

A Psychotherapeutic Intervention Example in the Case of a Depressed Adolescent

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Abstract

Introduction: *Anxiety and depression are prolific topics in the specialty literature, since they are some of the most frequently encountered mental health issues among adolescents. The current study investigates the counselling intervention and its subsequent effects in the case of a teenager with anxious-depressive symptoms.*

Objectives: *The main objectives of the counselling intervention were: improving self-knowledge through emotional expression; shaping identity through the construction of a positive self-image; ameliorating of anxious-depressive symptoms, by increasing self-esteem and developing positive interpersonal relationships.*

Methods: *Draw-a-Person Test, Thematic Apperception Test (TAT) and Millon Adolescent Clinical Inventory (MACI) have been employed in order to assess the emotional state and personality patterns of the concerned teenager. The intervention approach has been client-centered, relying on Rogerian dialogue techniques, such as active listening, reflection of the feelings, paraphrasing, as well as Ludotherapy specific methods. We have employed creative techniques with artistic support such as Collage, Six-piece story making, Clay modelling.*

Results: *After the administration of the psychometric and projective instruments, the following findings emerged concerning the teenager: perceived inadequacy and low self-image, as well as the need of recognition and admiration were noticed. The participant further manifested low self-esteem, as well as the belief that he was unworthy of love, which made him channel his resources towards academic performance, that culminating with social withdrawal and denial of his emotions. A significant decrease on the Introversive scale was noticed, which suggested openness and progress in terms of understanding one's emotions. The client's lack of self-disclosure as well as the lack of intrinsic motivation for change, represented added limitations to the study.*

Conclusions: *Although the level of anxious-depressive symptoms remained unchanged, the therapeutic process brought significant improvements on the level of interpersonal relationships and self-expression, adequately responding to the needs of an introvert nature. There are several steps that could be undertaken by the teenager as further directions meant to complete the therapeutic process and foster change, e.g. participating in social activities to develop communication skills and to expand his vision and passion; taking part in team games, as to strengthen confidence, resilience and perseverance.*

Keywords: *self-esteem, self-identity, fraternal relations, social anxiety, adolescents, depression*

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I. Introduction

Adolescence is a phase of transition between childhood and adulthood, which is characterized by a series of physical, psychological, cognitive and attitudinal changes. In the context of the dedicated scientific literature, anxiety and depressive disorders are among the most common manifestations of psychopathology that occur in adolescence, having a significant long-term impact on one's social, academic and professional dimensions of existence. Depression onset during adolescence increases the risk for developing other mental health issues in adulthood, such as suicidal tendencies, poor physical health, and self-harm. Negative self-assessment is one of the 10 symptoms that are part of the criteria for diagnosing depression in adolescents (DSM-5, APA, 2013) and is one of the most commonly observed symptoms of depression in young people. Emerging evidence suggests that negative self-assessment may also predict the severity of depression (Orchard & Reynolds, 2018). Low self-esteem and a negative view of oneself are strongly associated with depression and predict its activation in the future. Adolescence establishes a trajectory for defining wellbeing, aspirations, relationships and cognitions, emotions and behaviors throughout life. Our concept of "who we are" represents "our self"; it becomes consolidated during adolescence and is influenced by life events, as well as by any experience we have with common mental health problems, including depression. They often appear for the first time in adolescence and cause a significant impairment in functioning. Self-concept and depression are directly linked by the inclusion of negative self-assessment as a symptom of major depressive disorder (DSM-5, APA, 2013), but the relation between depression development and self-development remains largely unexplored (Hards, Ellis, Fisk, & Reynolds, 2020).

It is estimated that 20% of adolescents will experience one depressive episode by the age of 18, with the vast majority (80%) experiencing a second episode in 5 years. Depression is associated with severe side effects, including suicidal ideation, truancy, school dropout, decreased academic performance and cognitive functioning, and difficulties in maintaining social relationships. These side effects have profound consequences, given the significant physiological and psychological changes that occur during this major period of development (Lovato & Gradisar, 2014).

As said, anxiety disorders are among the most common mental health problems that occur in

adolescence, affecting one's proper functioning. Anxiety disorders share common characteristics, such as excessive fear, avoidance of the source of fear, anticipation of fear, and worry when expected to encounter any source that causes fear. Globally, it is estimated that almost 3.6% of the population suffers from anxiety disorders. The prevalence among adolescents is similar to the overall prevalence (WHO, 2017). Nair et al. (2013) estimated the prevalence of anxiety disorders among adolescents in southern India to be 14.5%. Social anxiety disorder has been shown to be the most common anxiety disorder among adolescents. In Indian environments, the reported prevalence of anxiety disorders among adolescents ranged from 14.4% to 56.6% (Madasu et al., 2019).

At the same time, there seem to be certain factors that shape the nature of the sibling relationship, as well as the changes brought forth by adolescence. Specific variables related to the family environment, such as birth order or sibling gender, seem to be a relevant example in this regard. The younger siblings usually benefit from a more intimate relationship with their elder siblings, as well as more support and attention from the adults in the family. There seems to be a smoother and less hostile relationship between siblings of the same sex, in contrast with opposite sex siblings, who tend to display less closeness in their interaction (Oliva & Arranz, 2005).

Generally, elder siblings display a higher level of discipline and a more rational behavior, characterized by the urge to carefully plan every event in their life. They feel comfortable when having every aspect under control and they are particularly mindful regarding decision making. Older siblings have a well-structured thinking process and prove to be good organizers, since they exhibit rigor and precision in taking action. Older siblings have a cognitive nature based on highly logical skills. Older brothers most commonly stand out as traditionalists with conservative tendencies. They seem to display resistance to change and a certain lack of adaptability, due to the anxiety experienced upon the birth of their younger sibling. The organizational skills of elder siblings are mirrored in their inclination towards practical matters and their well-structured systematic thinking, which lead to a meticulous attitude meant to ensure professional success. This makes them dose their resources accordingly in order to meet the energy levels required for every task in their life (Mihăescu & Dumitru, 2010).

II. Case study

General presentation

The present study focused on the assessment and counseling intervention of a 17-year-old adolescent with intense anxiety and depressive symptoms. The research was conducted during 15 weekly sessions. In the first phase, we made the presentation of the case with data concerning the client and his family, revealing the socio-economic status, environment, their concerns and interests, the information having been extracted from *Interview with an Adolescent* (Vladislav, 2015).

The objectives of the counselling intervention were: to improve self-knowledge, to foster expression of emotions, to decrease levels of anxiety and depression, by increasing self-esteem and improving interpersonal relationships. Along with the therapeutic objectives, we outlined the diagnosis hypotheses and structured the intervention plan. Each meeting was audio-recorded and the material was transcribed in its entirety, then processed according to recurring topics. Clinical tests were applied, such as the Millon Adolescent Clinical Inventory (MACI) (Millon et al., 2010), but also projective techniques, such as Draw-a-Person Test (Machover, 1949) and Thematic Apperception Test (TAT) (Bellack, 2015). The evaluation materials were analyzed and scored, then interpreted according to the corresponding manuals and standards. The results outline an introverted, submissive and anxious typology.

At the end of the therapeutic intervention, another evaluation with the same instruments was performed. We scored and interpreted the results, which were compared to the initial ones, in order to assess the client's emotional state before and after the therapeutic process. Subsequently, the thematic presentation of the case was completed. Further details were provided regarding the central themes, such as depression, anxiety, low self-esteem, but also fraternal relationships, using excerpts from the client's discourse. Conclusions were drawn and future recommendations and directions for the adolescent were proposed. The characteristics and results of the intervention were analyzed, both significant and minor changes being reported in terms of emotional state, which are detailed in the conclusions section. At the same time, the clinical significance of the results of the client was pointed out, the progress was highlighted, we valued and appreciated the involvement, dedication and effort made by the client throughout this process.

Assessment

H. is a 17-year-old teenager currently living in Bucharest. He comes from a multicultural family, his mother being Romanian and his father Iranian. He has an elder sister, who has visual impairments, as well as a younger brother, who is 15 years and 8 months old.

The client's educational and social life are complex, as the parents decided that the two brothers start their educational process simultaneously, so they were enrolled in school together. H. would always be accompanied by his younger brother, from kindergarten to high school. As their mother felt overwhelmed by the responsibilities and requirements of raising three children, one with special needs, she decided it would be easier for the two boys to follow the same school path, given the proximity of age. This proved to be detrimental to the children, especially H., as the constant proximity between them caused the client to feeling eclipsed and not being perceived as differentiated from his brother.

H. grew up to be an introverted, shy teenager, having difficulties in expressing himself. On the other hand, his brother is an extroverted, spontaneous, vocal boy, with a desire for affirmation and recognition among his peers. It is important to mention that their sister also has an expansive personality, acts extremely vocal, with a constant need for attention and validation. Their mother is a pragmatic, task-focused woman, who does not openly express her emotions. The father is presented as a more absent, uninvolved figure, extremely busy with running the family business. He is kind and protective, but there is no close enough emotional bond between him and the two boys.

Moreover, the parental style is described as permissive. Both parents trust their children and give them the freedom and autonomy they need. The personalities of H.'s sister and younger brother, combined with the lax attitude of the parents, and also with the lack of efficient communication and emotional expression in the family, outline H.'s inhibited, conventional and rigid typology. The lack of individualization, but also the overwhelming personality of the younger brother, affects the client's self-image and esteem, which causes an emotional and cognitive blockage. He has difficulties in asserting himself and relating to others, is not open to experience and does not go out of the predetermined routine.

On the other hand, H. has a number of admirable qualities, such as conscientiousness, politeness and altruism. He is a hardworking student and is very passionate about sciences. He reads and

researches a lot of information, he likes to learn about the universe, physics and human nature. He is inclined to build his perception of the world from documentaries or science books, rather than from his direct experience with the surrounding universe.

He is also an organized, structured, pragmatic and very rational person, who values principles such as fairness, truth and equality. He likes studying and playing strategy games on the phone. He shares the group of friends with his younger brother. His role and image in the family environment is a blurred, discrete one, being often seen as a very good child and a very introverted teenager, who does not like to communicate. The attention and interest of the parents has always been focused on the other siblings, who have more volcanic personalities, which pushes him into the shadow, while encouraging his withdrawn, avoidant attitude.

The perceived lack of attention from family members and the permanent association of H. with his younger brother led to the inability to perceive and own his personal uniqueness. Often the client is described in antithesis to his brother, in contrast with naming his own qualities and personality traits, which is negatively impacting on his self-esteem and self-concept.

H.'s mood is dysphoric, apathetic, he does not seem to express positive emotions, such as contentment, joy or exuberance. He tends to isolate himself in his universe, which includes in-depth study, exercise and discipline. His social activities are limited to interactions with classmates and friends. The relationships with classmates are insignificant, almost non-existent, but with friends he is more engaged, although he does not always have the necessary disposition to see them. At the same time, the relationship with his friends is moderated by his younger brother, who tends to make fun of him, to make jokes about him in their presence, to prove his dominance.

At the same time, the interest for romantic relationships is extremely low, almost non-existent. The client tends to reject and avoid any aspect that could touch on this subject. There is, on the other hand, a passive attitude towards the other preoccupations that are not of interest to him. The introvert typology, the dominant attitude of the younger brother, but also the lack of a clearly defined role, identity and a well-established place in the family, determines him to act passively, to comply and not to express his individuality and personality traits at full capacity.

Draw-a-Person Test

Placing both drawings above the middle of the

page indicates the client's tendency to employ imagination to satisfy the need for power, as well as may point a distant, inaccessible stance. At the same time, the small silhouettes suggest low self-esteem, withdrawal, and feelings of inadequacy and difficulties in adapting to the environment. Drawing lines accurately and blackening them highlights care and a high degree of self-control. The accentuation of the middle line in both drawings, more precisely of the buttons, illustrates a precarious body image, can be an indicator of dependency, but also of a pronounced sexual discomfort. The tendency to draw people schematically, only with lines, suggests evasion and opposition to the problem.

Moreover, drawing heads of small dimensions indicates the minimization of intellectual control that prevents the satisfaction of bodily needs. The omission of the iris in the drawing of the feminine character suggests an attempt to withdraw from the world. A smiling mouth may indicate a feeling of gratitude or, conversely, a facade, a false smile.

Hair shading in both drawings reveals anxiety concerning sexuality, thinking or imagination. The drawing of a long and thin neck in the case of the feminine character suggests a strong self-control tendency. In addition, the stick-shaped fingers highlight the difficulty of adapting to the environment. The arms drawn on the sides indicate social fear and rigidity, and the weak legs suggest insecurity. The presence of pockets suggests both dependency and receptivity. The manner in which silhouettes were drawn are indicators of strong feelings of inadequacy. Excessive detailing through the presence of buttons and pockets indicates a certain obsessive-compulsive tendency. This test outlines an inhibited, avoidant personality pattern that feels social anxiety and sexual discomfort and also displays a strong tendency to self-control.

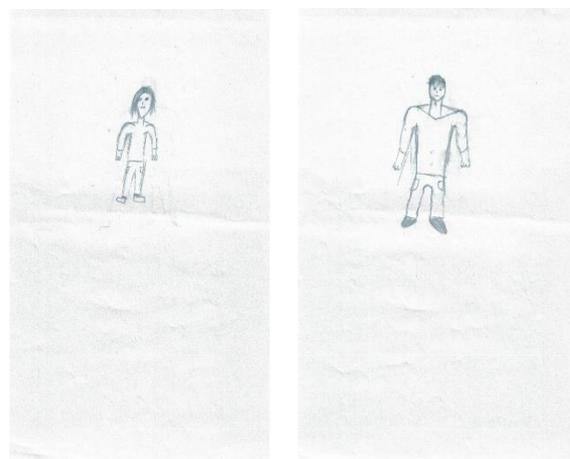


Fig. 1-2. Draw-a-Person Test – Initial evaluation

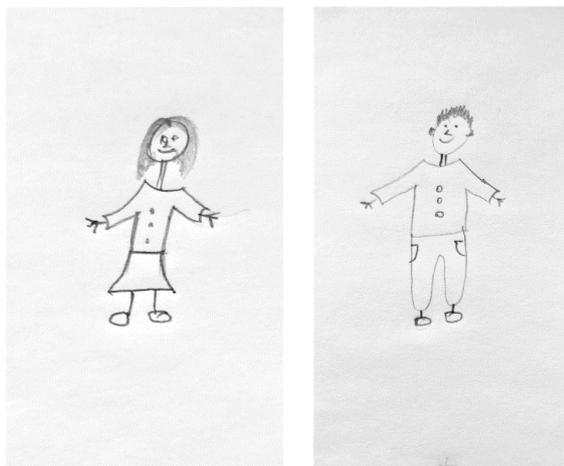


Fig. 3-4. Draw-a-Person Test – Final evaluation

Thematic Apperception Test (TAT)

The narrative dimension is quite reduced, the stories being relatively short, which denotes restraints in expression, avoidance of self-disclosure, but also a possible lack of imagination. The style and tone of the stories is optimistic, positive. There can be noticed a concern for the professional side in all images, except for the white card. The characters display a number of special qualities and abilities that help them excel in the professional field. Although in the first card the hero starts out as a novice in the art of violin, the end of the story portrays him as a perfect musician, who gracefully handles the violin. This aspect denotes, on the one hand, the uncertain aspect and low self-esteem of the client, but also his need to be noticed, appreciated through his knowledge, dedication and perseverance.

At the same time, study and academic performance are two other central aspects of H.'s personality, which is emphasized by the story of card number two. The desire to perform is so fierce that the characters push their limits to exhaustion, which denotes overcompensation, probably rooted in the lack of appreciation and support from the environment. The client wants to evolve, to excel, he puts an extreme amount of effort, but this is done with the price of exhaustion, of both physical and mental fatigue. The idea that dedication and exclusive involvement will bring benefits translated by promotion at work, only strengthens the need to confirm reassurance of one's worth, but also to emphasize the repetitive pattern of a compulsive tendency to work. Card number four highlights the teenager's need to receive attention, appreciation and recognition from those around him. The actors are appreciated by co-workers, so they are distributed in all film productions.

Also, the mother figure is projected as a hardworking woman, but who needs help from the child as he strives to please her. On the other hand, the relationship with the paternal image is different, an adult-adult relationship is outlined, where the two discuss objective aspects related to professional aspects. In addition, the altruistic, charitable side of the client can be noticed. He shows a desire to help those in need, which can be translated into the need to care for someone, to be useful in the world and that can compensate for feelings of uselessness and insignificance.

In addition, the stories mark the client's need for relaxation and rest, which counterbalances the effort and the exhaustion experienced. The white card outlines yet another side of the client's personality. Feeling deprived of affection is rooted in hope-shattering loneliness. The client feels alone in a world that does not offer him value, meaning or support, which causes him to reject interactions, relationships or emotions. There is a high likelihood that he might feel unworthy of receiving affection, which causes him to stop longing for it, to turn away from the need, and to deny any form of emotional expression.

In conclusion, this test points out the wishes, needs, beliefs and concerns of the client. He is a teenager with a strong need to be appreciated and admired. Low self-esteem, but also the belief that he does not deserve affection, determines him to use all his resources to excel at school, which culminates with exhaustion, social withdrawal and rejection of emotions. The altruistic side and empathy are two important resources of his personality. The need for rest illustrates the effort to constantly overcome oneself, but also the pressure H. puts on himself. H.'s involvement and dedication are other valuable qualities, but also point to the need to be useful, to contribute to something important. The psychological portrait of the adolescent is predominantly characterized by experiences that speak of loneliness, hard work, exclusion, fragility, but also optimism. Optimism translates into a desire to progress, to be better and to help. The need to be admired, to have his merits recognized is the source that fuels optimism. The professional accomplishment expressed throughout the nine cards cannot compensate for the feeling of loneliness conveyed by the white card.

Diagnostic hypotheses

H1. It is assumed that the lack of individualization in relation to the brother, the lack of emotional expression, but also the impossibility of

finding a place and a role in the family led to increased depressive symptoms.

H2. Presumably there is a connection between anxiety and the introvert typology as well as the communication issues displayed by the client.

H3. It is assumed that there is a link between the inhibition and the submissive attitude of the adolescent and the aggressiveness and dominant attitude of his brother.

H4. It is assumed that there is a relationship between low self-esteem and lack of personal uniqueness.

Main therapeutic objectives – central topics

Depression

Depression has been a recurring theme in the discussion. Strong feelings of apathy, uselessness, lack of meaning, lack of hope, social withdrawal, loss of confidence have been displayed. In the 5th session, the client describes the tendency to retreat in isolation, and also the belief that the world would be a better place without him: “They will just be the same without me”. At the same time, the client points out the lack of interest and enthusiasm. The statement: “For me there is barely anything relevant”, reveals a distant, inaccessible personality, which accentuates the social withdrawal. During the 8th session, depression appears as a central theme. The teenager describes a series of negative emotions he has experienced: “Sadness, anger, but you don’t need to be sad to realize that people have no purpose”, which underlines acute feelings of loneliness, exclusion, and insignificance. The belief that life is meaningless and people do not have a greater purpose or goal is the recurrent motive of session 8. He believes that “People are born randomly and there is nothing to be done about it”, which points to the feelings of uselessness, but also the perception that life is a desolate place, and humanity lacks direction and motivation.

Depression is also highlighted through the following excerpt from the dialogue: Psychologist: “Do you have any aspirations?”. Client: “No. No matter what you do, it is not important”. Psychologist: “Important to whom?”. Client: “To no one”. These lines mark the confusion about who he is and what he wants to become, as well as the lack of value and purpose that he might be feeling. The lack of aspirations culminates in an absence of interest in life overall, thus leading to an escape into a personal universe, where one can run away from intense emotions or disturbing thoughts. Moreover, depression is described in session 3 as lack of ambition, will, and motivation, the teenager stating “I don’t work

hard at all, because I have no ambition, so I don’t need to be hardworking”. Psychologist: “You can’t name other qualities because...”. Client: “Because I don’t believe there are other”. The inability to name qualities illustrates low self-esteem.

In addition, in session 5, the client describes the lack of satisfaction and interest in extracurricular activities: “I don’t watch movies, I don’t like trips, I’m not interested in too many things. I have nothing to discuss”. The perception that the world is a place of discontentment emphasizes depressive tendencies and strengthens the avoidance mechanism of the adolescent. Depression has an effect upon the efforts of the adolescent and the belief that his struggles are not worthy enough is highlighted in the following excerpt from session 8: Psychologist: “Do you feel proud or satisfied with your work?”. Client: “Usually not!”. Psychologist: “You put a lot of effort into it, yet you are not content. What else do you want?”. Client: “It seems to me that it is not enough”. Furthermore, the symptoms of depression were discussed during session 5, when H. stated “I can’t ponder most subjects that people usually approach”. Psychologist: “People generally talk about what they like, how they feel, what annoys them, about ideas”. Client: “Then I understand why I’m only talking about school and games”. The adolescent fears rejection from loved ones as well as from other people, therefore he isolates himself and chooses to withhold his thoughts and emotions. This withdrawal absorbs him in a personal universe in which academic performance and video games are the key elements. The passion for video games denotes the difficulty of adapting to reality, as well as the need to satisfy desires and impulses, even online. The fear of failure, of rejection entwined with the belief that he is not worth loving, accentuates depressive tendencies and social withdrawal.

Anxiety

Anxiety has been a major topic throughout the sessions. Anxiety takes many forms. On our first session, the teenager believed “I find it more pleasant not to talk. Everything is calmer”. At the same time, during the 6th session, he stated “It is unpleasant for me to speak, to stand out, to socialize”, which gives away his fear of self-affirmation along with his social anxiety. The tendency to isolate, to withdraw, the feeling of shyness he has in relation to others, but also the fear of being rejected, of making mistakes, determines him to avoid contacts. In session 3, fear appears in the context of interpersonal relationships and is manifested as avoidance, blockage and panic: “I like to be alone. I’m

not comfortable socializing. What I dislike most is not saying the right thing, not necessarily that others are laughing at me, simply because I want to say everything right. If I am unsure I know the answer, I get stuck and panic". The fear of failure and embarrassment are relevant components of H.'s personality.

Additionally, in session 10, anxiety emerges as a result of the interaction with classmates: "It's hard for me to talk to most of my colleagues", and manifests as: "I feel stuck often when I am stressed out. I get stuck because I'm stressed and I stress out because I get stuck". Psychologist: "Where does this fear come from?". Client: "Ever since I was younger, I was getting stuck and everyone was laughing at me and that's how I came to believe it's a bad thing. It made me feel lesser than the others". Early traumatic events instilled feelings of inferiority and insignificance.

Session 7 illustrates the effects of anxiety on the thinking process, which amplifies the communication blockage: "I was more stressed at first and I was very blocked. When I talk to other people, I always think of a hundred ways to say the same thing and eventually when I say half the sentence, I start to change it and I get confused, I get stuck and I have to start over". In addition, during the 5th session, the client realized that he is an introvert, being rather silent, distant and less sociable. "When I am given attention, I feel unpleasant, stressed, stuck and there is nothing I can do". Psychologist: "What makes you think people don't like you?". Client: "Because I'm not like them and I'm less social". Psychologist: "Why don't you ask the teacher first?". Client: "There would be too much attention on me and I wouldn't like it". His reserved attitude, as well as his imminent fear of failure, prevent him from asking for help whenever he encounters a problem. Anxiety causes unmanageable stress, which overwhelms the client's personality and depletes his resources.

Emotional inhibition is yet another form of anxiety. In session 8, the teenager stated: "It's generally difficult for me to express myself, let alone emotions". During the 9th session he claimed that "I'm not passionate about talking at all". It is possible that H. feels that he does not deserve the affection of others, and for this reason, he no longer wants it. He does not accept any form of emotional expression. In addition, anxiety might manifest itself as an obsessive-compulsive tendency, a fact highlighted in the 7th session by the phrase "When everything is organized, I feel better". The need for control and order helps to combat anxiety. Order in the outer world helps in balancing the inner emotional chaos.

Anxiety also appears as a central topic of the evaluations performed. The results of the projective tests are consistent with those of the clinical inventories. There is an increase on the Anxious Feelings scale according to Millon Adolescent Clinical Inventory (MACI). Following the initial assessment, the client scored 103. After the completion of the program he scored 111. We believe that this increase is due to the global pandemic, the quarantine restrictions imposed, but also the lack of contact and predictability that this situation brought along with it. One additional reason could be the psychotherapeutic procedure itself, since it taps into suppressed emotions in order to generate self-knowledge and a self-image improvement. Therefore, old patterns of thinking, suppressed anxiety and lack of self-confidence may surface in order for them to be addressed, as part of the therapeutic program, thus facilitating the exploration and integration of the emotions. The baggage of feelings that he had been trying to neglect was brought to light as a result of the program. Consequently, the anxiety level increased due to the coming to the surface of all the emotional load thus far ignored – and this is in fact an additional benefit of the therapeutic process, which can lead to longterm self-acceptance.

Self-esteem/ self-identity

Low self-esteem and diffuse identity were two central concepts of the counseling process. In session 5, the dysfunctional image that the teenager has about himself is manifested in relation to friends and classmates. "She basically felt obliged to invite me, she did not want me to be there". Psychologist: "What makes you think people don't like you?". Client: "Because I'm not like them and I'm less social". Psychologist: "You know that people like each other even if they are different". Client: "I know, but we have nothing to talk about, I have nothing to tell them". The client tends to adopt a reserved attitude, perhaps more submissive, to avoid conflicts. He also tends to give up his opinions and hide his true feelings to preserve the wellbeing of others. Unsure of his identity, he does not seem to be concerned about future plans or life values. He often seems out of direction and insecure about the person he would like to become.

At the same time, there is a decrease on the Introversive scale according to the Millon Adolescent Clinical Inventory (MACI). Following the initial evaluation, the client obtained a score of 101, which highlighted an extremely reserved, distant personality and low self-esteem. As a result of the final evaluation,

the adolescent obtained a score of 76 on the Introversive scale, which suggests a greater openness, a progress in terms of understanding emotions, as well as the courage to experiment. A parallel can be drawn between the test results and the client's words. For example, in session 10, "I think it was a good idea because we spent a long-time walking and, should there have been a longer silence, it would seemed longer and longer if nobody tried to speak. I had to stay there with her, because I didn't want to be insensitive and tell her I wanted to leave, I thought I'd better say something so she could say something too" emphasizes more courage to start a conversation, increased openness to communication, but also the ability to overcome difficult moments.

Fraternal relations

The issue of fraternal relations has been a key topic during the counseling sessions. H. stated in session 3: "I am reluctant to tell people about how I was abused as a child. I mean, it was this moment, when my brother got in a fight with me when I was a child and it's no big deal. I'm reserved, not in the sense that I don't want to tell anyone, but I don't see the need to tell anyone. I mean, it happened... It still happens". This line reveals the conflicting relationship that the two brothers had and continue to have. Verbal and physical abuse caused H. to withdraw, to become inhibited and introverted.

At the same time, the following fragment of dialogue reveals the abusive and dominant attitude of the younger brother in relation to H.: "He became very violent, irrational". Psychologist: "What did he do?". Client: "He hit me. We were children, all children hit each other". Psychologist: "I understand that he was acting violently and irrationally. And now, how is he acting?". Client: "He is still violent and irrational, but more verbally than physically, which is better, because he can say whatever he wants. It's not like he's hitting me anymore". Psychologist: "How did you react when he hit you?". Client: "I just pushed him off me". Psychologist: "What would you do differently if you were in those moments again?". Client: "I wouldn't do anything differently, because he was very irrational. There was nothing you could say to him". H. feels that there is no hope for his brother, so he adopts a defense mechanism for the normalization of experience.

Also, in session 4, the violent attitude of the brother is materialized through verbal abuse, his younger brother being considered a source of stress. Client: "He is insistent, but not intimidating, only stressful. He always gets violent". Psychologist: "In what way? How does he react?". Client: "I mean not

violent in a physical way, simply verbally. He calls me insensitive."

In addition, the adolescent points out the selfish, egocentric side of his brother, as well as the discomfort created when his brother does not consult or respect his opinion and personal space. Client: "I mean, I understand that he never wants to do anything, but at least he should leave me alone. Usually he doesn't even engage with his friends, he sits alone in a corner and plays on the phone and I have to stay with them all day. He does what he wants and even though he invited them, I am the one to spend time with them." Psychologist: "What do you think you could do about it?". Client: "Well, from my standpoint, he will never care, he only cares about himself". A parallel can be drawn between the test results and the client's words. For example, in session 3: "And there is my brother, who'd have something against me each time I tried to express myself". Psychologist: "How would he treat you?". Client: "Well, he usually becomes very violent and I guess that's also why I'm more withdrawn. What I dislike most is not saying something right, not necessarily that others are laughing at me, simply because I want to say everything right. And since I am unsure I know everything, I don't like to talk." The high score on the Submissive and Inhibited scales of the Millon Adolescent Clinical Inventory (MACI) correlates with the client's account of his brother and highlights the effects of childhood abuse on his personality. He is reserved in standing out and avoids taking initiatives or leadership. The peaceful spirit, as well as the discomfort of a possible conflict determines H. to adopt a submissive attitude, to give up his opinions in favor of the wellbeing of others.

Also, the dominant attitude of his brother determined H. to adopt an avoidant attitude in relation to him, as well as to build authentic and nourishing relationships with friends. He stated "I simply don't feel I need to be dominant towards someone else. I mean, a relationship is more beautiful if it's based on equality". Psychologist: "Have you ever been in a relationship where the other person was dominant?". Client: "Yes, with my brother and none other than him, because I choose my friends carefully and, if I don't like the way they are, I don't spend time with them. I often think about what I should do to prevent this from happening. I mean, most of the time he does it when he wants to impress others, actually he makes fun of all his friends. He wants to show off and ends up humiliating all his friends. I choose to avoid this and I simply go away."

Therapeutic program

The therapeutic program was client-centered in approach. Rogerian techniques such as active listening, emotion reflection and paraphrasing were applied. A secure framework was provided in order to facilitate the expression of the client's emotions, thoughts and feelings. Adopting a supportive therapeutic attitude, based on trust, respect and unconditional acceptance has contributed to the process of self-disclosure, while strengthening the therapeutic alliance. Thus, Rogerian dialogue, non-judgmental attitude, but also confidence in the transformative potential of the adolescent were key elements of the therapeutic intervention.

The therapeutic program also included components specific to Ludotherapy. Expressive-creative techniques with artistic support were used, such as Magazine Collage, Six-piece story making and Clay modelling. The non-judgmental and spontaneous therapeutic attitude facilitated the expression of the client's personal matters.

In order to increase the functionality on a social level, it is vital for the adolescent to become aware of his own resources. Therefore, the expressive-creative method Six-piece story making (Lahad, 1992) was an opportunity to recognize and identify the obstacles he was facing, but also his personal resources. Once people's resources are identified, they can be polished and used to improve interpersonal relationships. The awareness of certain personal resources, be they cognitive, imaginative, social or physical, improves self-image, contributing to increased academic motivation and more. At the same time, the awareness of a set of resources can activate old hobbies or unfulfilled interests, but also the desire to get involved in extracurricular activities. Encouragement and support from the psychologist in following his aspirations provided motivation to the client. Analyzing the story created by the teenager, it appears that H. possesses a number of valuable resources, especially cognitive and social. Cognitive resources are reflected in the story by the hero's desire for planning, organization, as well as by the introspective and analytical side. At the same time, social resources are reflected in terms of the desire and willingness to help others in any circumstances. The hero's desire to help others reveals vast emotional resources of empathy and support. Therefore, this expressive-creative exercise emphasized the teenager's personal resources, values and beliefs. A dialogue sequence that describes the story of the hero, but also the exploratory process was introduced:

Client: "Nico is a person who does things for others on his own initiative. He wants to help people who are in need. It takes a lot of his time. The key moment is having to choose between his own tasks and helping others. Nico learns to manage his time as to complete his own work and pursue his hobbies too."

Psychologist: "How does Nico help others?"

Client: "He helps them do what they need to do."

Psychologist: "How does he help them?"

Client: "He helps them out by providing emotional and physical support."

Psychologist: "That's so beautiful! However, Nico's problem is that he doesn't have enough time to help others and solve his own problems."

Client: "Yes."

Psychologist: "In the end, what is Nico going to do?"

Client: "He will learn to manage his time so he can do his own job and also help others."

To alleviate anxious and depressive symptoms, we focused on increasing self-esteem. Consequently, the symbolic expression exercise with artistic support, Clay modelling, was used. The technique was meant to externalize the problem, to bring the Shadow side of the Ego to surface, in order for it to be integrated. In addition, the exploration process contributed to the awareness of the client's qualities. The purpose of this creative exercise was to ensure clarification, acceptance and self-transformation (Vladislav, 2015). At the same time, the Clay modelling technique was used as a supportive tool. H. modeled his desire to make friends and made an agreement with his character to appeal to him whenever he is in need, as illustrated by the following dialogue sequence:

Client: "This is Dito. He is a pokemon and can turn into other pokemon he sees."

Psychologist: "I understand that Dito has chameleon abilities."

Client: "Yes."

Psychologist: "Do you think you can call on Dito to help whenever you encounter a problem?"

Client: "Yes."

Psychologist: "How are you going to do that?"

Client: "Well, if I want to make friends, I'll try harder and not get stuck. Especially since I'm moving to another high school."

Psychologist: "Very good! Let's call upon this Dito whenever you want to interact with another people."

Client: "Yes."

Psychologist: "How would he encourage you?"

Client: "He would tell me you can make friends if you go ahead and interact with them. I think he's right."

To develop a healthy relational dynamic with family members, the Metapositions technique was used. Thus, the adolescent successively experienced the part of every person involved in the conflict. This exercise aimed to provide an overview of the traumatic event. Experiencing each role gave the adolescent an objective and detached perspective on the people who played a vital role in the story. At the same time, this technique had the role of diminishing the feeling of guilt, helping the client understand the role, motivations and attitudes of others. Furthermore, this technique provides an opportunity for free expression and emotional venting, for understanding one's emotions and feelings and for processing and integrating trauma.

At the same time, the Magazine Collage technique was applied. The client built two collages, entitled "How I see myself" and "How others see me". The role of the expressive-creative technique was to increase awareness regarding the perception of others about one, as well as concerning the elements of the self-image and the connection between them (Vladislav, 2015). The collage was carefully analyzed. H. chose some representative images such as: a bed, a closet, a desk, a pizza box and a child holding his hand to his mouth. The closet is a symbol for his well-structured and organized nature. The child with his hand to his mouth represents his blockage in terms of communication, but also the lack of social skills. The bed illustrates serenity. The office stands for intellectual activity, and the pizza box symbolizes laziness, which makes him eat unhealthily. As a result of thorough analysis, laziness appears as a mechanism to ensure relaxation. Also, the need for structure gives him a sense of peace, happiness, confidence and energy. On the other hand, maintaining constant order requires a lot of concentration and effort, which leads to fatigue, and laziness has the role of compensating for the constant urge for order and the exhaustion. Additionally, the self-expression challenge was approached. Perfectionism is the source of communication issues. In fact, the difficulty in expression comes from indecision, from the impossibility of choosing an answer. As a result of the exploration, the client gained some insight regarding the challenges he is confronting with.



Fig. 5. Magazine Collage made by the client

The central goal of the therapeutic program was to express emotions and thoughts, to increase awareness and potentiate on personal resources, but also to redefine experiences with traumatic impact.

III. Results

The results of the study are consistent in helping to explain the relationship between anxiety, depression and self-esteem in the case of the adolescent.

Hypothesis 1 highlighted the fact that the lack of individualization in relation to the brother, the lack of perceived affection, the absence of emotional expression, but also the impossibility of finding a place and a role in the family led to intense depressive symptoms. The results outlined make a substantial contribution in favor of the hypothesis. The adolescent experiences strong feelings of apathy, uselessness, lack of meaning, lack of hope, social withdrawal, feelings of inadequacy and unattractiveness, but also loss of confidence. The lack of aspirations culminates in a lack of interest in life and the escape into a personal universe, where emotions, contacts and thoughts can be avoided. There are feelings of uselessness, lack of efficiency, as well as the perception that life is a deserted place, and that humanity lacks direction and motivation. The source of depression is vast.

The second hypothesis postulated that there is a relation between anxiety, introvert typology and communication issues. We were able to acquire information in support of this hypothesis. The tendency of isolation and social withdrawal, the shyness experienced in relation to others, but also the fear of being rejected, of making mistakes, determined H. to avoid contacts. At the same time, anxiety occurs in the context of interpersonal relationships and is manifested as avoidance, blockage or panic. The tendency to internalize, be rather silent and devoid of emotions, amplifies the communication blockage. His reserved attitude, as well as the imminent fear of

failure, the fear of embarrassment, prevent him from asking for help, and from communicating openly upon encountering a problem.

The third hypothesis pointed out that there is a link between the adolescent's inhibitions and submissive attitude and his brother's aggressiveness and dominant attitude. We extracted evidence in favor of the hypothesis. The verbal and physical abuse of the brother causes the teenager to withdraw, to become inhibited and introverted. The client is reserved in standing out, thus avoids taking initiatives or leading position. The peaceful spirit, as well as the discomfort of a possible conflict determines him to adopt a submissive attitude, to give up his opinions to favor the others. Also, the brother's dominant attitude determined the adolescent to adopt an avoidant behavior towards him, and also to build meaningful relationships with his friends.

The fourth hypothesis postulated that there is a relation between low self-esteem and lack of personal uniqueness. The information acquired contributed to the verification of the hypothesis. The precarious self-image of the adolescent is manifested in relation to peers. He strongly believes that he is not capable, attractive or interesting enough and that his work is not good enough. Unsure of his identity, he does not seem to be concerned with future plans or life values and he often seems out of direction and unsure about who he would want to be.

IV. Conclusions

The first aim of the study was directed at self-knowledge through recognition and expression of emotions. We believe that the process of self-knowledge has been fruitful, as the teenager understood that he is introverted, accepting, materialistic and tends to procrastinate. He realized that he is a tolerant and empathetic person who tries to see the problem through the eyes of another, attempting to figure out about what to do if he were in their position. At the same time, he grasped that the thinking process is encumbered due to the lack of interest in certain aspects and details that he considers unimportant. On the other hand, expressing emotions is still a challenge for him. The client has also realized that he does not like to feel emotions and that he is not even attentive to them. This is because the emotional aspect, the recognition of emotions to be more precise, is not a prominent trait of his. At the same time, the altruistic side and empathy are two important resources of his personality.

The second objective of the study was to clarify the identity by consolidating an adequate self-image. According to references, the crystallization of self-

identity is a laborious process. The teenager realized that the low self-esteem, as well as the belief that he does not deserve affection determines him to focus all his resources on performance at school as to outline self-identity. The rational, logical and analytical sides represent other relevant aspects of his personality and important instruments for his interests. On the other hand, he understands that a person's identity encompasses both social, cultural, intellectual, physical, and emotional attributes.

The third objective of the study was to ameliorate anxiety and depressive tendencies by improving self-esteem and interpersonal relationships. Although the clinical inventory has not indicated a decrease in anxiety and depression, an improvement in self-esteem and interpersonal relationships can be noticed. The teenager has found the courage to start a conversation. Openness to communication and the ability to overcome difficult moments suggests a progress in terms of understanding emotions, as well as the courage to experiment.

Although the level of anxious-depressive symptoms has remained unchanged, the therapeutic process brought significant improvements on the level of interpersonal relationships and self-expression, adequately responding to the needs of an introvert nature. The therapeutic methods employed consist of a unique blend between elements of Ludotherapy and Rogerian dialogue techniques which have resulted into a client centered process that has proven highly effective in assisting the adolescent throughout the exploration of his personality, in this multilayered undertaking of self-knowledge. The client-psychologist interaction has been based on mutual confidence, non-judgment and empathy which have allowed the client to display openness and determination to engage in the therapeutic process more thoroughly. Despite the teenager's overall timid and reserved attitude regarding communication, he has proven rather willing to cooperate and this has turned our sessions into a significant leap on the journey of self-discovery.

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