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**PSYCHOLOGICAL SUPPORT FOR ADOLESCENTS AND
PREADOLESCENTS WITH DESTRUCTIVE TENDENCIES**

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Abstract

The article deals with the experience of pathopsychological diagnostics of teenager's personality using E. Torrance's test. Traditionally, the Torrance tests are used to identify gifted children and adolescents. Figural subtests by E. Torrance are regarded as a variation of projective drawing technique that reveals destructive personality tendencies. We present a review of literature on teenage autoaggression that is a severe problem of modern society. When analyzing the experience of diagnostic work, we put the emphasis on the detection of the destructive tendencies that were confirmed by a psychiatrist. Using the results obtained, we developed and tested a program of individual psychological counseling for adolescents and preadolescents. This assistance program is based on the principles of causal psychotherapy, so it can be used both to treat and to prevent destructive tendencies. It is recommended to take into account probable destructive tendencies when training teenagers' creativity and identifying hidden giftedness as well as to treat such cases with caution.

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1. Introduction

The World Health Organization (WHO) reports that about 1 million suicides occur worldwide every year, and the number is to grow in the near future. Russia is one of the countries with a high suicide rate. Over the past 30 years, the frequency of suicides in Russia has exceeded 20 cases per 100 thousand people, while the average rate in the world is 7 cases per 100 thousand (Polozhy, 2016). In middle and high school risk of suicide increases (Mars et al., 2015; Evans & Hurrell, 2016; Castellví et al., 2017). Firstly, the "fathers and sons" conflict aggravates; secondly, there may be a discrepancy between the number of obligations imposed by the society and the individual's ability to fulfil them because of lacking life experience. The result of the mismatch between the adults' requirements and the child's abilities is stress, disadaptation and, consequently, autoaggressive behavior. We should mention that under the age of 25 years each completed suicide is preceded by a number of attempts. It is also important to say that suicide is getting younger every year: today it occurs even in children at 6-7 years, though as a result of threatening and demonstrative behavior.

2. Problem Statement

One of the possible explanations is that the very process of development and growing-up becomes more versatile due to scientific and technological progress (Marcinkovskaya, 2017). Scientific and technological progress makes life easier, it seems to get more and more comfortable. But the alleged simplification is in fact complication (car, computer, mobile phone, Internet, various gadgets, etc.), and it creates living conditions which human physiology and psychics cannot fully adapt to. The WHO considers mental health as a complex of physical well-being and general peace of mind, including adequate regulation of behavior and social functioning. The mental health of a modern child is burdened by the factors of technological progress: information overload, accelerating pace of life, formalization of interpersonal contacts, long-distance "communication" in everyday life as well as in the learning process. That's why children and teenagers often have difficulties understanding what they live for, and sometimes it results in such manifestations of neurotic development as aggression and autoaggression. At the same time, it is impossible to transfer moral values from one person to another without true emotional connection, which people often don't have enough time to maintain. The formalization of interpersonal contacts doesn't foster one's spiritual development. This problem is reflected in the stable expressions that we often hear in our everyday life: dog eat dog; every man for himself and the Devil take the hindmost... Today's schoolchildren like using the following expressions: you snooze, you lose, a day late and a dollar short, first come, first served, etc. And good manners are not about honesty and decency, but about knife and fork skills (from psychological conversations with children of Moscow schools). We live in the age of active consumption, and the problems of modern person's self-awareness are rather universal. The consumptive position turns other people into a means of satisfying one's own needs. Such a lifestyle is actively promoted by the media using "predatory tactics". The cult of material success at any cost is widespread in modern society, creating an insatiable neurotic need for external evaluation: people want to be "up to the mark", not worse than others. The philosophy of consumption and its consequences are picturesquely shown in O. Huxley's dystopian novel "Brave New World". People strive for the

approval of the crowd and sometimes put on the mask of success, "competitive strength", but don't know anymore: what do they need it for? They get bored, and boredom is an axial symptom of any neurosis.

The uncertain social situation also exerts a strong influence on mental health, because people have to deal with constant transformation of values, standards and norms. Let's consider general social and economic changes taking place on the territory of the former Soviet Union during the last 25 years. The content of fears and anxieties of both adults and children changes, the fear of poverty, of "being nobody" appears. Thus, one's personal problems are largely related to the problems of the society; they are a kind of psychological sociopathology. The WHO offers a comprehensive ecological model of studying aggression and autoaggression. The model includes four levels. The first one is personality: it is focused on psychological and even physiological risk factors for autoaggressive behavior. The second level is relationships: it handles, in particular, aggression in the family, lack of parental warmth, traumatic experience of parents' parting, etc. The third level is sociopsychological: frequent relocation, especially if it's caused by life and health threatening factors, unavailability of quality education, frustration in response to unfair treatment, possession of weapons without handling them properly are sociopsychological risk factors. And, finally, the fourth level of the ecological model is the level of cultural norms accepted in the society. Translation of norms that consider the autoaggression acceptable to "resolve" conflicts automatically leads to increasing destruction in the society.

Here we can mention the Marilyn Monroe effect – the phenomenon that has been discussed in the US since the 1970s. The death of the popular actress was the reason why the suicide rate increased by 12% in the US and by 10% in the UK, as compared with the standard. Adolescents and preadolescents are often inclined to conformist behavior and maximalist attitudes, they depend on the opinion of their significant others; all these factors increase the risk for autoaggression. Autoaggressive behavior manifests in the situations of "abandonment", "desertion", loss of love or self-esteem. The autoaggression is often conditioned by the difficulties in self-image formation, unstable self-esteem, the self-image of "a rejected one" or "a victim". These grounds are sufficient to cause sociopsychological problems: decline in academic performance and/or difficulties in establishing contacts with peers. At the behavioral level parents and teachers observe excessive shyness and secretiveness. There may be an unhealthy interest in suicides. There're also non-suicidal autoaggressive manifestations described. Sometimes in everyday life we meet children and adolescents with intentional self-inflicted cuts, burns, bruises and scratches, that may look like symbolic inscriptions on face or body. They are usually made in an untidy, ugly manner, without anesthesia. This may precede a suicide attempt. Moreover, deliberate self-harm is sometimes inflicted by diligent problem-free teenagers who were not expected to do that at all. Changes occur at the physiological level. According to the results of a psychological research, there is a close correlation between the concentration of cortisol in children's saliva and their level of anxiety (Tarasova & Osnitsky, 2015). As other authors found out, an increased concentration of cortisol was registered in children mainly as a response to a prolonged or intense stress (Pervanidou et al., 2007; Pervanidou et al., 2013; Butler et al., 2017). The adults who had any psychological trauma in the past (emotional deprivation, frequent hospitalizations, car accident), on the contrary, have a reduced concentration of cortisol in the saliva samples. This fact is explained by the hypothalamic-pituitary-adrenal axis obtusion: the adaptive systems of the body exhaust (Petrowski et al., 2010; Mayer et al., 2017).

3. Research Questions

Thus, it is the comprehensive approach to studying destructive personality tendencies that seems promising in terms of providing timely psychological support. Undoubtedly, the problem can be solved by psychological methods. However, it is difficult to create a unified, “one-size-fits-all” battery of diagnostic techniques. The techniques are disseminated by journalists and become obsolete. Without careful diagnostics, collection of psychological anamnesis, observation of the child and his/her family in dynamics, any correction program will be aimed only at “treating the symptom”. From the scientific point of view, this is not enough. This is also economically inefficient: after one psychological symptom disappears, the other will appear. Hence, first of all, it is necessary to determine the correction target in each case individually. The determination of the correction target includes neuropsychological and personal aspects. In this article we’ll dwell on the personal aspect.

We included the test by Torrance (1971), based on Guilford's concept of convergent and divergent thinking, in the battery of diagnostic techniques (Guilford, 1967). The test by Torrance is used to identify gifted children and adolescents. The problem of relationship between high abilities and mental deviations, including those manifested as destructive tendencies, has been discussed since Cesare Lombroso’s time. The adolescents with a predisposition to schizophrenia have adaptation difficulties (Kobzova, 2012). Traditionally, mental deviations and schizophrenia are associated with self-destruction, including suicide (Medvedeva, Vorontsova, Enikolopov, & Kazmina, 2016; Polozhy, 2016). Especially when the disease manifests itself during the adolescent crisis. In addition, schizoid personality organization is characterized by such a feature of cognitive sphere as easy actualization of objects’ latent properties. That’s why we should dwell on Guilford’s concept of convergent and divergent thinking in greater detail. Divergent thinking includes four main characteristics: fluency (the number of ideas over a period of time), flexibility (the ability to switch from one idea to another), originality (the ability to create non-conventional, non-standard ideas), elaboration (the ability to systematize and implement creative ideas). It is these characteristics of thinking that Torrance’s test is to assess. The instruction for Torrance’s tests encourages giving as few normative answers as possible and arouses lots of associations. Therefore, it is logical to assume that the instruction to give non-standard answers will provoke the manifestation of teenager's destructive tendencies, if there are any

4. Purpose of the Study

The aim of the research was to analyze the experience of individual diagnostic and counseling work with the adolescents on the basis of Moscow psychological-medical-social center.

5. Research Methods

We used the following methods in order to diagnose the individual psychological features of adolescents: observation, conversation, personal anxiety scale, Schmieschek's questionnaire, Schulte tables, memorization of 10 words, classification of objects, the fourth superfluous, pictogram, comparison of concepts, identification of essential features, simple and complex analogies, Dembo-Rubinstein scales, unfinished sentences, Torrance’s test and projective drawing techniques.

The sample involved 120 children and adolescents aged 10 to 18 years: 60 boys and 60 girls. Parents (or legal representatives) gave their written informed consent for psychological and psychiatric examination and correctional work with a psychologist. Of all the children and adolescents who took part in the research, there turned out to be 30 people with pronounced destructive tendencies: 18 boys and 12 girls. When analyzing the diagnostic work, we put the emphasis on the detection of the destructive personality tendencies confirmed by a psychiatrist. Based on the results obtained, we developed a program of individual psychological counseling for adolescents and preadolescents.

6. Findings

The results of the analysis of the diagnostic work confirm the hypothesis that Torrance's test can be used to reveal destructive tendencies in adolescents. We detected destructive tendencies using both classical pathopsychological methods, such as pictograms, projective drawing techniques, clinical conversation, as well as figural subtests by Torrance.

The typical example is the case of a 13-year-old girl who does well at school and is good at drawing. As the school teachers say, the girl got interested in bloodthirsty stories six months ago: horror films, stories by Stephen King, etc. (the girl's mother has similar preferences). The interest is so powerful that it scares away the classmates: they began to distance themselves from the girl. During the conversation the teenager told the psychologist that she tried to write her own stories in the mystery thriller genre. As the girl likes drawing, we asked her, in addition to standard techniques, to create an illustration to her own story. Both the story and the drawing were called "Misery". Using E. Torrance's test, we detected some destructive tendencies: fantasies about immortal demonic beings, where they live and what they eat. According to the results of Schmieschek's questionnaire, schizoid orientation of personality was revealed. Using other questionnaires, we detected high levels of both aggression and anxiety. Collecting the psychological anamnesis, we found out that the girl's father was a doctor in the department of oncology; he spent a lot of time at work and didn't want to leave his daughter home alone, fearing "the manifestations of the difficult age". The father often brought the girl to the hospital where he worked. Watching people suffering aroused fears that the teenager intuitively tried to cope with through horror stories. Similarly, children and adolescents tell each other scary stories in camps before going to sleep, summon the Queen of Spades, seeking to substantiate their free-floating anxiety. In the case of this girl the target of psychological correction was the increased level of anxiety and fears.

Let's describe the case of 15-year-old Masha. We performed a standard pathopsychological examination. We added the test by E. Torrance to our set of techniques; it showed the existence of destructive personality tendencies. Masha's peculiar sense of humor manifested itself in her comments to the figural subtests by E. Torrance: "I'll die in flight", "Blades", "Harakiri" (Figures 1-3).

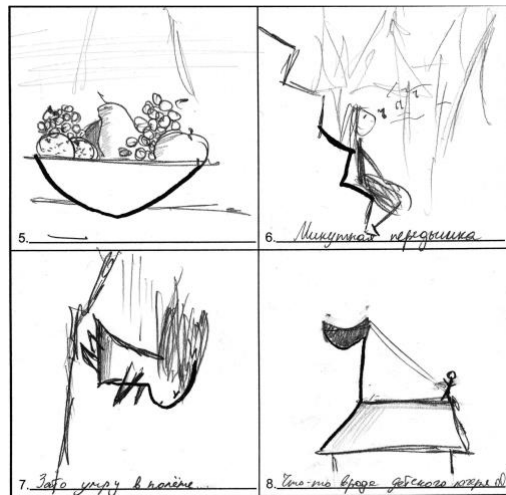


Figure 1. Subtest of the figural battery of E. Torrance’s method. The title of the picture 7 is "I'll die in flight. Not bad!"

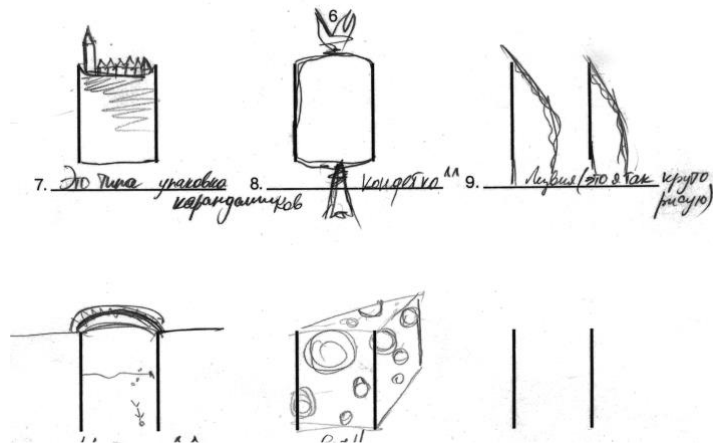


Figure 2. Subtest of the figural battery of E. Torrance’s method. The title of picture 9 is "Blades. I’m so good at drawing"

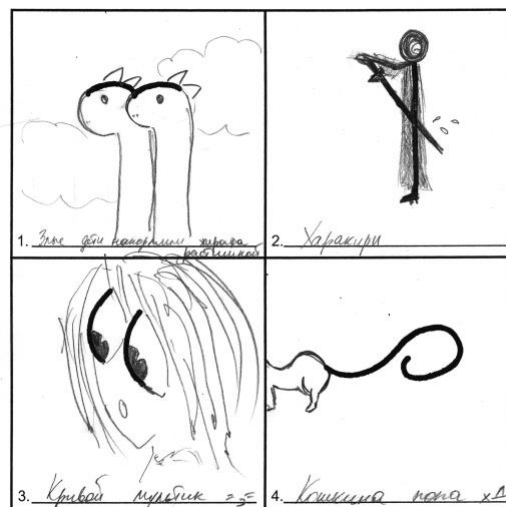


Figure 3. Subtest of the figural battery of E. Torrance’s method. The title of the picture 2 is "Harakiri".

Using Schmieschek's questionnaire we revealed schizoid personality accentuation. Figure 4 shows Masha's pictogram. In combination with other techniques, it can be the evidence of neurotic anxiety.

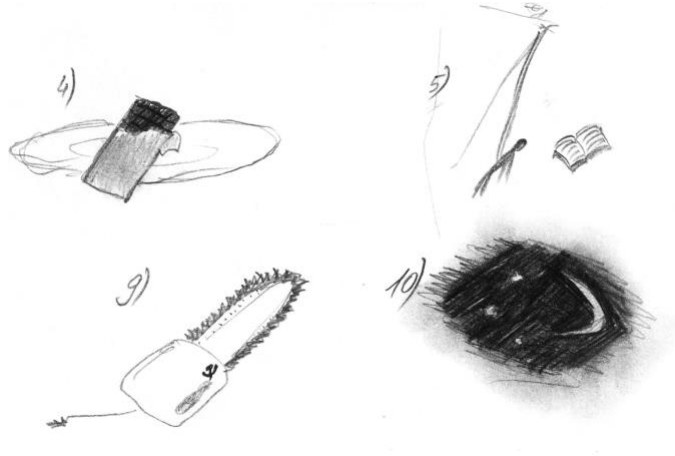


Figure 4. Pictogram.

Since Masha likes reading very much and has a fairly rich vocabulary, we offered her to write an essay on "freedom". Her mini-composition is given below. The girl uses figurative language. The teenager, although symbolically, writes about liberation as death. It is curious that the narrator is male (that is grammatically obvious in Russian).

"Pain. The pain that pierced my stomach and came out the other side ... I was sure that I could control my life and nothing would happen to me. And now, in the prime of my life... The pain from the katana. A dangerous weapon, fuck it! Ha! I'm laughing – at such an inopportune moment! Perhaps it vexes my enemies? Doesn't matter, let them blow their top! I see my whole life: birth, childhood, first love (yes, she was beautiful ...), parties, school, institute. And then all these problems began ...

I was sure that I would die quickly ... I was pierced through, after all!.. Pain. The pain doesn't seem terrible any longer. It seems even pleasant. The death is here. Did you hope for a skeleton in a cloak, with a scythe? The soul is leaving the body – oh, so slowly! The pain is gone. The soul flies over the city, higher and higher ... The thread between my body and my soul is getting thinner, and now it is almost invisible ... And what awaits me? Paradise or hell? One thing is certain: no more pain... "

Thus, using pathopsychological techniques and figural subtests by E. Torrance, we detected divergent thinking and destructive personality tendencies, confirmed by a psychiatrist

7. Conclusion

Based on the results obtained, we developed and tested a program of individual psychological counseling for adolescents and preadolescents (Tarasova, 2016). Due to the fact that this counseling program is based on the principles of causal psychotherapy, it can be used both to treat and to prevent destructive tendencies.

1. Acquaintance with the client's life history (classical pathopsychological examination and standardized methods used to assess the level of mental development, direct and indirect investigation of

personality), collection of objective psychological anamnesis. The psychological examination includes: conversation, classification of objects, exclusion of superfluous elements, pictogram, memorization of 10 words, Schulte tables, reproduction of stories, mediated memorization, projective drawing tests by E. Torrance.

2. Initial diagnosis, psychological conversation that includes using of projective techniques, with due account taken of the examination by a psychiatrist. If necessary, the specialist tells the child or his/her parents what problems psychology can solve, what areas it embraces (for example, support for gifted people in difficult life situations, family counseling, career counseling, etc.)

3. Further diagnosing and counseling in the framework of causal psychotherapy. The interaction with the client is built in the paradigm of humanistic approach. The main technique is empathic listening. At this stage the psychologist puts forward hypotheses regarding the causes of personal problems, and determines the target of psychological correction.

4. Use of the creative work material. Spontaneous drawing and modelling. It's also possible to use music associations. The main thing is to make the client express his/her feelings in creation. At this stage it is important to observe the principle of accepting the client in order to strengthen the existing working alliance and prepare the person for possible personal changes.

5. Discussion and/or non-verbal work on the following topics: "My typical day", "My desires", "The person I love", "The person I don't like", "The person I respect", "My past" etc. It is necessary to take into account the psychological anamnesis collected before. If you offer an orphan to draw his/her family it can lead to undesirable consequences.

6. Discussion and/or non-verbal work on the following topics: "The real Me, the ideal Me", "Me in the past, present and future", "The person I'm afraid of", "Two moods". "Me as a weapon", "Me as a jewel" drawings. It's better if the clients give their own additional titles to the drawings in order to develop reflective skills.

7. "My personal horror scenario" according Guggenbühl (2006). An attempt to establish and formulate how the child copes with his/her fears and controls them. It is also important to share teenager's feelings empathically.

8. Intermediate diagnostics. It is necessary to pay close attention to the state of personal protective mechanisms.

9. Counseling parents about the origin of child's fears. The attitude towards children's fear and anger expression in different cultures. It is recommended to talk about the initiation rites, as they also contribute to adult behavior, personality development and formation of responsibility.

10. Methods aimed at developing the frontal lobe functions of goal-setting, programming and control of complex forms of activity. The psychologist makes the client take different roles in any story that is interesting for him/her: it may be a tale, a cartoon, etc. The child retells the story from the point of view of different characters, describes their thoughts and feelings.

11. Methods aimed at developing the frontal lobe functions of goal-setting, programming and control of complex forms of activity (continued). Making up stories with the same characters, but with different plots. The personality traits of famous characters may be changed (Rapunzel is wicked, the witch-stepmother is kind, etc.).

12. Projective techniques "Me in 10 years", "My dream", "My goal". During the counseling, it is desirable to teach the teenager to distinguish between these concepts. In order to do that, it's convenient to use a concrete example: "I want a good mark in English in the current trimester"; then the child helped by the specialist tries to define what needs to be done and in what order.

13. Diagnostics of the emerging personality traits of the adolescent. The psychologist can apply the pathocharacterological diagnostic questionnaire by Lichko or Schmieschek's questionnaire.

14. Conversation with the child after diagnosing characterological features. It is necessary to apply the elements of rational psychotherapy. The psychologist explains to the teenager intelligibly what character is, how it is formed, and can also talk about "strong character", as the client understands it. As homework the psychologist can ask the teenager to read about characters, to watch a movie about something that is interesting for him/her.

15. Counseling parents about the results of diagnosing the adolescent's emerging personality traits. We know by experience that the discussion of specific issues largely depends on the cultural and educational level of the adult family members.

16. Mythodrama according to Guggenbühl (2006). Making up a story. The teenager can make up his/her own story or continue the story begun by the psychologist. The story should be somewhat paradoxical, intriguing. It mustn't be "moralizing". It can be a scary horror story – that's normal. It is important to show the teenager that any feelings, even the innermost or shameful ones, have a right to exist.

17. The final stage of diagnosing. The assessment of the level of anxiety and the severity of aggressive tendencies. Sometimes we discuss the "creative lifestyle" – upon a specific request.

18. Counseling parents and/or teachers about the whole complex of psychological treatment.

The important conclusion we can draw from this research is that Torrance's test, like projective methods, lets identify character and personality traits. If the subject is a teenager of schizoid personality organization, the figural subtests by Torrance that encourage giving non-standard answers cause mild actualization of objects' latent properties. Therefore, while using this technique, it is recommended to take into account the results of preliminary diagnosis of individual psychological characteristics. It is especially important when the psychologist works with a group of schoolchildren and doesn't have the opportunity to monitor possible consequences for teenager's mental health. The experts working with adolescents must know it.

Unfortunately, there were cases in the counseling practice when schoolchildren were hospitalized to mental health units in an acute condition after "creativity trainings". Therefore, during the teenagers'

trainings for creativity development and hidden giftedness identification it is important to take into account probable destructive personality tendencies and treat such cases with caution.

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