



Boarding School Syndrome

The term 'Boarding School Syndrome' was coined by Jungian analyst Professor Joy Schaverian around a decade ago. Since then, it has gained significant traction as a model for explaining the experiences and symptoms of adults who were sent away to boarding school as children.

Like all mental health conditions, with the exception of a tiny minority, such as schizophrenia, boarding school syndrome (BSS) refers to a cluster of symptoms. When enough people present with similar clusters of experiences, behaviours or traits, and there is a clear correlation in their experiences, then a diagnostic category can be born. Officially, this is not yet the case with BSS, although more and more analysts and psychotherapists (as well as journalists) are using the term.

What is Boarding School Syndrome, and why does it matter?

Psychotherapy is about helping people to grow a mind and better relate to themselves and those around them. In order to do this, the clinician will often work with the client's past experiences, either directly through dialogue, or in the relationship between the client and themselves. The latter certainly constitutes the 'relational approach' which has been evidenced to be highly effective, and one that we apply at Brighton and Hove Psychotherapy.

Schaverian (and others) suggest that BSS can be identified through disrupted relationship patterns, often romantic. In BSS, what appears to be a strong sense of independence proves to be, in fact, a shell or mask covering emotional vulnerability, depression, anger management problems and substance misuse or abuse problems.

BSS affects both genders. However, as statistically, boys are sent away to boarding schools in higher numbers than girls, boys and thus men are disproportionately affected. Add the social expectations on male middle-class and upper-middle class former boarders, and the problems they face can become further entrenched and emphasised.

In my experience, former boarders will only present for psychotherapy once they hit a wall. This generally happens when addictive behaviours get out of control or when relationships fail. Once the veneer of privilege and entitlement has been stripped away, the presentation of symptoms is akin to children who have been taken into care and raised institutionally. This results in a catastrophic attachment trauma that makes any form of genuine, close, intimate relationship extremely difficult.



All this would matter little, at least from the perspective of the individual in question, if they grow up comfortably inhabiting their own skin and genuinely do not need a close relationship. Sadly, this is rarely, if ever, the outcome. These institutions espouse entitlement, independence and academic rigour. Once a child has been abandoned by his or her parents to this system, the best they can expect to develop is a more or less robust shell that reflects back to the world the message that they are perfectly fine. Deep down, they simply are not.

Neglect breeds a false sense of independence. Whether a child is abandoned to the social care system as a result of an outwardly chaotic family life, or if the abandonment is couched in privilege, the attachment disruption remains the same. The result is a false self-reliance with a deep wariness of their own vulnerability and a fear of relationships. At least children who survived social care have a place to locate their problems – the neglect and abandonment is clearly visible.

There is no doubt that emotional cruelty has the greatest impact on the developing mind. And a mind is what we use to understand ourselves – our emotional world and our vulnerability. We also use it to understand the mind of others. Without a developed mind, we may be left adrift in a flood of emotion, which is more often seen with children who have come through the social care system. Alternatively, we become rigid and emotionally stunted, incapable of connection.

How to treat Boarding School Syndrome

As I have already suggested, the defence from emotional neglect is the development of a false and rigid sense of independence. This is established by having no attachment figure to soothe them and help them make sense of their inner and outer emotional world. The vulnerable child is still there, but many former boarders will deny its existence, mirroring the attitude of their caregivers. Alternatively, they may treat their vulnerability with disdain, saying things like, “I just need to pull myself together”, “All this wallowing is a waste of time”, and “I am sure you have more deserving patients to see, I really am fine.”

The work of the therapist, like any we do, is in establishing a close, supportive relationship with the client. This enables them to start to make some tentative contact with his or her vulnerability.

Helping these clients imagine that they experienced neglect (and at times, abuse) can be an enormous piece of the work. For the client, it is hard to do, as it relies on a complete dismantling of a belief system – in their parents, their privilege, the institution, and lastly, their false self.

Despite what former boarders have been taught, finding their way out of their suffering is not something they can do alone or with the help of a book. It relies on the very thing they find hardest; establishing a secure attachment with their psychotherapist.

Brighton and Hove Psychotherapy



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