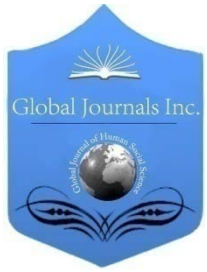
Volume 18 Issue 13
Originally issued as A2



Global Journal of human-social science: A
Arts & Humanities - Psychology
Volume 18 Issue 2 Version 1.0 Year 2018
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-460X & Print ISSN: 0975-587X

Psychoanalytic Psychotherapy as a Method of Treatment for a Special Educator Experiencing Disengagement in Relation to Her Profession: A Case Study

By Pilios-Dimitris Stavrou
University of Athens

Abstract- The present case study focuses on a special educator working with children with psychosis, named Sophie, who engaged in two years of psychoanalytic psychotherapy in order to resolve feelings of distress, anxiety, low self-esteem. Her mental state is examined in relation to the nature of her profession, the transference children experience with their educators, the emotional bond created and the mental representations she had created for her work. More specifically, we considered the role played by mental representations and symbolization in the way an educator addresses their profession and distinguishes between their internal representations and external reality. Methods of psychoanalytic psychotherapy were adopted in order to allow her to improve her mental state, such as self-reflection and self-analysis. Progress is documented through two scales, the Multimodal Questionnaire of Professional Engagement and the Beck Depression Inventory, and two projective tests, the Draw A-Tree test, and the Draw-A-Person-In-The-Rain test, which were employed at the beginning and the end of the therapeutic process. Findings regarding Sophie's improvement are discussed.

Keywords: special educator, psychotic children, psycho-analytic psychotherapy, representations, symbolization, mentalization, scales, projective tests.

GJHSS-A Classification: FOR Code: 380199



Strictly as per the compliance and regulations of:



© 2018 Pilios-Dimitris Stavrou.This is a research/review paper, distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License http://creativecommons.org/licenses/by-nc/3.0/), permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Psychoanalytic Psychotherapy as a Method of Treatment for a Special Educator Experiencing Disengagement in Relation to her Profession: A Case Study

Pilios-Dimitris Stavrou

Abstract- The present case study focuses on a special educator working with children with psychosis, named Sophie, who engaged in two years of psychoanalytic psychotherapy in order to resolve feelings of distress, anxiety, low self-esteem. Her mental state is examined in relation to the nature of her profession, the transference children experience with their educators, the emotional bond created and the mental representations she had created for her work. More specifically, we considered the role played by mental representations and symbolization in the way an educator addresses their profession and distinguishes between their internal representations and external reality. Methods of psychoanalytic psychotherapy were adopted in order to allow her to improve her mental state, such as self-reflection and self-analysis. Progress is documented through two scales, theMultimodal Questionnaire of Professional Engagement and the Beck Depression Inventory, and two projective tests, the Draw-A-Tree test, and the Draw-A-Person-In-The-Rain test, which were employed at the beginning and the end of the therapeutic process. Findings regarding Sophie's improvement are discussed.

Keywords: special educator, psychotic children, psychoanalytic psychotherapy, representations, symbolization, mentalization, scales, projective tests

I. Introduction

a) Children with psychosis and special education

Psychosis in children is not easily defined, as it incorporates a wide variety of different pathologies. In most cases, psychosis in young age affects the brain, as well as the child's psychology, and it contributes to the loss of touch with reality. The most prevalent definition refers to the presence of disruptions in thinking, accompanied by delusions or hallucinations, along with an alteration in thought processes. The word "psychosis" applies to a state of being (ie, a psychotic state) as well as distinct diagnostic entities. The psychotic symptoms described in DSM-IV-TR include disorganization or gross disturbance of thought form or speech, thought content, or behavior, or extreme negativism (Courvoisie, Labellarte & Riddle, 2001; Ulloa, Birmaher, Axelson, 2000). A psychotic symptom, or symptom cluster, is associated with a specific disorder as defined by a certain number of symptoms occurring over a circumscribed duration of time with demonstrated impairment. Hallucinations and delusions are usually thought to establish the diagnosis of psychosis.

When a child is affected by a major developmental and psychological disorder, the intervention of a qualified team of mental health professionals is essential (Holmes, 2014). Thus, it very beneficial for psychotic children to be undertaken as soon as possible by practitioners, doctors, specialized educators, psychologists. Most of the specialized institutions where psychotic children are addressed bring together different professionals, whose common mission is to provide education or specialized reeducation to children or adolescents with psychological and social difficulties. These teams of professionals working in the institutions form working groups (Bion, 1961) who have a common objective. Each professional works in collaboration with the other members of the team, in order to help the children who are institutionalized. The team, in a social or medico-social institution, is an organized group, linked by a common task defined by the institution.

Supervised by educators, psychotic children benefit from the educational (autonomy of the child), pedagogical (intellectual development) and therapeutic (relationship development) support. Special education programs are designed for those students who are mentally, physically, socially and/or emotionally challenged. Due to these special requirements, students' needs cannot be met within the traditional classroom environment. Special education programs and services adapt the content, teaching methodology and delivery instruction to meet the appropriate needs of each child. Thus, special education involves an individually established curriculum and learning methods, appropriate equipment and materials, appropriate curricula and other elements that enable learners to achieve a high degree of self-reliance.

Author: Department of Psychology, University of Athens, Athens, Greece, 10679/Laboratory of Clinical Psychology, Psychopathology and Psychoanalysis (PCPP), University Paris Descartes – Sorbonne, Paris, France. 21 G. Papandreou Street, 15773, Zografos, Athens, Greece.
e-mails: pstavrou@otenet.gr, pilios.stavrou@gmail.com

© 2018 Global Journals

b) The role of the educator for the psychotic child

In an institutionalized environment, the educator acts as a reference point for the child. Research shows that children with severe psychopathology experience feelings of disorientation and loss of reality within an institution, especially in the beginning of their institutionalization. Therefore, emotionally connecting to an educator allows the child to feel more in place and adopt a role that can be defining for a child whose sense of identity is being altered due to the conditions of institutionalization. The strong bond created between the educator and the child is strengthened by the participation of the educator in practically all the everyday activities the child takes part in; indeed, the educator not only teaches school subjects but also uses active teaching methods to teach social skills such as group life and openness to new experiences.

Thus, the role of the educator is multidimensional. They are to establish an alliance with the child. Their intuitive and attentive presence in the child's life can introduce a sense of security, as they anticipate the needs of the child and discover the means necessary to fulfil them. This professional bond is considered highly rewarding for the educator, as they play a major role in the child's development and treatment. Nonetheless, the emotional burden of this role can sometimes be overwhelming; the closeness and dependency characteristic of this type of relationship may have a damaging potential to the mental health of the educator. This usually depends on the quality of the relationship created with the child, the level of engagement the educator commits to, their personality, and the severity of the child's psychopathology.

In order to help the child overcome his/her psychosis, the educator needs to connect with the child. In other words, they are called to discover and bond with the healthy part of the child's Ego, which is compartmentalized and reduced due to the psychotic symptoms. The educator must use their abilities to empathize with the child's pain and emotional suffering, and strengthen the healthy part of the child's Ego, and fight the psychotic mechanisms (Holmes & Slade, 2017).

c) The transference relationship

A critical part of the relationship created between the educator and the child with psychosis is the transference procedure. The term transference first emerged in Freud's work as simply another term for the displacement of affect from one idea to another. Later on, however, it came to refer to the patient's relationship to the analyst as it develops in the treatment.

Lacan's thinking about transference progresses through several stages. According to Lacan (1954) transference does not refer to any mysterious property of affect, and even when it manifests itself through emotion, it only acquires meaning by virtue of the dialectical moment in which it is produced. In other words, Lacan argues that although transference often manifests itself through strong affects, such as love and hate, it materializes through the intersubjective relationship. Finally, in 1964, Lacan connects the concept of transference to his concept of the *subject supposed to know*, which remains central to Lacan's view of the transference from then on. This view of the transference is seen as Lacan's most complete attempt to theorize the concept. According to this view, transference is the attribution of knowledge to the Other, the supposition that the Other is a subject who knows; '*As soon as the subject who is supposed to know exists somewhere . . . there is transference.*" (1964, Seminar II, p. 232).

Transference is, first and foremost, a human phenomenon that is experienced to varying degrees in all relations between individuals. Lemay (1966)stayed that the analytic context is essentially centered on the transference, whereas the relationship between the educator and the child is bound by a plethora of complexities. According to him, due to the multileveled nature of the relationship created between an educator and a psychotic child, the transference related phenomena are not the same as in the analysis.The educator acts directly on the child's ego manifestations during the everyday activities they both participate in. One of the goals of this relationship is to make the child connect to the objective reality more than it does to its subjective reality.

In contrary to the above, Rouzel (2000), who focused on the work of the special educator, supports that transference is employed in the educational situation the same way as in the therapeutic relationship. According to him, the educational relationship is based on a background of emotional attachment, of which love is a part. In an educational situation, the transference manifests itself in the everyday life, even in small, unimportant tasks, when a child connects to their educator. Additionally, Rouzel (2000) suggests that a defining quality of the educational relationship is the educator's competence to utilize "facilities favoring the transference". The transfer is therefore a process necessary in the work with psychotic children, as it allows the child to get in touch with the world of its signifiers. The transference in this context is an opportunity for the child to find the right address for the attainment of the position of subject and its fulfillment.

d) The disengagement of the educator

Although mental health issues in the work environment are not specific to the teaching profession, the demands placed on this profession nowadays contribute to the development of a variety of mental health problems among educators, such as depression, anxiety, burn out, and stress related problems. Indeed,

© 2018 Global Journals

many studies demonstrate the damage done on teachers' psychological health (Cenkseven-Önder & Sari, 2009, Genoud, Brodard & Reicherts, 2009, Kokkinos, 2007 and Papart, 2003) and seek to evaluate the impact of stress on them (Dionne-Proulx & Pépin, 1997, Genoud et al., 2009, Soares, 2004). Although the phenomenon of burn out, which includes both anxiety related and depressive effects, extends to different work contexts, it is more frequently observed in individuals whose occupation involves caring for other people, such as the fields of health and education (Richardsen & Martinussen, 2004).

Bloland and Selby (1980) note that the weight of personal and emotional factors is often neglected in comparison to sociodemographic factors. Indeed, "character traits" that correspond to psychological and / or emotional aspects specific to the teacher are very important in this context. Kirsch (2006) mentions the inability to mentally withdraw from work, perfectionism, over-accountability, the fear of reliving a traumatic experience, the difficulty of assuming a role of authority, the difficulty coping with the rejection of some or the inability to plan for the future. These traits in the teaching profession tend to generate stress, dissatisfaction with work (Brownell et al., 1997, Chaplain 2008, FCE 2004, Ingersoll 2001) and finally a progressive disengagement (Billingsley 2004).

Another difficulty newly appointed educators may face is in relation to the mental representations they have created for their profession, which sometimes are not in line with the objective reality they are called to face in a school or an institution. This may be associated to the symbolization process, which is the capacity to differentiate between internal (psychic) reality to external reality.It is essential that the professional adapts to the new context and adjusts their representations to the external reality. If the educator has not questioned their representations about their work, has not accepted that the external reality may be different, they can experience feelings of dissatisfaction and invalidation. The development of “a symbolic representational system for mental states” can be characterized as the foundation of the full capacity of mentalization (Fonagy et al., 2007). The term of mentalization includes both the interpretation of others’ behavior in terms of mental states, the understanding of one’s own mental states, as well as the ability to differentiate between one’s own and others’ mental states, and to distinguish mental states from external reality (Fonagy et al., 2011, 2012). Thus, the educator who cannot successfully alter their representations to match the external reality may fail to communicate with the child. This failure leads to feelings of emptiness, which in turn generate anxiety. The child who encounters difficulties in the healthy development of his / her personality, this anxiety becomes truly critical as it influencesthe overall behavior of the educator: escape route, abandonment.

II. Our Case Study

In the present case study, we focus ona 28-year-old special educator who works in an institution for psychotic children. The educator, named Sophie,has been working in this institution for 2 years. She is a licensed special educator who has been training for this position for years, and her career goal has always been to work with children with personality disorders. During the second year she started experiencing mild annoyance with her job, which climaxed when symptoms of anxiety and depression manifested and affected her everyday life. This is when she visited our psychology practice, asking for help because of these symptoms. We conducted a clinical interview, where she explained the reasons that brought her to therapy, and she completed four tests that helped us specify the nature of her problems. Based on the results of these tests, we proposed she engaged to therapy, which she did on a weekly basis for two years. After the completion of the two years period, she repeated the same four tests, in order for us to obtain a clear picture of her progress over the two years of psychoanalytic psychotherapy. In the following sections, we analyze the tests that were done during the clinical interview and the final session, as well as the main components of the therapeutic relationship that was developed and discuss the findings of this process.

Because of her work in this institution, Sophie shares a daily routine with children presenting serious personality disorders and mental health illnesses. These children have been institutionalized due to the severity of their illnesses. This young educator is part of an "educating duo". More precisely, the "educating duo" consists of two educators working together on a group. The educators are not allowed to be romantically involved. The young educator explained that an educational duo has clear advantages, as it makes it possible to share the responsibilities of the daily professional life and also, by taking turns, to avoid the presence of a substitute on a group the days of leave of absence. Moreover, the duo allows for identification and transference to take place in a way that represents the family structure. This is useful for observation as well as for psycho pedagogical action. She mentions that the educators are called by their first name by the children. The projection and transference that take place in these relationships are evident as some of the youngest children call the educators ‘mum - dad’, or they call them by the name of their parents. In other words, the educating duo offers the child a reference point, aiming to promote the identification of certain problems of the child vis-à-vis the mother or father, to facilitate transference behaviors, and to allow

© 2018 Global Journals

possibilities of identification to adults with a positive role in the child's life. The group which our client works with is a group of three children aged seven, eight and ten.

III. Case Analysis

The clinical interview, which took place during our first meeting with the client, consisted of four different tests, which helped us assess her emotional state and examine her mental health in general. These tests were the Multimodal Questionnaire of Professional Engagement (Questionnaire Multimodal D' Engagement Professionnel), which focuses on one's levels of engagement with their work, the Beck Depression Inventory, which measures depressive symptoms, the Tree-Drawing test (Koch's Baum Test) and the Draw-A-Person-In-the-Rain test.

a) Multimodal Questionnaire of Professional Engagement

To begin with, we applied the Multimodal Questionnaire of Professional Engagement (QMPE), as it is a precise measure of one's satisfaction and engagement with their profession and working environment (Morin, Brault-Labbé & Savaria 2011). This questionnaire offers a conceptualization of the way a professional engages with the subject of their work, and it incorporates different aspects of the working experience that may be problematic. In detail, not only does it measure low engagement, but it also addresses over engagement in the work place, as they are both considered problematic. Therefore, according to the Questionnaire, optimal professional engagement is composed by three different dimensions, which function as a total, in order for the person to improve their presence in the work force. The aforementioned dimensions are: affective force, behavioural force, cognitive force. The affective force refers to the energy and enthusiasm one invests in their job, the behavioural force refers to the perseverance one employs in their job and allows them to be consistent in their performance, despite any difficulties they may be facing. Finally, cognitive force refers to the ability to accept both benefits and costs of the job.

The above dimensions were measured by the QMPE. The three modes of engagement and its components have been verified by factor analysis. In detail, the three scales correspond respectively to the optimal professional engagement, to the over engagement and to the low engagement, adding up to 47 statements presented in a 9-points Likert scale (0 to 8, where 0 = does not define me at all, 8 = defines me completely). More precisely, the optimal engagement scale includes excitement for one's job (6 items, e.g. I am enthusiastic about my job), perseverance (4 items, e.g. I am persistent despite the difficulties I face), reconciliation of positive and negative aspects (4 items, e.g. I accept the fact that a job like mine includes both positive and negative aspects). Furthermore, the over engagement scale measures high levels of investment in one's job (6 items, e.g. It is mainly because of my job that I manage to function in my everyday life), compulsive persistence (6 items, e.g. I have difficulties in turning in a project if I haven't maximized my effort and produced the best results possible), neglecting important aspects of one's life because of work (6 items, e.g. I am neglecting my love life because of work). Regarding the low professional engagement scale, it measures the lack of energy for work tasks (5 items, e.g. I feel that my job is exhausting), lack of interest for work tasks (5 items, e.g. I cannot find any interest in completing my work tasks), feeling pressured and trapped by professional obligations (5 items, e.g. I am considering leaving my job because of what is requires of me).

b) Beck Depression Inventory

Moving on, we applied the Beck Depression Inventory (Beck, Steer & Carbin, 1988). Since its development by Aaron T. Beck in 1968 Beck Depression Inventory (BDI) has been one of the most popular measures of depressive symptoms worldwide. Indeed, this instrument has been used in more than 7,000 studies so far. The theoretical assumption of the original BDI relied upon the belief that negativistic distorted cognitions would be the core characteristic of depression. In its current version, the BDI-II is designed for individuals aged 13 and over, and is composed of items relating to symptoms of depression such as hopelessness and irritability, cognitions such as guilt or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sex (Beck, Steer & Brown, 1996).

The BDI-II contains 21 items on a 4-point scale from 0 (symptom absent) to 3 (severe symptoms). Anxiety symptoms are not assessed but affective, cognitive, somatic and vegetative symptoms are covered, reflecting the DSM-IV criteria for major depression. Scoring is achieved by adding the highest ratings for all 21 items. The minimum score is 0 and maximum score is 63. Higher scores indicate greater symptom severity. In non-clinical populations, scores above 20 indicate depression. In those diagnosed with depression, scores of 0–13 indicate minimal depression, 14–19 (mild depression), 20–28 (moderate depression) and 29–63 (severe depression).

c) The Tree-Drawing Test (Koch's Baum Test):

The Tree-Drawing Test is a projective test developed by the psychologist Charles Koch in 1952. It is used as part of a psychological assessment that observed the personality traits of an individual through his/her drawing of a tree. It highlights the emotional characteristics of his/her personal traits, measures the stability of the person, the presence or absence of internal conflicts, his/her vulnerability and sensitivity.

© 2018 Global Journals

Additionally, it is indicated that this test also reveals the structure of the psyche or the content of our unconscious.

The tree was chosen for this projective test because it is an element of the nature of meanings. The tree is a symbol of verticality, of wealth, a living entity that develops, grows and dies, like a human being. Even the components of the tree - roots, trunk, crown - are very expressive and can easily be related to the physical life of man. The test of Koch's tree, as well as any exercise that demands from us to make a drawing, to choose colors, to create a figure by reproducing it on a white paper, offers traces of our personality.

To perform this test, we gave the client a white paper, a simple pencil as well as colored pencils. The instructions are different depending on the author of the test. To access deeper levels of personality, evidence (see Hammer, 1997) shows that we do not only have to do achromatic drawings (drawn in black pen for example), but chromatic drawings (drawn with pencils or colored markers) can also give us very important information. The instruction used for this study was that of Koch (1958): "Draw any tree as you wish, except for a Christmas tree". The representation of a Christmas tree is too stereotyped because it is influenced by the school context. The same is true for palm trees in some countries.

The psychologist has to take into account the main components of a tree design for interpretation in the context of the test such as:

> Location of the tree in the page, tree and frame, dimension of the tree, order and layout2) Roots3) Ground line4) Trunk, trunk / root articulation5) Crown6) Branches7) Buds8) Flowers9) Sheets10) Fruits11) Landscape-Accessories12) Expression of the shadow-line and dark coloration13) Projections of unconscious concerns

In addition, we used L. Fernandez's (1997) completed tree design questionnaire (Q.D.A.A.), which contains ten questions that the subject must answer after completing the tree drawing. It was used in addition to the psychological analysis of the tree drawing. The instruction is as follows: "You will answer ten questions concerning your drawing of tree spontaneously and quickly".

1) What kind of tree is this? 2) How old is it? 3) To what or whom does this tree look like? What in your drawing gives you that impression? 4) Is this tree alive? If yes, is there a dead part? If yes which one? What gives you that impression? 5) Is this tree active or passive? What in your drawing gives you that impression? 6) Is this tree a tree of the past or the future? What in your drawing gives you that impression? 7) Is this tree growing or has it reached maturity? What in your drawing gives you that impression? 8) What does this tree need? What in your drawing gives you that impression? 9) Is this tree nostalgic? If so, what in your drawing gives you that impression? If not why? 10) Was the growth of this tree normal or difficult? What in your drawing gives you that impression?

d) Draw-a-Person-in-the-Rain Test (DAPR)

The DAPR is an adapted form of Machover's Draw-A-Person assessment (1948). The DAPR focuses on a person's vulnerability, environmental stressors, supports, and coping strategies. According to this test, the client draws a person in the rain and tell his/her story for information about the patient's personality to be revealed through the image of this person in unpleasant conditions (Verinis, Lichtenberg, & Henrich, 1974; Oster & Crone, 2004).It is focused on the diagnosis of ego strength of the person, his/her ability to overcome adverse situations and confront them. Facial expression, body language, line quality, materials used, and participants' description of drawing, all give better sense on how an individual felt at the time of drawing. Studies' results (Carney, 1997) support the validity and reliability of the DAPR, confirming hypotheses regarding the prediction of levels of depression and stress.

The evaluator hands the paper to the client so that it is vertically-oriented. The evaluator then requests, "Draw a picture of a person in the rain." There is no time limit, but the evaluator should remain cognizant of the amount of time the client uses to complete the drawing. There is no specific post-drawing inquiry. However, in this study we also asked Sophie, after her drawing, about the person in the drawing and how he or she is probably feeling. Additionally, we also provided Sophie colored pencils.

e) Therapeutic Process

According to Strupp (1978), psychotherapy is an interpersonal process designed to make changes to feelings, cognitions, attitudes and behaviors that have been troublesome for the person seeking help. The first act of the psychologist is that of the diagnosis, in the sense of identifying a number of symptoms that will enable the psychologist to make first assumptions about the patient's difficulties, his/her functioning and defense mechanisms, his/her way of positioning himself/herself in relation to himself/herself and to others.

Following the first evaluation, we focused on the inner experiences of Sophie, her inner feelings and her representations of her work. Psychoanalytic psychotherapy is primarily focused on the unconscious content of a client's psyche, in an effort to alleviate psychic tension. It also relies on the interpersonal relationship between client and therapist. Though the psychoanalytic psychotherapy and through self-analysis, we worked on self-esteem and her representations about herself and her work.

Through self-analysis, reflective work, Sophie was led to express a series of points: fears, limits, needs, objectives and her representations about her

© 2018 Global Journals

work. Specifically, through this procedure Sophie could express her fears, then her "limits" in the sense of expressing what she considers to be unacceptable, unbearable. Then, Sophie expressed what will allow her to get better, and finally defined goals.

IV. Results

a) Clinical Interview

i. *Multimodal Questionnaire of Professional Engagement*

As expected, Sophie's ratings during the clinical interview were very low in the first scale measuring optimal professional engagement, with most of her answers in the lowest 4 points of the Likert scale. Likewise, her ratings in the second scale measuring over engagement were representative of a person who does not find pleasure in their job, with the majority of her answers in the lowest 3 points of the Likert scale. In the last scale, her score was rather high, as she chose answers in the highest 5 points of the Likert scale, expressing very low engagement in her job.

ii. *Beck Depression Inventory*

Sophie completed the test in 5 minutes without any interruptions, and, as assumed, the results were indicative of depression. In detail, her final score was 17, placing her in the category of borderline clinical depression.

The BDI has been extensively tested for content validity, concurrent validity, and construct validity. The BDI has content validity (the extent to which items of a test are representative of that which is to be measured) because it was constructed from a consensus among clinicians about depressive symptoms displayed by psychiatric patients. Concurrent validity is a measure of the extent to which a test concurs with already existing standards; at least 35 studies have shown concurrent validity between the BDI and such measures of depression as the Hamilton Depression Scale and the Minnesota Multiphasic Personality Inventory-D. Following a range of biological factors, attitudes, and behaviors, tests for construct validity (the degree to which a test measures an internal construct or variable) have shown the BDI to be related to medical symptoms, anxiety, stress , loneliness, sleep patterns, alcoholism, suicidal behaviors, and adjustment among youth.

Factor analysis, a statistical method used to determine underlying relationships between variables, has also supported the validity of the BDI. The BDI can be interpreted as one syndrome (depression) composed of three factors: negative attitudes toward self, performance impairment, and somatic (bodily) disturbance (Beck & Brown, 1984).

The BDI has also been extensively tested for reliability, following established standards for psychological tests published in 1985. Internal consistency has been successfully estimated by over 25 studies in many populations. The BDI has been shown to be valid and reliable, with results corresponding to clinician ratings of depression in more than 90% of all cases.

iii. *The Tree-Drawing test*

The Tree-Drawing completed by Sophie had no line of ground or roots which may indicate a lack of emotional and personal stability. The tree was small, located on the left of the page and was a little tilted to the left. Its small proportion and its placement on the left of the page reveals a sensitive personality, a feeling of inferiority and aspects of anxiety. The drawn trunk was very thin and small and present throughout blackening. The branches, without leaves, were also small with blackening. The way she drew the trunk of the tree, the branches but also the absence of leaves demonstrates a sensitive and rather withdrawn person and furthermore signs of anxiety, sadness and a lack of confidence and self-esteem. Even though Sophie had colors to choose from she did not use any.

iv. *Sophie's answers to the questions*

Sophie told us that she does not know what kind of tree she drew. She said that it is not so young and looks a little like her because it looks sad. She answered that the tree is alive but it is neither very well nor active because it has blackening and it has no leaves. She mentioned that she does not know if it's a tree of the past or the future. According to Sophie, this tree reaches maturity because it is already developed. She claimed that the tree needs water and that it is nostalgic because it wants to become as beautiful as it was before. In addition, she says that the growth of this tree has been difficult.

v. *Draw-a-Person-in-the-Rain Test (DAPR)*

Sophie drew a woman. The woman she drew does not protect herself from the rain. An umbrella is not drawn. This can indicate that the person has no protective mechanisms and resources to cope with difficult life situations. The size of the person Sophie drew is small which shows modesty, insecurity, feeling of inferiority, low self-esteem. The small size is indicative of some helplessness and need of support. Sophie drew the woman looking on the right. Profile view often reveals the desire to avoid ambiguous situations. Her facial characteristics are small and the women seems having no expressions. The person she drew is also staying still. There is heavy rain which symbolizes problems and severity of stress in the environment. External stress is reflected by the amount and intensity of the rain. Sophie does not clearly draw what kind of clothes the woman wears. A protective gear did not seem to be present. The patients' methods of defense are represented by the protective gear, or lack thereof. If no protective gear is drawn, the client may feel that he or she is not coping well with stress. Order in which Sophie

© 2018 Global Journals

drew the elements: Sophie started with the head and ended with the rain. Sophie did not use any color.
Sophie told us that the woman goes to work but she really does not want to. The woman feels sad.

b) Final session

i. *Multimodal Questionnaire of Professional Engagement – Beck Depression Inventory*

The MQPE produced widely different results in the final session compared to the first one. Indeed, Sophie scored high in the optimal engagement scale, moderately in the over engagement scale, and low in the low engagement scale, thus demonstrating that she had the way she felt about her job had improved drastically during the two years of therapy. Moreover, her score in the Beck Depression Inventory her score was 12, which is considered Mild Mood Disturbance. In total, the scores of the two scales suggested that Sophie had made a significant progress in her life regarding her feelings towards her job and her depressive state during the two years of therapy.

ii. *The Tree-Drawing test*

Sophie drew a ground line. The tree was bigger than the last time and located in the middle of the page which may indicate a possible improvement of Sophie's emotional state. Moreover, the tree is not inclined. She drew a trunk with normal proportions which denotes an internal balance. She drew branches with leaves and also drew some fruits which reveals a person with objectives to achieve and desires to satisfy. We observed the absence of blackening and she also used this time three colored pencils, a brown for the trunk and the branches, a green for the leaves and a red for the fruits.

iii. *Sophie's answers to the questions*

According to Sophie, it is a cherry tree, which is neither very young nor very old. She said that it looks like her because it is blooming and looks like it is growing. She mentioned that she also feels good and she feels that everything goes a little better. The tree, according to her, is active because its leaves and flowers grow. It is therefore in full growth. It needs sun so that its flowers and fruits can grow even bigger. Sophie claimed that the tree is not nostalgic because everything is going well for it and its growth has been normal.

iv. *Draw-A-Person-In-The-Rain Test*

Sophie drew again a woman. The woman protects this time herself from the rain as she uses an umbrella, which Sophie drew. This can indicate that Sophie developed protective mechanisms and resources to cope with difficult life situations. Umbrella is a symbolic image of psychic protection against unpleasant external influences. The size of the person Sophie drew is normal. The person's profile view Sophie drew often reveals the ability to confront difficult situations. The woman's facial characteristics are clear and she is smiling. The person she drew is also staying still. Rain is not as heavy as last time. The woman also wears a coat. Rain gear, when depicted, symbolize good planning and strong defense regarding stressful situations. Order in which Sophie drew the elements: Sophie started with the head and ended with the rain. Sophie again did not use any color.

Sophie told us like in the first evaluation that the woman goes to work but, contrary to the first time, she said that she feels very good event if it rains and she risks to be wet.

V. Discussion

In conclusion, the present research examined the case of a 28-year old special educator, Sophie, who has been experiencing anxiety and depressive symptoms for almost a year and engaged in a two years long therapeutic process. The initial goal of the therapy was to untangle the etiology of her symptoms and create a therapeutic approach that would allow Sophie to alleviate the symptoms and approach her work and personal life in a more positive way.

In order to examine the reasons for Sophie's difficulties, we examined the external conditions that outline the work of special educators in relation to children with psychosis. Indeed, this professional field is considered highly demanding, as it includes a lot of emotional labour on behalf of the special educator; they act as points of reference for the psychotic children, and become objects of transference for these children, who project inner needs and mental representations on them. This relationship, which involves qualities of emotional attachment and closeness, can be exhausting for the educators, who need to manage the children's psychic material, while acting as signifiers at the same time. Therefore, it is not surprising that educators working in this field experience distress more often than professionals in other fields; statistics demonstrate that educators may suffer from anxiety symptoms, depression, burn out, and job dissatisfaction in the first seven years of their lives. Additionally, young educators' representations about their work often did not correspond to the external reality and more specifically to the reality of institution. The reality of the institution can be different to the representations that the newly appointed educator has made about what he/she can offer to those children and how he/she can contribute to their treatment. Young educators are usually confronted with an unexpected reality. The inability to realize the difference between their own representations and the objective reality of the institution may be linked to low self-esteem, anxiety and depressive symptoms. All these can lead to the educator's disengagement.

That was the case of Sophie, where we conducted four tests in the beginning of our therapeutic

© 2018 Global Journals

relationship, two scales and two projective tests in order to determine the nature and origins of her mental state. The Multimodal Questionnaire of Professional Engagement allowed us to measure the levels of engagement she exhibited in her work, which were very low, while the Beck Depression Inventory portrayed that she experienced borderline clinical depression, findings that were in line with our clinical opinion of her. Furthermore, she completed The Tree-Drawing test, which showed that she experienced a lack of emotional and personal stability, feelings of inferiority, elevated anxiety and low self-esteem. Likewise, the Draw-a-Person-in-the-Rain Test showed signs of insecurity, low self-esteem and difficulty in managing stress. Through psychoanalytic psychotherapy, which was conducted for a time period of two years, Sophie was able to confront unconscious feelings and conflicts, and attempted to resolve the tension created by them. More specifically, through self-reflection and self-analysis Sophie managed to significantly alter her mental representations, which proved important when dealing with the demanding conditions of her job. By the end of therapy, she was more equipped to deal with difficulties at work without compromising her mental state. This was evident through the tests mentioned above, which she completed again at the end of the therapeutic process. As expected, the scores of the Multimodal Questionnaire of Professional Engagement showed that she was more satisfied with her job and engaged more actively with the job obligations. The Beck Depression Inventory produced similar results, as her score pointed to Mild Mood Disturbance, which is considered normal. In the case of The Tree-Drawing Test, she appeared to be more confident and less anxious, which was similar to the results of the Draw-a-Person-in-the-Rain Test; her results were characteristic of higher self-esteem and lower anxiety in comparison to the first time she completed it. Therefore, it can be concluded that psychoanalytic psychotherapy was indeed helpful in alleviating stress related symptoms and improving the client's mental representations.

References Références Referencias

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 4th ed, Text Revision.* Washington, DC: American Psychiatric Association. 2000
2. Beck, A. T., & Steer, R. A. (1984). Internal consistencies of the original and revised Beck Depression Inventory. *Journal of clinical psychology*, *40* (6), 1365-1367.
3. Beck, A. T., Steer, R. A., & Carbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical psychology review*, *8*(1), 77-100.
4. Beck, A. T., Steer, R. A., & Brown, G. K. (1996). Beck depression inventory-II. *San Antonio*, *78*(2), 490-498.
5. Billingsley, B. S. (2004). Special education teacher retention and attrition: A critical analysis of the research literature. *Journal of Special Education, 38*(1), 39–55.
6. Bion, W. R. (1961). *Experiences in Groups*, London: Tavistock.
7. Bloland, P. A., & Selby, T. J. (1980). Factors associated with career change among secondary school teachers: A review of the literature. *Educational Research Quarterly, 5*(3), 13–24.
8. Brownell, M., Smith, S., McNellis, J., & Miller, D. (1997). Attrition in special education: Why teachers leave the classroom and where they go. *Exceptionality, 7*(3), 143–155.
9. Carney, S. M. (1992). Draw a person in the rain: A comparison of levels of stress and depression among adolescents. *ETD Collection for Pace University*. AAI9305306.
10. Cenkseven-Önder, F., & Sari, M. (2009). Quality of school life and burnout as predictors of subjective well-being among teachers. *Educational Sciences: Theory & Practice, 9*, 1223-1236.
11. Chaplain, R. P. (2008). Stress and psychological distress among trainee secondary teachers in England. *Educational Psychology, 28*(2), 195–209.
12. Courvoisie, H., Labellarte, M. J., & Riddle, M. A. (2001). Psychosis in children: diagnosis and treatment. *Dialogues in clinical neuroscience*, *3* (2), 79.
13. Dionne-Proulx, J., & Pépin, R. (1997). Le travail et ses conséquences potentielles à long terme : comparaison de trois groupes professionnels québécois. *Revue québécoise de psychologie*, *18*, 21-39.
14. Fernandez, L. (2005). *Le test de l'arbre. Un dessin pour comprendre et interpréter*. Paris: Editions In Press. Psych-Pocket
15. FCE (Fédération canadienne des enseignantes et des enseignants). (2004). Recrutement et maintien du personnel enseignant : Pourquoi les enseignants et enseignantes entrent dans la profession, y restent ou la quittent. *Bulletin des services économiques et services aux membres, 5,* 1–20.
16. Freud, S. & Breuer, J. (1895d). Studies on Hysteria. SE, 2: 48-106
17. Fonagy, P., & Bateman, A. (Eds.). (2012). Handbook of Mentalizing in mental health practice. Arlington, VA: American Psychiatric Publishing, Inc.
18. Fonagy, P., Bateman, A., & Luyten, P. (2012). Introduction and overview. In A. Bateman & P. Fonagy (Eds.), *Handbook of mentalizing in mental health practice* (pp. 3–41). Arlington, VA: American Psychiatric Publishing, Inc.

© 2018 Global Journals

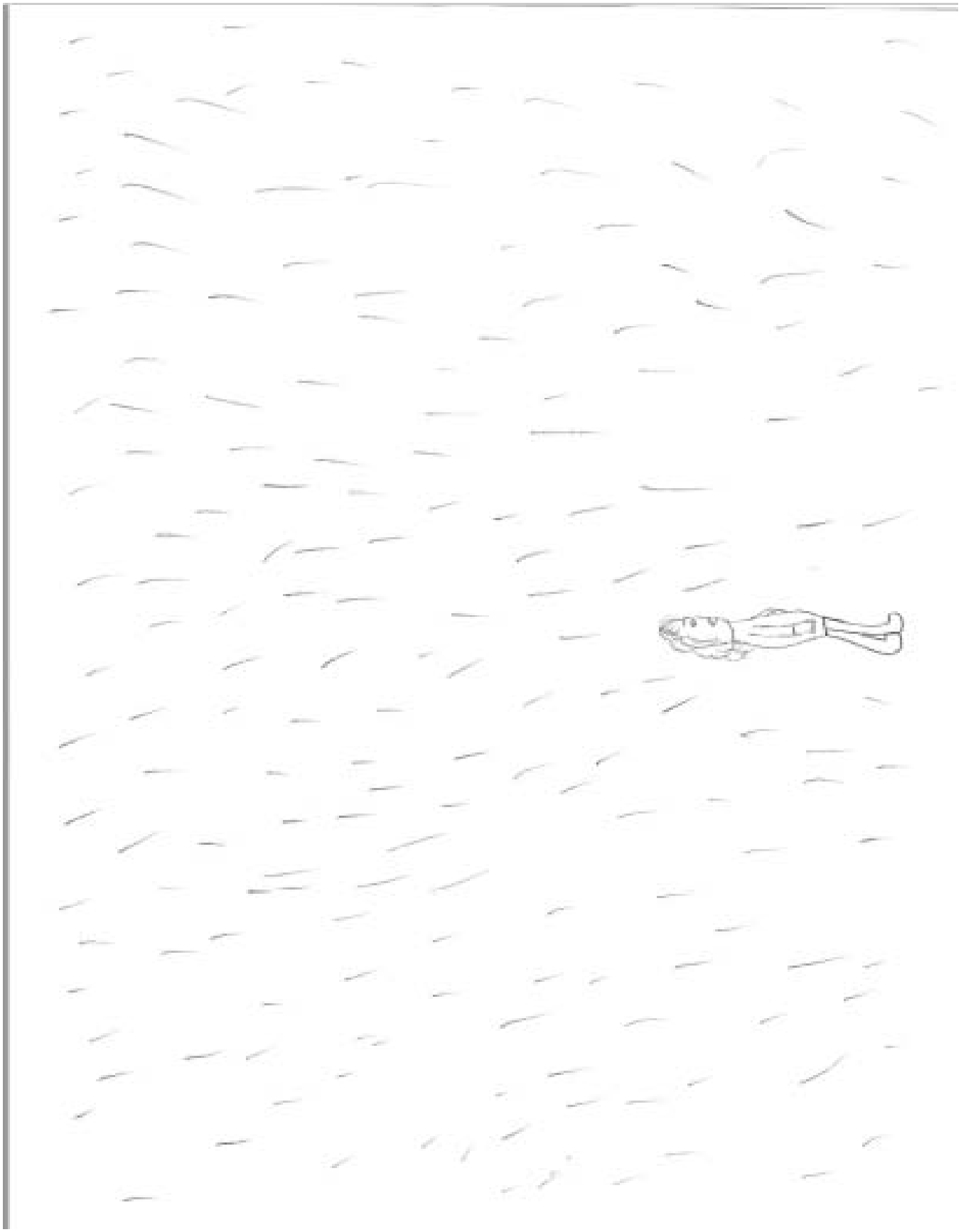
19. Fonagy, P., Bateman, A., & Bateman, A. (2011). The widening scope of mentalizing: A discussion. Psychology and Psychotherapy: *Theory, Research and Practice, 84*, 98 –110
20. Fonagy, P., Gergely, G., & Target, M. (2007). The parent-infant dyad and the construction of the subjective self. Journal of Child Psychology and Psychiatry, 48, 288 –328. doi:10.1111/j.1469-7610.2007.01727.x
21. Genoud, P. A., Brodard, F., & Reicherts, M. (2009). Facteurs de stress et burnout chez les enseignants de l'école primaire. *Revue européenne de psychologie appliquée, 59*, 37-45.
22. Holmes, J. (2014). *The search for the secure base: Attachment theory and psychotherapy*. Routledge.
23. Holmes, J., & Slade, A. (2017). *Attachment in therapeutic practice*. Sage.
24. Ingersoll, R. M. (2002). The teacher shortage: A case of wrong diagnosis and wrong prescription. *NASSP Bulletin, 86* (631), 16–30.
25. Kirsch, R. (2006). *L'abandon volontaire de la carrière chez des enseignants débutants du primaire et du secondaire au Québec*. Mémoire de maîtrise non publié, Université de Montréal, Montréal, QC, Canada.
26. Kokkinos, C. M. (2007). Job stressors, personality and burnout in primary school teachers. *British Journal of Educational Psychology, 77*, 229–243.
27. Lacan, J. (1954). *The Seminar Book I, Freud's Papers on Technique*, Cambridge University Press.
28. Lacan, J. (1964). The Seminar. Book XI. The Four Fundamental Concepts of Psychoanalysis, Trans. Alan Sheridan. London: Hogarth Press and Institute of Psycho-Analysis, 1977. p. 274
29. Lemay, M. (1966). Psychopathologie juvénile. Les désordres de la conduite chez l'enfant et l'adolescent. Tomes I et II. Paris, Fleurus
30. Morin, A., Brault-Labbé, A. et Savaria, M. (2011). *Validation du questionnaire multimodal d'engagement professionnel chez des enseignants du primaire*. Communication présentée au 33e Congrès de la Société québécoise de recherche en psychologie, Québec.
31. Oster, G. D. & Crone, P. G. (2004). Using drawings in assessment and therapy: A guide for mental health professionals. New York: Brunner-Routledge.
32. Richardsen, A. M., & Martinussen, M. (2004). The Maslach Burnout Inventory: Factorial validity and consistency across occupational groups in Norway. *Journal of Occupational and Organizational Psychology*, 77(3), 377–384.
33. Rouzel, J. (2000). The work of the specialized educator. Ethics and practice. Paris, Dunod.
34. Soares, A. (2004). *Travailler avec le coeur : la santé mentale et les émotions au travail*. Université du Québec à Montréal. Recherche sur l'épuisement professionne
35. Strupp H. H. (1978). *Psychotherapy research and practice: an overview. In Handbook of psychotherapy and behavior change: an empirical analysis. second edition* (Garfield et Bergin Eds). New York, John Wiley & Sons.
36. Ulloa RE., Birmaher B., Axelson D., et al. Psychosis in a pediatric mood and anxiety disorders clinic: phenomenology and correlates. *J Am Acad Child Adolesc Psychiatry*. 2000;39:337–345. [PubMed]
37. Verinis, J.S., Lichtenberg, E.F. & Henrich, L. (1974). The Draw-A-Person in the rain technique: Its relationship to diagnostic category and other personality indicators. *Journal of Clinical Psychology, 30*, 407-414.

© 2018 Global Journals

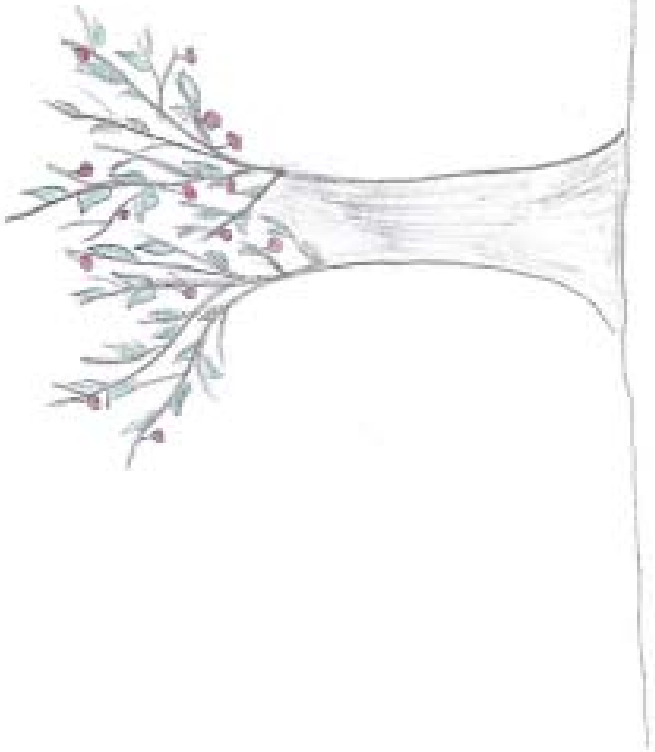


Sophie's drawing from the Tree-Drawing test-First evaluation

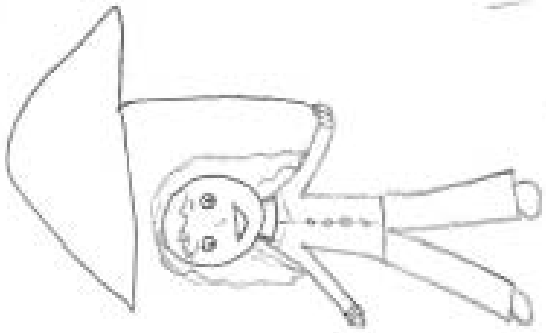
© 2018 Global Journals



© 2018 Global Journals



© 2018 Global Journals



© 2018 Global Journals