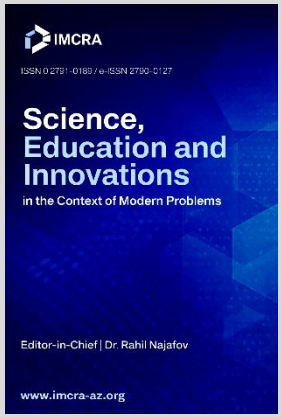

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RESEARCH ARTICLE

Academic Failure as a Psychosomatic Manifestation in the Latency Period: Between Intellectual Inhibition and Somatic Expression (A Clinical and Projective Study)

Zidelmal Fariza
PHD student
Faculty of Human and Social Sciences, University of Tizi Ouzou, Affiliated laboratory: Society, Education, Work
Algeria
E-mail: fariza.zidelmal@ummto.dz

Lallem Lounes
Dr., Associate Professor
Faculty of Human and Social Sciences, University of Tizi Ouzou, Multidisciplinary Laboratory of Human Sciences, Environment and Society
Algeria
E-mail: lounes.lallem@ummto.dz

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Keywords academic failure, psychosomatic symptom, intellectual inhibition, somatic expression, symbolic function, containing function, latency-age child.

Abstract
This study aims to examine a single case of academic failure in a latency-age child from a psychosomatic perspective, based on the works of P. Marty, D. Anzieu, W. Bion, B. Gibello, and R. Roussillon. These scholars contributed to defining the psychosomatic issue as an expression of a deficit in symbolic function and psychic containers, within the relationship between the body and the psyche. In this context, the Rorschach protocol for the studied case reveals fragility in the foundations of the psychosomatic structure n terms of mental organization, as reflected through multiple indicators showing deficiencies in psychic containers, which are viewed as deep psychological structures inherent to the psychosomatic problem. Academic failure is a major issue that occupies educators and researchers in both the fields of education and psychology, due to its profound impact on a child's cognitive, emotional, and social development. According to UNESCO statistics (2014), the global prevalence of learning difficulties is 5%, while the rate of school dropout without achieving basic education stands at 12%. This underscores the idea that academic failure has multiple causes, some of which may be hidden.

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Introduction

For this reason, when addressing the phenomenon of academic failure, it is unreasonable to reduce it solely to cognitive difficulties or view it from the angle of deficiencies in school competencies or educational outcomes. In many cases, it may represent a complex psychological symptom with roots in the child's deep psychological life, affecting the individual's development in both psychological and somatic dimensions, akin to psychic containers that are shaped by the environment.

The inhibition in symbolic activity, which simultaneously affects imagination, dreams, and language, reflects a deep-seated failure and deficiency in cognitive containers, namely the ability to transform emotional and physical experiences into mental images that can be linked and represented, indicating fragility in psychosomatic organization. This makes the psychosomatic analytical approach a valuable tool for uncovering the psychological and relational implications of both physical and cognitive disorders.

Pierre Marty (1976) proposed a key hypothesis in this regard, asserting a deep connection between an individual's psychological functioning and their physical health. This approach assumes that an individual's ability for mentalization — that is, to transform experiences into mental representations — is central to organizing internal tensions and plays a crucial role in preventing physical disorders. (Marty, 1976, p. 90)

Building on this theoretical foundation, Fatima Arar (2014) explored and interpreted this hypothesis by presenting two clinical cases. Her research demonstrated that children experiencing academic difficulties who have well-organized and rich representational abilities, are more capable of managing anxiety and conflicts related to failure through mentalization and psychological organization. This, in turn, protects the body from falling into illness and serves as a mechanism to suppress arousal and prevent somatic discharge.

In contrast, in cases where a child suffers from poor representation abilities and fragile defense mechanisms, the lack of the capacity for mentalization and to symbolize the experience of academic failure leads to the expression of psychological distress through the body. This signals a dysfunction in the elaboration processes.

This study is a significant contribution to understanding the relationship between academic failure and psychosomatic organization in children. It highlights the disparities in psychosomatic outcomes and emphasizes that rich representational ability and internal psychological organization enable children to use more mature defense mechanisms that protect them from somatic discharge.

Despite the theoretical richness of the study, which utilizes concepts from the psychosomatic school such as mentalisation, representation, and mental organization, it should be noted that the study employs concepts primarily developed in adult clinical contexts, without sufficiently adapting them to the particularities of the child's psychological apparatus. The child, particularly during the latency period, has a psychological structure in development and does not necessarily possess the same representational and organizational mechanisms as an adult.

2. 1. Problem Statement

Our research problem is framed within the psychosomatic approach designed around psychodynamic and interactive concepts. It views academic failure as a symptom that reveals a complex unconscious dynamic. It is linked to "intellectual inhibition," which expresses a hidden form of somatization according to Gibello. Here, the cognitive apparatus becomes the site of dysfunction due to unresolved conflicts or tensions that have not been symbolized. (Gibello, 1984, p.190)

Psychosomatic analysis studies the intricate connections between mental and physical processes, focusing particularly on how emotional, unconscious conflicts are expressed through the body. In latency-age children (6-12 years), these phenomena take on special importance, as this period is marked by a relative reduction in the intensity of Oedipal conflicts, with the child's focus shifting more towards learning, social interaction, and mechanisms of repression. Nonetheless, the body remains a key medium of expression for the child, due to their incomplete ability to symbolically or verbally encode their emotions and fears.

From a developmental and dynamic perspective in applying psychosomatic models, we consider academic failure to be a phenomenon that reflects a deeper disturbance in the child's basic psychological structures, notably symbolic function and psychosomatic structure. This article aims to explore the relationship between academic failure and psychosomatic organization (an emotional-physical structure still in development) as developed by the French psychosomatic school, revealing it as a sign of deficiencies in psychic containers that can transform suffering into symbols, which might otherwise be discharged into the body or reflected in intellectual inhibition.

During fieldwork in our doctoral research on psychosomatic balance in latency-age children with academic failure, we observed a set of common characteristics indicating a disturbance in the psychosomatic structure. These included a severe lack of imagination, poor verbal expression, and deficiencies in dream life, as well as frequent physical complaints, such as abdominal and headaches. This suggests that the body is being used as an alternative means of expressing unrepresented psychological conflicts. These observations led us to deepen our understanding and question the pivotal role of psychic containers in the academic trajectory.

2.1 Research Question

Can academic failure reflect a fragile psychosomatic organization in latency-age children?

This question leads to several sub-questions that guide the structure of the article:

- Can academic failure reflect a disturbance in the relationship between mind and body in latency-age children?
- Can academic failure indicate a dysfunction in the symbolic function of latency-age children?
- How do projective tests (such as the Rorschach test) reflect the fragile psychosomatic organization of latency-age children experiencing academic failure?

2.2 Hypotheses

In our study, we have adopted several hypotheses, including the general one that academic failure may reflect a fragile psychosomatic organization, expressed through disturbances in the relationship between mind and body in latency-age children. This general hypothesis is expanded as follows:

- Academic failure may be associated with a disturbance in the mind-body relationship, expressed in projective tests through:
  - Poor productivity and imagination,
  - Distorted body image,
  - Narcissistic fragility.
- Academic failure may reflect a deficiency in symbolic function, which manifests in projective tests through:
  - The relationship between imagination and reality,
  - The level of symbolic maturity.

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2.3 Operational Definition of Study Concepts:

2.3.1 Academic Failure:

Operationally: Academic failure refers to a situation where a child experiences continuous decline in academic performance throughout the current school year, resulting in scores below average, which places them at risk of failing. The indicators for academic failure are as follows:

- Low grades in core subjects (language, mathematics, science education)
- Complaints from parents and teachers regarding pedagogical performance.

2.3.2 Psychosomatic Symptom:

Operationally: Psychosomatic symptoms are manifestations resulting from difficulty in mentally representing internal conflicts, with a tendency to discharge psychological tensions and convert them into direct bodily expressions, rather than transforming them into symbols or imaginative representations. This pattern is identified through specific indicators, particularly using the Rorschach test, including:

- Poverty of symbolism and imagination (lack of symbolic content and few human responses, or responses of a relational nature)
- Distortion of body image (increased anatomical responses, with the absence of metaphorical representational aspects)
- Practical thinking and lack of emotion (low responses to form +F, along with a decrease in color responses).

2.3.3 Intellectual Inhibition:

Operationally: Intellectual inhibition in children is defined as an early stoppage of cognitive function, or an inability to think, abstract, and represent. This is manifested in the Rorschach test by patterns of poor and concrete responses, focused on the body and lacking symbolic content, as a result of psychological conflict, replaced by somatic expression.

2.3.4 Latency-Age Child:

Operationally: A child in the latency period is between the ages of 6 and 12 years old.

2.4 Study Objectives:

The aim of this study is to investigate the relationship between academic failure and psychosomatic symptoms by uncovering the underlying psychological structures in children. This will be achieved through the use of a semi-structured clinical interview and the Rorschach projective test, with an emphasis on the role of the symbolic function in this relationship.

2.5 Study Importance:

This article addresses a topic of critical importance in the fields of education and psychology, specifically academic failure. The uniqueness of this research lies in its psychosomatic perspective, which highlights the emerging symbolic function as a fundamental basis for developing intellectual activity from early childhood.

2.6 Study Methodology:

This article follows a clinical methodology as it is the most suitable approach to achieve the study's objectives. This methodology is qualitative in nature and aims to understand the individual in its entirety through the analysis of their psychological condition, personal history, and relational context. It is based on listening, observation, and psychoanalysis without seeking to generalize the results.

2.7 Study Tools:

We utilized clinical methods that allow us to analyze the individual (in this case, a child with academic failure), which include:

• Semi-structured Clinical Interview: According to Pedinielli, J. L., "The semi-structured clinical interview, which addresses a range of topics flexibly starting from general guidelines, provides an understanding of the dynamics of psychological processes. It grants the individual the freedom to organize their speech as desired while maintaining a degree of standardization"

• (Pedinielli, J. L., 1998, p. 102).
In this semi-structured interview, five key topics were included. The first part of the interview was conducted with the child's mother, while the second part was conducted privately with the child.

• Rorschach Test: The Rorschach test consists of ten inkblot cards, five of which are black-and-white, two are black-and-white with red, and the final three are multicolored.For the analysis of the results, we referred to studies conducted on children and adolescents, using the standards of N. R. De Traubenberg and the Projective Psychology Lab of René Descartes University, along with the works of Boekholt (1996), Emmanuelli (1992, 2004, 2009), and compared them with the standards from a study conducted by Si Moussi and Ben Khalifa (2009) in Algeria.

2.8 Study Sample:

The study sample consists of a case involving an eight-year-and-ten-month-old child, enrolled in the third grade of primary school, living with their nuclear family and possessing normal mental and physical health. The child has demonstrated declining academic performance, with results continuing to fall compared to the previous year.

2.9 Study Boundaries:

This study was conducted at a school in Tizi Ouzou city, during the months of February and March of the current year, following the first-term results.

3. Theoretical Aspect of the Study

3.1 Intellectual Inhibition as a Psychosomatic Factor in Academic Failure

Several psychoanalytic theorists have pointed out that intellectual inhibition, as a defense mechanism, aims to avoid anxiety related to learning or the relationship with the father or mother. Freud, in his work "Inhibition, Symptom, and Anxiety" (1926), distinguished between inhibition and symptom, stating: "Inhibition is related to function and does not necessarily signify a pathological condition; it can be seen as a natural limitation of a function" (Freud, S., 7th edition, 2011, p. 7). He further elaborated on the relationship between inhibition and anxiety, describing inhibition as a defense mechanism against internal dangers to avoid frustration or fear. He asserted: "We cannot overlook the relationship between inhibition and anxiety; much inhibition appears as a form of relinquishing a function because its exercise may provoke anxiety... inhibition is a manifestation of the functional constraint of the ego" (ibid, p. 57).

M. Klein, influenced by Freud's work, later discussed various types of anxiety arising from the pursuit of knowledge. She was the first to suggest links between the integration of the ego and symbolic functions (Despinoy, M., 2004, p. 76).

From this, we can conclude that intellectual inhibition in children arises from unconscious internal psychological conflicts, which impede their engagement with knowledge or disrupt symbolic activity. Various factors can be identified in the child's relationship with others (Lallem, L., 2021), as well as their unconscious representations of success and failure, their body image, and their relationship with the self.

3.2 Psychic Containers

In the 1960s, research on learning capacities shifted, focusing more on learning disorders through the evaluation of psychological processes within their dynamic interpersonal context, particularly after Bion's (1964) contributions to the theory of thinking, Winnicott's (1956) work on Primary Maternal Preoccupation regarding the mother-child relationship, and Anzieu's (1974, 1985) concepts of "Ego-skin" and psychic envelopes, which serve as organizers for psychic containers. These contributions became foundational references for analytical psychosomatics.

Attention was also drawn to symbolic function, which became one of the key concepts in psychosomatics. This function allows sensory stimuli to be converted into symbolic representations. Aulagnier (1975) offered a new vision of the symbolic process linking the body and mind, proposing three levels for transforming psychic content. Roussillon (1999), in Agony, Splitting, and Symbolization, added that symbolic function enables the child to create a represented world, providing them with the ability to understand and imbue meaning to the external world. However, when there is dysfunction in this process, the child struggles to assign meaning to their experiences, revealing fragility in their psychological identity formation.

Certainly, this ability to symbolize remains in development during the latency period and requires external support from parents, teachers, and therapists to enable the child to symbolically express their internal tensions and avoid discharging them through intellectual inhibition or bodily symptoms.

In contrast to adults, who generally enjoy a relatively balanced mind-body relationship, children in the latency period exhibit a fragile psychosomatic equilibrium. They are highly sensitive to emotional fluctuations and environmental conditions, both within the family and school contexts. The family and school institutions function as holding environments, supporting the child's psychological and cognitive development by providing appropriate spaces to meet the needs of this developmental phase. This emphasizes the importance of the nurturing environment for the healthy and balanced growth of the child.

Contemporary psychosomatics views the latency-age child as still working on establishing boundaries between the self and others, and between the internal and external worlds, through psychophysiological envelopes that are still in formation. This developmental process depends on the presence of effective psychic containers in the child's environment (such as the family and school), which are capable of containing their emotional experiences and converting them into representations that can be linked and imbued with meaning. Providing this containment supports the symbolic function, enabling the child to symbolize emotional experiences and integrate them into their psychological structure. This fosters balanced growth in both the psychological and physical dimensions, ensuring psychosomatic balance.

3.3 Practical Application

The child was met in a school located on the outskirts of Tizi Ouzou, as part of the exploratory study. The student, Nabil, is 8 years and 10 months old, enrolled in the third grade of primary school. He is the youngest of three male siblings, from a middle-class family where the father works as a plumber and the mother is a homemaker. Both parents have an elementary level of education.

The child's medical file does not indicate any physical disorders, and the educational file shows a decline in academic performance from the previous year to the current year, as confirmed by the teacher of core subjects.

Semi-structured interviews were conducted, first with the mother and then with the child. In the initial evaluation interview, a Kohs block test was administered to assess the child's intelligence, aiming to rule out any obvious cognitive impairments. The result showed an average intelligence level, with a score of 95%, indicating that the child's cognitive abilities are normal. The Rorschach test was administered during the second evaluation interview.

4. Results and Analysis

4.1 Analysis Results of the Semi-Structured Clinical Interview

Bion believes that the primary psychological role of the mother in the early years of a child's life is to form a psychic container for the raw emotional experiences the child undergoes (referred to as beta elements). Through her care,

empathy, gaze, voice, and touch (referred to as alpha function), the mother transforms these anxiety-provoking experiences into elements that can be thought about (i.e., alpha elements).

In the case of Nabil's mother, there is a noticeable lack or deficiency in the alpha function. She did not receive, reflect upon, or process the emotional states or internal tensions her infant experienced during early childhood. This lack is evident in the following:

• Emotional neglect and rejection : Nabil was an unwanted child from birth, as expressed by the mother when she said: "الأرض هي التي ربته، لم يتعود الأيدي" meaning "He was raised on the ground; he never got used to being carried in my arms." The child was left alone for extended hours in a locked room while the mother was busy with other tasks, like olive harvesting. The short duration of breastfeeding (less than five months) and the manner in which it was provided (through a bottle placed on a cloth barrier for him to hold, rather than through direct, interactive breastfeeding) indicate the absence of physical and emotional presence from the mother.

• Absence of maternal reverie: The lack of nurturing care and physical contact, including the absence of cuddling or sensory interactions, indicates a failure in the maternal reverie function. The mother's constant preoccupation with tasks like harvesting leaves the child without the necessary emotional connection to transform raw emotions into psychological representations that can be contained and thought about.

This deficiency in maternal function led to physical symptoms and sleep disturbances in the child, as raw beta elements flooded the child's internal world due to the absence of psychic containers. Moreover, this lack of containment hindered the development of symbolic thinking, leaving the child with intellectual inhibition as a defense mechanism against emotions he could not process.

This failure in psychic containers and its impact on Nabil's symbolic and cognitive development is evident through the following observations during the clinical interview:

• Slow speech with a complete lack of emotional tone in the dialogue.

• Long periods of silence with short, unclear responses, often answering with "I don't know" or "I didn't understand."

• Inability to use symbolism or imagination, which manifested in difficulty with storytelling and self-expression. He showed weakness in recalling personal memories or events, and he struggled to construct a coherent self-narrative. This was also reflected in the school setting, where he had significant difficulty producing written texts, to the extent that he couldn't write a paragraph of ten lines. When I asked him if he could imagine, he said, "لا أتخيل" and then added, " أتخيل قصة سمقرانت," which means "I don't imagine... but I imagine a big story."

He continued, saying, "...أتخيل بأنني... سخيلاغ نكيني...أنا هو الأول في المدرسة...أنا مجتهد في المدرسة...أتخيل كتبغد الفقرة ثمقرانت" meaning "I imagine that I am... the first in school... I am hardworking in school... I imagine I will write a big paragraph."

He said: "عندما أغمض عينيّ أحلم أنني داخل المدرسة، أدرس كثيرا، أقرأ كثيرا وأكتب كثيرا," which translates as "When I close my eyes, I dream that I am inside school, studying a lot, reading a lot, and writing a lot."

• Physically, the child appeared withdrawn, avoiding direct eye contact, yet his gaze conveyed a sense of confusion and questioning, indicating internal tension and a silent struggle with his environment.

He feels headaches at times and stomach pains, especially during exams.

• In relational terms, the child exhibited a tense relationship with the opposite sex, frequently having altercations with girls. He also faced clear challenges in interacting with adults, particularly teachers, with whom he had little to no communication, except in rare cases. When I asked him about his relationship with his teachers, he shook his head in disbelief and did not respond. I then asked: "Do you talk to them? Do you ask them for things? " He replied, "No."

This suggests an inability to establish trustful relationships with authority figures.

• Familial environment: The family environment seemed unable to perform the role of a psychic container. Instead of providing emotional safety and support, the child was subjected to harsh punishment, especially in the context of academic failure. Nabil experiences fear and anxiety when he receives bad grades because he is severely punished by his parents. He said: "عندما أتحصل على علامات سيئة يعاقبني أبي بالضرب بالخشبة، وتضربني أمي كذلك، وعندما يغضبان يضرباني بدون سبب," which means "When I get bad grades, my father punishes me with a stick, and my mother also hits me, and when they get angry, they hit me for no reason." The use of physical punishment deepened his fear and inhibited his psychological growth.

Nabil's intellectual inhibition could be a manifestation of internal conflict stemming from early experiences of frustration or failure in the functioning of family and school psychic containers (according to Bion 1966, and

Anzieu1985). It may also be linked to dysfunction in the symbolic function, leading to a separation between thought and emotion, where academic failure or physical symptoms become the alternative forms of expression.

4.2 Analysis of the Rorschach Protocol

A) Clinical Administration of the Test

When the projective test was administered, the child, Nabil, was in a state of astonishment and confusion, which was evident from his facial expressions. This was also reflected in the question he directed towards the researcher: *"Did you draw it now?"* This may indicate that he experienced the testing situation as a form of psychological invasion, with difficulty accessing his imaginative life and a lack of daydreaming, which this question may reflect as a search for a safe psychological space during the interview.

Nabil's productivity was low, as we recorded only 12 responses (R=12) with one rejection (Plate III). This number represents the minimum standard according to Baumann's criteria, far below the average (16.7%) for Baumann and (16.4%) in the study by Si Moussi and Ben Khalifa.

The protocol was completed in a very short period of time (5' 40"), with a short latency period as well. Additionally, his verbal expression was poor, characterized by short and repetitive answers, often followed by the phrase *"this is it,"* meaning "only." This suggests a weak psychological investment in the projective process, and, on the other hand, may explain the difficulty in symbolic representation (poverty in daydreaming related to intellectual inhibition in accordance with Roussillon, 1999), and a deficiency in the containing environment (alpha function according to Bion, 1966), as he was unable to transform or link the stimulus in the projective test, which may imply a severe intellectual inhibition.

B) Thinking Contexts

Patterns of Processing

The way Nabil approached the inkblots was characterized by a balance between total or global identification of the stimulus (G) and partial identification (D). There was a noticeable low percentage of global responses compared to foreign standards set at: 46.3% (Baumann), and Algerian standards at: 41.5% in the study by Si Moussi and Ben Khalifa. Baumann interprets this elevated score for (G) as a sign that the child struggles to engage his imagination when confronted with ambiguous stimuli.

Determinants

The most dominant type of determinants was formal (75%), which indicates that the child has average intelligence compared to children in his age (Baumann, 2012). However, positive determinants were low (44.5%), compared to the standards of 76% for Beizmann (1966) and 65% for Azoulay et al. (2009). We also observed a higher frequency of negative formal determinants and F+- determinants.

According to Roman (p. 116), this may reflect a deficiency in the psychological construction process during this stage, which suggests a lack in the developmental process of the child's psychological and emotional maturity.

There were no kinetic determinations in the protocol. Roman (p. 126) describes this as a repression of the kinesthetic sense (*refoulement de la kinesthésie*), often found in children and adolescents. We noted this repression in Nabil's response to Plate III. After rejecting it in the spontaneous pass, he said, "It looks like a statue" during further investigation, which indicates a freezing of the fantasy (transforming a person into a statue), or the freezing of imagination. This is confirmed by J. Melon (1978), who explains that the absence of high-quality movement responses in the Rorschach test indicates an inability to imagine.

As for the pure sensory responses (C), these were absent. We only recorded one response of type CF, which suggests that Nabil's emotional life is marked by inhibition and freezing, aligning with the latency stage, which is generally characterized by emotional and affective calmness and a tendency to invest in the cognitive world (Si.Moussi et al., 2015, p. 114).

Contents

Animal responses accounted for 41.66%, and there was an absence of human contents, with a significant lack in other contents. This indicates a poverty in object relations and a lack of primary identifications, which manifests in the child as an absence or loss of primary psychic containers (mother, father, teacher...).

Regarding anatomical contents, we recorded five anatomical responses in Plates (II, IV, VI, X) out of 12 responses, like the response in plate II : "A heart... I felt it was a heart because it has blood... that's it.", and "Body parts (human from inside)." In plate X, which indicates a deficiency in body image and a fragile psychosomatic structure (J. Melon, 1978).

The intimate echo pattern T.R.I.: 0 // 1.5 suggests symbolic failure and a psychosomatic profile.

Referring to the research by Fisher & Cleveland (1958) on barriers (barrière) and penetration (pénétration), which Anzieu (1974) adopted, we noted one barrier and four points for penetration in the protocol. This suggests a weakness in the boundary between the ego and reality, between the internal and external realities, and thus a deficiency in psychic containers.

Conflict Dynamics

The problem of expressing anxiety is shown through a very high anxiety index (IAA), which is estimated at 50%, compared to the normative value that should not exceed 13%. This high anxiety is reflected in the projective speech through the low number of answers, their poverty, and their brevity, with the child consistently using surface-level formal responses followed by "this is it" (meaning "only") or "nothing" ("ماكانش").

As mentioned earlier, this anxiety may be linked to primitive anxiety related to the construction of boundaries between the internal and external, which we also observe through hesitation, doubt, and confusion in front of some plates. For example, in Plate V, after initially answering "butterfly," he quickly followed with "bee." We also note the search for the examiner's presence during the administration of Plate I with the question: *"Did you draw it now?"* This indicates a search for a safe primary psychological space during the interview (*recherche d'étayage*).

Regarding the mental containment of aggression, Roman asserts that as the level of symbolism develops, the child can use movement to create relational scenes filled with emotions. (Roman 1997, p. 281). This was entirely absent in the protocol, where Nabil only provided surface-level responses without clear symbolic construction. This reflects an inability to convert emotions into symbols, signaling failure in the development of the symbolic function (pre-symbolic level: *le présymbolique*), thus failing to contain aggression, which is manifested in his physical symptoms of stomach and head pains, as well as intellectual inhibition.

On the other hand, we note (TRI: 0 // 1.5) a flattened, double pattern, which translates into a relational mode sensitive to the environment, confirming: psychological withdrawal, poverty in relations with others, unresolved psychological tension, symbolic failure, and a weakness in thinking capacities, aligning with intellectual inhibition and psychosomatic organization.

Regarding human identifications, we observe difficulties in the absence of human responses, which are replaced by animal content and an overwhelming number of anatomical responses in the protocol, alongside the absence of kinetic determinations. This appears in several plates, including:

- Difficulty with sexual identifications: This is evident in the rejection of Plate III "Laughing."*It wasn't... it wasn't...Looks like a statue.*. After the shock in the spontaneous pass, which was translated by rejection, Nabil presents a male representation in the form of fantasized freezing (transforming a person into a statue), which fits with the developmental stage of latency.

- Difficulty in identifying the maternal image: This appears in Plate VII: "Can I turn it this way?" *It's a chicken, that's it. This is a cooked chicken"*. where we see an animal response that is distorted, and a lack of understanding of the symbolism of the plate.

Regarding self-concept, we observe issues related to self-image and identity in plates that suggest concerns about self-concept, such as Plates V, IV, and I. The following observations were recorded:

- In Plate I, "Looks like a bee.". Nabil provided a D/G response, which is not a global answer.

- In Plate IV, *I see the muscles. I see the strength. Here and here... that's it.* we observed astonishment alongside two partial answers: one with anatomical content and the other with abstract content.

- In Plate V, ("It's called... butterfly."*It's called a bee in Kabyle.* (*Thizizouis) it means bee)* an animal content was provided globally (G F+ A Ban. but due to doubt and hesitation, he gave another response scored with (G F- A).

- The case provided one distorted answer (defect) *"This is a cooked chicken"*, in plate VII, which suggests issues with self-image, body image, and narcissistic fragility.

4.3 Case report summary

The findings derived from the clinical analysis indicate that the child, Nabil, exhibits a fragile psychosomatic structure, evident in the disruption between mind and body. This disruption is clearly manifested through disturbances in self-perception, body image, and a noticeable narcissistic fragility. The protocol also reveals a significant deficiency in the symbolic function, as the child remains at a pre-symbolic level (présymbolique), which is reflected in his poor ability to resort to fantasy, lack of daydreaming, and the halted developmental process related to psychological and emotional maturation.

Furthermore, this symbolic deficiency in the child's protocol is evident through the absence of kinetic dynamics, a high percentage of responses in the *G* category, and the lack of emotional and sensory expression, as seen in his surface-level and formal responses devoid of emotional charge. Additionally, we observed a clear absence of containing functions, both in terms of weak human contents and the lack of coherent psychological contents. We also identified limited primary identifications, fragility in the boundary between the ego and reality, and between the internal and external worlds, as reflected in the dominance of *penetration* (pénétration) responses compared to the scarcity of *barrier* (barrière) responses.

Clinical data from the interview confirm these findings, indicating that the family environment lacks containing functions, both during the foundational stages of the child's life and throughout the latency period. This deficiency is reflected in the poverty of imagination and the absence of dream life, weakening the child's ability to symbolize and deepen his fragility at the level of psychosomatic structure.

Finally, this fragile psychosomatic structure reveals that the psychological tensions the child is unable to symbolize or transform are expressed through the body (stomach and head pain) through behavioral or cognitive symptoms such as intellectual inhibition.

Table 1. Summary of Clinical Interview Findings

Domain	Observations	Interpretation
Emotional Environment	Maternal rejection, emotional neglect, lack of physical contact	Deficiency in maternal *alpha function* (Bion) and failure of psychic containment
Early Development	Short breastfeeding duration, absence of nurturing interactions	Weak development of symbolic and emotional processing
Communication	Slow speech, minimal responses, long silences	Intellectual inhibition and reduced symbolic capacity
Imagination	Inability to imagine or narrate coherent stories	Deficit in symbolic function (pré-symbolique level)
Physical Symptoms	Headaches, abdominal pain (especially during exams)	Psychosomatic expression of unprocessed anxiety
Social Relations	Difficulty interacting with teachers and peers; conflict with girls	Impaired relational capacity and weak object relations
Family Context	Exposure to physical punishment and fear of parents	Anxiety reinforcement and inhibition of psychological development

Table 2. Rorschach Test – General Indicators

Indicator	Result	Norm / Reference	Interpretation
Total Responses (R)	12	~16–17	Low productivity, weak engagement
Rejection	1 (Plate III)	—	Defensive withdrawal
Duration	5 min 40 sec	—	Rapid, superficial processing
Verbal Output	Poor, repetitive	—	Symbolic poverty
Latency	Short	—	Low reflective capacity

Table 3. Determinants and Cognitive Processing

Variable	Result	Norm	Interpretation
Formal Determinants (F%)	75%	—	Reliance on perceptual control
Positive Form (F+)	44.5%	65–76%	Weak cognitive organization
Negative Form (F-)	High	—	Distorted perception and instability
Kinesthetic Responses (K)	0	Expected presence	Repression of imagination and movement
Color Responses (C)	Almost absent	—	Emotional inhibition

Table 4. Content Analysis

Content Type	Percentage / Observation	Interpretation
Animal Content	41.66%	Primitive representations, weak human

		identification
Human Content	Absent	Lack of identification and relational deficit
Anatomical Content	High (5/12 responses)	Distorted body image, psychosomatic focus
Distorted Responses	Present	Narcissistic fragility and identity issues

Table 5. Psychosomatic and Symbolic Indicators

Indicator	Observation	Interpretation
Symbolic Function	Severely impaired	Pre-symbolic functioning
Psychic Containers	Weak / absent	Failure of containment mechanisms
Ego Boundaries	Fragile (penetration > barrier)	Weak internal/external differentiation
Anxiety Index (IAA)	50%	Very high anxiety level
TRI Pattern	0 // 1.5	Psychosomatic profile and relational withdrawal

Table 6. Summary of Clinical Interpretation

Dimension	Key Findings	Clinical Meaning
Cognitive Functioning	Intellectual inhibition	Defense against anxiety
Emotional Regulation	Flattened affect	Emotional repression
Symbolization	Poor symbolic capacity	Failure of mentalization
Psychosomatic Expression	Physical symptoms present	Body as expression medium
Identity Formation	Narcissistic fragility	Weak self-structure
Environmental Influence	Dysfunctional family containment	Developmental risk factor

5. Conclusion

The theoretical and analytical data derived from the study of this case indicate that school failure is not always to be understood solely as a result of cognitive deficits or educational difficulties. In some contexts, it may represent a deep psychosomatic expression reflecting a disturbance in the child's mind-body organization. When the psychosomatic structure is fragile, especially during the latency period, which is characterized by particular developmental features, the absence of containing functions in the family or school environment may lead to a failure in establishing connections between the mind and body, between the internal and external, and an inability to symbolize.

This dysfunction was observed in the studied case through the Rorschach test in several indicators, showing deficiencies in psychic containers such as the separation between mental activity and bodily experience, leading to recurrent physical symptoms (head and stomach pains), as well as cognitive dysfunction (intellectual inhibition). This supports the hypothesis of a relational link between school failure and psychosomatic organization. Therefore, school failure can be considered a silent expression of bodily manifestation that affects the child's cognitive system.

This psychological approach requires expanding the traditional view of school failure by integrating deeper psychological dimensions, including the child's relational history, internal representations, and the ability to think and symbolize. These results also call for multi-dimensional therapeutic approaches that consider not only the educational level but also the relational, psychological, and emotional structure of the child.

Thus, studying school failure from a psychosomatic perspective provides a rich avenue for understanding the psychological suffering that is translated through bodily and cognitive pathways, requiring therapeutic interventions that integrate both the psychological and physical dimensions within a comprehensive treatment framework.

Ethical Considerations

This study was conducted in accordance with internationally recognized ethical standards for research involving human participants, including the principles outlined in the Declaration of Helsinki. Given the clinical and qualitative nature of the research, particular attention was paid to the protection of the child participant's psychological well-being, dignity, and confidentiality.

Prior to data collection, informed consent was obtained from the child's legal guardian (mother), and the child's assent was also secured in an age-appropriate manner. The participant was informed about the purpose of the study, the procedures involved (including the clinical interview and Rorschach test), and their right to withdraw at any time without any consequences.

All data were anonymized to ensure confidentiality, and no identifying information has been disclosed. The clinical procedures were conducted by qualified professionals in a safe and supportive environment, ensuring that no psychological harm resulted from participation in the study.

Author Contributions

Zidelmal Fariza: Conceptualization, methodology, data collection, clinical investigation, analysis, and original draft preparation.

Lallem Lounes: Supervision, validation of theoretical framework, critical review and editing of the manuscript, and scientific guidance.

All authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

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Conflict of Interest

The authors declare that they have no conflict of interest regarding the publication of this paper. There are no financial, personal, or institutional relationships that could be perceived as influencing the research outcomes.

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