Containing and helping mentalizing: Innovative interventions for children with disruptive (hyperactive and aggressive) behaviors within school settings

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Key Introductive Remarks

- Existing findings show an increasing number of emotional and behavioural difficulties in early childhood accompanied with learning and school adjustment problems that place the affected children in higher risks for social and academic exclusion; such difficulties are usually due to a variety of factors mostly related to family "problematic dynamics" and extreme social-economical disadvantages (Carr, 2009; Kourkoutas, 2012; Mash & Wolfe, 2010; WHO, 2005).
- If not adequately faced these difficulties usually increase the probability of more serious learning, psychosocial, as well as school disengagement and drop-out, or even psychiatric problems in the future (Carr, 2009; Kourkoutas, 2012; Mash & Wolfe, 2010)
- It has also been demonstrated that "problematic" children proceed from relatively mild or moderate (e.g., noncompliance, temper tantrums) to more serious (e.g., aggression, bullying, stealing) forms of conduct problem behaviour over time; this is obviously due not only to the child's "internal deficits", but rather to "external" (family, school, professional) inadequate practices that have a negative impact on child's psychosocial behavior and functioning;

- The need to introduce more effective (psychosocial in nature, and not psychiatric individual based) models in schools, based upon innovative conceptions of childhood emotional and behavioural problems has been stressed by many authors (Adelman & Taylor, 2003; Atkins et al., 2003; Chrsithin, 2009; Elias, 2003; Kourkoutas & Raul Xavier, 2010; US Depart. HHS, 2000; Weist, 2005);
- In fact, the development of effective individual interventions/ practices or policies requires the use of alternative, creative approaches to research, evaluation, and handling both of the personal-individual skills, needs, and vulnerabilities and the family, social, and school parameters;
- Classical behavioural interventions are not so effective as though to be in the past, as they are uniquely individual-focused ignoring the contextual factors and reality; they might be useful, as additional techniques, embedded/integrated in a wider inclusive projects that deals with social-family, and school reality (Kourkoutas, 2012; Rosenfeld, 2009); Weare, 2005;
- Traditional medical-based models undervalue the subjective experience, the personal-internal and developmental history of the child, as well as the underlying emotional processes, de-contextualizeingthe “problematic” behavior (taking off any eventual meaning and sense from such behaviours);

- Furthermore, medical based models focusing exclusively on symptoms description, dichotomizing children's difficulties /vulnerabilities /(co-morbidity approach) (e.g. segregation of the emotional from behavioral reality, the mood from the behavior) endorse a fragmented view of children's difficulties and lose from sight the internal dynamics and associations of the child's "symptoms";
- The danger is that a diagnosis of Conduct Problems or ADHD can be used to cover a wide range of behaviours that have a variety of different causations and being related to different histories and family problems;
- Furthermore, the psychiatric discourse risks to enclose the child in labeled categories that conceal and destroy the personal voice/ narrative /discourse, as well as the personal suffering that is expressed through problematic behaviors and reactions;

- New emerging models of children's emotional/behavioral problems challenge the within child pathology approach by introducing a transactional developmental perspective in investigating & addressing children's mental health or social emotional and learing difficulties (Cooper, 2001; Fraser et al., 2004; Kourkoutas, 2012; Rosenfeld, 2009; Rosenfeld, et al., 2009; Sameroff, 2000; Schmidt Naven, 2010);
- Children's problems are therefore investigated in a more transactional, developmental and ecological child- and family-centred perspective (Fraser et al., 2004; Sameroff, 2000);
- Holistic and systemic approaches integrating individual interventions for children and adolescents have been recently recognized as very promising and effective even for severe "antisocial youths" (Hellenger et al., 2010; Kazdin, 200; Ogden et al., 2006; Weare, 2005; Weare & Gray, 2003);
- As for intervention strategies and techniques, they tend to be multisystemic (intervening in various places, contexts, and levels), eclectic (using art therapy, cognitive,-behavioural, psychodynamic techniques, etc.), multidisciplinary (educational/speech therapy, art therapy, social work) , and integrative (individual, family, school) (Goldenthal, 2005; Dishion & Stormshak, 2007; Kourkoutas, 2012; Wachtel & Wachtel, 1986);

Children with Disruptive-Aggressive Behaviors: Clinical & Emprical Evidence

- Disruptive disorders & ADHD cover a wide range of symptoms with many underlying causes (hyperkinetic symptoms might indicate the presence of neurological or psychosocial factors; hyperactivity is not necessarily associated to open aggressive behaviour)
- Family violence, parental neglect and maltreatment or dysfunctional and inappropriate rearing practices (such as coercive practice/systematic physical punishment) are highly associated with children's aggressive disruptions or intentional violent acts and social-school maladjustment (Frick & Kimonis, 2008; Mash & Wolfe, 2007);
- Children's hyperkinetic and disruptive symptoms elicit strong emotional reactions out of parents, teachers and peers (Hanko, 2002; Kaufmann, 2001; Kourkoutas & Mouzaki, 2007)

- Unskilled or inadequately trained teachers tend to employ negative or punitive techniques to handle challenging behaviours intensifying children's emotional arousal and disruptive responses (Kaufmann, 2007; Kourkoutas, Georgiadi & Hadjaki, 2011);
- This may lead to the escalation of mutual negative reactions and overreactions (Kaufmann, 2007; Kourkoutas, 2012);
- Therefore, the risk of pathologizing the child's behaviour and loosing from sight its internal and contextual dynamics is very high (Schmidt Naven, 2010);
- School is now considered as an ideal site to implement comprehensive (and more meaningful for parents and teachers) intervention programs;
- Implementation of pilot psychodynamic and resilient based interventions in Greek schools aiming at addressing children's, families' and teachers' problems in holistic ways;

- Individual counselling with parents, teachers, and the child in combination with other psycho-educational, or psychosocial techniques (e.g. social skills training, art based activities, drama, play, painting, constructions, self- or peers-exploration meetings, emotional expression groups that foster group/peers' positive interactions and opportunities for better relationships, families meetings) for the child and the family are essential means of our resilient psychodynamic model;
- Interventions are informed by a thorough analysis of the children's strengths, weaknesses/ vulnerabilities /difficulties, and developmental needs, as well as of the transactional processes and the contextual (family, school) risks or promoting factors;
- Based on a multisource evaluation, we consider the problematic patterns, highlighting the child's subjective experience, characterized in terms of affects, mental content, somatic, states, relationships proclivities;
- Dynamic evaluation of the child's functioning profile (in terms of self regulation, interactional patterns, engagement in relationships, internalized limits, organization of internal life, etc.) is an important aspects of the initial stages of the treatment;

Theoretical Framework of the Integrative Resilient Psychodynamic Model

- Contemporary psychodynamic /relational theories (Fonagy *et al*., 2004, Sroufe *et al*., 2005)
- Attachment theory (e.g. *internal working models/patterns of attachment /patterns of connectedness /behavioral patterns*)
- Transactional /systemic approach (Sameroff, 2000; 2004)
- Trauma related theory (Greenwald, 2002);
- Resilient/positive and empowering intervention model (Hart & Blincow, 2007);
- Data on family and contextual /ecological factors (e.g. *school risk & protective factors,) ;*
- Data on effective interventions;

Key Assumptions and Findings related to the Resilient Psychodynamic Approach

- The concept of traumatic relationship (Greenwald, 2002) is fundamental (not equivalent to classical concept of trauma/post-traumatic disorder); (e.g. many children can experience traumas in their relationships with significant others; these traumatic experiences may not be so evident or related to extreme violent behavior and classical abuse);
- Behind the disruptive-aggressive behaviour there is always a child who suffers and is unable to express himself (aspirations, frustrations, distress) with appropriate means (key tenet);
- Children who have traumatic family/school experiences report painful, hostile, aggressive and ambivalent or contradicting emotions towards significant others (such as anger, rage/need of tenderness, love-hate, sentiments of revenge, guilt, stress, fears, etc.) (Kourkoutas, Hart & Smirnaki, under review) (key finding)
- Such emotions become a source of permanent internal tension and confusion (key finding);
- Most of these children lack the proper emotional and cognitive skills to work out these emotional states, they are likely to externalize them;

- Hence, they may appear unaware/out of touch of their own affective states and therefore unresponsive to the feelings of others;
- Disruptions reflect the child's failure to contain and handle painful and confusing emotions that emerge from disturbing/traumatic relationships or important intra-psychic (cognitive-emotional) dearth (key clinical hypothesis);
- Disruptive children "fail to organize" a classical (neurotic) symptom and instead of "structuring" their painful emotions in an internalizing disorder (phobic, anxiety, etc,), they enact them;
- Hyperactivity reflects the lack of internalized limits and the inability of the child to associate somatic energy with specific mental processes and build prosocial behavioral skills;
- The inability of these children to cope with external challenges may also intensify the internal arousal and reinforce disruptive reactions;
- Children may use aggressive behaviours as a mean to protect a fragile/vulnerable/traumatized self or a deficient self-perception;

- Individual intervention should help the child voice the unspeakable feelings and articulate his inner confusion/disturbances in a structured narrative way (first step);
- In fact, these children need to be supported to organize their internal life, direct their disruptive behavior in more prosocial goals and activities (second step) and "escape" of the vicious cycle of mutual negative reactions (third step) (key assumptions of the resilient approach);
- As infants with disorganized/disoriented attachment patterns seem unable to develop consistent strategies for dealing with stress, interventions should assist them to create a new repertory of skills and copying mechanisms (final goal) (Music, 2009);
- Interventions should target both issues related to the child's internal and external reality;

Main goals of the Individual Work with the Child

Short term goals

- understanding and de-codifying child's behavior
- containing his intolerable destructive/destabilizing feelings/ thoughts/fantasies;
- helping the child verbalize/voice his disturbing emotions/experiences and "metabolizing" his disruptive impulsions in order to avoid the repetitive acting-outs;
- helping the child "reconnect" (be in touch again) with his internal/affective and external reality (therapist as a mediator);

Long terms goals

- supporting the child to develop his cognitive -affective interpersonal skills, his own capacities/potential with the goal to get better engaged/included in the school and social life;

Need to Understand

- Family dynamics (family organization/structure, raring practices, quality of relational/communicational patterns, parents' quality and type of investment of each child, parents' perceptions of their offspring, couple problems, etc.);
- Child's position/role within the family and the brotherhood/siblings relational/parental representational system;
- Self-perception within this system, his perception about parents' attitudes, feelings, expectations regarding him/her;
- His perception of parental relationships, problems;
- His identification system, his interpersonal/academic deficits, needs. Fears, expectations;
- Impact of external events on his emotional /fantasy system (deaths, parents' quarrels/conflicts, father's absence, economical difficulties,)
- Child's position within the school, classroom, and peers' system;
- His relation with teachers and peers;
- Self-perception within this system, his perception of teachers' attitudes, feelings, expectations regarding him/her;
- His academic position/performances/learning difficulties;

Working with the Child: Key issues and premises

- providing an intermediary (“transitional”) protected space through a trusting, accepting and supporting relationship;
- providing a receptive and facilitating, holding (therapeutic) environment to enable the child to communicate his “confusion or suffering”;
- going beyond the child’s symptomatic behaviors;
- providing a responsive adult-child relation /a new engagement pattern/model by maintaining boundaries in a positive firm way;
- considering the child as a suffering person, entrapped in escalating conflicting/disruptive and dysfunctional interactions with his environment;
- attempting with various means to gain insight of the child’s internal processes, understand the child’s internal world/ and explore the meaning of his behavior/reactions;
- attempting to put words on negative /ambivalent/disturbing and painful emotions;
- associate the child’s distressing/painful experiences to his disruptive behaviors;

- providing a well structured framework that is not “threatening” and is “resistant” to the child’s disruptions, (aggressive) fantasies, and anxieties (e.g. “listening and receiving” his “death anxieties”, his rage and anger against parents/teachers, his envy against siblings) without critics;
- allowing (especially) the (disorganized- hyperactive) child to explore himself/his capacities with and in various domains of activities (painting, plays, puzzle, social skills gym) and therefore construct new abilities and restore his self-concept on the basis of positive “introjections” related to relationships or tasks success;
- providing age- and capacities-level appropriated activities (e.g. drama, theatrical activities) that help the (hyperactive) child experience and integrate or form a new body-image and therefore developing self-body containment/control by accumulating positive social experiences;
- helping the child through lived creative activities learn to accept assistance from others/ construct an “external dialog” with others, progressively construct the internal one
- stable close cooperation (supervision-guidance) with parents and teachers;
- ensuring academic support to help the child be reintegrated (gain a “place”) in the classroom;

Working with teachers (supportive supervision process)

- working with teachers' negative emotions and stereotyped beliefs about problem behavior; helping them foster a new empathetic understanding;
- acknowledge Ts' problems with specific kids; helping them understand child's psychology and broadening their view of the child's reality and difficulties they face;
- helping Ts understand the meaning of the conflicting and confused emotions very often these kids trigger/ activate in them; helping Ts understand that these kids very often do not have another way than the "problematic" behavior to communicate or get rid of intolerable emotions and difficult experiences;
- strengthen their intuitions and knowledge;
- emphasis on elaborating specific solutions and specific strategies to frame child's bedhavior;

- overcoming Ts' resistance to work in alternative ways;
- include teachers in meetings with families; focus on teachers-parents positive relations;
- helping Ts understand family dynamic /sources of children's problems;
- helping Ts enhance the children's skills, talents or desires to develop and curiosity to learn; take advantage of their good life-experiences or enhance new strategies to help them being included or being more active in the classroom; allow them to be accepted for their capacities than be in the center of negative attention;
- helping teachers develop new educational strategies and participate in alternative psychosocial projects that allow "vulnerable" or "difficult" pupils develop their own capacities; helping them get pleasure from sharing and doing things for the classroom, base their self-esteem on accumulated positive interactions /experiences of being accepted and having a value for others;

Working with the family

- Comprehensive evaluation of family relations / family dynamic/ relational /communication patterns;
- Working with parents' negative emotions/ challenging and helping them overcome stereotyped ideas /prejudices about their child;
- Enhancing them to find their positive feelings;
- Helping parents develop stable behavioral strategies /setting limits and avoid inappropriate behaviors or being entrapped in coercive practices and in vicious cycles of negative counteractions;
- Promoting parents' healthy, realistic attitudes, beliefs, and expectations of the child development and behavior;
- Helping parents, if it is the case, to mourn the "easy or successful normal" child and tolerate their frustration for his school or social failures; helping them take on their responsibility of children's

- Enhance parents' ability to recognize child's point of view/ meaning of his symptoms /behaviors;

Helping parents

- understand child's inner states, critical transitions, child's difficulties to overcome specific barriers
- understand and tolerate the child's "steps back or regressions" or failures in specific situations
- acknowledge child's efforts to change
- deal with family /couple's conflicts
- strengthen their relationships
- take advantage of social support/ take part in supportive social networks /get assisted by social associations or refer them to specialized medical services if necessary
- develop a positive relation with school

Issues related to the Applied Techniques

- Talk is an essential tool to communicate with the child;
- The therapist has an active (verbal and no verbal) role; without being intrusive, he attempts to verbalize the child's unspeakable emotions/experiences when necessary;
- The use of complementary/alternative means to foster therapeutic communication is often necessary;
- Techniques such as story telling, play, games, drawings, mutual-story telling, CAT slides, are used as "transitional" objects to facilitate child express himself and verbalize his thoughts/ experiences/fears in ways that are not painful or disturbing for him;
- The use of alternative/art based techniques, as well as supervised activities that are pleasant and meaningful for the child, are important tools for psychodynamic interventions insofar as they mediate the child-therapist relationship and symbolize, reflect and mobilize the child's internal processes (Chethik, 2000; Schmidt Neven, 2010; Solomon and Nashat, 2010)

- By becoming involved in such activities the “problematic child” puts his “psychological self in action” and “in disposition to others” while he is called upon to think, produce, and act in a very different way than usual, namely in a partnership manner within a holding and accepting ambiance;
- He is called upon to act in a non-aggressive way, in a productive and cooperative manner;
- Using the intermediary of creative alternative activities and productions, the child allows himself to experience new means to voice his emotions and needs;
- Through such repetitive, well-structured, and organized supervised programs, the child may acquire/develop the necessary emotional and interpersonal skills, becoming less likely to use aggressive or inappropriate means to express himself and resolve conflicts;
- Overall, the child’s developmental, intellectual, and cognitive-emotional maturation/psychic organization determines the use of the appropriate method to work with him;

First Clinical piece

- P., a six year old boy with intense hyperactivity, concentration, language, school adjustment problems and sporadic aggressive behaviours, as well;
- Characterized by his teacher as “an exceptional pathological case”;
- Family and individual meetings revealed a highly intimidated child (very low self esteem) who experienced strong anxiety and uncontrolled fears related to couple/family problems and the mother’s inability to handle the father’s (infrequent but traumatic) (both physical and verbal) attacks against him from the early childhood; overall, father is absent in the everyday life and does not help the child develop his social skills; he also represents a traumatic figure for P. with his aggressive and denigrating behaviour; fortunately, the mother’s unconditional support helped P. avoid the development of more serious psychopathology;
- P.’s drawing (Img.1) is in line with his clinical picture: behind his hyperkinetic disorganized and reactive aggressive behaviour, P. is an emotionally very inhibited and intimidated boy, not flourished at all, with restricted interpersonal /verbal skills; in his drawing of a tree are obvious the signs of depressive feelings and deficient (low self-esteem) self-concept represented by the dried branches of his small tree with very few colours and a thin trunk without any roots (see Drawing’s analysis by Michal Bat-Or in the ext slide);

A phenomenological Art Therapy interpretations of the Tree Drawing (Img.1)*

The tree was drawn without a surface/land, floating without any holding environment. It seems desolated when most of the branches are empty. The few branches which have some leaves, indicate possible growth, especially within the intellectual and spiritual domains (they are placed in the upper branches).
Although the tree was drawn in a very limited space of the paper (reflecting low self esteem) has no holding environment, and only few leaves, it has a well full truck, and a very organized branch construct. These features can reflect child's primary strengths together with current distress/hardship in his life. The branches are biased towards the sides can indicate a wish for reaching out (for connectedness and/or for derive satisfaction from the environment). Thus the prognosis or hope is positive.

*Michal Bat-Or comments

- A brief psychotherapeutic intervention and a supportive relationship with the therapist allowed the child to talk about his painful experiences with his father; in addition, an enduring mother counselling in combination with academic support and speech therapy strengthened the child's self-concept and his academic capacities; all these allowed the child to progressively decrease his disruptive behaviour, be integrated in the classroom, developing better interpersonal/peer relationships, and respond to his fathers' threatening and offensive (verbal) attack (2 years later) with the following way:

  "*you should look at your self; a father should not treat his son this way; I'm not stupid at all as you say*";
- In actual fact, this is the required result of the individual intervention: helping the child to pass from the "enacting phase" of his emotions to the "verbalizing and communicating" phase; to accomplish this goal, important changes should be achieved in both the internal and external reality of the child (i.e. in the way the child thinks, feels, reacts and perceives himself and others and in the way his family and school environment perceive his behavior and react toward it);

The following have been found to be effective (for this specific case): :

- (a) the stable and supportive relationship of the therapist with the child; this was the first positive social experience of relationship and interpersonal communication of P. with an adult (besides his mother) which allowed him to talk and express his internal reality, needs and expectations without being afraid of criticism and retaliation; the provided "therapeutic space" allowed him to "speak about"(*denounce*) his father's violent behaviour to another adult;
- (b) the respect of the child's identity and his value as individual, that goes beyond the symptoms and is attained by encouraging the child to expound and strengthen his narrative, interpersonal and artistic skills;
- (c) a brief psychosocial intervention with the use of play, games and constructive exercises by two students of the AM School Psychology Program which also enabled the child to unfold his capacities and develop some new skills and progressively obtain a better self-image;

- (d) the counselling work with the mother which enabled her to overcome her confusion, be more self-confident, offer better support to the child and handle effectively his disruptive behaviours (e.g. stop rejecting him, as she used to do before since she was always overwhelmed and angry with her husband);
- (e) the academic support of the child which enabled him to feel more self-confident (ameliorate his academic self-competence) within the classroom, improve on academic self-esteem avoid teachers' rejection and be better included in the peers' group;
- Overall, the experience of P. of being accepted with his needs, capacities and vulnerabilities, being recognized by other adults and of having the chance to work with the emotional impact that his father's beating and denigrating attitude on him (P. believed he was "stupid" and "useless") was a first step towards school adjustment a better handling of his behavior;
- Although it took P. too long to get rid of the father fear, as he continued to be sporadically wounded by him; the child was enabled to overcome his fears, stresses and anxieties related to his father and his relationship with him;

- The mother of P. was from aboard; she was a professional psychologist and was very consciously involved in a psychotherapeutic counselling process;
- During the counselling process a series of personal issues have been raised and addressed; issues related to intense couple problems and her inability to modify her husband's behavior towards her son; issues related to her past as the decision to get married with her husband and to the mourning of a previous relationship and to her pathway from her own country to Greece;
- She was also helped to adequately elaborate issues related to her family of origins (her relationship with her father; the mourning of his death; her departure from her own country);

Concluding comments about ADHD & disruptions

- Expanding our understanding of the meaning of children's behaviour (not using exclusively symptoms description focus approaches) can radically contribute to a comprehensive evaluation of their internal dynamics and therefore to more meaningful intervention programs design;
- Much of the discourse associated with ADHD concerns itself with innumerable descriptions from professionals about the child or adolescent but we have very little information or contribution from children and adolescents themselves;
- Taking children seriously and being prepared to listen to them can provide a framework for prevention, whether in the family home or at school (Schmidt Naven et al., 2002);
- A paradigm shift of shared responsibility implies that their voices need to be heard and their experiences and views perceived as valid (Schmidt Naven et al., 2002);
- Clinicians is not only to provide answers for parents and teachers but rather to assist them to tolerate uncertainty and to contain anxiety, so that they can find their own solutions to problems and develop the proper strategies; they can help teachers and parents overcome their own anxieties and use their (intuitive) knowledge of the child to effectively respond to the every day life challenges; they can also provide them with a supportive supervision in order to strengthen the adequate responses to the child's problems; '

- The neuroscientist Joseph le Doux (1998) states that therapy is another way of creating synaptic potentiation in brain pathways that control the amygdala. The amygdala's emotional memories are indelibly burned into its circuits, but we can regulate their expression;
- Important notice: even the evidence-based treatments can fail or harm because the sources of change have not been adequately addressed (Rosenfeld, 2009);

Brief vignettes

- An 11 years old boy with a tattoo, carrying a knife in the school, trying to get emancipated from the mother (searching autonomy, having some risky –for the mother- behaviours, not loving his self, wanting to change face and to have his best friend face, ...drawing monsters, and guns, and carapaces having some sleep problems, fearful of masks, expressing his night fears about being attacked/ exposed to dangers

- Many other children struggle or fail to gain a “place” in their family, a fact that seriously affects their self-perception; disruptive behavior is a problematic mean to draw other’s attention and gain a self-identity in the family/classroom;
- Other children are affected by seemingly not dangerous or hazardous family situations/dynamics (e.g. father absence, new born child) that may lead them to react in inappropriate ways and hence, experience parental or teacher rejection (Kourkoutas, 2012; Rohner, 2005);

Brief examples (con.)

- An 8 years old boy, very dynamic, very intelligent, good student, very athletic, with a lot of capacities and socially skilful, suddenly manifesting extreme separation anxiety, terrorized at the slightest delay of her mother when coming to pick him up from school
- A six year old boy, highly intelligent with strong and intense anxiety reactions and uncontrolled fears as well as hyperactive behaviours, with signs
- A 5 years old boy, with permanently aggressive and destructive behaviours, hitting with sadistic satisfaction other children, and destroying objects
- **A PUZZLE of elements that clinicians should complete and understand in order to plan the intervention strategies**

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Case

- 6,5 years old boy, very provocative, challenging, disruptive-hyperkinetic within the classroom and specially towards his teacher, not really aggressive, but socially isolated, not able /not interested (?) to get involved in peers' groups, plays, etc.
- Learning difficulties
- Teacher worrying and anxious, overwhelmed by child's reactions, unable to deal with him, unable even to manage with an aggressive manner his disruptive/ challenging acts
- Third child, only boy in the family, significant gap with her older sisters

case (con.)

Family dynamics

- Father works in the commercial marine, absent during several per year, good relation with the boy, distant with his problems, not recognizing, very supportive without setting limits (strong identification), always offering boy very attached to him, frequent communication
- Mother, married very young, affective, but immature, investing into personal activities, working a lot and seriously neglecting P., probably an extra-conjugal relation

case (con.)

School context

- Inability of P. to get a place in the classroom, quite "problematic" child, lacking appropriate learning and psychosocial skills (same problems in pre-elementary period), not aggressive, but developmentally immature

Analysis of psychosocial dynamics

- Abandoned by mother, struggling to form a male identity – identifying with the father and supported by him in an overinvested immature narcissistic way- struggling for a place in the classroom by challenging the teacher , struggling for a place in the family by imposing himself to her sisters in an aggressive way, feeling confused and abandoned by the mother, pretending being the man of the house and her husband substitute
- Affectively and psychosocially unstable, without any acquired skills and ways to impose himself, he was constantly challenging