The Scientific Contribution of the Clinical Method in Educational Applications: A Case Study

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IL PORTATO SCIENTIFICO DEL METODO CLINICO NELLE APPLICAZIONI EDUCATIVE: UNO STUDIO DI CASO

Abstract

After a review of the principles of the clinical method for relevant applications in educational issues, the paper focuses on the clinical observations of a case study centred on aggressive behaviour (bullying). The advanced clinical treatment enhances the importance of processes of mental representation and symbolization as necessary requisites for allowing the socially compatible satisfaction of individual needs. A case study is reported in order to better clarify the criteria and technical devices that must be applied in order to obtain positive results. We describe the aggressive behaviour of a three-year-old child of a particular family and educational environment. The child focused overt attacks on other persons, animals and objects. Play therapy sessions brought to light a typical lack of symbolic representation in drawing and play activities. We list and explain several technical interventions which helped this child to gradually develop these abilities, improving cognitive and social attitudes, reducing and elaborating aggressiveness. A relatively short course of therapy (7 months, a total of 50 sessions) enabled this boy to enter a path of normal development. We also discuss the school's primary role in the prevention of aggressive behaviour with a specific didactic program for facilitating processes of mental representation and symbolization.

Keywords: Bullying, Clinical method, Motivation, Play-therapy, Symbolization.

1. THE CLINICAL METHOD: THE RELEVANCE
   OF CLINICAL STUDIES FOR EDUCATIONAL ISSUES

The clinical method in psychology has taken on a different meaning from the ones used in traditional medicine and in specific experimental and correlational studies of scientific psychology. This method is based on the observation and systematic gathering of data on the individual seen within his or her own context, in order to build a picture of the functioning of his/her personality and to formulate possible intervention hypotheses before taking action. The adjective «clinical» – from the Ancient Greek term *kliné* (bed) – refers to the visible symptoms of a disorder as well as the to the kind of anamnestic examination made to interpret these symptoms.

We consider the clinical interview to be the main tool of investigation and, by adopting a specific scheme, we can obtain data on the following indicators: age, education, work career, future plans, illnesses and accidents, non-work activities, cultural interests, social status, hopes for the coming two years, affective bonds, idle thoughts, fears and worries, humiliations and failures, likes and dislikes, attitudes towards sexual life, adjustment difficulties, opinions on religion, and philosophy of life. The psychodynamically-oriented clinical interview also enables us to go into the person's deepest contents and, as is known, also makes use of orthodox strategies such as free association, the analysis of dreams, missed actions, Freudian slips etc.

We can recall other clinical data gathering tools, here, such as:
a. self-evaluation scales (pencil and paper questionnaires);
b. free or guided interviews (structured or semi-structured ones);
c. projective tests;
d. evaluation scales for other people's evaluations;
e. direct observations of individual behaviour, also intra-group behaviour;
f. observations by means of audiovisual or other recordings.

Besides complying with professional deontological standards, the precautions taken when gathering clinical data focus on ascertaining the individual's possible defence mechanisms and the examiner's possible inadequate reactions.

With regard to child patients of development age, applying the clinical method involves using play and other graphic-pictorial activities that largely go to integrate the verbal exchanges which are, instead, fundamental in examinations with adult patients. So-called *play-therapy* thus becomes an important adaptation of the clinical method for child patients. This involves welcoming the child in a purposely equipped room and giving him/her a wide variety of structured and non-structured graphic and plastic materials (pencils, plasticine, drawing paper, toys, building blocks, etc.) in order to facilitate the patient's personal content projection processes through play

and through the various forms of graphic-pictorial representation. The child therapist should use these communication channels in order to gather information and to formulate possible interpretations.

In short, the clinician – like the laboratory researcher – gathers data in order to formulate a real interpretative hypothesis to be shared with the patient. It is this sharing that triggers cognitive and emotional processing mechanisms in order to deal with psychological conflicts and any inadequate defence mechanisms enacted.

This type of clinical analysis and observation allows us to obtain variables that are very important, as we shall see, in co-determining phenomena of educational interest. Therefore, the findings of these studies are particularly useful with a view to prevention – something that, we deem, can be carried out by schools, especially in primary education.

2. The dimension of aggressive behaviour of children (bullying) and new trends for treatment and prevention

Specific investigations carried out in the last three years in Italy on violent behaviour in childhood reveal that these phenomena are even more widespread and relevant here than in other European and non-European countries, despite the stereotypes of tenderness, sentimentality and generosity often considered to characterize the Italian population. According to statistics provided by research groups such as those organized at the University of Florence by Fonzi (1995, 1996a, 1996b), the so-called «Bullying» of elementary school children has been evaluated as being more frequent in Italy than in Norway, Finland, England, Spain, Japan and Canada. These typical arrogant aggressive phenomena are estimated as occurring in 46% of the total number of pupils in the elementary schools of Florence and 38% in Cosenza; this is double the percentages discovered in England or in Norway (Olweus, 1993, 1994, 1996). Children at risk of developing antisocial aggression as a personality trait are also intensively studied in Italy by groups organized by Caprara at the 1st University of Rome (Caprara & Pastorelli, 1989, 1992; Caprara, 1992).

The media frequently report violent behaviours of children, preadolescents and adolescents, ranging from very overt, bloody and primitive aggression to less evident but quite dangerous manifestations.

An alarming example of this is statement made by a 38-year-old teacher of a state school in Naples who resigned from her post in order to protest, as she said, against the fact that the preadolescents in her classes preferred to

identify with models provided by gangster bosses because of their overt presence and activity in the same urban area, and through the ambivalent attitudes and information of the media. The letter she wrote begins with the words «Ragazzi, lascio la scuola, i vostri idoli sono i boss» («Dear boys and girls, I am leaving the school, [gangster] bosses are your idols», Bertolotto, 1996).

Bullying has been fairly widespread in primary schools and increases the need to develop scientific studies for its treatment and prevention.

As noted recently by Vannucchi of Ansa (2012) in a roundtable discussion and briefly reported in the Proceedings of the Tenth National Conference of Statistics, «the social statistics of Istat (the Italian national institute of statistics) have seen a great increase over the last few years, and certainly provide the most detailed data; […]. The theme of bullying, for example, was started up by us, who made it a headline when Fioroni was Minister, and since then the problem has been in the newspapers for a year […]. In actual fact, bullying has always existed, and continues to exist: it is a real problem, the data confirm this […] and we have to work on those statistics […]». According to the results of a national study, carried out in 2008 by the Italian Ministry of Education through the Fondazione Censis (2009), concerning family perception of bullying (the study had a sample of 2000 families with at least one child aged 6-19 years), the phenomenon is perceived with increasing seriousness, even if about half of the respondents said they were recalling isolated episodes of bossiness that were not actually classifiable as bullying. Despite this, today we still do not have a systematic surveys on bullying in Italian schools, and there are thus no official statistics on the phenomenon.

Soresi, Nota and Ferrari (2005) describe the difficulties experienced by some Italian children and adolescents. They distinguish, however, between overt forms of maladjustment, such as juvenile delinquency, drug addiction, depression, and suicidal behaviour, and less severe forms of maladjustment, which are generally associated with poor decision-making skills, social difficulties, and unproductive coping strategies. The authors suggested a specific counselling program for at-risk young adolescents and children, conducted with a small group of individuals as part of a broader prevention project aimed at preventing bullying.

Belacchi and Farina (2012) aimed at investigating the affective and cognitive components of empathy in relation to both emotion comprehension and prosocial/hostile behaviours in preschoolers. A total of 219 children (54% boys; aged between 3 and 6: mean age 4.10) and 20 teachers took part in their study. Pupils' empathy and hostile/prosocial roles were assessed by teacher reports. The authors found a robust negative relationship of both affective and cognitive empathy with hostile roles, contrary to a positive correlation of only affective empathy with prosocial roles.

Recruitment of children by criminal organizations is recognized as a real problem, especially in Southern Italy, as well as in every local situation where identification models, negative values, specific personality structures and practical advantages are offered to children by criminal agencies; they compete with less powerful and less attractive scenarios offered by families, school, sport teams, religious organizations, honest business, art and aesthetics, or other areas of positive values.

Perspectives of apparently convenient and fruitful careers through crime are based on the availability and acceptance of, and inclination toward, more primitive, antisocial and unethical behaviours, such as violent behaviours. This leads to tenacious interactions and vicious circles connecting actual violence, future violence, children and adults, individuals and the social environment.

Difficulties in elaborating aggression, hostility and antisocial reactions not only reverberate on the quality of interpersonal relations; direct consequences involve the acting person, the self. Recent investigations focusing on this phenomenon – by now seen as a real educational emergency – have been conducted by Spinelli, Pennelli, Fiorentino, Lamuraglia, Taurino and Fara De Caro (2011) by applying various assessment tools based on the narration technique («My way to school», «Anonymous Questionnaire on Bullying») to a sample of 69 adolescents with a mean age of 15 years. A psychoeducational intervention was then developed, based on didactic-formative activities, role-play and emotional education in order to develop prosocial behaviour. As assessed through a series of measurements, the intervention led to a general decrease in so-called indirect bullying actions ($p < 0.05$) and to an improvement in class climate, as demonstrated by a higher frequency of words indicating a positive relationship with classmates in the post-intervention narrations.

Studies carried out by Perren and Alsaker (2006) involved three hundred and forty-four five- to seven-year-old children that were categorized as victims, bully-victims, bullies, and non-involved by means of teacher ratings and peer nominations. Teachers completed questionnaires on children's social behaviour patterns. Peer relationships were assessed by means of peer nominations and social cluster mapping.

Victims were more submissive, had fewer leadership skills, were more withdrawn, more isolated, less cooperative, less sociable, and frequently had no playmates. As expected, bullies and bully-victims were generally more aggressive than their peers. These findings also emphasize the significance of peer relationships in bully/victim problems. On the one hand, victimized children's lack of friends might render them psychologically and socially vulnerable, and thus more prone to becoming easy targets. The authors underline that the social and interactional nature of bullying and victimization has practical implications for prevention and intervention against bully/victim problems.

An important methodological aspect when assessing the scale of the phenomenon is pointed out by Smith and Ananiadou through a list of specific tools to be used, and namely (2003, p. 190):

- *Teacher and parent reports*; these are of limited value, however, as teachers and parents are usually unaware of a lot of the bullying which is occurring.
- *Self-reports by pupils* as to whether they have been bullied, or taken part in bullying others (usually, over a definite time period); these are widely used in anonymous questionnaires […].
- *Peer nominations,* in which class-mates are asked who is a bully, or a victim. This may be the most reliable method, for class based work […].
- *Direct observations of behaviour*, for example in the playground […] for example, have used radio microphones plus a telephoto camera. Observations have high validity but are expensive and time-consuming to carry out and analyse.
- *Interviews* with individuals, *focus groups* with say 4-8 pupils, and incident *reports* kept by a school, are other ways of getting information.

Statistical surveys carried out in the United States in 2010 with regard to bullying reported that 61 percent of students said they believe students shoot others at school because they have been victims of physical violence at home or at school (Table 1).

Table 1. – Other bullying statistics
(see http://www.bullyingstatistics.org/content/bullying-statistics-2010.html).

- Over half, about 56 percent, of all students have witnessed a bullying crime take place while at school.
- A reported 15 percent of all students who don't show up for school report it to being out of fear of being bullied while at school.
- There are about 71 percent of students that report bullying as an on-going problem.
- Along that same vein, about one out of every 10 students drops out or changes schools because of repeated bullying.
- One out of every 20 students has seen a student with a gun at school.
- Some of the top years for bullying include 4th through 8th graders in which 90 percent were reported as victims of some kind of bullying.
- Other recent bullying statistics reveal that 54 percent of students reported that witnessing physical abuse at home can lead to violence in school.
- Among students of all ages, homicide perpetrators were found to be twice as likely as homicide victims to have been bullied previously by their peers.
- There are about 282.000 students that are reportedly attacked in high school throughout the nation each month.

To prevent symptoms and to promote prosocial behaviour, empathy and health, we consider the opportunity of reinforcing symbolization processes, which are especially the target of educational institutions. Therefore, in this report we describe a clinical study to demonstrate the importance of the representation of aggressiveness in processing psychological conflicts.

3. References, hypotheses and knowledge on the relationships between symbolization processes and aggressive behaviour

We recognize, at the root of violent behaviour, the overwhelming need for open and immediate satisfaction of aggressive motives, whether due to instinctual components, habits or environmental stimulation, such as the perception of unbearable frustrations, or suggestion and psychological contagion in interpersonal relationships.

For some time, clinical observation, psychodynamic reflection and systematic research have confirmed that processes of mental representation and symbolization allow substituting forms of behaviour that take place in a virtual environment, such as imagination, dreams, verbal descriptions, non-verbal representations, static depictions (drawings, paintings, sculptures, photographs), as well as cinema, theatre, mime and dance, for action and concrete behaviour; that is, the activities that have their aesthetic culmination in the various arts, and are all based on representation, symbols, metaphors and relations between signifiers and meanings.

But besides serving to record events, communicate meaning and activate aesthetic experience, representation and symbolization have a basic functional consequence: they enable peaceful cohabitation between persons, productive collaboration and, more generally, the socially compatible satisfaction of individual needs; in other words, the processes of civilization (Freud, 1930).

The problem of every child is to learn how to satisfy his/her activated motivations, often avoiding direct and immediate ways, because reality usually presents obstacles, changes and different strategies, requiring more complex and elaborate solutions that take into consideration the demands of reality. To achieve this, necessary requisites such as the development of symbolic representations can be proposed as fundamentally important educational and therapeutic devices in children who do not know how to represent virtual actions or experiences, therefore easily reacting with concrete violent behaviours. This is the road to follow with very small children, for example,

from 3-5 years, who are singled out by their teachers and possibly by the family as being very aggressive, disturbing, etc., in the absence of organic lesions (Katz, 1992; Levin, 1995a, 1995b).

Working with these subjects individually in play therapy with a psychodynamic orientation, it has been found that they are hardly able to make symbolic representations and thus do not have the interest or ability to draw configurations that symbolically represent their problems or to use plastic materials, puppets or other materials for creating representations. Neither can they support their productions with the use of language.

In the second part of this paper we will present a detailed example of the development of graphic-pictorial representations, which parallels the improvement of behaviour in a three-year-old child who received play therapy in fifty bi-weekly sessions for a seven-month period.

However, first we would like to note that not only are observations of single cases possible in this field, but also systematic observations with adequate statistical confirmation.

In a study by Perron, Desjeux, Mathon and Mises (1980), carried out in Gentilly, France, aggressive interactions were observed between children (aged 3-9 years) and between children and adults in kindergarten and primary schools. In normal children, the number of aggressive actions progressively decreased with increasing age, and their nature changed as well. Progressive symbolization and greater complexity of coding-decoding processes were noticed in aggressive messages. According to the authors, this development demonstrates the influence of social codes tending to reduce aggressive behaviours and to transpose them symbolically.

In recent clinical papers, the observation of transitional-like objects used by non-verbal children with pervasive development disorders was again noted as a way to provide valuable information about the level of self-object differentiation and capacity to modulate and control aggression in correlation with the emerging capacity for symbolization (Beratis, 1994).

Also, according to Meares and Coombes (1994), the possibilities of symbolic play are strongly reduced when children are affected by disruptions of the typically human abilities involving symbolizations, and this leads to «cluster B» [1] personality disorders. Moreover, with regard to the analysis of films (from those by Fritz Lang, 1931, to very recent ones by Woody Allen), Gibeault (1993) applied the concept that substitution of thought for immediate discharge of drives can limit the destructive effect of violence and give value to culture and civilization.

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[1] «Cluster B» Personality Disorders are listed in DSM IV. They include four items: Antisocial, Borderline, Histrionic and Narcissistic Personality Disorders.

4. A CASE STUDY: OBSERVATIONS MADE IN PLAY-THERAPY SESSIONS. A DESCRIPTION OF TECHNICAL DEVICES

4.1. *Are prolonged individual treatments really necessary?*

At this point the question becomes: how can we deal with violent children who lack symbolic representational abilities? What can we do to prevent both the consolidation of aggression-prone characteristics and their progressive degeneration into antisocial and possibly criminal habits of behaviour?

The methods we believe in (having observed their positive results) are those based on *representational play activities*, which become *play-therapy* when applied to children presenting clearly psychological problems (Klein, 1930, 1950, 1953). This field has been studied by our research group for quite some time (Bonaiuto, 1967; Bartoli, 1972, 1984; Levin, 1986).

Treating each violent child individually in several sessions of professional play-therapy may appear to be a very expensive and, thus, utopian approach. However, Levin (1995c) has recently calculated that, based on incarceration costs in the USA, if we could prevent the incarceration of even one young person for a period of three years, the saving in incarceration costs would be sufficient to pay for treatment or would equalize the budget of a continuing international research project on this topic.

This very clear statement was included in an extensive, collaborative project among seven institutions in four different countries on prevention and treatment of childhood aggression (Levin & Bonaiuto, 1996).

4.2. *The case of George*

The description of a single case from our direct experience should help to better clarify the criteria and technical devices that must be applied in order to obtain positive results.

As already stated, this case was treated for seven months (50 sessions). The patient, who we will call George, was a 3-year-old boy. He came under our observation because his family, the teachers at his nursery school and even the parents of other children were very disturbed about trying to deal with his violent behaviour.

George was accused of beating up and hurting his schoolmates, especially the youngest ones, by inflicting abrasions, wounds and haematomas, and, of course, by arousing negative emotions and even panic states in several children. He often hit his schoolmates when they could not protect them-

selves, for example, when they were on the toilet. He often beat up and threw his little dog. Sometimes, he even attacked adults in difficult situations, such as very old people walking with difficulty or sitting.

George's family included his mother, grandmother and an aunt. His father, a South American citizen, went back to his native country after one year of conflictual family life.

Besides the absence of the father, the family emotional climate was characterized by scolding and ridicule when the child did not follow the rules; however, in contradiction, at other times he was permitted transgressions. Overall, a condition of strong frustration and stress was apparent. Thus, the development of abnormal aggressiveness, which would explode in the form of aggressive attack in situations perceived as favourable, was not surprising. In particular, we believe that George's sadistic behaviour toward weak persons reflected a concept of adults as overbearing tyrants, just as his experience had shown them to be. These imitations may also express attempts to control frustrating parental figures.

George was treated in 2 one-hour sessions a week. We applied the criteria used in play therapy and in relation to the educational environment surrounding this type of violent child. The goals can be summarized as follows:

a. Decreasing daily frustrations (family pressures, hostility, offences, ridicule, climate of abandonment, etc.).

b. Carrying out a protective and supportive role as an alternative to frustrating family and school environments. In particular, not reproaching the child for his aggressiveness, thus avoiding confirmation and an increase of his conflicts.

c. Allowing free venting of aggressiveness in bi-weekly hours of therapy, showing acceptance of this very problematic part of the child, and not considering him dangerous.

d. Progressively channelling aggressiveness in a constructive way by developing symbolic representation abilities and techniques for the expression and processing of aggressive motivation as an alternative to open interpersonal attack. To achieve this, from the first session the child had abundant material at his disposal for play activity and, in particular, for non-verbal representation through colours and even tri-dimensional forms. Also, non-verbal expression was linked to oral comment; the therapist conversed warmly and frequently and, above all, collaborated concretely in graphic-pictorial-plastic projects until the child learned to do them alone.

At his first meeting with the therapist, George was invited to draw with coloured felt-tip pens or pencils. After saying that his schoolmates «are bad boys», he expressed the desire to draw a child; then he wanted to draw «a mother». The therapist invited him to collaborate with her: «Well. I will make

the head. And you? … What will you do?». He answered: «The eyes. And you?». The therapist retorted: «The neck. And you?». In this way a cooperative atmosphere was created, with mutual approval and active support, and this made the child happy, even if the production was initially very poor. At the beginning of the treatment, we noted that George was practically unable to draw or to paint, and made only scribbles (Figures 2 and 3).
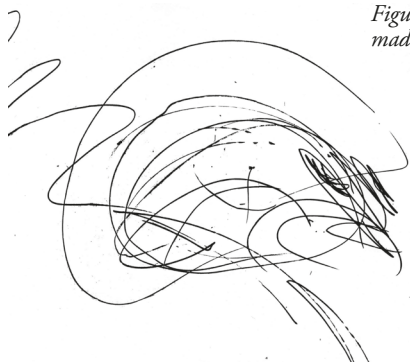

Figure 1. – Example of very poor scribbles made by George during the 5th therapeutic session.

Figure 2. – Another scribble made by George, during 6th therapeutic session.

In a following session he attempted to draw «a dog». He explained that «He is a bad dog», and «His owner has left him at home, locked up» (like a prisoner). The therapist invited the child to draw «a good dog». When he had finished this new drawing, George remarked: «He is a good dog, but sometime also the good ones … everybody, when something is the matter with them, is bad …».

We observed that, in some ways, he was aware of his aggressive raptuses.

In the following therapeutic sessions, George was very excited, lacking in concentration; he continuously interrupted an activity already under way to start doing other things. It was observed that he was unable to manipulate the malleable material, such as plasticine, but was more able to play with structured objects, such as wooden building blocks. However, also in this case, he would just put them in a line. He also frequently interrupted these organizational solutions to simulate fights or accidents. He often appeared

overexcited, in conflict about whether to play a single game or distribute his attention all over the room.

One day George asked to cut all available sheets of paper using a scissors; he remained concentrated on this task, repeating «I will cut your *pisello* (little cock), I will cut it two times …». For 45 minutes he continued cutting uninterruptedly, very concentrated, as if in a «trance».

Similar activities, were carried out in other therapeutic sessions, such as perforating a sheet of paper with a pen, throwing pencils on the floor, cutting pieces of adhesive tape and pasting them on the sofa. At the end of destructive actions and facing the consequences, George often asked the therapist: «Where is your boss? What would he say about all this mess?».

This phase of play-therapy was interpreted as an initial phase of productive decrease of defence intensity with the therapist, as acceptance and aggressiveness «channelling»; and therefore, as a phase of irruption of aggressive tendencies in play to the point of overcoming constructive activities like modelling, drawing and painting (for which, at the moment, there was no room).

The therapist accepted aggression and proposed new therapeutic contents, using elements offered by the situations themselves. For example, the therapist offered to hold the sheet of paper while the boy hit it again and again.

When pencils were thrown on the floor, the therapist pointed out that the pencils were broken this way and it was not possible to draw; so «we will use *these* pencils to play, while we are not going to break the others, we will keep them to draw». While saying this, she showed him other pencils taken from the available material. The therapist also prepared a plastic bag to contain and to keep all the pieces of paper together. With these interventions, she tried to communicate both acceptance and the possibility of containing aggressive tendencies, and to promote alternative operations.

At this point, the need to «teach the boy to play» emerged, to stimulate him to represent aggressive contents in symbolic ways, to give him alternatives for directing destructive action. Here we dealt with the shift from acted-out to represented aggressiveness. The child was taught to invent simple stories to draw, to «pretend that […]». For example, by referring to a horse family, the therapist suggested: «Now the horse is hungry … what does he want?». And the boy replied «breakfast». And so, the boy was able to begin creating stories as well as drawings, embodying his conflicts.

Proceeding in this way, during the 11th therapeutic session the boy started to play without destroying anything. For example, he completed and coloured a drawing representing horses and a dog. He also made compositions including expressive scribbles of actions with strong colours.

During the 13th session, he expressed the wish to draw and, with considerable uncertainty, represented a baby. He made a human figure schema in which the arms were emphasized and then angrily cut or crossed it out through repeated transversal marks obtained with strong felt-tip pen pressure on the paper (Figure 3).

Based on our knowledge of drawing techniques produced under stress conditions, we were aware of what this type of drawing indicated: the expression of negative emotions and the attempt to defend himself against representations that made him suffer (Biasi & Bonaiuto, 1997). In other sessions, he made similar drawings, also alternating with scribbles or with human figures which were represented in black and white and in a very essential style (Figure 4): these are indicators of emotional defensiveness from psychological conflicts.

Figure 3. – Human figure drawn by George during the 13th therapeutic session, showing a prevalence of red energetic «action traces» and other indicators of anger (Biasi & Bonaiuto, 1997).

Figure 4. – Human figure drawn by George during the 15th therapeutic session.

In the following sessions George became more and more able to play in a symbolic way, using fiction and inventing pieces of stories. Sometimes, he would again start to gather up and destroy things after constructive activities; in these cases, he used to say that an earthquake was coming, that is, a destruction without reparation. Or he alternated between drawing and running on a balcony, venting tensions in motor activity.

An important device used during the therapy was what we call «cooperative drawing», repeating the good interactions observed at the beginning of the treatment. Here, we will show examples of this kind of drawing (Figures 5 and 6). In each of them, one part was made by the therapist and others by the child. For example, in the last one we see that, on the left, George depicted a child with problems because of a punitive father and, on the right, the therapist reassured him with the representation of a bright sun.

Figure 5. – Example of «cooperative drawing» (11th therapeutic session). After outlining the boundary, the left part was coloured by the child (yellow) and the right by the therapist (violet).

Figure 6. – Example of «cooperative drawing» (32nd therapeutic session). The left pattern represents a child's face, drawn by George; and the right a sun, made by the therapist.

Meanwhile, the child's behaviour at school became more functional, while at home it remained aggressive. For example, he would throw objects at his mother and relatives.

Continuing in play-therapy, his ability to represent aggressive needs through contents and in narratives illustrated by drawings improved on a parallel with verbal comments. He often represented the «boss of the animals «, who separated «good animals from bad animals» in the zoo. Sometimes the strongest animals were against the boss or the zoo keeper; a kind of revolution occurred, and «He was cut up into little pieces». «Fights between bad animals and good animals» also occurred. We think this kind of play reflected the ambivalence of the father figure as well as conflictual problems in his own impulse regulation. The therapist favoured this kind of play by giving George a special game consisting of a divisible plastic character, dressed like a cowboy («the zoo keeper») which can easily be divided into pieces and easily reconstructed: this symbolizes reparation as a defence mechanism against destruction (Figures 7, 8 and 9).

Figures 7, 8 and 9 – The «Special Game» introducing reparation as a defence mechanism against aggressiveness.

In the 40th session, George started to use tempera paints and brushes, covering the entire surface of the paper with homogeneous coloured areas: this kind of distribution of colour is found in so-called «comfort drawings», that is, in procedures used to represent situations in which positive emotions prevail. However, the hues and saturation used by George were mostly dark: olive green and bottle green, cobalt blue, black, violet and dark brown (Figure 10). These colours belong to the category of «alarming colours» and are representative of conflictual situations (Biasi & Bonaiuto, 1997). Collectively examining these «tempera paintings», the colour language seems to indicate the persistence of conflicts that are going toward their solution because we can grasp the early signs of a development towards a greater acceptance of the corresponding emotions.

Meanwhile, George was involved in building houses with wooden blocks, putting animal pictures inside, inventing complete stories starting with the phrase «Let's pretend that....». He no longer appeared irritable. He rarely destroyed things, but when he did, he would rebuild them.

The ability to represent the human figure effectively appeared in his drawings; there was a strong respect for proportions and a good overall aesthetic level (Figure 11).

Sometimes he still made abstract gestural type compositions with bright colours. The aesthetic result was good here as well (Figures 12 and 13).

His mother and teachers noticed much better behaviour at school, both cognitively and in relating to others.

George was still very active, but rarely fought with peers.

He finished homework quickly and asked for more, showing a manifest interest in all kinds of school activities, not simply drawing and painting.
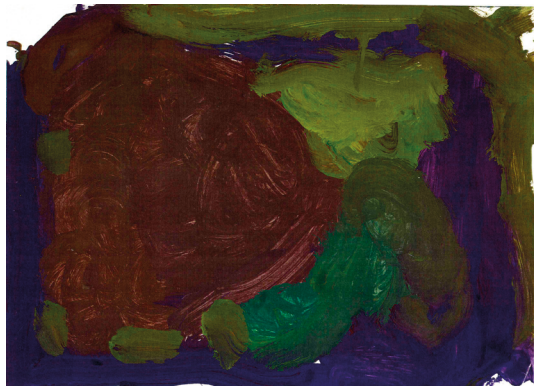

Figure 10. – Another «abstract» tempera painting, made by George during the 49th session, again using «alarming colours», representative of conflictual situation (Biasi & Bonaiuto, 1996).

*Figure 11. – Human figure painted by George
(during the 42nd therapeutic session),
using tempera colours, with quite a good overall
aesthetic result.*

*Figure 12. – Abstract composition
made by George
(during 37th therapeutic session),
using several coloured pastels,
with good overall aesthetic result.*

*Fig. 13 - Another abstract composition
made by George
(during 44th therapeutic session),
using several coloured pastels,
with quite good overall aesthetic result.*

5. Conclusions and further development
   for educational application

In conclusion, a relatively short cycle of therapy enabled this boy to embark on a path of normal development. It is now five years since he finished treatment and the boy has kept up what he gained.

If we recall how, for example, Eron, Huesmann and Zelli (1991) demonstrated with a great deal of statistical data that people who are very aggressive in childhood are very likely to commit criminal acts in adulthood, we are very pleased with our success in breaking this pattern and, hopefully, preventing an unhappy future for George.

We feel that the child's cognitive progress during treatment should not be ascribed to a transfer of learning solely because he also performed graphic-pictorial activities during the therapy sessions. The positive effects were actually found in all forms of school activity. It is thus reasonable to hypothesise that these gains were due to an enhancement of symbolic abilities constituting an important way of adapting to the environment by modulating one's instincts (Freud, 1930).

In this way, it is possible to offer alternative approaches and greater opportunities for satisfying one's needs, in the various forms of sublimation – ranging from dream representations to artistic creation and to other forms of culturally productive activity.

What we found in the therapy sessions offers a stimulus for developing child aggressiveness prevention projects based, in particular, on the strengthening of symbolization ability (from artistic expression to symbolic play and to literary representation). In this regard, it is the school itself that can provide the opportunity for didactic intervention geared to dealing with both classic aggressive behaviours and also new forms of so-called digital or cyber-bullying (see Cross and Smith, 2012) characterised by a more indirect form of aggressiveness as well as little empathy and antisocial attitudes.

The development of play-laboratories in primary schools could enable the start-up of specific didactic activities for preventing aggressive behaviour.

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Riassunto

Dopo una ricognizione sui principi del metodo clinico per le applicazioni pertinenti in materia di questioni educative, l'articolo illustra uno studio di caso centrato sul comportamento aggressivo (o fenomeno del bullismo). Il trattamento clinico valorizza l'importanza del processo di simbolizzazione come requisito necessario per consentire la soddisfazione socialmente compatibile delle esigenze individuali. Un caso clinico è riportato al fine di meglio chiarire i criteri e dispositivi tecnici che devono essere applicati per ottenere risultati positivi. Descriviamo il comportamento aggressivo di un bambino (3 anni di età) il quale dirige attacchi aperti verso altre persone, animali e oggetti. Sessioni di terapia di gioco hanno dato prova della iniziale tipica carenza di capacità di rappresentazione simbolica nell'attività di disegno e nel gioco da parte del bambino in questione. Vengono illustrati diversi interventi tecnici che hanno contribuito a sviluppare progressivamente queste capacità, migliorando gli atteggiamenti cognitivi e sociali, e conseguendo la riduzione e la elaborazione dell'aggressività. Un trattamento relativamente breve di terapia (7 mesi, per un totale di 50 sessioni) ha permesso a questo bambino di recuperare un percorso di sviluppo normale. Discutiamo sul ruolo primario della scuola nella prevenzione del comportamento aggressivo attraverso lo sviluppo di specifici programmi didattici volti a potenziare i processi di rappresentazione mentale e la simbolizzazione.

Parole chiave: Bullismo, Metodo clinico, Motivazione, Terapia di gioco, Simbolizzazione.