

Lost for words

Joy Schaverien argues that there is a need for theory to help in recognising and validating the boarding school experience as a particular form of psychological trauma

Psychotherapy is about the making of meaning. It helps to give people a language for otherwise inexpressible feelings. This is never more important than with the boarding school graduate. This is because many who attended boarding schools, especially those who went to prep schools from an early age, have lasting problems with communication and intimate relationships. The traumatic impact of early boarding damages the child's relationship to her or himself and as a consequence the ability to speak of feelings. This is not immediately apparent in psychotherapy but it can be observed in certain behaviour patterns. This has led me to conclude that these constitute a recognisable set of patterns, which I have identified as boarding school syndrome.¹

Boarding school syndrome

Boarding school syndrome is not a medical category, it is a cluster of learned behaviours and discontents that follow growing up in a boarding school. I was led to seek a definition because there is a need for theory to help in recognising and validating this as a particular form of psychological trauma. I am not intending to pathologise all who attended such schools. However, those who present for psychotherapy are often those for whom it was an unhappy if not traumatic ordeal that lasted for most of their childhood. Similarly, it would be a misunderstanding to limit any one person to specific symptoms, as its manifestation in each case is different – it is the pattern

that is discernable. The pattern may replay in a number of subtle ways. Common is an inability to talk about feelings and a lack of understanding of emotions – theirs and those of others.

One of the reasons psychotherapists sometimes miss the depth of trauma of this experience is that, because it is so difficult to articulate, boarding school is rarely the presenting problem. The ex-boarder might present with a generalised sense of depression, a history of broken relationships, marital or work-related problems. He or she may only gradually become aware that aspects of their distress originate in the losses and broken attachments of their early childhood.

The cluster of learned behaviours and discontents that result in boarding school syndrome revolve around problems with intimacy. Whilst appearing socially confident, the ex-boarder may find intimate engagement threatening. He or she may make deeply dependent relationships and then suddenly, emotionally or actually, abandon the loved person as I have described elsewhere.² This cutting off from emotional need can be experienced by the partner as a violent attack or abrupt rejection. This often replays in the transference and may lead to the sudden termination of psychotherapy when dependency begins to surface.

Over the last 20 years I have witnessed these patterns in different generations of clients who have attended boarding schools and with some who are still

doing so. I have also worked with the siblings, usually girls, who stayed at home whilst their brothers went away to school. The effects on sibling relationships are often profoundly disruptive. These observations are substantiated by a wealth of data accumulated by my colleague Nick Duffell, who for more than 20 years has conducted workshops for those he calls 'boarding school survivors'. His pioneering work has identified many common patterns in adults with a history of early boarding.³

Of course there is the argument that boarding school is a privilege and therefore what have such people to complain about? I am not disputing that very often educational advantages are attained through attending some private boarding schools, but for many it is at the cost of their emotional wellbeing. There are also those who consider that boarding school was preferable to staying at home with unstable, unwell or otherwise disadvantaged parents, and for some this is the case. However, even for those who consider that boarding school was a good experience, there is still the emotional wrench of leaving home and the exposure to the vagaries and potential bullying by staff and peers.

Psychotherapy gives words and so meaning to experiences. Words give form to emotions that previously had no symbolic form. The ex-boarder may lack the ability to articulate feeling states because, at the time of the trauma, the

child did not have sufficient grasp of language to translate the sometimes-violent experience into words. Therefore boarding education produces highly articulate people with little awareness of emotions.

Traumatic losses

Early boarding is a traumatic event in the life of many young children and its psychological impact affects the core of the personality. The sudden loss of attachment figures (parents, siblings, pets and toys) causes the child to protect him or herself. For the first time in their life the child may be in a situation where there is no intimate contact, no love. Even when not mistreated, being left in the care of strangers is traumatic. There are no words to adequately express the feeling state and so a shell is formed to protect the vulnerable self from emotion that cannot be processed. Whilst appearing to conform to the system, a form of unconscious splitting is acquired as a means of keeping the true self hidden.

Duffell has identified this as 'the strategic survival personality'.³ The child then makes no emotional demands but also no longer recognises the need for intimacy. The self begins to become inaccessible and boarding school syndrome develops. This may continue as an unconscious pattern into adult life. In boarding school syndrome the memory of the losses and the associated rage are repressed and only surface

later, very often within a marriage or, subsequently, in psychotherapy.

The initial loss is compounded by its repetition. The pattern of term time at school and holidays at home becomes established and so the child is unable to settle in either place. During the holidays there is the return home and school can be temporarily forgotten but then the packing starts again. Even as adults many ex-boarders find packing very difficult and it may come as a revelation to make the link with this childhood memory.

This pattern is inevitably replayed in psychotherapy because the regular breaks evoke a similar pattern of attachment followed by absence. The transference around breaks is a time for particular vigilance as the client may become aware of the potential for dependency in the therapeutic relationship, as I have discussed elsewhere.^{1,2} This rings alarm bells and they find good reasons why they no longer need psychotherapy.

This replays leaving home: the therapist, like the parent, leaves the client and the instinct is to shut down and leave before it hurts too much.

Developmental stages

There are two key ages when children are sent to boarding schools and these coincide with significant developmental stages. The first is preparatory schools where children are usually sent at six or eight years of age but some are sent as young as four or five. This is the stage

of latency. The second is public schools where children are sent when they are between 11 and 13. This coincides with puberty. The impact of leaving home at these ages is clearly different in terms of the effects on psychological development.

Latency

For the six or eight-year-old child, no matter how dreadful their home situation, the rupture with it is sudden, incomprehensible and usually traumatic. Children at this age are so young and unformed that much emotional learning is missed out and, because there is no one person to mediate the experience, they never develop a language for emotions. Even if the move to school has been discussed beforehand, the reality of the situation does not impact until the moment that the child is left in the school without his or her parents. Now they are lost and alone in the world. Words give meaning and so space between the experience and thought, but there are no words for this experience and so it cannot be symbolised.

For the latency child it is not only the loss of home and all that home stands for that is damaging, intimate contact is essential for the healthy development of the growing child. The senses, gaze, sounds, touch and smells of parents, a nanny, siblings and pets all contribute to a sense of belonging. Even when home is far from ideal, it is known, and there is a familiar pattern in the ordinary.

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Everyday bodily contact with people whose presence is taken for granted goes unnoticed until it is taken away.

Children are instinctively attached to the parents, or primary carers, and the places where they have grown up. It is here that they learn to speak, to acquire language for sensations, and to manage their bodily functions – to eat when they are hungry, to refuse food when they are not. They learn distaste for certain foods and thus establish their own preferences and appetites. They also gradually learn to be independent of adults in their use of the bathroom, to clean their own teeth, and bathe themselves. They learn to use the lavatory alone, to take care of washing themselves and respond to the urges to urinate or defecate. All of this is a gradual process of learning and acculturation. When a six or eight year old is left alone in their own home they tend to do all these tasks in their own way, knowing they can call on familiar adults if they are in trouble.

So what of the child in a boarding school? The sudden rupture with home may bring all these recently acquired skills into question. These adults give meaning and so shape by explaining the experience and quite suddenly all this is their sole responsibility. Often the loneliness of this realisation is profound. It may feel life threatening. A child who is still in a dependent developmental phase needs to be able to rely on adults because he or she lacks the resources to look after him or herself.

The terror and confusion of suddenly having to eat and sleep with masses of other strange, older children is shocking and there are no words adequate to express the immensity of the experience. Moreover, the child is exposed to the potential cruelty of teachers and older children. The behaviour of adults in positions of trust is a common theme in the psychotherapy of ex-boarders. As adults they can tell of the beatings and sexual abuse to which, as children, they were subjected. Often at the time they were unable to tell of this abuse or if they did they were not believed. Thus in psychotherapy with ex-boarders one of the most important tasks is witnessing and then putting into words feelings that are being expressed.

Puberty

The next stage in child development at which children are sent away occurs around 11 to 13. This is the time of adolescence and now children may be consulted about the choice to send them to school but even then there is little real choice as, fired up by Harry Potter or in earlier generations Enid Blyton, boarding school may seem an exciting prospect. However, the reality of the situation may only truly dawn when the child has been in school for a period of time. For many who go to boarding school in adolescence the losses are similar to those for the prep school child but they are at a different developmental stage.

The absence of a loving situation

affects development of the child’s ability to manage their body, their appetites and so intimacy in later life. Many ex-boarders complain of the lack of privacy and having to eat and sleep en masse. For many in boys’ schools, the lavatories had no doors to prevent sexual activity taking place within them. Showers were often taken communally. Eating and sleeping are essential for a sense of wellbeing and are the foundations of a healthy relationship to the self and other. The boarding school child is always vigilant, often having to struggle to get enough food and with sleep affected by lights out at certain times and the potential for abuse in the dormitory.

When puberty begins there is the embarrassment and confusion associated with bodily changes. Boys experience wet dreams and for girls the onset of menstruation can be terrifying, especially if no preparation has been made for it, as happens in some cases. In the absence of discussion, the child may think that she is dying of some dreadful disease. The discovery of masturbation and feelings of emerging sexuality become the dominant psychological theme at this stage. In the boarding school community rumour and suggestion are rife around such issues. For the child living at home, privacy is important at this stage. For some, having talks with available adults mediates some of the associated anxiety. When this phase in development coincides with the move from home to public school it too can be devastating

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with the loss of the parents or familiar confidantes. Not all children are bullied or abused in school, but many were. The move from the preparatory to the public school system may offer relief. For those who suffer from bullying or sexual molestation in prep school it may be an escape. However, for others it may be the beginning of a period of torment. Of course there are those who suffer neither form of abuse but many of the clients we see in our practices did so.

Homesickness

The inability to symbolise experience means that one word may be used to encompass a complex set of emotions. Sickness is often such a word, which in a boarding school has multiple levels of meaning. For the child in boarding school, familiar relationships are lost and substituted by many anonymous strangers. The child may be in a state of grief, experiencing major loss. This is in part acknowledged with the simple term 'homesickness', which, in this context, has a particularly poignant meaning. As a GP in a major public school for 18 years, Patrick Kaye⁵ observed homesickness as underlying many of the problems presented in the medical services in the school. He realised that the presenting ailment was often not the full story. The underlying homesickness was rarely recognised as such by his colleagues. It makes sense that in such cases the child is literally sick because she or he misses home

and all that that means. Therefore we could understand homesickness to be a healthy and adaptive expression of loss. However, its meaning may be missed by less perceptive adults than Kaye.

Instead of the usual pattern where only gradually does the child become strong enough to leave the maternal shelter, they are now left totally alone. To experience the sudden and premature loss of all that as a form of sickness is therefore appropriate. To describe him or herself as feeling sick is the only way a small child has of expressing the discomfort of loneliness or distress. This affects the appetite and the relation to food may be distorted by this anxiety-provoking situation.

Lost for words

In conclusion I return to the title of this article. I hope to have conveyed how the child who is sent to boarding school at an early age is still active in some of the adults who consult us for psychotherapy. Without the language to express their emotional pain, they are indeed 'lost for words'. This aspect of the personality is often in stark contrast to the highly articulate persona of the initial presentation. The task of the psychotherapist is a combination of bearing the pain with the client and witnessing, as well as attempting to give words to the difficult and sometimes very painful feeling states that emerge in the process. It is the combination of images and words that create a symbolic

space and so permit separation from the traumatic early experience. ■

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Nick Duffell and Joy Schaverien are planning a series of CPD events and postgraduate training for psychotherapists working with ex-boarders. Please email info@boardingschoolsurvivors.co.uk

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