducted a large-scale research study on violence and child neglect. This study included 1000 high school seniors, ages 18 – 19, from municipalities in Federation of Bosnia and Herzegovina (including Bihać, Gornji Vakuf, Livno, Tomislavgrad, Sarajevo, Tuzla, and Zenica) and Republika Srpska, (including Banja Luka, Brod, Derventa, Čelinac, Drvar, Grahovo, Ljubija, Novi Grad, Prijedor, and Trebinje). The findings of this study imply that Bosnian students do not share their experiences of violence with teachers or other adults in schools (e.g. principals, and school psychologists). The authors explain that students' avoidance to speak to teachers or other school experts is a result of shame, fear of rejection or fear of being stigmatized by their peers. Another important finding from Letić and Ivanović (2012) study is related to students' beliefs that no adequate expert institutions or adult support are available. Similarly, study by Obrdalj & Rumboldt (2008) on bullying in schools in two cities in B&H (Stolac and Posušje) found that victims of bullying report bullying to teachers in only 10% of the cases, while students primarily confide to parents (38%), friends (33%) or siblings (19%).

Based on the relevant literature (e.g. Cixin-Wang, Berry, & Swearer, 2013; Cohen, McCabe, Michelli, & Pickeral, 2009; Kokkinos, Charalambous, & Davazoglou, 2010), we argue that the quality of teacher – student and student - student communication and relationships are greatly influenced by teachers' and peers' social support, teachers' fairness and teachers' locus of control (e.g. Flaspohler, Elfstrom, Vanderzee, & Sink, 2009; Oldenburg et al., 2015; Unnever & Cornell, 2004; Swearer & Doll, 2001) . Negative school climates are characterized by lack of teachers' social support. Accordingly, teachers that have negative relationships with students, neglect and/or often encourage bullying create a fertile ground for bullying or other types of violent behavior. On the other hand, positive school climates have been associated with strong teachers' social support and student willing-

ness to speak openly on bullying or other types of violence. Teachers who are available and ready to support their students represent the vital part of whole-school support (Gregory et al. 2010; Flaspohler, Elfstrom, Vanderzee, & Sink 2009).

The study by Rose & Medway (1981) showed that teachers with internal locus of control (internal teachers) create classroom environment where students are encouraged to strive to high achievements. Internal teachers proactively shape the classroom environment and classroom relationships. Even though research suggests that social support from teachers is extremely important aspect of healthy school climate; study by Flaspohler et al. (2009) confirms its importance but in addition shows that teacher support is not a sufficient condition to protect students from their bully peers. Peer support as an important aspect of student – student relationships was considered to be an important topic among researchers in the previous two decades (Cowie, 1998; Cowie & Olafsson, 2000; Cowie & Hutson, 2005; Cowie, Hutson, Oztug, & Myers, 2008; Farrington & Ttofi, 2009; Salmivalli, 2010; Salmivalli, 2014; often providing the perpetrators with social rewards. The more such rewards (e.g., laughing, cheering Saarento & Salmivalli, 2015). The evidence from the study by Flaspohler and colleagues (2009) shows that peer support can in fact “buffer the negative effects of bullying on youths’ quality of life”, suggesting that social support from both teachers and peers mitigates the impact of bullying.

## Discussion and implications for practice

The problem of violent behavior of children and adolescents in schools in Bosnia and Herzegovina is multifaceted and complex. By utilizing the social-ecological framework, we aimed to address the complexity of bullying by identifying actors involved in child’s development and potential risk factors within child’s environment. As presented in this review, the changes in one system (e.g. war, postsocial transition and its impact on social values) have a trickle-down effect, triggering changes in other systems (e.g. financial deprivation, parental unemployment, parental stress, dysfunctional families). Therefore, the systemic nature of child’s environment calls for mapping the terrain of responsibility for bullying in schools in order to seek a systemic solution.

In relation to bullying and peer victimization among children in Bosnian schools, we identified macrosystemic influences that indirectly contribute to child’s development and behavior in social context. The postsocialist transition influences values within a macrosystem, impacting other nested layers of child’s environment. As previously presented, parental *unemployment, financial deprivation, refugee status, parental stress, low cohesion within families* represent risk factors for child maltreatment and consequently bullying and peer victimization in schools.

Policy makers must acknowledge such risk factors and explicitly address them in school reform and school safety agendas. The official institutions must also address various forms of *segregation* as potential school-based risk factors for bullying and peer victimization in Bosnian schools. They must also promote antibullying practices and inclusive

policies that respect the interplay of various systems and actors within child's environment. More specifically, the school reform, inclusive educational policies and antibullying initiatives must acknowledge the relevance of actors and their interactions within child's environment by: a) advocating and supporting authoritative and active parenting and b) placing greater emphasis on quality and support to school leadership, inclusive school culture and climate, and teachers as essential ingredients of effective, healthy and safe schools and c) advocating active partnerships between parents, schools and communities while respecting diversity, ethnic and religious identities of families and children.

## Concluding remarks

The lack of systemic empirical studies in Bosnian context related to broader, familial and school-based risk factors of aggressive behavior in children is evident. Therefore we call for relevant empirical evidence in this field in order to answer questions posed in this review. Although we did not succeed to find answers, the utilization of the social-ecological framework helped us to identify relevant actors and the potential risk factors within Bronfenbrenner's nested systems that may influence bullying in Bosnian schools.

In conclusion, we postulate that the social-ecological framework has the potential to serve as a springboard for illustration and broader analysis of complex interactions between actors and influences on a child's violent behavior. Such broad analysis should be grounded in multidisciplinary approach and theories of sociology, social policy, developmental psychology, educational psychology and educational leadership and management.

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# “Inspiration cards in psychotherapy with adolescents”

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### **Summary**

*The difficulties that adolescents are facing, as well as the growing number of young people on treatment at the Mental Health Center are a constant incite to seeking for a new knowledge and skills, but also for the creative solutions to make the quality and efficiency of the treatment as good as possible.*

*Working with the young people through preventative educational workshops on self-confidence, communication, social skills, self-knowledge groups and individual psychotherapy, the author is witnessing the complexity of psychotherapeutic work with youngsters.*

*Adolescents are quick learners and are open for new experiences, but they are immature, authority rebels, suspicious and find difficult to give adult confidence. The very fact that adolescents question everything that comes from authority creates an obstacle to establishing and strengthening a therapist-client relationship. This resistance is particularly evident when they are “brought” by parents or “sent” by the school or the Social Work Center. The motivation of the young person to solve the problem he is came for, results in faster results.*

*Thinking about challenges in working with young people, especially in establishing and strengthening the trust, the author has developed the idea of creating and using Inspirational Cards.*

*Inspirational cards are especially made to fit the characteristics of the young person and the requirements in the work. Inspirational cards are imagined to be as the set of cards with sentences that may be an inspiration to an adolescent, something different from what they have been educated by socialization so far.*

*The Choice Theory beliefs are permeated into sentences through 32 inspirational cards. Taking care of the young peoples` interests on the back of cards are presented photographs of everyday life and interesting landscapes, which also can be used as projecting techniques.*

*The basic message of the inspirational cards for young people is that a young person needs to have inspiration (thought), then create (imagine) the created thought and then proceed to taking the action (realization) and that`s the road to achieve happiness. Staying on the phase of the inspiration or imagination, without trying to realize the positive ideas, desires and potentials will not be satisfied. Paying attention to the prevention of mental health of young people a base for good mental health at a later stage of life.*

**Key words:** *adolescents, inspirational cards, choice theory, mental health.*

### **Sažetak**

*Mentalno zdravlje mladih je osnova za mentalno zdravlje odraslih. Mladi ljudi su zbog zahtjevnog razvojnog perioda u kojem se nalaze izloženi različitim poteškoćama, što se još pogoršava društveno-ekonomskom situacijom, porodičnim poteškoćama, problemima u školi i sa vršnjacima.*

*Preventivni rad je svakako jedan od najznačajnijih aktivnosti kada je riječ o mladim ljudima i njihovom mentalnom zdravlju.*

*Medjutim, ukoliko mladi dodju na psihoterapiju postoji niz poteškoća koje otežavaju psihoterapijski kontakt sa mladom osobom, a uglavnom su vezane za nezrelost, otpor prema autoritetu, sumnjičavost.*

*Kako bi psihoterapijski učinak bio kvalitetiji i efikasniji pred profesionalcima je stalno tražanje za metodama koje će to obezbijediti.*

*Inspiracijske kartice su upravo jedan takav pokušaj .Teorijska podloga inspiracijskih kartica je Teorija izbora prilagodjena mladim ljudima.*

*Ukoliko mladi na vrijeme nauče nova uvjerenja oni mogu živjeti zadovoljniji život i imati kvalitetniji odnos sa sobom i drugim ljudima.*

**Ključne riječi:** *Mladi, mentalno zdravlje, psihoterapija, preventivni rad, inspiracijske kartice.*

## Introduction

Adolescents are increasingly faced with psychological difficulties and behavioral disorders and therefore they are being referred to psychotherapeutic treatment by schools, social work centers, physicians or self-initiated parents.

When it comes to young people and their mental difficulties, we have to keep in mind that an adolescent period (which ranges from 12 to 24 years) (Bojanin, PopovićDeušić, 2012.) is highly demanding and that developing psychologists consider it one of the most demanding in human life. Changes are taking place in adolescence and it is important to respond to emerging tasks. These changes are biological (beginning of puberty, reproduction ability), cognitive (abstract and critical thinking) and social change (new social roles). The tasks the young person faces are:

- Answering to identity question (who am I?)
- Getting independence in your own and other's eyes
- Establishing close friendships with mutual respect
- Becoming capable of expressing sexual feelings and enjoying sexual contact with others
- Achieving the status of a successful and capable member of society ((Bojanin, PopovićDeušić, 2012.)

In addition to these developmental tasks and challenges, adolescents are exposed to a complex socio-economic situation, disrupted family, school relationships, and peers.

Abovementioned in many cases is the cause of drug and alcohol abuse, gambling and internet addiction, depression, anxiety, eating disorders or intentional self-injury, which causes young people to come to the psychiatrist treatments at the Mental Health Center in Visoko. In the first half of 2018 there were 43 young people on treatment.

## Purpose

The purpose of this work is to present the Inspirational Cards and their application in psychotherapeutic work with adolescents through case studies.

## Inspirational Cards

All of the difficulties faced by adolescents, as well as the growing number of young people on treatment at the Mental Health Center in Visoko are the constant incite to seeking for a new knowledge and skills, but also for the creative solutions to make the quality and efficiency of the treatment as good as possible.

Working with the young people through preventative educational workshops on self-confidence, communication, social skills, self-knowledge groups and individual psychotherapy, the author is witnessing the complexity of psychotherapeutic work with young-

sters. Adolescents are quick learners and are open for new experiences, but they are immature, authority rebels, suspicious and find difficult to give adult confidence. The very fact that adolescents question everything that comes from authority creates an obstacle to establishing and strengthening a therapist-client relationship. This resistance is particularly evident when they are “brought” by parents or “sent” by the school or the Social Work Center. The motivation of the young person to solve the problem he is came for, results in getting faster results.

Psychotherapeutic work with young people also requires getting constant informations about technological progress, as well as the knowing the trends followed by young people, and informations on the actual language they use- the actual sleng.

Thinking about challenges in working with young people, especially in establishing and strengthening the trust, the author has developed the idea of creating and using Inspirational Cards.

Inspirational cards are especially made to fit the characteristics of the young person and the requirements in the work. Inspirational cards are imagined to be as the set of cards with sentences that may be an inspiration to an adolescent, something different from what they have been educated so far by socialization.

The theoretical framework from which the sentences are derived is William Glasser’s Theory of Choice (Glasser 2000), and the understanding of human behavior based on cybernetics of the second order (Lojk 2002). The human organism is a closed system with purposeful functioning that is motivated from inside. The organism is equal to behavior that is interpreted as the indivisible ensamble of action, thought, feeling and physiological processes. This is possible thanks to the motives that trigger the behavior, the ability to track and compare the informations from the environment to motives and the ability to harmonize which is the most significant characteristic of creativity. These characteristics of the system are explained to the needs of psychotherapy in detail through the constructs of psychic needs, the world of quality and overall behavior. Dr. William Glasser points out that the beliefs of external psychology are the one that endanger the mental health of people, or rather, endanger important relationships.

He opposes these beliefs with the beliefs of the Theory of Choice, which, if adopted, enable to live a more satisfying life. Traditional beliefs (Glasser, 2000):

1. My behavior is a response to the circumstances.
2. My behavior is the answer to your behavior and vice versa.
3. My role and task is to do everything I can to make you behave the way I think you should.

Contrary to these traditional beliefs that affect the good quality of important people relationships, there are beliefs of the Theory of Choice that help to promote relationships:

1. My behavior is my choice in certain circumstances.
2. My behavior is my choice, your behavior is your choice. Your behavior is just information for me, what I will do with it, is my choice.
3. My responsibility as a parent, teacher, boss is to create the conditions to realize your potentials. What will you do in these conditions is your choice.

Precisely the beliefs of the Choice Theory are pervaded into sentences that are offered through 32 inspirational cards. Taking care of the young peoples` interests there are photographs of everyday life and interesting landscapes on the back of the cards, which also can be used as projecting techniques.

The basic message of the inspirational cards for young people is that a young person needs to have inspiration (thought), then create (imagine) the created thought and then proceed to taking the action (realization) and that`s the road to achieve happiness. Staying on the phase of the inspiration or imagination, without trying to realize the positive ideas, will not satisfy existing desires and potentials.

### **Case report:**

A 13-year-old girl, attends the seventh grade of elementary school (by local school system), achieving good success. She lives with her parents as a middle child with two brothers. Father is employed, and mother is a housewife.

She came to Mental Health Center according to the instructions of the Center for Social Work and Police, after the parents report of being the victim of sexual abuse by pedophiles.

At the first meeting, involuntarily and shyly enters the clinic. She answers the questions briefly but with a smile, occasionally makes the eye contact, she looks "absent." She came regularly to the next sessions, but she was still cautious and it was difficult to establish deeper verbal contact. The anger and hostility of parents was noticeable. Due to the need for continuous psychological support and stigmatization exposure, she is placed in a Safe house for a six-month period.

After staying in the Safe house, psychotherapeutic treatment was continued at the Mental Health Center. Sessions were held once a week lasting 45 minutes. The client was still silent, the conversations were difficult, and she was still angry with her parents and wanted to leave home.

After several sessions, the Inspiration Cards were offered to her so she could randomly extract one. After selecting the card, a sincere smile appeared on her face and elated exclamation "That's right!".

She pulled out a card saying, "I'm managing my life no matter what kind of circumstances surround me." That way she began talking about life choices and responsibilities, and

what would she continue to do in life. It was the moment when she realized she did not come to psychotherapy to “be changed.”

From that moment on, the conversation and contact was more open. She began to strengthen her trust towards the therapist. In further psychotherapy work Inspirational cards were used frequently to determine the emotional state at the beginning or at the end of the session or for a discussion of the sentences written on the Inspirational cards.

The psychotherapeutic treatment lasted for a year, after which she was coming to sessions every 15-20 days for the necessary psychotherapeutic support while the trial process took place in the court.

## Conclusion

Inspirational cards offer an opportunity for the adolescents to think in a different way about themselves and the life they live. Using these cards they have the ability to think about, discuss and question about themselves and their relationships with other people. The cards help to reduce the initial resistance in psychotherapy and strengthen the relationship between the adolescent and the therapist. Apart from using the cards in therapeutic individual and group work, adults can also use them daily in contact with the youth.

Teachers and professors can use the Inspirational Cards as a good introduction to the beginning of the class to establish better relationships in the classroom, giving young people the opportunity to talk about their experience of the written text, thus thus gaining a new look at themselves and relationships with others.

Inspirational Cards can also be used through the teaching process as a prevention of peer violence.

Cards can be used by parents to entertain and build quality relationships with their children.

By learning new beliefs, adolescents can learn to live a more contented way of life.

Paying attention to the prevention of mental health of young people a base for good mental health at a later stage of life.

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# 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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# Cognitive-behavioral treatment of adolescent with social anxiety

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### **Summary**

*Adolescence is characterized by many developmental challenges and is a period of vulnerability to anxiety yet, paradoxically, is also period of increased risk-taking behavior and striving for autonomy. One of the most common problems that adolescents face is social anxiety. Social anxiety in many cases leads to impaired mental health in adolescence and adulthood, when left untreated. One of the most effective and evidence-based first-choice approaches in treating social anxiety of adolescents is Cognitive-Behavior Therapy (CBT).*

*The aim of this case study is to illustrate CBT treatment of social anxiety with adolescent client, to prove CBT's efficacy but also to stress out the importance of resilience building in adolescents as the way in improving their mental health.*

*The client (17 years old girl) is complaining to anxiety symptoms and claims that "she does not want to live in this suffering but she wants to make something out of her life" during the initial session. Basic complaints are social isolation that she wants to change and to spend more quality time with her peers, intense anxiety symptoms and irregular school attendance.*

*The treatment goals were set in collaboration with the client. In achieving these goals, we used behavioral techniques (role-plays, in-vivo exposure), cognitive techniques (psycho-education, cognitive restructuring, behavioral experiment), techniques of mindfulness and Compassion Focused Therapy techniques. The treatment lasted 16 sessions. The client was highly motivated and worked hard in reaching the treatment goals. During the treatment, therapist-client relationship was cooperative and filled with compassion, trust, unconditional acceptance, but also with the presence of humor.*

*The treatment was successful, as confirmed through the results of the Social Anxiety Questionnaire and Beck's Anxiety Inventory, through the achievement of the goals set and the client's and her family's self-reports. Further prognoses are positive but also depending on social support factors that client will have in future.*

*In conclusion, we can state that CBT proved efficacy as described in this case study and confirmed its status of evidence-based first-choice approach in treating social anxiety of adolescents. Building resilience in adolescents has been confirmed as an effective way to improve their mental health.*

**Key words:** *social anxiety, Cognitive-Behavior Therapy, adolescence, resilient, mental health*

## **Sažetak**

*Period adolescencije je prožet mnogim razvojnim izazovima i predstavlja period povećane osjetljivosti na anksioznost, a paradoksalno predstavlja i period povećanja rizičnog ponašanja, te potrage za autonomijom. Jedan od najčešćih problema sa kojima se adolescenti suočavaju jeste socijalna anksioznost. Kada se ne tretira, socijalna anksioznost u velikom broju slučajeva dovodi do narušenog mentalnog zdravlja u samom periodu adolescencije, ali i odraslom dobu. Jedan od tretmana koji je dokazano prvi i najefikasniji izbor u tretmanima socijalne anksioznosti kod adolescenata jeste kognitivno-bihejvioralna terapija (KBT).*

*Cilj ove studije slučaja jeste prikazati primjenu KBT-a u tretmanu adolescentkinje sa problemom socijalne anksioznosti, dokazati efikasnost KBT-a, ali i ukazati na značaj jačanja otpornosti kod adolescenata i unaprijeđenja njihovog mentalnog zdravlja.*

*Klijentica dobi 17 godina, po dolasku na psihoterapiju se žali na simptome anksioznosti. Osnovne pritužbe su socijalna izolacija jer se ne druži sa vršnjacima iako bi željela, intenzivni simptomi anksioznosti, te neredovni odlasci u školu što želi da promjeni.*

*Zajedno sa klijenticom, postavljeni su ciljevi tretmana. U postizanju ovih ciljeva korištene su bihejvioralne tehnike (igranje uloga, bihejvioralni eksperiment, izlaganje uživo), kognitivne tehnike (psihoeukacija, kognitivna restrukturacija), tehnike pune svjesnosti (eng. mindfulness) i tehnike Terapije usmjerene na saosjećanje (eng. Compassion Focused Therapy). Tretman je trajao ukupno 16 seansi. Klijentica je bila motivisana za tretman i naporno radila na ispunjavanju dogovorenih ciljeva. Tokom tretmana je razvijen saradnički i saosjećajan odnos ispunjen povjerenjem i безусловnim prihvatanjem, ali i sa prisutnosti humora. Tretman je bio uspješan, što je potvrđeno kroz rezultate na Upitniku socijalne anksioznosti i Bekovoj skali anksioznosti, ostvarenosti postavljenih ciljeva i izvještajima klijentice, te njene porodice. Dalja prognoza je povoljna, uz napomenu da u određenoj mjeri zavisi i od faktora socijalne podrške u budućnosti.*



*Na kraju, možemo zaključiti da KBT jeste preporučeni prvi izbor u tretmanu socijalne anksioznosti adolescenata, upravo radi dokaza o svojoj efikasnosti, što potvrđuje i slučaj koji je opisan. Jačanje otpornosti kod adolescenata je efikasan put ka unaprijeđenju njihovog mentalnog zdravlja i boljih prognoza za budućnost.*

**Ključne riječi:** *socijalna anksioznost, kognitivno-bihejvioralna terapija, adolescencija, otpornost, mentalno zdravlje*

## Introduction

The anxiety issues are among the most frequently seen psychological problems of children and adolescents (James et al 2015; Kendall 2000; Creswell et al 2014). The previous two decades saw a significant increase in scientific interest and number of studies striving to better understand the problem of anxiety / the anxiety disorder among children and adolescents (Kendall, 2000). Deeper and better understanding of childhood anxiety is of extreme importance as many problems and the anxiety disorders in childhood tend to reflect on the adulthood unless treated in counseling or psychotherapy (Kendall, 2000; Pine et al 1998).

The Social Anxiety Disorder - SAD (the old name of *social phobia* can still be found in the literature) is the excessive fear experienced in one or more social situations (Leahy et al, 2012). It is characterized by intense feeling of shyness, withdrawal from social situations and avoidance of new situations or persons (Kendall, 2000). Persons who experience social anxiety expect that others would assess them negatively, especially in situations that involve public speaking and public appearances, attending social events, meeting new people, eating in public, disagreeing with others' opinions (Leahy, 2012). Social Anxiety Disorder or intensive problems of social anxiety tend to appear for the first time between the age of 11 and 16, when they are most frequently recognized (Leahy, 2012). This age corresponds with adolescence, which is characterized by numerous developmental challenges and is a period of increased sensitivity to anxiety, and paradoxically, it is also the period of increase tendency towards risk-taking behaviors and seeking autonomy (Kendall et al, 2015; Justin et al, 2014). Social Anxiety Disorder and problems related to social anxiety are in many cases combined with other psychological problems and disorders, such as depression and other anxiety disorders, and abuse of psychoactive substances (Leahy, 2012). For adolescents, who are going through a sensitive and challenging developmental phase of life anyway, the problem of social anxiety may seriously harm their mental health and resilience that would otherwise allow them to overcome on their own all the challenges that are awaiting them. In this period, compassionate support of adults is the key. Speaking about models of professional assistance to adolescents by psychotherapists, research and clinical experiences have shown that in the treatment of social anxiety in children and adolescents the Cognitive-Behavioral Therapy (CBT) has proven to be the most effective and one of the first treatments of choice (Kendall, 2000; Scainiab et al 2016).

When we talk about the CBT, there are more than twenty different therapies that are called "cognitive" or "cognitive-behavioral" (Dattilio and Padesky, 1990, Mahoney and Lyddon, 1988, according to Corey, 2001). All cognitive-behavioral approaches are based on active roles of both psychotherapist and the client, and emphasize the importance of homework, structured psycho-educational model and use of various cognitive and

behavioral techniques for the purpose of achieving the change (Corey, 2001). Presently, the CBT is used in work with adults, couples, families and children (Kendall, 2000).

The case study that follows will provide an insight in manifestation of the problem of social anxiety among adolescents, but more importantly, it will provide a clear picture and guidelines on how to effectively support adolescents in learning new models of behaviors by using the CBT. This case study will be specifically focused on use of the CBT and presentation of the treatment outcomes.

## General information and personal / social history

The client is an older adolescent girl at the age of 17. She attends secondary school regularly, and at the time when she came to psychotherapy she had enrolled the final grade of secondary school. She lives with her mother and grandmother in their own home. Father is absent, he works and lives outside of Bosnia and Herzegovina in a Western European country, but he is in regular contact with the family and financially supports them. The client has a close relationship with her parents, and parents are supportive of her. Mother of the client used to have psychological problems and she had been going to psychotherapy for her problem of agoraphobia, and her fear of leaving home is still present. The client has a limited social circle, problems with chronic asthma, for which she had been hospitalized several times in her childhood, and she has problem of obesity (throughout her childhood and at present).

She developed avoidance style of coping and behaving, and this has contributed to the client becoming more and more socially isolated and afraid of how the others would perceive her, and she developed low self esteem.

## Reasons for coming for psychotherapy and initial status

The client comes to psychotherapy complaining of anxiety and states that she feels it is difficult for her and that she ***“does not want to live her life suffering like this, and she wants to make something of her life”***. The trigger that made her come to psychotherapy was that her school had notified her that she would have to take the extraordinary exams to pass the grade. The social isolation and feeling of exclusion have contributed to development of intense social anxiety and low self esteem. The client has recognized and had insight in her problem, but it was the mother who initiated her coming to psychotherapy, what is characteristic of problems of social anxiety and confirms the presumption of avoidance coping style.

To illustrate the overall psychological status of the client, the text below describes emotional, cognitive, behavioral and physiological symptoms that were present.

## Emotional symptoms

Of emotional symptoms, the most obvious is anxiety, as well as the fear of assessment and rejection. Under these manifest symptoms there is also anger with oneself (self-criticism). There is also low mood, confirming numerous research results that suggest that clients having problem with social anxiety that is not treated in psychotherapy in many cases develop depression (Kendall, 2000; Stein et al, 2001; Leahy et al, 2012).

## Cognitive symptoms

Among cognitive symptoms, most expressed are anxious automatic negative thoughts (ANT) like “*Someone will say that I am fat*”; “*Someone will certainly look at me and cat-call when I pass by*”, or irrational beliefs: “*I must please everyone, or they will reject me, and that feels awful*”, “*I must know how to defend myself, otherwise I am unfit*”. There are also self-critical thoughts: “*You are stupid, you will fail!*”, “*Look at you, you should better stay home and never leave.*”, “*It is no wonder everything scares you, you are such a coward*”.

## Behavioral symptoms

Out of behavioral symptoms, the most obvious one is social avoidance, such as: staying by oneself in her room, avoiding social contacts and avoiding going to school, avoiding going to any public places, with insomnia present as well.

## Physiological symptoms

Characteristic physiological symptoms of anxiety, such as: breathing fast, sweating palms, heart beating faster, a “knot” in the stomach, weak limbs, chest pressure, trembling hands.

## Case conceptualization

The client exhibits typical problem of social anxiety and low self esteem. Because of her looks (obesity), over-protective upbringing by her mother, insufficient socialization with her peers while growing up, health problems (asthma), the client developed avoidance as a style of coping and her typical behavior manifested in anxious reaction and core belief that she is a failure and not worthy as a person (*core belief from the domain of personal inadequacy*). In social situations that can become triggers, the core beliefs and anxious assumptions lead to avoidance. The avoidance of the situation / experiences brings short-term and immediate relief, but intensive self-criticism and anger at oneself come back very quickly, leading to even more social isolation and driving the client into depression.

*Compensatory strategies (negative behavioral strategies developed in order to cope with symptoms):* the most expressed compensation strategies are psychosomatic responses (stomach pain, headache, fatigue) and avoidance of school / public places.

*The strengths that help with the therapy process:* among the strengths, there is a powerful insight and desire to help herself through psychotherapy. A positive factor is also the relationship with the father, who is a stable figure and someone with whom the client has an open and supportive relationship.

## Treatment Goals

According to the CBT model and practice, the goals are set in collaboration with the client in the first three meetings, and are regularly revised throughout psychotherapeutic treatment. The following treatment goals have been identified:

1. Get educated on anxiety and cognitive-behavioral model for the purpose of normalization of the condition;
2. Learn to recognize symptoms of anxiety – through bodily reactions and appearance of ANT for the purpose of reducing anxiety;
3. Initiate conversation with a stranger for *in-vivo* exposure and facing the social situations;
4. Call a stranger by phone to test catastrophic predictions;
5. Invite a friend for a coffee and go with her for a coffee for the purpose of exposure;
6. Go by herself to a shopping mall and enter two shops to ask for the price of the items for the purpose of exposure;
7. Sit in the shopping mall alone for 20 minutes for the purpose of exposure and reducing the level of anxiety;
8. Successfully pass the school exams to finish the grade – the goal set by the client;
9. Focus on studying for at least two hours a day while preparing for the exams;
10. Learn to relax when on her own – to lie still and do the relaxation exercise (*mindfulness – body scanning*) 10-15 minutes three times a week;
11. Learn to send to herself compassionate messages when self-criticism emerges using the “*criticizer*” exercise for the purpose of building compassion for oneself.

## Treatment plan

Based on all introductory information and after setting the treatment goals, the therapist, together with the client, has developed the initial and provisional treatment plan. The starting part was about psycho-education and normalization of the condition the client complained about, by learning the basic relaxation techniques, recognizing the initial anxiety symptoms and learning the CBT models for coping with anxiety. Continued treatment included the work on cognitive restructuring and testing and challenging the main irrational beliefs of the client about herself, other people and the world around her. *In-vivo* exposure was planned after the initial treatment steps, because the client first needed support and empowerment in order to expose herself to situations that were the most powerful triggers for the anxiety. In a number of final sessions, the plan was for the client to learn to build a more compassionate attitude towards herself, and to become empowered to independently use the skills and techniques learned at the therapy. The sessions were planned to be held once a week, gradually prolonging the time between sessions towards the end of the treatment.

Therefore, the treatment plan included implementation of various cognitive and behavioral techniques, as well as the *mindfulness* techniques and Compassion Focused Therapy (CFT). Here we offer a more detailed presentation of the techniques used.

### Cognitive techniques:

- ***Psycho-education:*** learning about functional and dysfunctional emotions, about cognitive model, understanding the impact of negative thoughts and irrational beliefs on emotions and behavior, as well as about the importance of internal dialogue.
- ***Cognitive restructuring:*** monitoring automatic negative thoughts (ANT), recognizing cognitive distortion, responding to the ANT, identification of irrational beliefs, rules and assumptions, modification of irrational beliefs, identification of core belief, creating a more balanced core belief.
- ***Behavioral experiment:*** using the given form, a behavioral experiment has been agreed with the client for the purpose of testing catastrophic predictions.

### Behavioral techniques:

- ***Role playing:*** for the purpose of practicing assertive dialogue and behavior, in preparation for exposure therapy;
- ***In-vivo exposure:*** using the exposure hierarchy, developed by the client with the psychotherapist's help, identified a hierarchy of social situations that the client used to avoid. By doing homework between sessions, the client exposed herself to every situation from the hierarchy, from the lowest ranked situation to the top of the hierarchy.

## Mindfulness techniques

- *Mindfulness* technique of body-scan for relaxation.

## Compassion Focused Therapy (CFT) techniques

- The “*criticizer*” exercise to learn to accept and respond to self-criticizing thoughts.

## Treatment course and outcome

The treatment went on in accordance with the identified plan and goals, which were, according to the CBT model and the CBT approach to conceptualization of psychological problems, followed and modified in line with needs and progress made by the client. According to the CBT model, at the very beginning of the therapy, the therapist made a conceptualization of the client’s problems, which was revised during the course of the treatment together with the client. Other segments of the course and outcome of the treatment are given bellow.

### Relationship in the therapy

From the beginning of the treatment, a relationship filled with trust, acceptance and warmth was established. In certain phases of the therapy, particularly during the behavioral experiments, the psychotherapist used a more directive style, which the client accepted and responded positively to, in order to prevent avoidant behaviors and to motivate her to do the behavioral experiment. During the work, the relationship grew better and better, without difficulties in the relationship between the therapist and the client.

### Problems/difficulties during the treatment

The client’s behavioral avoidance had occasionally caused postponement of sessions and irregular work on the homework.

### Treatment outcome and prognosis

The treatment was successful, as confirmed by the results at the *Social Anxiety Questionnaire* and the *Beck’s Anxiety Inventory*, by achieving the set goals and by reports of the clients and her family. Further prognosis is good, with a note that to a certain extent it will also depend on the factors of social support in the future.

Three follow-up sessions were held to prevent relapse of symptoms, after 1 month, after 3 months and after 6 months. After the last follow-up session, there was no relapse and the client’s condition has become stable.

## The treatment goals that were achieved:

1. The client learned what is the cognitive-behavioral model by learning the skills to recognize and respond to the ANT, recognize and respond to the Irrational Beliefs,
2. She learned to recognize symptoms of anxiety – bodily reactions and ANT (recognizes emergence of anxiety and applies the CBT model);
3. She has started conversation with a stranger (a girl) at a tram station while waiting for a tram;
4. At the session, succeeded in calling a stranger by phone and then saying she had called a wrong number;
5. Invited a friend for a coffee and went with her (initiated the hangout 10 times);
6. Went alone to the shopping mall and entered 2 stores and asked for the price of items;
7. Sat alone at the shopping mall for 20 minutes, observing people around her and her own reactions;
8. At the extraordinary school exams, successfully passed the grade and enrolled to the next grade;
9. Managed to focus on studying every day for at least 2 hours in preparation for the extraordinary exams;
10. Learned to relax when alone – she is able to lie still and do the relaxation exercise (*mindfulness – body scan*) for 10-15 minutes three times a week;
11. Learned to send to herself compassionate messages when the self-criticism occurs using the exercise with the “*criticizer*” (CFT).

Assessment of level of social anxiety at SAQ – Social Anxiety Questionnaire (Leahy, 2012):

Date:	SAQ (total score)
08/04/2017	21 (high level)
22/07/2017	17 (medium level)
22/08/2017	7 (low level)



## Conclusion

The case study, and particularly the achieved goals and results of the treatment re-confirm the already proven efficacy of the CBT in treating Social Anxiety Disorder and social anxiety problems in adolescents. As already stated, adolescence is a specific developmental period that brings along many risks, but also developmental opportunities for the adolescents (Kendall, 2000). Failure to recognize or to treat the recognized psychological problems in adolescents increases the risks for development of psychological disorders in adulthood (Coles et al, 2016). Speaking of the CBT model of development of psychological disorders, it is important to underline that in the root of psychological problems of adolescents and adults are the deep, unconscious and negative beliefs about oneself, other people and the world, which we call the **core beliefs** (Beck, 2007). The client whose case is described here had developed the core belief from the so-called domain of personal inadequacy (***“I am inadequate and I am not worthy as a person”***), and this belief was in the root of all described symptoms she had manifested. In order to make the psychotherapy successful, and to reduce the chances of the symptoms coming back, identification and alteration of this core belief is an unavoidable path one must take. As can be seen, the complete set of cognitive and behavioral techniques was used for this very purpose – to identify this negative core belief and create a new, functional core belief (***“I am sufficiently capable and I am as worthy as other people”***). The homework that makes an integral part of the CBT helped affirm this functional belief and contribute to experiencing functional emotions and more stable emotional regulation. Therefore, we may conclude that effective combination of cognitive and behavioral techniques, along with **mindfulness** techniques and Compassion-Focused Therapy (CFT) whose effectiveness is proven, have lead to positive behavioral changes and achieving the goals of the treatment. It is important to say that the techniques are necessary part of the treatment, but they are not always enough for a successful treatment. One other equally important ingredient in therapy is development and maintenance of a therapeutic relationship between the therapist and the client. A relationship filled with trust, warmth, unconditional acceptance and encouragement provides a context in which the use of CBT techniques as such makes full sense. As psychotherapy, the CBT has in its repertoire a huge number of techniques whose efficiency has been evidence-based; however, the context in which the techniques are used has an equally important role.

In accordance with the above, we have yet another confirmation and response to the question as to why the CBT is one of the first recommended treatments for this kind of issues (Kendall, 2000). Taking into consideration how common is the problem of social anxiety among adolescents, and how serious its consequences may be if left unrecognized, we believe that this case study contributes to raising awareness among professionals about the importance of developing community-based support programs for

adolescents. We hope that this case study has succeeded in showing the importance of strengthening resilience among the adolescents, and that the recognition and support to adolescents who are facing psychological problems is an effective way to improve their mental health and give better prognosis for future.

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# EMDR treatment for anorexia nervosa triggered by early traumatic experiences

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### **Abstract**

*Background: The case study presents the use of EMDR therapy in the treatment of early traumatic experiences in an adolescent girl with a diagnosis of Anorexia Nervosa. Help was initially sought after the patient began rapidly losing weight.*

*Aims: The aim of the study is to show the use of EMDR as a specific treatment for trauma, perceived as a trigger for Anorexia Nervosa. The treatment aim was to accept the body changes and return to a weight which enabled optimal functioning in everyday life.*

*Case report: The patient was a 17 year old female, attending the third grade of high school and living with her mother and sister. The treatment was conducted in several phases. Phase one involved psychological support and psychoeducation. Phase two consisted of teaching techniques, such as diaphragmic breathing, visualization, relaxation, practicing of positive self-talk, assertive communication skills, anger management and the development of self-awareness. In phase three, EMDR therapy was used in order to process a traumatic experience identified as a major trigger for her eating disorder. There was a change in the patient's perception of her mother from someone that she adored into "a monster". This led to a distorted perception of her body based on the assumption "I am only safe in a child's body". EMDR therapy activates adaptive neurophysiological pathways, which in turn facilitate functional information processing and the reconsolidation of*

*the dysfunctionally stored memories. This leads to a reduction in anxiety and an improvement in symptomatology. In addition, the treatment facilitates the development of more adaptive insights and the change of beliefs and behaviours previously connected with the experienced traumas. The standard EMDR protocol consisting of eight phases was used. In just two sessions the patient developed a considerable awareness of, and change in, her emotional reactions connected to the trauma, as well as the cognitive and emotional integration of the traumatic experiences. The treatment was not completed. The patient reported feeling an improvement in functioning and did not attend offered appointments, a decision supported by her mother.*

*Conclusions: Based on this case study it is concluded that EMDR can actively contribute to the alleviation of pathological symptoms of an eating disorder that includes an early traumatic experience. For reliable and general conclusions about the role of EMDR in the treatment of eating disorder, it is necessary to examine the effectiveness of its use in controlled studies.*

**Keywords:** *EMDR, anorexia, early trauma*

## Sažetak

*Uvod: U prikazu slučaja opisana je primjena terapije desenzitizacije i reprocesiranja uz pomoć pokreta očiju - EMDR-a (eng. Eye Movement Desensitization and Reprocessing - EMDR), u tretmanu rane traume kod adolescentice kojoj je dijagnosticirana Anoreksija nervoza. Nakon što je djevojčica počela rapidno gubiti na kilaži potražena je stručna pomoć.*

*Cilj: Ovim prikazom se nastojao pokazati slučaj specifične prirode tretmana rane traume kao okidača Anoreksije Nervoze kod adolescentice, a čiji je cilj bio prihvatanje promjena na tijelu uz vraćanje kilaže koja je optimalna za neometano funkcioniranje u svakodnevnom životu.*

*Prikaz slučaja: Klijentica je u dobi od 17 godina, pohađa 3. razred gimnazije, živi s majkom i sestrom. Tretman se sastojao od nekoliko dijelova. Prvi se odnosio na psihološki suport i psioedukaciju. Drugi je uključivao tehnike iz kognitivno - bihevioralne terapije kao što su kognitivna restrukturacija, tehnike abdominalnog disanja, vizualizacije, relaksacije, uvježbavanje pozitivnog samogovora, asertivnog komuniciranja, savladavanja ljutnje, i tehnike usredotočene svjesnosti. U trećem je dijelu primijenjena EMDR terapija usmjerena na prorađivanje traumatskog iskustva koje je identificirano kao jedan od značajnih okidača poremećaja hranjenja kod djevojčice. Ekstremno je promijenilo njezinu percepciju majke kao predmeta njezinog obožavanja u majku "čudovište" od kojeg se imala potrebu zaštititi, a time značajno utjecalo i na stvaranje iskrivljene percepcije slike svoga tijela i to po principu "jedino u tijelu djeteta sam sigurna". Primijenjen je standardni EMDR protokol koji se sastoji od osam faza. S obzirom da EMDR pristup omogućava aktivaciju adaptivnih neurofizioloških mehanizama koji obezbjeđuju funkcionalniju obradu informacija preko procesa rekonsolidacije memorije vezane za stresogena iskustva (dysfunkcionalno pohranjena memorija), u tretmanu se osim reduciranja anksioznosti i simptomatskog poboljšanja opravdano očekivalo postizanje značajnih uvida, te izmjene uvjerenja i ponašanja vezanih za proživljenu traumu. U samo dvije seanse došlo je do značajnog prepoznavanja i mijenjanja emocija vezanih za traumu, kao i racionalno-emocionalne integracije traumatskog iskustva. Tretman nije završen. Jedan od razloga za to je da je djevojčica osjećala poboljšanje u funkcioniranju i nije se odazivala na dogovorene susrete što je podržala i njena majka.*

*Zaključci: Na temelju aktualnog prikaza slučaja zaključuje se da EMDR može aktivno doprinijeti ublažavanju psihopatološke simptomatike poremećaja hranjenja koji u podlozi ima rano traumatsko iskustvo. Za pouzdane i generalne zaključke o stvarnoj ulozi EMDR-a u tretmanu ovog poremećaja neophodno je ispitivati efikasnost njegove primjene u kontroliranim studijama.*

**Ključne riječi:** EMDR, anoreksija, rana trauma

## Introduction

During the last twenty years, the incidence and prevalence of eating disorders has significantly increased, with authors suggesting that Anorexia Nervosa is among the most severe. Anorexia Nervosa is characterized by maintaining a body weight at, or below, 15% of its normal value for the person's height and age, and an intense fear of gaining weight. There are two Anorexia subtypes: binge-eating/purging, and restricting. The binge-eating/purging subtype includes episodes of vomiting or cleansing (vomiting, use of laxatives and diuretics), while the restricting subtype has no such episodes (Žaje Franulović, 2012).

Numerous studies indicate the connection of pathological disorders and, on one hand, the history of traumatic life events, and on the other, dysfunctional attachment (Hund and Espelage, 2005; Racine and Wildes, 2015). The results of previous research in this area have linked the presence of eating disorders with traumatic experiences of childhood abuse (Carter, Bewell, Blackmore and Woodside, 2006; Kong and Berstein, 2009).

According to the Adaptive Information Processing (AIP) Model, on which Eye Movement Desensitization and Reprocessing (EMDR) therapy is based, in the case of most pathological phenomena, disturbing traumatic memories, or so-called pathogenic memories, are stored in isolated memory networks. Accordingly, the childhood experiences can be coded together with survival mechanisms and include feelings of danger that are not applicable to adults. Thus, the past events retain their power, as they are not appropriately and timely assimilated into adaptive networks (Solomon and Shapiro, 2008). According to Van der Kolk and Saporta (1999), such childhood memories remain "frozen" or stored in a dysfunctional way in the memory of an individual. It is therefore said that the body retains these traumatic memories, that is, the body "remembers" the trauma. It follows that the processing of such memories can eliminate pathological symptoms (Hase, Balmaceda, Ostacoli, Liebermann and Hofmann, 2017).

The EMDR treatment stimulates the reprocessing of information and the desensitization of anxiety related to stress-based experiences through visual, tactile or audible bilateral stimulation. It enables the activation of adaptive neurophysiological mechanisms that enable more adaptive processing of information through the reconsolidation process of dysfunctionally stored traumatic memories. In addition to reducing anxiety, EMDR allows new insights, and a change of beliefs, emotions and behaviour (Shapiro, 1999).

In a study conducted in Italy on twenty adolescents and young adults (aged 15 to 25), an evaluation of Anorexia Nervosa treatment was undertaken by comparing the effectiveness of Cognitive Behavioural Therapy and EMDR on participants' traumatic memories. The focus was on their attachment. The EMDR treatment included a protocol specific to the eating disorder. In both groups of participants, a significant improvement was noted in relation to their condition prior to the treatment. However, it was demonstrated that

those who underwent EMDR treatment were able to actively process traumatic memories that brought together family dynamics and dysfunctional eating behaviours. This is exactly what is highlighted as a key factor in the successful treatment of eating disorders. It emphasizes that the emotional processing of unresolved attachment issues allows for more efficient modification of the rigidity associated with a need for control, characteristic of people with Anorexia Nervosa (Zaccagnino, Civilloti, Cussino, Callerame and Fernandez, 2017). Also, the effectiveness of the EMDR approach was confirmed by the findings obtained in the presentation of a case of an adolescent with diagnosed Anorexia Nervosa. In this case, positive outcomes were presented both in terms of nutrition and body weight of the patient, as well as in attachment style, connection with self, emotional regulation, and general changes in everyday social life (Zaccagnino, Cussino, Callerame, Civilloti and Fernandez, 2017).

This paper presents the case of a 17-year-old girl diagnosed with Anorexia Nervosa. The EMDR therapeutic procedure presents the detailed description of the identification of the traumatic event which was the basis for the current dysfunction in the patient.

## Case study

The 17 year old patient lives with her mother and older sister. Her parents divorced before she was born and she does not maintain contact with her father. No identified family psychiatric history. She attends the third grade of high school with excellent grades, and also Music School with the same success.

First presentation to a clinical psychologist was at her mother's initiative due to a significant reduction in meals. The patient denied the presence of any symptoms or disorders in daily functioning. Psychological assessment established the presence of symptoms indicative of eating and mood disorders. She was referred for a psychiatric assessment, where she was diagnosed with Anorexia Nervosa (restricting type), depressive mood disorder and Trichotillomania. After that, the patient was hospitalized for a month in the Republic of Croatia in a specialized institution dealing with eating disorders. Although she expressly denied the presence of Anorexia Nervosa, during the hospitalization she co-operated and her body weight was satisfactory enough to be discharged, and she was referred for outpatient treatment with the diagnosis Anorexia Nervosa.

At the start of the treatment, the patient was aged fifteen and a half years and regularly came to meetings for a period of 1.5 years. She was offered psychological support, psycho-education, and psychological counselling for her and her mother. She was introduced to exercises of abdominal breathing, progressive muscle relaxation, and the techniques of visualization, assertive communication, overcoming. She had tasks such as keeping a food diary, tracking automatic thoughts, and practicing homework tasks. In the course of the treatment, the technique of cognitive restructuring was also used to

help her question her irrational beliefs and misinterpretations by monitoring and identifying negative automatic thoughts and beliefs, especially in relation to the basic negative image of herself. She was involved in Art Therapy and a nutritional course. She attended fortnightly psychiatric monitoring, and treatment (antidepressants) were prescribed, and met a clinical psychologist (who followed and worked with her from the beginning to the end of the treatment, including EMDR) every week for the first 4 months, and then 2 times a month, and Art Therapy once or twice a month. The initial evaluation before the EMDR treatment showed the following scores: 30 on Beck's Depression Inventory (BDI), 43 on Beck's Anxiety Inventory (BAI), and 30 on the Revised Reaction Index (RI).

## Presenting Problem

Although the patient was not diagnosed with post-traumatic stress disorder (PTSD), nor does her psychological condition meet the International Classification of Diseases (ICD-10) diagnostic criteria for PTSD, the patient had traumatic memories/experiences that may have triggered the development of pathological symptomatology. For these reasons, EMDR was selected as a treatment that enables the activation of adaptive neurophysiological mechanisms that will provide more functional information processing through the memory reconsolidation process associated with stress-based experience. One year after starting the treatment, the patient disclosed to her therapist her traumatic memories of her relationship with her mother. When a good therapeutic relationship between her and the therapist was established, and her body weight was satisfactory, EMDR therapy was used on the dysfunctionally stored memory.

A standard EMDR protocol was implemented in eight stages, and each of them will be described in more detail here.

## Trauma history

During the interview, the patient disclosed the key critical event that happened to her at the age of twelve. On this occasion her mother, angry and annoyed at her perceived disobedience in not leaving the bathroom as quickly as possible, and to stop an argument between her and her older sister waiting to use the bathroom, invaded her intimate and personal space. She described that her mother came into the bathroom uninvited, bathed her by force, and cut her then-long hair. This event represented a trigger for negative feelings towards her mother, withdrawal into herself, and reducing food, because she wanted to keep the body of a child in which she felt safe. This prompted intensified feelings of shame, disgust, and the rise of an extremely negative image of herself, feelings of guilt, and the fear of her mother, the "monster". She explained that she "adored" her mother previously, but then her object of adoration turned into a "monster" wanting to destroy her. Since then, the patient began to withdraw, buy large clothes, sleep in clothes, even with socks over her pyjamas so that not even a millimetre of her body would be visible, and therefore potentially endanger her.



## Aim of the EMDR treatment

*The aim of the EMDR treatment* is to process maladaptive traumatic memories in order to come up with adaptive responses and adequately integrate the trauma into her life experiences, and accept changes to the body with a weight recovery optimal for functioning in everyday life.

## Preparing a patient for EMDR

In general, the emphasis was on establishing rapport between the therapist and the patient, increasing her resources, and also to work on peer relationships. At the beginning of the treatment, she was unmotivated and uncooperative. She showed strong resistance through silence that changed into passive aggressive communication. More active cooperation started three months after the start of the treatment and after commencing Art Therapy. EMDR was started when a trusting therapeutic relationship was built with the patient, and she was psycho-educated about the use of the EMDR therapy.

The “safe place”, as one of the techniques used to prepare the patient for this treatment, was not successfully installed since the patient was not able to find her “safe place”, but she successfully mastered other relaxation techniques in order to successfully self-soothe.

## Assessment

An *assessment* of potential *targets* for the EMDR processing was undertaken to stimulate the primary aspects of traumatic memory. She identified the following targets: her mother’s “mocking” smile “from which everything started”; the father who “left” them; her mother forcefully bathing her and cutting her. Her mother’s “mocking” smile was chosen as the first target, due to the patient coming to the arranged session with a scratched face, self-injuries resulting from overwhelming feelings of anger and helplessness that had arisen from a recent confrontation with her mother.

*Image that represents the worst part of the experience:* mother’s “mocking” smile.

*Negative Cognition/conviction (NC) in the present a patient has about himself in relation to a critical event:* “I have no control”.

*Positive Cognition (PC): what a patient wants to believe in relation to a critical event:* “I have control.”

*Validity of Positive Cognition (VoPC):* thinking of this image/event how accurate these words are now on a scale of 1 (totally untrue) to 7 (completely true): 2 (two).

*Current emotions in relation to a critical event:* fear, anger and rage.

*Place of physical sensation* (where she feels disturbance in her body): heart palpitation, tightness in the chest, headache, feeling “hot” in the whole body.

*Current subjective units of disturbance with regard to a critical event:* on a scale of 0 (no disturbance) to 10 (greatest disturbance) the patient estimates the intensity of disturbance as 10.

## Case conceptualization

### Treatment course

**Desensitization:** bilateral stimulation (BLS) in the form of eye movements was used for the reprocessing of all associative channels of traumatic memory until resolution.

When the patient concentrated on the image of the critical event, and the negative cognition, emotions and feelings in the body relating to it, BLS was used. After each series of BLS, the patient provided feedback on associations and possible changes that occurred.

During reprocessing, anxiety was accompanied by turbulent emotional reactions and changes in the body. Given that there was a suspicion that the disturbing memories in the present are related to past events, already in the first EMDR session the “float back” method was applied for the purpose of finding an early trauma. There were other primary pathogenic memories related to the relationship with her mother and the key critical event described in the interview. She reprocessed the first event when, as a child of pre-school age, she rubbed her genitals on the back of an armchair, following which her mother became angry and shamed her for it. There followed another event at the beginning of her adolescence, when she had watched a teenage movie in her room under the covers, when her mother unexpectedly entered her room and insisted on checking if “her pants were clean”. She describes that her mother, expressing her satisfaction with clean panties at that moment, hugged and kissed her, and told her that she was “a good kid”. She gradually gained insight into the fact that her current thoughts and emotions were rooted in the past. With the help of cognitive interweave, the processing focused on identifying these emotions and channelling them. The appearance of a grander being - a fairy - representing protection and safety was significant in moments when the mother turned into a “monster”. It was noticed that the fairy was forgotten when “anorexia” appeared and took control of her body. She successfully realized that she began to use dysfunctional behaviour in her eating for the purpose of self-protection, increased sense of control over the self, and the management of overwhelming emotions. In the second session, the fairy became a resource, used for the purpose of imagining and building a barrier between her and her mother at a critical moment. She reprocessed that the fairy stood above her mother, gave her a big blanket to wrap her body in, helped her to get out of the tub, and thus protect her from her mother’s violent behaviour. She reported a significant relief.

It is assumed that, as informed by psycho-education about ego states (from a session that prepared for the EMDR before), she processed the ego state of the 17-year-old girl she is today, and as that self at the key moment she managed to fight her intrusive mother and protect her “little” self - a thirteen-year-old girl in a bath. She rose from a crouching position, pushed her mother out and left the tub before the damage was done. After this struggle, she felt a surge of excitement in her body, power in the entire body, dominance in the extremities, victory, satisfaction and self-confidence. She said that from this session she got a sense of being able to fight her mother, although she was aware that it was a daily battle until she went to college to another city and physically separated from her. She got an insight into the possibilities of making other choices and functional ways of managing emotions in everyday life.

**Returning to the target**, i.e. the initial image from which we started, she noticed that her mother’s smile was no longer so disturbing to her, and from an earlier intensity of 10 she now estimated it to be 3. As at the end of the EMDR session the patient needed to return to a state of emotional balance, regardless of the fact the therapeutic process has not been completed and its continuation is needed, relaxation techniques were applied. In the end, the patient managed to find her installed “safe place”.

The first EMDR session lasted 120 minutes and the second 90 minutes. Although the recommended duration of EMDR sessions was 60 to 90 minutes, the first session was extremely productive and with the patient’s agreement, its duration was extended so as not to pause in the key parts of the traumatic content processing.

In the next session with the psychologist, the patient reported a significant improvement and satisfaction with her functioning in everyday life, and explained that there was currently no need to continue treatment. Her mother did not respond to communication from the psychologist. For these reasons, treatment was not completed.

## Discussion

After the period of regular psychological treatments, progress was observed in the daily functioning of the patient, but after EMDR therapy in only two sessions, there were significant changes on a cognitive, emotional (predominantly with peers), motivational and behavioural level. Compared to the earlier difficulties in recognizing and channelling her own emotions, there was considerable progress in emotional and social functioning. The treatment resulted in significant changes in trauma-related emotions, as well as the rational and emotional integration of traumatic experiences. The scores on the Anxiety Inventory (BAI1 = 43; BAI2 = 22), Depression Inventory (BDI1 = 30; BDI2 = 18) and the Revised Response Index (RI1 = 30; RI2 = 19) were significantly lower during the last encounter from initial scores taken three months before the EMDR treatment. A positive treatment outcome was also evident in mastering self-esteem skills when found in anxi-

ety state. It is also important to mention that pulling parts of her hair and eyebrow was also reduced, so the patient channelled her internal tension in a more functional way.

Though the implementation of multidisciplinary treatment, (psychiatric, nutritional, psychological, which included the use of CBT techniques and psychological counselling) led to significant improvements in the regulation of body weight, as well as the regulation of the patient's menstrual cycle, it was evident that there were periods of stagnation and even recurrence of symptoms of anxiety and mood disorder (which was also supported by BDI, BAI and RI scores prior to EMDR treatment), and a small decrease in body weight (1.5kg) was recorded. During the treatment with the psychologist, it was determined that conflict with her mother was more and more frequent, and that the patient's passive, latent aggressiveness turned into obviously aggressive behaviour that often resulted in physical violence against her mother. The early self-harm was redirected to aggressive behaviour towards others. For these reasons only EMDR treatment enabled processing of the early traumatic experience that was identified as a key trigger for the development of dysfunctional behaviour in terms of nutrition and emotional management. In addition to the pathological symptoms, normalised from a clinical perspective to a significant and moderate level, it is important to mention that physical violence was eliminated from the patient's behaviour. She was more focused on her peers, school obligations, and conflicts with her mother were rare. There was a clinical impression that this 17-year-old girl can now be seen as a person who was separate from her mother and, accordingly, experienced her body in a more positive way. During the processing of the early trauma, positive connections were made between memories related to changes in her body and shaping of features that made her a woman and a sense of adequacy, acceptance and the right to love was gained. She gained insight into the importance of separating from her intrusive and rigid mother and building self-support. The planned treatment was to continue to empower the existing resources and build new ones. She became aware of the more functional possibilities of gaining a sense of control over herself and the situation in which she was.

In the following five months, the patient rarely attended scheduled treatments. She reported feeling much better, with many school demands with less time remaining to socialize with peers, and that she had a problem with travelling to another town for psychological treatments. It was for these reasons she reported rarely coming to treatments. Also, the patient's mother, who did not show adequate insight and acknowledge the serious nature of her daughter's health, did not find time to visit a clinical psychologist, despite strict instructions that, in addition to treatment with the patient, her mother's involvement in the treatment was mandatory. Furthermore, the patient discontinued psychiatric treatment and the use of antidepressants at her own initiative.

As the patient was a hypersensitive and vulnerable girl being treated for Anorexia Nervosa, with the background of traumatic experience reasonably assumed to have been a key trigger for the development of this disorder, it was necessary to continue the multi-

disciplinary treatment. Given the physical distance and the potential difficulty in organizing the time to visit a clinical psychologist in another town, for the patient's benefit it was recommended to refer the patient to a psychologist in her place of residence or to some other nearer place. The patient's mother was informed about this in a written form in order to try to encourage her to take over responsibility for the well-being and health of her own child.

The disadvantages and limitations of this review are primarily reflected in the impossibility to display a completed case, as the patient withdrew from the treatment prior to its completion. Also, we presented the findings obtained on the basis of just one case and therefore we cannot generalise its conclusions. In the available literature, only one case of Anorexia Nervosa treated with EMDR was found, which minimises comparison with the results and indicators of other cases and studies. However this data is supported by the review of recent findings including the use of EMDR therapy in Anorexia Nervosa, where only one case review dealt with it (Balbo, Zaccagnino, Cussino and Civilotti, 2017).

## Conclusions

The presented case supports the importance of including and integrating EMDR treatment into one to one therapy of an adolescent with diagnosed Anorexia Nervosa. Based on significant changes following this treatment, in this case study we can conclude that EMDR can actively contribute to alleviating the pathological symptoms of an eating disorder with an early traumatic experience in its roots. Although the treatment was not completed, the results of applying the mentioned therapy indicate a significant positive outcome after the successful treatment of the basic traumatic event. However, as surveys and case studies linking EMDR and Anorexia Nervosa are extremely rare, and the presented findings are based on one case only, it is not possible to make reliable and general conclusions about the actual role of EMDR, so further research into the effective use of EMDR therapy on people with eating disorders in controlled studies is recommended.

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