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**“Now there are no rules”:
Boundary Activity in a Psychoanalytically-run Group
Therapeutic Intervention for Adolescent Boys with
Learning Difficulties.**

A case study exploration.

by

Ben Truter

TRUBEN001

A minor dissertation submitted in partial fulfilment of the requirements
for the award of the degree of Master of Arts in Clinical Psychology.

Department of Psychology

Faculty of the Humanities

University of Cape Town

September 2003

Declaration

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature removed

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I am extremely grateful to my supervisor, Anastasia Maw, for her unfailing patience, support, care, invaluable insights, and mostly, for making sure this thesis actually happened without my falling apart!

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Finally, my thanks and love to P S for it all.

Use of racial categorisations

The researcher rejects the racism implicit in racial categorisation. Yet these categories have a specific reality in the South African context, and their use is therefore necessary. Where this is the case, the following categories are written in lower case letters: african, coloured, white. This is preferred to the regular use of inverted commas, or repetitive use of “so-called” as a prefix. When the term “Black” is expressed, reference is being made to all historically racially oppressed groups, and not just Africans per se. When quoting from original sources, however, that original categorisation (and written form of that categorisation) is retained.

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ABSTRACT

Traditional psychoanalytic group psychotherapy has been used as a therapeutic modality with adolescents since the 1930's. More recent literature however, suggests that several areas of difficulty have been encountered in its use with adolescents, particularly young males. Boundary activity (action taken by group members or the therapist that impacts on the frame and rules of the group) has been identified as a particular area of difficulty.

This dissertation attempts to investigate by way of analysis of clinical material, a traditional psychoanalytic approach to working in a group with severely troubled adolescents with learning difficulties. The study is located within a theoretical context of an understanding of adolescent male identity in the Cape Flats area of the Western Cape. A case study, consisting of an iterative analysis of vignettes drawn from the process of the 'Blue' group of the Learning Problems Project at the Child Guidance Clinic of the University of Cape Town, highlights the complex interplay between boundary activity and an interpretation-based traditional psychoanalytic model. Evans' (1998) Active Analytic technique is proposed as an alternative method of undertaking analytically-informed group work with troubled adolescents, and recommendations are made regarding the structure and development of the Learning Problems Project as a whole.

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CHAPTER 1: INTRODUCTION

1.1. Background to the study

In March 2002, as part of my first year of training in the Clinical Psychology masters programme at the Child Guidance Clinic (CGC) of the University of Cape Town (UCT), I became involved in the Learning Problems Project (LPP). In the ten years prior to the establishment of this project, 29.8 % of children at the CGC were psychometrically assessed and found to require remedial help (Melvill, 2000). This era had also seen the end of special classes in mainstream schools for those children with learning difficulties. The rationale behind the establishment of this project in 2000 was therefore twofold: to develop a training arena for group therapy; and to provide remediation and emotional help to children and adolescents with learning difficulties. This was to be my first experience of running a psychotherapy group for adolescents.

1.2. The U.C.T. Child Guidance Clinic

The CGC was established in order to provide training to UCT students in Clinical Psychology and to provide psychological services to local communities, particularly disadvantaged ones. Included in these services is assessment and intervention-planning for children and adolescents experiencing emotional, scholastic and behavioural difficulties. As noted by Melvill (2000), the profile of clients receiving assistance from the CGC in recent years has changed significantly. Currently, a large portion of children presenting at the CGC originate from an area in the Cape Peninsula area of the Western Cape traditionally referred to as the 'Cape Flats'.

1.3. The Cape Flats

The Cape Flats area lies on the outskirts of Cape Town, and is a coloured working-class community of approximately 250 000 people. Following the 1948 election victory by the National Party, coloureds were removed from the voting roll, and many were forcibly relocated to this area of the Cape Peninsula (Burnham, 1980). Ostensibly many were to be employed in soon-to-be-constructed industrial

developments, but these never materialised, leaving many destitute and disempowered. The result is that today approximately half of the inhabitants are unemployed and socio-economic problems such as gangsterism, substance abuse, poverty, HIV/AIDS, community and domestic violence are rife (Flisher, Cloete, Johnson, Wigton, Adams & Joshua, 2000; Petersen & Carolissen, 2000). The systematic marginalisation of coloured peoples permeated all structures within the communities making up this area. Whilst considerable research has testified to the adverse consequences for scholastic performance amongst black township communities with these difficulties (Kriegler & Farman, 1996), similar findings for the communities of the Cape Flats are rare. The lack of social services and educational structures necessary for the provision of adequate specialised services in education in this area however, is clear (Schiff, 2002). Yet, it is within adverse conditions such as these that the prevalence and incidence of learning difficulties has steadily increased (Bouwer & Du Toit, 2000).

1.4. The Learning Problems Project

Apart from private remedial services, no institutions providing remedial help existed for children and adolescents from the Cape Flats with learning difficulties in 2000 (Van den Berg, 2002). On the basis of the high incidence of children presenting at the clinic with these difficulties, a learning project was instituted at the CGC in 2000. Remedial and emotional assistance were offered by Clinical Psychology interns, whilst a group for parents of the children in the project was facilitated by a Clinical Psychologist. At the end of 2000 the project was broadened through a collaboration with the Mowbray Teacher Training College and the LPP came into being. Remedial assistance was to be provided by trainee remedial teachers whilst two psychotherapy groups were each facilitated by trainee clinical psychologists. Rika Van den Berg, a Clinical Psychologist, provided supervision for the trainee psychologists and facilitated the parent group.

1.5. Rationale for the study

Facilitating the adolescent therapy group of the LPP was my first experience of applying my limited training in psychotherapy in the role of group therapist. As part of record keeping and for supervision purposes I kept notes on the group sessions, which consisted of my observations of the events that had unfolded in these sessions. I also managed to record some of the early sessions of the group on video, until this was objected to by the members of the group. An important aspect of the material I gathered was my thoughts and reflections on whether I was achieving what I believed to be my goal; to enable the group members to express their feelings as opposed to acting these out in aggressive and disruptive ways.

The presence of disruptive behaviour and conduct-related difficulties in adolescent males from poor social circumstances, who present with scholastic problems, is well-documented (Tremblay, Masse, Perron, Leblanc, Schwartzman & Ledingham, 1992). Traditional psychodynamic group psychotherapy has been suggested as one of the ways in which these issues may be addressed. However, in observing the process of the group as it evolved, I became aware of doubting both my efficacy and preparedness as a therapist, and the suitability of the therapeutic modality I was using. As the group progressed, the incidents of acting-out and aggression amongst some members increased. One year later, after having terminated with the group I began to question the method of facilitation I had chosen, and how this had impacted upon the action as it had unfolded throughout the group's process.

Evans (1998) in considering how to utilise an analytic approach to group work with troubled adolescents, concluded after reviewing contemporary psychodynamic groups with adolescents that a 'traditional' approach had not succeeded in managing disruptive behaviours that arose in the group. This offered a starting point for me to begin to understand how the violent and aggressive behaviours that violated the boundaries of the group came to escalate throughout the year. In this thesis I attempt to examine how this escalating boundary activity came into being, in the light of my experience of using a traditional psychodynamic approach with the adolescent Learning Problems Group (LPG). I will also consider how this may effect the

usefulness of traditional psychoanalytic principles in undertaking group psychotherapy with troubled adolescent boys.

1.6. Structure of the thesis

Chapter two provides an overview of the development of adolescent male identity in the present context and highlights how this process is impacted upon by key socio-cultural and environmental factors. Various perspectives on learning difficulties and their presentation in this context are then considered. Psychodynamic group psychotherapy and the central features of its application to adolescents, particularly amongst those with severe behavioural and emotional difficulties, is then discussed. Some key psychoanalytic concepts that are useful in conceptualising the difficulties that arise in using a traditional, non-directive approach with the above group, are then presented, after which alternative approaches to group analytic work with difficult adolescents are introduced. The case study methodology employed in this study is presented in chapter three. Chapter four is an analysis of my experience of using a traditional analytic modality with the Learning Problems 'Blue' Group, with particular attention given to the phenomena of boundary activity and its impact on the group's process. Some consideration is given to theoretical issues raised in previous chapters. In conclusion I suggest an alternative framework for the use of psychoanalytic principles in group psychotherapy with adolescent boys, and highlight the key aspects of my experience in facilitating the Learning Problems 'Blue' Group.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

In this chapter the three theoretical areas that pertain to the case study that follows will be considered. Firstly, the developmental stage of adolescence will be presented, followed by a consideration of male adolescent identity within the South African and specifically, Western Cape context. The discussion will then examine various perspectives on learning difficulties, and the impact of these on male adolescents in the present context.

The development of psychodynamic group psychotherapy will then be outlined, following which the use of this modality with adolescent males will be discussed. This will be followed by an examination of the difficulties that have arisen in working with male adolescents, utilising the psychoanalytic concepts of boundary activity and transference / counter-transference. Specifically, some implications of using a group approach with troubled male adolescents are considered. In light of these difficulties, the use of a structured, less permissive group-analytic frame is suggested as an alternative to traditional psychoanalytic group therapies. Finally, Evans' (1998) theory of an active-analytic approach is proposed as a formalised model attending to shortcomings in traditional psychoanalytic group therapy with disturbed adolescents.

2.2. Adolescence

The term 'adolescence' refers to the transitional phase from childhood to adulthood, between the ages of 12 and 19. Research interest in this developmental stage has largely been theoretical, both in nature and focus (Remschmidt & Quashner, 2001). Within this theoretical framework the investigation of adolescent identity is a key area of interest (Klaczynski, Fauth, & Swanger, 1998). The concept of adolescence however, is a western one, and, as noted by Berg (2001), it is important to acknowledge that western culture is not universally applicable. However, for the purposes of the current study, the term 'adolescence' will be understood as referring to chronological age. Whilst psychoanalytic theory will be utilised in order to

examine this stage of individual development, it is perhaps important to recognise that a short-coming of psychoanalytic theory is its “relative neglect of social contexts” (Berg, 2001, p. 32).

Swartz (1998), in his seminal work *Culture and Mental Health: a Southern African View* reiterates the importance of considering culture as a process of being. Attempting to construct a coherent understanding of adolescent identity in the current context then, would necessitate careful attention to this context. As noted by Maiello (2001), the impact of social context on the psyche of the individual can no longer be ignored by psychoanalytic theory. It will be crucial for the present study to acknowledge what Maiello (2001, p. 14) refers to as the “trans-subjective dimension”. Thus, the culture-specific relations engaged in by the individual in a social context that is shared with his or her peers, deserve acknowledgement when considering identity development. As the participants in the current study are all male adolescents from the Cape Flats area of the Western Cape, closer examination of this ‘trans-subjective dimension’ shall be attempted in a subsequent section of this chapter. This aims to facilitate a contemporary view of adolescent masculine identity that is both psychoanalytically grounded and context-appropriate. An exploration of the developing adolescent identity from a psychoanalytically-informed perspective follows.

2.2.1. A psychoanalytic understanding of adolescence

Theorists tend to agree that the acquisition of an identity that will serve the individual well as she or he moves towards adulthood is the primary task of this stage of development (Evans, 1998). In general terms this identity would entail a development of self which is primarily concerned with the needs of self, yet able to appreciate the needs of others.

Sigmund Freud’s *Three essays on the theory of sexuality* (1905) was perhaps the first major treatise on the specific stages involved in the pubertal process. Two important contributions of this work were, firstly; the suggestion that all forms of sexual excitement were subjugated to the genital area, and secondly; the notion that the primary task for the individual was that of object choice (Remschmidt & Quashner,

2001). Anna Freud extended this treatise (Freud, 1936; in Remschmidt & Quashner, 2001), suggesting that in adolescence all pre-genital occupations or drives are repressed, and “[p]sychopathology fluctuates and tends to be unpredictable, resulting in a particularly wide range of symptoms” (Remschmidt & Quashner, 2001, p. 90). The challenge for theorists since then has been to attempt to construct a coherent model or theory for the specific challenges posed by this stage of the human life-cycle.

Erikson (1950; 1968) formulated perhaps the most widely-used conceptualisation of the developing adolescent identity. He proposed that the essential task of this process was the individual’s development of a conscious awareness that she or he is not only unique, but separate from others (Evans, 1998). Erikson (1968) put forward eight stages of psychosocial development; the fifth stage being where an individual faces the conflict between consolidating who she or he is, and the diffusion of the identity of self. In this stage of development it is posited that the individual explores alternative behaviours, interests and roles, with a favourable outcome being the integration of all identifications made. As noted by Atkinson, Atkinson, Smith, Bem and Nolen-Hoeksma (1996), if the basic skills valued by society, such as reading, writing, responsibility for actions taken and an ability to interact with others are not learnt, the child may struggle to develop a sense of competence or positive self-esteem. The inability to acquire these skills or integrate identifications made may result in the individual not developing any consolidated sense of self (Remschmidt & Quashner, 2001), what Marcia (1966, in Atkinson *et al.*, 1996, p. 106) referred to as “identity diffusion”.

In order to develop a stable ego identity, theorists such as Jackson, Bijstra, Oostra and Bosma (1998) have suggested, on the basis of Erikson’s (1968) work, that adolescents need to observe, learn from, and synthesize the experiences and beliefs of others in order to develop a coherent sense of self. It would therefore follow that for the effective development of self-identity, the individual would require some degree of cognitive and affective abilities, in order to optimise interaction with others. These abilities could be practised and developed throughout the transition to adulthood, however, this process is not a linear one. Evans (1998) proposes that the adolescent stage of development can be divided into three phases. In early adolescence, prior to

the age of thirteen, young males and females actively seek to avoid one another, while in mid-adolescence, up to the age of fifteen, individuals seek to withdraw from their families and other authority figures. Between the ages of fifteen and eighteen, the adolescent may begin to actively seek a sexual object and the search for a permanent identity begins (Evans, 1998). The adolescent's experience of these phases is closely related to the extent to which she or he is able to form relationships in which feelings and thoughts can be shared.

Thus the development of the adolescent's cognitive and affective tendencies may be related to, but not only contingent upon, the individual's ability to communicate effectively. Furthermore, as suggested by the work of Grotevant and Cooper (1986), the ability to communicate effectively allows the adolescent to not only develop her/his sense of connectedness to others, but also facilitates the process of individuation. While the mid-adolescent withdraws from family and other significant authority figures (Evans, 1998), the ability to communicate effectively in an affective and empathic manner, may ameliorate the negative effects of the difficulties she/he experiences as a result of this withdrawal. In referring to adolescents (and their families) who are able to communicate well, Jackson *et al.* (1998) suggest that:

They are also likely to have positive feelings of self-esteem, to feel more healthy, to be happier and to feel more satisfied with their lives. Their approach to problems involves coping behaviour of a more positive kind. (p 321)

The development of the adolescent's affective and empathic abilities, a cornerstone of emerging identity, should be considered from a social-contextual perspective (DuBois, Bull, Sherman & Roberts, 1998). From a review of relevant literature, the same authors note how self-esteem is significantly derived from experiences at school (DuBois *et al.*, 1998). These experiences may involve perceived competence in scholastic tasks but could also be related to other domains of the school environment. One significant finding of the above study is that adolescents who struggle to derive self-esteem from primary adult sources, such as parents or teachers, may often rely heavily on other sources of self-esteem (DuBois *et al.*, 1998). It is suggested by the same authors that this tendency may have negative outcomes for the adolescent, in the form of behavioural problems and poor adjustment. In the present context a

significant source of self-esteem may be membership to a gang, as this provides the individual not only with the regard of his peers, but access to financial means.

A particular implication of the work by DuBois *et al.* (1998) may be that the negative evaluation of the adolescent in one context may affect identity development across contexts, compromising the outcomes of the subsequent development of the individual. On the basis of an extensive review of related research, Harter, Bresnick, Bouchey and Whitesell (1997) propose that for most adolescents, the self-esteem that is possessed in one particular context is more predictive of global self-esteem than that which is gathered from all other contexts. This one context may differ from individual to individual; however, as recognised by DuBois *et al.* (1998), a highly significant context in this regard for adolescents is the school environment. It may thus be hypothesised that if the individual struggles at school, he or she may experience considerable distress across other relational contexts. Parental expectation, along with lack of performance in the academic realm, may exacerbate any existing relational difficulties in the home environment.

What is evident from the above is that the nature of early to mid-adolescence has been the subject of extensive theoretical debate for approximately a century. The particular strains inherent within this transitional period are, however, a consistent thread in the literature. Much research has gone into attempting to adequately explain this developmental predicament. It appears however that not only psychological problems, but also social conditions may lead to problems of identity in adolescents (Dwivedi, 1993a). Perhaps the most salient observation that can be drawn is that the degree to which the individual is able to cope, emotionally and cognitively, with problems that arise, may have a significant impact on the developing identity of that individual. A learning difficulty, as well as a context characterised by deprivation and trauma, is likely to considerably hinder this process.

2.2.2. Adolescent male identity in a context of environmental deprivation and familial pathology

Recently, the contributions of Marcia (1993; 1994) have served to entrench the concept of identity as central to the developmental processes of adolescence

(McKinney, 1994). Following on from the work of Erikson (1968), Marcia stressed the importance of considering not only the cultural developmental context of the adolescent, but also the psychosocial factors that may have impacted on her/his identity development. Of particular relevance to the present study, Marcia (1994) notes that an understanding of features particular to the identity of a group of adolescents may prove informative, both in interventions done with that group, and in subsequent studies of the group. Attempting to construct a comprehensive synthesis of adolescent male identity in the present context is a complex process. The 'patchwork' influences of factors such as environmental deprivation and familial pathology, as well as the socio-cultural heritage of this country, all deserve consideration.

Flisher, Cloete, Johnson, Wigton, Adams and Joshua (2000) note that in the Cape Peninsula, adolescents are especially vulnerable to what have been referred to as the 'new morbidities' (Dryfoos, 1991, p.160; in Flisher *et al.*, 2000). These 'new morbidities' include substance abuse, physical and sexual violence, HIV/AIDS, and gang-membership. These authors provide a comprehensive overview of the high prevalence rates in the current context for risk behaviours such as alcohol and substance abuse, self-harming behaviour and unprotected sexual intercourse. The same authors go further in recognising that many adolescents in the lower-income areas of Cape Town may have either been involved in violence or been witness to acts of violence (Flisher *et al.*, 2000). In a study of children in the Khayelitsha community (a lower-income area of Cape Town), Ensink, Robertson, Zisis and Leger (1997; in Flisher *et al.*, 2000) found that 95% of subjects had witnessed acts of violence.

The relevance of these observations for the present study cannot be ignored. In referring to a specific area of the Cape Peninsula, Lavender Hill (from where half of the sample in this study originate), Petersen and Carolissen (2000, p. 94) note that "It is subject to high levels of unemployment, gangsterism, and community and domestic violence, and has few social services". The same authors describe how poverty and these 'new morbidities' in the current context, place children from this area at high risk for developing aggressive behaviour patterns, possibly as a means of survival (Petersen & Carolissen, 2000). Therefore children who may already have special

needs in terms of learning or scholastic difficulties may be at risk for concomitant psychological and emotional problems due to the context within which they live.

Many of the factors mentioned above originate from an apartheid history which collectively traumatized the inhabitants of the Cape Flats areas of the Western Cape. Trauma and violence has impacted upon the mental state of each individual in this area (Maiello, 2001). Biersteker and Robinson (2000, p. 26) refer to the traumatisation of whole communities in South Africa by observing that “[t]he circumstances in which the majority of families have lived have impacted negatively on their capacity to meet the most fundamental needs of children”. In the Cape Flats area, and in many parts of South Africa, material, social and power poverty have had a considerable impact not only on the quality of education that children receive, but the extent to which they are able to learn (Biersteker & Robinson, 2000; De Jong, 2000). The difficulties of youths in schools are exacerbated by high levels of unemployment (Ngesi, 1996), as many care-givers are unable to sustain themselves and thus give adequate support to their children (Swart & Berman, 1996). In the school setting, the types of support systems that should be in place to assist children with learning disabilities and those who have special needs are not available (Biersteker & Robinson, 2000).

The effects of the above factors on adolescents already encumbered by learning difficulties cannot be underestimated. It appears as though adolescents with special education needs from the Cape Flats communities are not receiving adequate attention in terms of existing educational structures; and furthermore, their plight is exacerbated by the particular risk factors of the environment within which they live.

Given the extent of militarisation in apartheid South Africa, it would be prudent to briefly consider the well-documented relationship between militarism and masculinity (Cock, 1991; Cohn, 1993; Gray, 1996; Williams, 1994) as a cornerstone of developing male identity in the present context. In practice this legacy may have contributed to the creation throughout South Africa of a hegemonic masculinity, a collective practice that gained male individuals power through aggressive means, and reinforced structural relations of the domination of men over women (Truter, 2002). In discussing the relationship between masculinity and gender in South Africa, Luyt

(2000) notes that no individual is fully able to avoid acquiescence to normative gender roles, as to do so meets with social reward. The present author (Truter, 2002) proposes that as a matter of survival, males in South Africa have historically sought to rely on a patriarchal, and sometimes violent ways of being. In parallel to this argument, Marks and Mckenzie (1995) suggest that a combination of factors related to the previous government of this country resulted in high levels of militarisation of youth, possibly the population group most active in the struggle against apartheid (Straker, Moosa, Becker & Nkwale, 1992).

Dawes (1994) provides a cogent synopsis of the possible outcomes of exposure to violence in the present context. In commenting on the possible links between violence and the development of moral conduct, Dawes (1996) notes:

There are essentially two negative outcomes following political violence... First there is the development of emotional or conduct problems which compromise normal emotional development... Secondly, there is the question of socialisation into violent modes of problem-solving which persist into adulthood...(p 5)

Considering the high levels of violence in the context in which the present study is placed, as referred to by Flisher *et al.* (2000), the concomitance of violence, poverty and inadequate social and educational support appear to have a role to play in the shaping of aggressive behaviours as an aspect of male adolescent identity.

The implications of all of these factors considered above have been recognised for the impact they may have on the male adolescent psychotherapy group. Rachman (1989) provides a useful summary of the forces that contribute to pathology in adolescence and the implications thereof for group psychotherapy. He notes that while all adolescents are likely to experience confusion, disorganisation and inconsistency, this normal phase of development has the potential for psychopathology:

Besides personal pathology, social conditions can lead to identity confusion, a lack of positive and meaningful adult leadership, absence of meaningful ideologies... little or no opportunity for free role experimentation... (p 25)

Further factors related to psychosocial context are suggested by Rachman (1989) to be crucial to potential difficulties in identity formation of adolescents. For instance, absent fathers and family instability may stimulate the development of symptoms that characterise identity confusion: feelings of alienation, uprootedness, substance abuse, and disorientation. As noted by Schiff (2002), all participants in the Learning Problems Project originate from broken families experiencing deprivation, either financial or otherwise.

Pretorius and Le Roux (1998, pp. 690-691) list the difficulties facing children and adolescents in contexts such as these, proposing the term 'milieu deprivation':

The life situation of milieu-deprived individuals is characterized by unstable interpersonal relationships,...overcrowding, crime...This leads to various handicaps, involving such domains as language, learning style, cognitive ability, and self-concept...

From an Eriksonian perspective then, it is suggested that the identity development of young males originating from communities rife with trauma and abuse, has been inextricably intertwined with acts of aggression and violence. This has equipped these individuals with some means of preserving the self against possible confusion, and ultimately, dissolution.

2.2.3. Adolescent male identity in a traumatised community: some psychoanalytic thoughts

The processes discussed above may be further considered from a psychoanalytic perspective. Maiello (2001), with reference to the South African context, describes the processes whereby violence in families and the greater social context transmutes into "...permanent identifications with violent figures [and may become] a more stable part of the personality" (p. 17). On a macro-level, Swartz and Sinason (1998; in Maiello, 2001, p. 17) note how State violence engendered "a persecutory model of interpersonal relationships...". Sinason (2001) argues that in South Africa trauma has been transmitted through generations to such an extent that interpersonal attempts

made to attend to this trauma, may often end up as tragic re-enactments. The significance of this observation is that many young males in the current context may be learning a way of being, and a personal identity, in a society that is already deeply traumatised. Stein (1996) concurs, suggesting that South African society, characterised by ongoing violence and trauma, has in itself been pathogenic. Poverty, emotional and material deprivation, and disciplinary practices such as physical punishment are all implicated in children developing impaired internalisations of parental values, and possibly psychopathic personality structures (Winnicott, 1958; in Stein 1996). Hostility, anti-social behaviour and aggression may also be the direct result of parents whose own early defective experiences have not been adequately resolved (Mitscherlich, 1969; in Stein, 1996).

Stein (1996) suggests that familial, social or parental failure may instigate psychopathic personality traits in the child whose experience is lacking in feelings of love. In these adverse conditions, parental figures are seen as “omnipotent and cruel” (Coid, 1993; in Stein, 1996, p. 45), and the threat of impending abandonment leads children to behave in dangerous and impulsive ways. Bloom (1996, p. 61), in writing on the current context, notes that the effects of South Africa’s pathogenic society have been to deny individuals the “emotional space” to develop relationships that are crucial to a healthy, more autonomous self. Stein (1996) summarises the processes described here:

Children who grew up within this adverse external environment often failed to achieve an appropriate level of psychological and emotional development, and were left with an unstructured, chaotic and destructive inner world... Only by acting out this internal chaos in external reality... will the individual feel confident to contain his own inner turmoil. This need to act out, combined with an absence of appropriate object-relationships, leads to forms of behaviour which are clearly antisocial and psychopathic. (pp 50-51)

2.2.4. Summary

Perhaps the most important conclusion that can be drawn from the factors considered here is that male adolescents who have received insufficient care and support due to a

multitude of factors will relate to, and form relationships with others in an entirely different manner to those whose upbringing has been satisfactory. Evans (1998) points out with reference to troubled adolescents:

[They]...respond to early deprivations with continuing expectations which are unmodified from infancy. In extreme cases they are repeatedly demanding, frustrated, angry or depressed. They relate persistently in a need-satisfying manner. Such youngsters are difficult to help [sic] achieve their early potential. (p 98)

The difficulty then, is not only how to treat adolescents in the current context, but how to treat traumatised adolescents with other presenting difficulties. Mattejat (2001), in evaluating appropriate treatment modalities for adolescents, suggests that for those whose own lives have been characterised by chaotic or disintegrated family structures, little family cohesion, or other socio-cultural problems, treatment should be geared towards behaviour and coping skills, as opposed to insight-orientated modes of therapy. This suggestion will be explored further later in this chapter. Consideration will now be given to a specific problem area of the sample under study; learning difficulties.

2.3. Adolescents and learning difficulties

Several shortcomings exist in using universal classifications to define learning difficulties as they present in the current context. The classification system of the American Psychiatric Association, the DSM-IV-TR (APA, 2000), proposes that a Learning Disorder should be diagnosed when an individual's performance in any area of reading, mathematics or written expression is substantially lower than would be expected for that individual's age, level of schooling or intelligence. Nevid, Rathis and Greene (2003) describe learning disorders and learning disabilities in a similar way: as specific deficits in the development of mathematical, reading or writing skills. The complication inherent in these definitions is that a learning difficulty may be similar in presentation to scholastic difficulties experienced by an individual due to lack of opportunity, shortcomings in tuition or contextually confounding factors.

Specifically, a definition should take cognisance of the context within which the child with difficulties presents.

In a comprehensive review, Schiff (2002) presents several terms that exist at present: intellectual disability (Molteno, Molteno, Finchilescu & Dawes, 2001), learning disability (Donald, 1981), and learning difficulties (Archer & Green, 1996). In South Africa the term 'learning disability' has traditionally been used to refer to difficulties in learning, more recently this term is used to make reference to what used to be called 'mental handicap'. Accordingly, the term 'intellectual disability' is seen as more suitable to describe those individuals whose IQ falls within the 'mental handicap' range (Kriegler & Skuy, 1996). The precedent set by the work of Schiff will be adhered to in the current study, where the term 'learning difficulties' will be used to refer to the spectrum of difficulties that in the past were referred to as 'learning disabilities'. The implication of this definition is that, in the right circumstances, the difficulties experienced may be remediable (Conboy-Hill & Waitman, 1992; in Schiff, 2002).

Two paradigms appear to exist in conceptualising learning difficulties. According to Burden (1996), the medical model "places the locus of learning problems within the child and assumes that any aspect of dysfunctional cognitive processing needs simply to be identified and rectified" (p. 8). The difficulties in learning that the adolescent may be experiencing are framed in terms of deficit originating in the individual. Schiff (2002) notes that in South Africa this model appears to predominate amongst educators. The alternative model described by Burden (1996) is more multi-faceted in nature, focussing instead on the "immediate and wider learning contexts (intrapsychic, familial and environmental) of the child presenting with learning difficulties" (p. 9). It is this broader conceptualisation of multiple factors involved in the presentation of learning difficulties, that reflects the emphasis of the present study.

2.3.1. The aetiology of learning difficulties

An overview of relevant literature reflects that there is much debate as to the aetiology of learning difficulties. Factors related to infancy and possible biological determinants, as well as external vulnerabilities such as deprivation and poverty, and

the development of cognitive and emotional response sets, are all suggested to be involved in the development of learning difficulties (Dawes, Robertson, Duncan, Ensink, Jackson, Reynolds, Pillay & Richter, 1997). Schiff (2002) provides a useful overview of the intrinsic and extrinsic factors that are involved in learning difficulties. Biological, neurological and constitutional factors are generally involved in the intrinsic aetiology of learning difficulties.

Extrinsically, environmental factors such as poverty, abuse, violence and lack of appropriate conditions for stimulation of the child have all been implicated in the development of later learning difficulties. What does appear likely is that children from disadvantaged communities are perhaps more likely to have difficulties in learning (Hallahan & Kauffman, 1976). Dawes and Donald (2000) note that the deficits that many children are currently experiencing in South Africa can be traced to the socio-cultural inequities of the recent past. Thus, the possible links between learning problems and emotional problems and other difficulties should be considered in context (Donald, 1981). Cognisance must be taken of the psycho-social factors examined earlier in this study, which may contribute to the ways in which adolescents from disadvantaged areas present with learning difficulties in the Cape Flats region of the Western Cape.

2.3.2 Consequences of learning difficulties

The consequences of learning difficulties are relatively well documented. It is beyond the parameters of the present study to document these in depth. Several authors (Hallahan & Kauffman, 1976) have described the variety of emotional responses that may present in the adolescent who has learning difficulties. These vary from feelings of fear, anxiety, low self-esteem (Kestenbaum, 1998) and poor self-concept (Fisher, 1983, in Coché & Fisher, 1989) to behaviour-related effects such as impulsive and aggressive behaviour (Sholevar & Eichelman, 1998; Tarnopol, 1969) and difficulties in maintaining relationships (Kestenbaum, 1998). It may be prudent to consider that the presentation of these consequences should not be simply generalisable from context to context. In contexts of extreme deprivation and high levels of trauma these emotional responses are likely to be heightened.

Sinason (1992) suggests the concept of secondary handicap, whereby the original difficulty is compounded by emotional factors. The same author extended this treatise, proposing that the shame and anxiety of limitations such as a learning difficulty provoke “extra-handicapping” (Sinason, 2001, p. 2). Furthermore, it is suggested that traditional modes of explaining learning difficulties are not sufficient for the South African context (Sinason, 2001), and that trauma is not only a consequence of the learning difficulty, but a contributor to this difficulty. Sinason (2001) explains:

Malnutrition, alcoholism, drug dependency, violence to the mother during pregnancy – all increase the likelihood of violence-induced mental handicap. Trauma can create handicap and mental handicap itself can be experienced as trauma. (p. 2)

Maiello (2001, p. 19) suggests that trauma may have the effect of “mutilating” an aspect of an individual’s mental functioning. The effect of traumatic events or circumstances in the individual’s life is to break down the foundations of internalised experiences that are necessary for healthy development. Thus, Maiello (2001) proposes that trauma strips the individual of her or his mental apparatus that is needed for the resolution and integration of traumatic experiences. Sinason (2001) concurs, noting that handicap is often the result of abuse - especially sexual abuse - thus doubly compromising the deprived adolescent: “So there is the paradox: too much unbearable knowledge is a handicapping agent and the inability to retain and acquire enough knowledge is also handicapping” (p. 3).

The effects of this paradox may be intolerable for the adolescent. Dwivedi (1993b) notes that many adolescents who have delinquency and conduct-related difficulties have underlying learning difficulties or disabilities. This relationship is reiterated by Herpertz-Dahlman (2001) in a review of relevant American studies. Adolescents with learning and emotional difficulties may experience considerable difficulty in impulse control (Dwivedi, 1993b) or in reasoning which is more abstract. They therefore struggle to conceptualise their difficulties. In practical terms, they may have extensive difficulties with language and speech, or in expressing their feelings (Dwivedi, 1993b). Importantly, with reference to the use of group psychotherapy,

Dwivedi (1993a) argues that in these cases a directive, less permissive approach would be indicated. This issue will be discussed further in a later section of this chapter. Attention will now be given to the treatment modality under study; group psychodynamic psychotherapy.

2.4. Group psychodynamic psychotherapy

It is beyond the scope of this dissertation to discuss the evolution of psychoanalytic theory fully, but for a full review, the reader is referred to Evans (1983) and Strupp (1992). In this section relevant developments in the field of group psychotherapy will be reviewed. The use of the analytic technique in groups will be considered and adult group psychotherapy will be differentiated from group psychotherapy done with adolescents.

A discussion of the psychoanalytic technique in formulating and describing group therapy interventions with adolescents necessitates a brief review of the group modality, as the two movements cannot be separated. Scheidlinger (1985) notes how it is well nigh impossible to describe psychoanalytic group therapy in isolation from other group therapeutic modalities, as most group therapeutic milieus operate, to some degree, within a psychodynamic framework (Moss-Morris, 1987). However, Lemkuhl (1990; in Niebergall, 2000), distinguishes between group training, group work and group psychotherapy. Group psychotherapy, where the aim is to heighten the experiencing of emotion, in order to facilitate psychological and behavioural change, is the focus of this study. Two main orientations to group psychotherapy exist: the psychodynamic approach, and the behavioural/cognitive approach (Reid & Kolvin, 1993). For the purposes of the current research, relevant literature pertaining to the psychodynamic approach to groups will be briefly reviewed, as it is within this orientation that the analytic tradition is located.

Scheidlinger (1985), in a comprehensive review of group psychotherapy, notes that while the work of theorists such as Yalom (1975) and Bion (1960) has been important in the field of group psychotherapy, the major contributions of these authors are largely irrelevant to the field of adolescent group psychotherapy (Scheidlinger, 1985). Yet the contributions of these major theorists to the present context cannot be

dismissed. Yalom (1975, in Scheidlinger, 1985) suggests that group psychotherapy is largely a corrective 'here-and-now' experience, while Bion (1959, 1960) stressed an understanding of working with groups based on observing unconscious processes in the group as an entity. Since the beginning of his work in the early 1940's Foulkes (1986) is recognised as having made an important contribution to the practice of group psychotherapy. The central tenet of his theoretical observations was that any individual is a product of the society in which she or he develops (Evans, 1998) and that the impact of this can be seen in the therapeutic group. Indeed, the move by psychoanalysts into the field of group psychotherapy began to gather momentum in the 1940's with Foulkes' group-analytic technique (Foulkes & Anthony, 1957) and Bion's (1961) leaderless approach. The essential difference in the work of the two was Bion's interest in unconscious group dynamics, while Foulkes was more concerned with therapeutic components in the group (Evans, 1998).

Essentially, it was the work of Bion and Foulkes that laid the foundation for the use of the analytic technique in the group setting. Traditionally a psychoanalytic approach to managing the group has involved a non-intrusive manner, where the therapist allows the group's process to evolve (Tuttman, 1992). The rationale for this is found in one of the central tenets of psychoanalytic thought regarding group therapy. Corey (2000) explains:

The contemporary theoretical trends in psychoanalytic thinking center on predictable developmental sequences in which the early experiences of the self shift in relation to an expanding awareness of others. Once self/other patterns are established, it is assumed, they influence later interpersonal relationships. (p. 175)

Corey (2000) provides a somewhat simplified picture of trends in psychoanalytic thinking, for, as Scheidlinger (1985) notes, the view-points within this tradition are at times exceedingly disparate. However, reviews of group work conducted by Evans (1988, 1998) reveals that perhaps the most important changes in psychoanalysis in groups have occurred not only through the utilisation of elements from other modalities (Corey, 2000), but also through a re-consideration of how to work analytically with troubled patients such as adolescents. Rosenthal (1971) notes for

example how psychoanalytic elements have been utilised in concert with guidance and counselling. Yet the fundamental concepts remain the same.

Intra-psychic processes in the individual are still very much accepted as forming the basis for understanding the group from a psychoanalytic perspective (Canham, 2000; Corey, 2000). With particular reference to the group paradigm, Ormont (1988) comments that the specific value of the psychoanalytic group is to assist individuals to form meaningful relationships. It is suggested that this process of forming a relationship with another has been inhibited by resistances formed on the basis of earlier experiences of unsatisfying, untrustworthy and painful relationships - or no relationship at all.

Although contemporary views of psychoanalysis in groups do not emphasise drive theories, the central constructs remain: the influence of early development, unconscious motivation, the transference relationships, resistance and the symbolic content of expression (Corey, 2000). Yet the way in which these constructs are conceptualised and operationalised has evolved over time. Evans (1998) notes how resistances are now seen in a far more compassionate way as defences. Furthermore, a key process of making unconscious content 'conscious' is now being seen rather as "enabling the individual to have better access to his inner world" (Evans, 1998, p 6).

2.4.1. Differences between adult and adolescent group psychotherapy

Group therapy done with adolescents should be differentiated from that done with adults. Phelan (1974) suggests that the major differences between adult and adolescent group therapy lie in external reality, theory and technique. Of crucial importance is the presence of separation-related phenomena in the lives of adolescents which necessitates that the group therapist would need to fulfil a variety of roles. This is unlike work done with adult groups, where the same theorist proposes that to attempt to fulfil a multitude of roles would be counter-productive to the group's functioning and process. Examining features of group process, Dwivedi (1993a) draws attention to the differences in pace and communication style between adolescent group therapy and adult group therapy. He argues that the higher prevalence of boundary incidents in the adolescent group will possibly have a greater

impact on the group's process and suggests that much of the 'work' in the adolescent therapeutic group will be around the boundary of the group.

2.5. Group psychodynamic psychotherapy with adolescents

As noted by Canham and Emanuel (2000), psychoanalytic group psychotherapy for children is a relatively rare type of treatment, and therefore relevant literature is scarce. In this section some historical consideration will be given to theoretical contributions pertaining to the use of psychoanalytic techniques in group therapy with adolescents.

The use of the psychoanalytic technique with adolescents dates back to Freud's work with his patient 'Dora' (Freud, 1905). The first use of psychoanalysis to understand group processes led Freud to propose that individuals easily idealize the leader of the group, and are unable to build their own sense of healthy authority (Freud, 1921; in Stokes, 1994). Unwittingly, Freud may have captured the essential conflict of adolescence, that of role confusion (Erikson, 1968).

The work of Slavson (1943) with troubled children in the 1930's is generally recognised by theorists as providing the groundwork for later group-based therapy with adolescents (Evans, 1998; Rosenthal, 1971; Scheidlinger, 1985). While this work was based on psychodynamic principles, the emphasis was on activity, as opposed to interpretation (Reid & Kolvin, 1993).

Ackerman (1955; in Rosenthal, 1971) noted that the most compelling aspect of the adolescent group is the drive towards completeness. The implication of this is that within the group setting, the adolescent attempts to integrate very different, and at times distressing, parts of the self by acting these out in relationship to other group members and the facilitator. Rachman (1989) expanded upon this view, arguing that in order to manage adolescent's attempts at resolving difficulties related to identity, the group facilitator should be consistent, clear and actively attend to therapeutic material. This therapeutic material may often prove very distressing for the therapist (Scheidlinger, 1985). Dwivedi (1993b) concurs, noting that the central difficulty that

arises in group work with adolescents is that of the acting-out of dangerous behaviours that threaten the group.

The same author describes how the “exploitative, antagonistic and antisocial” (Dwivedi, 1993a, p. 29) orientation of adolescents can be in direct conflict with the goals and requirements of a therapeutic group. A central debate within group theory has been the issue of appropriate technique, in order to manage this tendency. While the debate has centred around how to best utilise analytic principles, Niebergall (2001) notes that currently it is agreed that the psychodynamic approach should be at least moderately structured when working with adolescents, a view echoed by Evans (1983; 1988; 1998). In this regard, Scheidlinger (1985) provides a useful overview of group therapeutic techniques with adolescents, arguing that psychoanalytic techniques have been found to be effective when supplemented with more active techniques such as education. Central aspects of traditional analytic ways of working with adolescents have been re-appraised, calling into question the usefulness of a permissive, non-directive and unstructured group psychotherapeutic style.

Dwivedi (1993b) notes how an atmosphere of permissiveness in a group with adolescents can very often lead to a rapid escalation of aggressive, acting-out behaviours, and that warm, empathic therapeutic skills can often be obsolete in such a context. Rosenthal (1971) describes how the emotional volatility of the adolescent, in conjunction with the tendency to transform feeling into action necessitates the use of verbal expression as soon as possible, yet this should be done in the context of firm limits that are consistently implemented (Evans, 1965; in Dwivedi, 1993b). Furthermore, two important observations are made on the basis of available literature by Goldberg, Evans and Hartman (2001). The first is that adolescents will express their feelings through actions that threaten the groups boundaries; and, secondly, adolescents are highly vulnerable to interpretations, and are likely to act out the relationships described in the interpretation made, as opposed to integrating these into the self. Acton (1970; in Evans, 1998) stresses, on the basis of experience gained facilitating adolescent groups, that interpretations regarding early experiences are often not useful with adolescents in therapeutic groups.

The use of traditional psychoanalytic techniques in group work with adolescents have been called into question, as theorists have begun to explore the behavioural tendencies exhibited by male adolescents in a group context. Behaviours such as violence, rule-breaking and aggression have led to the widespread adoption of more structured, active content in managing the adolescent group (Evans, 1998). How these difficulties have arisen in groups, and the ways in which therapists have attempted to manage them, will be explored further later in this chapter.

What appears important in understanding psychotherapeutic group work with adolescents is that the goals of therapy should not be separated from the technique used. Whilst somewhat dated, Didato (1974; in Dwivedi, 1993b) offers four therapeutic goals that may describe psychotherapeutic group work with adolescents in general terms:

- (1) to increase capacity to experience powerful affects...without acting them out, (2) to increase capacity for empathy, (3) to strengthen identification with the therapist, (4) to encourage new behavioural patterns in helping the group resolve ...conflict through non physical verbal means (p 9).

Several important conclusions can thus be made from available research. The central conundrum facing the therapist who works with the adolescent group is the question of how to best develop and manage a group, in order to make the group workable (Scheidlinger, 1985). Over time, several theorists have agreed that the major challenge when working with adolescents is one of management as opposed to conceptualisation (Scheidlinger, 1985; Evans, 1998). Thus, in devising an appropriate technique, the emphasis should be on management in the room, as opposed to theoretical explanation of what occurs in the room. Scheidlinger (1985), in commenting on the paucity of available literature on adolescent group therapy, proposes that this is precisely due to the tendency of adolescents to exhibit behaviours that appear unmanageable. From a psychodynamic perspective, these behaviours are proposed to form part of the defensive repertoire utilised by the male adolescent in order to both avert and resolve the anxieties of role confusion. Prior to examining how these behaviours (specific to the male adolescent) are exhibited in the group setting, consideration should be given to defensive mechanisms in adolescence.

2.5.1. Defence mechanisms and the analytic group approach with male adolescents

An overview of relevant theory reveals that while differing theoretical strands in psychoanalysis offer slight variations in the way in which defense mechanisms are seen to arise in individuals, the construct itself has remained relatively stable (Rutan, Alonso, & Groves, 1988). From a psychoanalytic group perspective Rutan, Alonso and Groves (1988) draw attention to the role of interpersonal relationships as central to the processes through which individuals become either ill or healthy. The same authors note that it is in these very same interactions in the group that adolescents reveal the defenses that they may employ. These defenses are seen to provide protection from the overwhelming anxiety, yet, are also viable solutions to real-life problems (Rutan, Alonso, & Groves, 1988). Defenses in the group originate from three sources: the individual, the group and the counter-transference reactions of the therapist (Rachman, 1975; Rutan, Alonso, & Groves, 1988). Halton (1994) describes two important defenses, projective identification and countertransference. Countertransference is the whole of the therapist's (unconscious) reactions to the client - especially to the client's own transference (Laplanche & Pontalis, 1974). Projective identification is a term introduced by Klein, in which the client "inserts his [sic] self - in whole or in part - into the object [therapist] in order to harm, possess or control it" (Laplanche & Pontalis, 1974, p 356).

Rosenthal (1971) argued that the specific defensive structure that the adolescent employs to manage feelings of inadequacy and shame, propagates the use of denial and projection as particularly significant defenses in the adolescent group. The adolescent's attempts to resist premature intimacy coupled with her or his particular developmental sensitivity to feelings of anxiety and discomfort (Rosenthal, 1971) may lead adolescents to act out these feelings, particularly when they are unable to verbalise it. This process can be understood as resistance (Evans, 1998). An important issue raised by the same author is that interpretations made to adolescents regarding resistances in the form of defences utilised, may serve to heighten both anxiety and utilisation of defenses (Evans, 1998). Hobbs (1991) suggests that the unstructured environment of the traditional psychoanalytic group can be regressive in

its effect, and in so doing release group member's experiences from early relationships in the form of projections and transferences.

Similarly, Ormont (1988) suggests that defenses such as projective identification arise in the adolescent psychotherapy group as resistance to one of the primary tasks of the group, the achievement of intimacy. The purposes of the defenses is to inhibit therapeutic activity (Rachman, 1989), which in turn does not allow for the members of the group to engage in identity exploration (Rachman, 1975). Work such as that done by Ghirardelli (2001) shows how in adolescent groups, phenomena such as silence and the bringing of foreign objects into the therapeutic setting can serve a resistant function. Importantly, the utilisation of these defense mechanisms often occur around the boundaries of the group, and may threaten the integrity of the group's boundaries (Behr, 1988).

Scheidlinger (1985) and Rosenthal (1971) propose that defensive behaviour will inevitably form part of every adolescent psychoanalytic group as a means of avoiding the task of the group. Scheidlinger (1985) identifies types of defensive behaviours particular to the adolescent group: "silences, moving about the room, engaging in horseplay, scapegoating, talking about irrelevant subjects, acting out..." (p 107).

With regards to the manner in which defensive behaviours present in an adolescent psychotherapy group, Canham (2000) notes how particular factors such as deprivation in the lives of the group members may predispose individuals to both external and internal defensive activities:

...there are certain conditions which put to the test the relationship of individuals to their internal objects and the representations of these internal figures... Foremost among these conditions are the impact of anxiety and the consequences of deprivation. Anxiety is often experienced as a threat and the need to identify someone to blame for this feeling can be extremely powerful. Deprivation often means a deficit in opportunities for the introjection of helpful and benign internal figures. When deprivation is coupled with abuse it often leads... to a defensive internal manoeuvre designed to distance the ego from the pain... (p 125)

The impact of these defenses on both the boundaries of the adolescent group and the countertransference reactions of the therapist, should not be underestimated. Furthermore, with relation to the greater social context, there is some implication in Canham's (2000) work that the absence of a thoughtful and considerate authority figure in the adolescent's life may propel the adolescent to forming gang-like relationships within the group, as opposed to becoming part of the group. In essence this would entail a greater reliance on defensive behaviours of a destructive nature (Canham, 2000). What does appear likely, is that the behaviour of troubled adolescent males may alienate them from caregivers such as parents and teachers.

The work of Rachman (1989) examines the concept of adolescent identity from an Eriksonian perspective, and explores its relationship to the psychoanalytic group technique. The usefulness of this treatise is that it aids not only an understanding of, but a means of working with the countertransference reactions that are aroused by the attempts adolescents make to cope with the demands of their identity search.

Rachman (1975) suggests that free-role experimentation needs to occur in order to stimulate the synthesis of very different parts of the ego. However, an important aspect of this proposition is that the group setting should not be allowed to become purely an arena for the acting out of conflicts or early experiences. Rather, Rachman (1975) calls for an ethos of action, which requires the therapist to be comfortable and able to adapt to the experimentation of the adolescent. This would be contingent upon the therapist having the freedom to contemplate any thought or feeling she or he may have, as this could allow for the productive exploration, in the group, of countertransference reactions that are aroused in the therapist. These may often be related to the significant areas of conflict that the adolescent experiences: "aggression, affection, authority, sexuality and dependency" (Rachman, 1975, p 182). Importantly, Rachman (1975) suggests that the non-exploration of countertransference reactions and feelings will prohibit therapeutic activity in the group. Roberts (1993) concurs, suggesting that the therapist's own identity will influence the way he or she intervenes in the group, hence the therapist should maintain an awareness of these parts of self that could impact on the group.

For the above process to be a fruitful one, Rachman (1989) stresses that “[a]dolescents need direction, organization, consistency and clarity in their attempts at identity crisis resolution” (p. 21). In contrast to the non-directive, emotionally distant poise of the traditional psychoanalytic group therapist, the call is made for the therapist to be “compassionate, demonstrative, and active”(p. 30).

In summation, Behr (1988) provides some guidelines for the facilitation of the adolescent psychoanalytic group that is characterised by the participant’s reliance on defenses. By their nature, these defenses will pressurise the boundaries of the group. Behr (1988) explains:

They call for a highly structured setting with an emphasis on containment, ‘support’ and positive regard at the expense of ‘interpretation’... he (sic) [the therapist] can only do this by being more active early on in the life of the group and by disclosing himself (sic) more fully as a person with his own values and beliefs. Much of the analytic activity of the group takes place around its boundary. (p 131)

The particular trials and difficulties faced by the adolescent male may be responsible for the adolescent in crisis resisting the attainment of a healthy relationship in the group setting. Much of this defensive behaviour will present as resistances which occur around the boundaries of the group, or as transference and countertransference interactions between group and therapist, respectively, which threaten the group’s existence. The difficulties in using a traditional analytic approach in the male adolescent group are to a large extent due to these defensive behaviours. In the following section of this chapter, available case studies of adolescent male groups will be considered, in order to elucidate the problems encountered with male adolescent’s defensive behaviours in the psychoanalytic group, and the implications thereof for the therapeutic technique utilised.

2.5.2. The impact of boundary activity and the transference / countertransference interaction in group analytic interventions with male adolescents

A considerable amount of early literature pertaining to the use of group psychotherapy with adolescents is in the form of case studies (Evans, 1988). Rachman and Rauboult (1984) provide a comprehensive review of these early developments in group therapeutic work with adolescents. Evans (1998, p 2) has since suggested that the available research is “piecemeal”, necessitating the need for further study.

On the basis of extensive psychoanalytic group work with early adolescents, Behr (1988) proposes that interaction around the boundaries of the group is of value in understanding the group’s process:

The whole of adolescence may be characterised as a boundary state which demarcates childhood from young adulthood. Consequently all the phenomena associated with boundary formation and dissolution can be expected to replicate themselves in adolescent groups: projection...splitting; denial; testing of limits; anxiety over loss of identity; confusion; and bewildering changes in presentation of the self... When adolescents gather in groups the group boundary comes under immediate scrutiny and assault... (p 120).

As is evident from the above, Behr (1988) suggests that many of the defenses employed by adolescents in psychoanalytic groups occur in relation to the boundaries of the group. He proposes five types of activity that occur in this regard: intermittently leaving and re-entering the room, bringing parts of the outside world into the group, constantly moving between talking and action, testing of the therapist’s boundaries, and teasing. How these phenomena occur in the group will differ from group to group, however, a review of the limited literature that is available appears to support Behr’s (1988) assertion. Dwivedi (1993b) concurs with Behr’s (1988) theory, noting that boundary incidents impinge very strongly on the process of the male adolescent psychoanalytic group.

Evans (1998, p 64) describes the case of 'William', a fourteen-year old with several severe difficulties, including learning problems. He notes how William strove to defend against the painful feelings he felt through marked impulsiveness, projection, avoidance, flight, manic activity and aggression. The effect of these resistances was to place the boundaries of the group under duress. The setting of very firm limits, as well as changing the focus of the transference / countertransference relationships, allowed Evans (1998) to both limit the effect of William's behaviour on the group, and let William slowly begin to consider the impact of his actions in his own life. Changing the focus of the transference / countertransference relationship entails considering how relationships outside the group setting may be similar to that relationship which is currently being enacted in the group setting. This may serve to reduce the pressure on adolescent to a tolerable, productive level, as Evans (1998) strove to do with 'William'.

Canham (2000) describes his experiences with a group of five children, and likens the way in which membership to a group or gang (within the therapeutic space) takes place both as an internal and external process. The premise for Canham's (2000) work is that once an individual can tolerate differences and alternatives, both internally and externally, he/she is able to become a member of a group, and thus not rely exclusively on defences such as projection and splitting. The above situation is of course ideal, and seldom occurs (Canham, 2000). The gang situation arises when there is an exclusive reliance on defensive behaviours that can prove destructive. In the face of destructive behaviours, Canham advocates the use of firm limits, in order to provide the 'space' for intolerable feelings to be acted out. Difficulties arise when these behaviours threaten the existence of the group.

Rosenfeld (1971; in Canham, 2000) suggests that ganging in the group may be a solution to possessing ambivalent and intolerable feelings towards relating to others. It does appear that the delicate balance between adopting a group or gang mentality may be contingent upon the ability of group participants to tolerate ambivalent and painful feelings, and integrate these into the personality (Canham, 2000). The inability to do so, which from similar work undertaken by Canham and Emanuel (2000) seems likely in the case of severely troubled adolescents, may result in serious violations and attacks on the group boundaries. These attacks will have important

implications for the manner in which the group is managed, in order to restore some semblance of a 'group' space. Thus, as noted by Canham (2000), important decisions regarding the management of the group boundaries need to be made when working with troubled adolescent boys.

Sharry and Owens' (2000) describe a therapy group run with teenage boys between the ages of 13 and 16, referred for exhibiting angry and aggressive behaviours. The authors describe how ignorance of the cultural world of the adolescents in the group, combined with a directly confrontational approach, may heighten the defensive and resistant behaviour in the group. What is apparent from this group is that severely distressed adolescents may need to be engaged on a level that, firstly, does not minimise their reliance on a common or culturally-specific way of being, and secondly, that seeks to engage within the subculture of the group. It is possible that ignoring these variables within the group may both heighten anxiety and increase defensive attacks on the boundaries of the group. The authors made attempts to engage within the 'way of being' of the group, and found that this way of being allowed for more fruitful engagement within the group. The issue of management of boundary activity however, remained.

In a psychoanalytic group consisting of seven adolescent males, Ghirardelli (2001) described the main role of the therapist as tolerating the acting-out in the room. He describes how group members made extensive use of silences, objects brought from outside the room, and acting-out in order to resist the pain of internal confusions, as well as the need to avoid relationship. Interestingly, at times the group used a coded language as a means of excluding the therapist, and when objects were brought to sessions, the author understood these not only as transitional objects, but also as a hope-filled attempt at finding a common identification with the therapist (Ghirardelli, 2001). Ghirardelli thus attempted to manage the resistances and foreign objects brought by the boys, by understanding these as attempts made to resist relationships. What this author does not specify, is what measures were taken to manage boundary activity, yet boundary activity was considerable in the group.

Nagliero (1996) considers the special nature of the transference/countertransference relations in a group of adolescents, several with behavioural and learning difficulties.

It is noted that a flexible setting and the changing of the group's rules were found to incite and heighten confusion and fear in the group participants (Nagliero, 1996). Therefore Nagliero presents a strong argument for a stable, unchanging setting and a structure with set, enforceable rules. This is suggested as the only suitable manner in which to facilitate dynamic psychotherapy with troubled male adolescents. To an extent Geller (1972) supports this view, noting that “[s]uch a technical approach, characterised by a minimum of structure and lack of direction... inevitably had consequences. Anxieties were evoked... Difficulties relating to closeness, intimacy and communication arose...” (p 51).

In light of Behr's contribution with regards to the types of boundary activity that can occur in the group, the literature reviewed here provides substantiation for the way in which defensive processes significantly effect the adolescent psychoanalytic group. These phenomena place the onus for suitable means of management on the group therapist. These 'means' may, both directly, and indirectly challenge the group therapist's reliance on traditional, psychoanalytic ways of 'being'.

2.5.3. Summary

In summary then, psychoanalytic group therapy with adolescents has gone through several developments since its inception. A traditionally non-directive and somewhat passive approach to working with adolescents has begun to absorb elements of other therapeutic modalities in order to effectively initiate and manage therapeutic activities within the group. Many core elements of the psychoanalytic tradition remain. These have an important contribution to make, particularly in understanding the ways in which troubled adolescents may both congregate their role experimentation around the boundaries of the group, and evoke critical countertransference reactions in the therapist.

Importantly, attempts made to run psychodynamic groups with adolescent males have mostly encountered difficulties with managing material arising in the group. As is evident from the groups reviewed here, several slightly different approaches have been taken to managing these difficulties. What has been lacking until recently in the field of psychodynamic group therapy with male adolescents, is a formalised model,

incorporating these varied techniques. However, the work of Evans (1998), constructed specifically for use with troubled adolescents is perhaps most helpful in this regard. Some relevant literature on working with troubled adolescents will now be summarised and then attention will be given to Evans' (1998) model of 'active-analytic' therapy.

2.6. Selection of members and demands placed on the group therapist

Raubolt (1983), drawing on extensive experience in group psychotherapy with 'ego-impaired' (p 149) children, notes that a central aspect of their difficulties is extreme anger and aggression. Importantly, he notes that approximately 70% of the individuals that were treated in groups had experienced either physical or sexual abuse, and that many of them came from broken homes. In describing the appropriate treatment modality, Raubolt notes the impulsiveness and aggression of the children, which necessitated the use of "firm, protective limits" (p 151) in order to provide an experience of a firm and consistent authority.

Rosenthal (1971) notes that an individual who is perhaps highly aggressive, or who has had very different experiences from the other members of the group should be carefully considered for inclusion into the psychoanalytic group. Barrat and Segal (1996) suggest that individuals who have been sexually abused should not be placed in groups, as the material raised by these persons may be damaging to other members of the group. Barrat and Segal (1996) continue, proposing that an adolescent who has experienced sexual trauma may place demands on the group that other members of the group are unable to cope with, which will inhibit the development of a therapeutic space. Dwivedi (1993b) draws a parallel between the group treatment of disturbed adolescents and adult borderline patients, noting that a feature of both in the group setting may be intensely aggressive transferences, regressive behaviours, and self-destructive and violent behaviour. Goldberg, Evans and Hartman (2001) suggest that the difficulties of these types of adolescents could be worked with by structuring the acting-out behaviour in a boundaried fashion. This would entail the use of structured, contained activities that allow for enactment as opposed to acting-out.

Indirectly, Scheidlinger (1985) makes reference to the above difficulties, noting that adolescent psychoanalytic groups do not work for a combination of reasons. These include the lack of a desirable balance in the group's membership, and a lack of skill on the part of the psychotherapy trainee, who may be ill-prepared or not possess adequate skill or experience to deal with the particular types of transferences present in the group. Whilst acknowledging that group therapy is generally the treatment of choice for adolescents, Scheidlinger (1985, p 109) suggests that individuals with especially "fragile egos" should be excluded from the group. Whiteley (1994) in considering the implications of the earliest attachment relationships of the adolescent suggests that the failure of early attachments makes the task of identity formation an exceedingly onerous one. The same author refers to the "societal and psychic vagrancy" (p 367) that may occur as a result of the adolescent having no clear sense of self that has been acknowledged and confirmed through healthy attachments. The value of this observation is paramount in the present study. Stroufe (1997) notes that conditions such as poverty and overcrowding could contribute to the development of fragile and insecure attachments, whilst Reynolds (1997) contends that most black children in South Africa have not had the experience of a stable and secure familial environment.

The experience of the trainee psychotherapist in the adolescent psychoanalytic group is a complicated one (Dwivedi, Lawton & Hogan, 1993). Youngren (1991), in reflecting on the experiences of trainee psychotherapists working psychodynamically with adolescents describes the unique challenges, activities and attributes required in this work as including "containment, support, attention to punctuality and order, tolerance of anger, ability to set limits, firmness, energy, enthusiasm, empathy, sensitivity, tolerance of uncertainty, introspection" (p 298). As this was to be the present author's first experience in running a psychoanalytically-informed group with adolescents, these observations are of relevance.

Dwivedi, Lawton and Hogan (1993) expand upon the above, noting that the trainee group therapist may find her/himself having many fears and fantasies regarding what may occur in the group. These could be fears of losing control, of being too punitive, or of the acting-out behaviours being too serious to manage. The same authors note that these fantasies may invoke a counter-therapeutic role in the therapist, where the

Perhaps the most coherent model for working with troubled adolescents in a psychoanalytic fashion is the active analytic approach, proposed by Evans (1998), specifically intended for this group. Evans (1998) conceptualises the aims of active-analytic group therapy in terms of those geared towards the individual, and those geared towards the group. The facilitator's technique is then constructed around these aims. For the individual adolescent male, Evans proposes that the following developmental tasks should be paramount: the development of a viable sense of self, that is acceptable to the adolescent and his community; the achievement of an appropriate level of independence from parents; coming to terms with sexual feelings and drives; and the development of optimal and effective use of aggressive drives.

Consequently, Evans argues that the purpose of the group aims are purely to facilitate these processes. Firstly, the facilitator should strive to develop group cohesion, as when members are able to feel comfortable in their peer culture, and the group culture, the differences can be explored, and not acted out. The second aim of the group is for the group to work on problems. Evans suggests that these problems should be clearly laid out, so that the group members are not allowed to develop work-avoiding tendencies. In this regard, the facilitator may need to act as a "traffic policeman" (Evans, 1998, p. 74), to prevent differing agendas from producing acted-out conflict. Thus the onus is on the facilitator to both focus the concerns of the group, and provide clear, set limits of acceptable behaviour for group members. Action must be taken to retain the focus of the group, as Evans argues that troubled adolescent males will deteriorate rapidly when faced with an overly permissive group that is not orientated to, and focussed on, specific activities for each session.

The therapeutic components then, of the adolescent group are provided by both the therapist and the group members. Whilst the group members may provide the material around which the group's activities are structured, the main task of the therapist is to observe the group phenomena, and then help each boy tackle his personal problems in the context of the group. Thus, the active-analytic therapist strives to make sure that the group remain on the task. According to Evans, the greatest danger for the therapist working analytically, is to focus on one of the boys exclusively. This takes the group away from the task and may engender anxieties and divisions that impede the individual's processes within the group. The therapist

should therefore remain firm throughout the group's process, maintain constant boundaries, and encourage active participation from all group members on a focal-point or task of the group for a particular session.

2.8. Summary

In summary, this chapter began with a consideration of the developmental stage of adolescence. Male adolescent identity in the Cape Flats area of the Western Cape Province of South Africa was then discussed. Various perspectives on learning difficulties and the impact of these on troubled adolescent males in the current context were outlined, thereafter group psychotherapy with adolescents was differentiated from that done with adults. In reviewing the use of psychodynamic group psychotherapy with adolescents, the psychoanalytic concepts of defense mechanisms and boundary activity were utilised in order to explore the implications of a traditional psychodynamic group technique with male adolescents. A structured and less permissive group-analytic frame was proposed as an alternative to traditional psychoanalytic group therapies. To this end, Evans' (1998) theory of an active-analytic approach was briefly examined.

In the following chapter the qualitative case study methodology utilised in this study will be described. Identifying information pertaining to the group under study will be presented, and the rationale behind using the case study method, discussed.

CHAPTER 3: METHOD

3.1. Introduction

This chapter comprises a brief overview of qualitative research methods, and a rationale for the use of these methods in this study. An aspect of this approach, the case study, will also be discussed. Key issues involved in the use of this approach are presented, and some attention is given to possible difficulties that may arise. The LPP, and the adolescent psychotherapy group that is the setting for this study are also considered in more detail.

3.2. Choice of method and aim of the research

Smaling (1992) proposes that there are several pragmatic issues that directly influence the choice of methodology for research in the social sciences: the context and identity of the researcher; the concrete objects of study; the situation of the investigated subjects; the main aim and goals of the research; and the intended audiences of the research. These will be considered in this section of the chapter.

On the basis of this researcher's experience as a facilitator of the adolescent group of the LPP in 2002, the issue arose of what may be the most suitable psychotherapeutic technique to treat adolescent males in this context. I therefore decided to attempt to closely examine events in the LPP's adolescent psychotherapy group, specifically those events that impacted upon the boundaries of the group. I felt that this would allow for an assessment of whether the theoretical and therapeutic framework adopted, maximised the potential for growth in the expression and management of feelings by the adolescents. An important aspect of my decision to investigate this phenomena in the group was that I felt the difficulties I had experienced deserved further investigation, in order to inform future group interventions planned as part of this project.

Furthermore, relevant literature reviewed in the previous chapter suggests that 'traditional' psychoanalytic group psychotherapy is no longer seen as the therapeutic modality of choice for troubled adolescents. On the basis of this literature, and my

experiences in the 'Blue' group, I decided to investigate whether the therapeutic technique I utilised in the group was suitable for the group members. Boundary activity, and the way in which this phenomenon has traditionally been managed, was identified in the previous chapter as a particular difficulty encountered in the psychodynamic adolescent group. Specifically then, it is the aim of this study to examine 'moments' in sessions where boundary incidents occurred, in order to build some understanding of firstly; why these incidents occurred, and secondly; whether the therapeutic style utilised contributed to these boundary incidents.

3.3. The qualitative method

Currently, there is much debate in the social sciences as to whether qualitative or quantitative research methods are the more effective technique (Neuman, 1997). Whilst some authors have tried to separate the two research styles completely (Levine, 1993), and draw attention largely to the differences between the two (Neuman, 1997), it is perhaps unwise to do so (Denzin & Lincoln, 2000b). The central objective of the qualitative approach is to make sense of the phenomena in question (Denzin & Lincoln, 2000b). As the aim of this study is to investigate boundary activity and interpretation in a psychotherapeutic group, the most suitable form of enquiry for this case study is the qualitative method.

A review of historical trends within the qualitative research movement reveals its complex legacy (Denzin & Lincoln, 2000b). Neuman (1997, p. 331) discusses six prominent characteristics of the qualitative orientation as it has developed: importance of the context, the case study method, the researcher's integrity, grounded theory, process, and interpretation. These are relevant to building an understanding of why boundary activity occurred in the group.

Firstly, the context of environmental deprivation, poverty, violence and abuse from which the group members originate should be taken into account in considering behaviour that is exhibited in the group. This context was different to my own, and I decided that I would have to employ investigative methods that would take into account the experiences of these boys. It was therefore clear to me that in the light of my own identity as a white, middle-class young man, I would have my own

perceptions and understandings of the ways in which these boys behaved. I therefore needed to utilise a research method that took cognisance of the different subjective realities between myself and the group members. As noted by Maw (1996), these differences in subjective experience could then become integral to the study, as opposed to forming obstacles to it.

Secondly, the qualitative case study allows for a recognition that the behaviours that are being evaluated occur in patterns (Neuman, 1997). It is through this process that meaning can be made. By closely observing patterns of behaviour in the group, the group therapist's involvement in the phenomena under study is emphasised (Hollway & Jefferson, 2000). This is of critical importance to the present study, as the ways in which I responded to the acting-out and aggressive behaviours of the group members impacted on these behaviours. In order to optimise my own integrity in this research, it was important that my own presence and position as researcher be explicit and acknowledged (Denzin & Lincoln, 2000b, Neuman, 1997). In this way, a sense of immediacy and intimacy with the phenomena under study can be developed, as most of my familiarity with the boys' behaviour developed through my interaction with them in the group.

As it is the focus of this study to construct a meaningful and cogent understanding of how boundary activity occurred in the therapeutic group, this will necessitate analysing the data (events from sessions) in the light of available theory that was presented in the previous chapter. This approach is indicative of another important aspect of the qualitative orientation; the flexibility of grounded theory. The data that is utilised will only provide significant insights into the phenomena under study if it is linked to relevant theory.

In terms of process and sequence, the chronological unfolding of boundary activity in the group is critical, as this will allow for greater clarity around how this activity evolved through the year. Lastly, evaluating the role of a 'traditional' psychoanalytic technique incorporating a permissive and interpretation-oriented attitude in the production and development of boundary activity will require that meaning be made of the available data. As the data for this study is in the form of descriptions of sessions, 'interpreting' these is a key method of investigation. Some debate has

existed regarding qualitative usage of interpretation. (Denzin & Lincoln, 2000). This will be returned to later in this chapter.

In the following section of this chapter the case-study methodology will be considered in the light of the considerations discussed above. Some short-comings of this approach will also be reviewed.

3.4. The case study methodology

Recently, the case study method, where an individual or group is examined in context, has gained increasing credence as a meaning-oriented form of qualitative research (Neuman, 1997). Intensive investigation of a single case utilising analytic, as opposed to enumerative induction, is central to the methodology (Neuman, 1997). The analysis occurs through the connection of the actions and behaviours of individuals to larger-scale groups and societal processes (Vaughan, 1992). Walton (1992) explains this process further by arguing that it is in the case study setting that a causal hypothesis can be made for the manner in which certain forces or factors produce certain results or behaviour in certain contexts. As noted by Neuman (1997), it is through this process that theory can be both examined and constructed. It is therefore crucial that the case analysis be accompanied by theory and that there be a dialogue between the case data and theory (Huberman & Miles, 2000). Optimally, Glaser (1978, in Huberman & Miles, 2000) notes that in the case study, theory should be used to interpret the actions or behaviours of the subject(s) under study so that relationships can be defined between action and concepts (Carley, 1991; in Huberman & Miles, 2000). If not clearly described, the relationship between theory and events in the clinical case may prove tenuous, and compromise the legitimacy of the case study methodology (Huberman & Miles, 2000).

Several possible difficulties exist in using this methodology. The first of these is that it may prove difficult to extend the findings of one case study to another (Neuman, 1997). Secondly, the causal relationship in the qualitative study is difficult, if not impossible, to establish clearly (Huberman & Miles, 2000). The use of psychoanalytic principles within the case study brings further complexity. In making use of interpretative practices, factors such as intuition, therapist's subjectivity and

unconscious dynamics invariably become the researcher's aids in the process of meaning-making (Hollway & Jefferson, 2000). Factors such as these have necessitated that objectivity and reliability are, to a great extent, not present in the clinical case study (Hollway & Jefferson, 2000). However, as identified by several authors (Hollway & Jefferson, 2000; Neuman, 1997), the focus of the case study is rather to explore that which is unique and specific within a certain context.

Other shortcomings deserve mention here. Methodologically, the use of vignettes to illustrate the ideas contained in this study may be somewhat problematic. Firstly, these vignettes were largely taken verbatim from notes made following sessions, and were thus undoubtedly influenced by factors such as my mood, time available to me, and actual period of reflection. Furthermore, there was no standardization in the data used in this study. The fact that some data was taken from video recordings whilst the balance was taken from notes made directly following sessions, is not ideal. The choice of isolated vignettes for the purpose of analysis is also open to criticism, as there is no doubt that the researcher's motives will influence the choice of vignette that is presented. However, through an acknowledgement of the role of the researcher and his own subjectivity, the reflexive nature of this study is accentuated.

Whilst the non-generalisable nature of these findings may limit their application to other settings, it is also intended that this study is primarily of relevance to the Learning Problems Project. The method of analysis too is problematic, for, as noted by Hollway and Jefferson (2000), the interpretations arrived at by one researcher may be completely different to those made by another. This researcher accepts this possibility and welcomes any suggestions, alternative explanations or points of critique. Lastly, the theoretical field of study in this work unfortunately leans perhaps too heavily on North American and British literature relating to psychoanalytic group work with adolescents. Optimally, it would have been of great benefit to utilise more literature pertaining to group work done with severely troubled adolescents and children in the South African context. Unfortunately, published literature in this area does not exist at present. It is hoped that work such as that done by Schiff (2002) and Van den Berg (2002) will begin to address this limitation.

In the following section of this chapter some implications of the interpretative process will be discussed, and the method of analysis presented.

3.5. Interpretation and the iterative approach

The issue of interpretation, which was initially developed in a clinical setting, and has increasingly been afforded greater application in the research setting, is at the root of much debate regarding the scientific credibility of psychoanalysis (Hollway & Jefferson, 2000). As noted by Denzin (2000) multiple and diverse understandings can be produced through the act of interpretation, as this process may be influenced by personal, cultural, stylistic and genre conventions. Thus, while the interpretative process underpins the qualitative method (Hollway & Jefferson, 2000; Neuman, 1997), its very nature is responsible for the fact that there is no clearly definable method of utilising this practice in the case study methodology.

Denzin (2000, p 318) proposes that the process of interpretation is a storytelling one, and that consequently, interpretative research can be presented for the purposes of “sense-making, representation, legitimation [or] desire”. As the motivation for the current study is perhaps best described as sense-making, in accordance with Denzin’s (2000) observations, the text and sessional events that will be used in the analysis will be chosen in order to enhance the ‘sense-making’ process.

Altheide and Johnson (2000) propose that within this process of interpretation to construct meaning, ethnographical factors will effect interpretative validity. Personal, economic, political, ethical and practical concerns will influence the ways in which conclusions are drawn within the research process. It is short-sighted to suggest that meanings and findings that are arrived at are necessarily the only appropriate and suitable ones; rather, several possibilities do exist. In order to attend to interpretative validity it is instructive to identify the ethnographic loyalty, or true intent, of the case study (Altheide & Johnson, 2000). In this research, therefore, in attempting to understand the difficulties I encountered in facilitating the ‘Blue’ group, my purpose was to elucidate the boundary activity I encountered in the group. It is hoped that my understanding and analysis will contribute to the way in which similar groups are facilitated in the future.

As noted by Neuman (1997) there are many ways in which to analyse case study material. Indeed, several authors (for example, Neuman, 1997) comment that no specific method exists of analysing case study data. Yet some useful models do exist. The iterative research method proposed by Huberman and Miles (2000) is a process of analytic induction which holds that there are patterns and regularities in the social world that can be inferred through a process of systematic meaning-oriented investigation. The same authors describe this process of analysis as a set of tactics to be employed by the case study researcher. For the sake of brevity, the most important of these steps will be summarised here.

The first stage of the research involves identifying salient themes and patterns that can be intuitively recognised from a review of existing research and the clinical case under study. These themes or patterns are then clustered in order to simplify the connection of relevant theory to the case material. Once this has been done, those themes that have been drawn from the material should be compared with one another in order to differentiate theoretical observations that are drawn regarding separate incidents. Possible relationships between the themes or variables that have been identified and distinguished from one another are then identified. The final stages of the iterative process involves the building of a “logical chain of evidence” (Huberman & Miles, 2000, p 187) so that some coherence is evident between the themes or concepts that have been identified and theoretical evidence in available literature.

In the present research, salient themes and patterns were identified from the data and then compared to existing theory pertaining to adolescent groups. Connections were drawn between the themes and patterns from the group and available literature. Lastly, more recent theoretical contributions regarding the adolescent analytic group were utilised to examine these themes.

In the following section of this chapter the psychotherapy group described in this study will be briefly discussed, along with the purpose and aim of this group.

3.6. The Learning Problems Group

The psychotherapeutic group described in this study was conducted at the CGC, Department of Psychology, University of Cape Town. The rationale for establishing the Clinic was two-fold: as a training institution for trainee Clinical Psychologists; and as a means of making psychological services available to local communities. Included amongst these services are the assessment and case management of children and adolescents exhibiting scholastic, emotional and behavioural difficulties (Schiff, 2002). The group formed part of the LPP, which was established in 2000, in order to provide both emotional and remedial support to adolescents with learning difficulties. Every Wednesday afternoon, emotional support was to be provided in the form of group psychotherapy, whilst remedial education was offered in basic scholastic skills such as arithmetic, reading and writing.

In 2002 there were two psychotherapy groups: the 'Red' group for children between the ages of seven and eleven, and the 'Blue' group for adolescents between the ages of twelve and fifteen. Each group was facilitated by one trainee clinical psychologist, whilst in the remedial groups each child and adolescent received forty-five minutes of individual remedial care. A psychotherapy group for the parents was also provided, and this was run at the same time as the 'Red' and 'Blue' psychotherapy groups by a qualified Clinical Psychologist. The group that will be analysed in this study is the 'Blue' group, as it was facilitated by this researcher. Prior to their admittance into the Learning Problems Project, each of the adolescents were psychometrically and scholastically assessed using the Senior South African Intelligence Scales (Revised), a reading test, arithmetic test and the Draw-A-Person (DAP) test. A clinical assessment interview was also carried out with each boy and his parents and available collateral information gathered from the boys' schools and other social agencies.

Four of the adolescents in the 'Blue' group were found to be in the borderline (IQ 70-79) range of intellectual functioning, whilst two were found to be in the average (IQ 90-100) range of intellectual functioning. One was assessed as being in the low average (IQ 80-89) range of intellectual functioning, whilst two were found to have mild intellectual impairment. All had significant difficulties in basic scholastic skills,

and had been referred to the CGC by their teachers or parents. Half the group members had originally been referred due to emotional or behavioural problems.

Upon acceptance into the project, the parents of the group members were informed that clinical material gathered from the sessions may be utilised for research purposes. Furthermore, it was undertaken by the staff of the CGC to, wherever possible, respect the privacy of group members and their families by keeping all clinical information and materials confidential. In keeping with this, all names have been changed in the writing up of this research. The group commenced on the 18th of March 2002 and ran until the 26th of October 2002. In all, the group's process comprised twenty-four sessions conducted throughout the year on Wednesday afternoons. There were no group sessions during school holidays and on public holidays.

In the following section of this chapter the therapeutic technique utilised in the 'Blue' group will be briefly described.

3.6.1. Therapeutic model for L.P.P. 'Blue' group

Prior to the inception of the group I began to discuss the possibility of working within a psychoanalytic framework with the group in supervision. It was decided that the CGC would be a suitable setting for me to attempt this, as I would have the benefit of clinical supervision and the greater support of this institution in managing the adolescents and their families. My decision to work in this manner was perhaps largely a function of the fact that this was my first attempt at facilitating a psychotherapeutic group. With the benefit of hindsight, it is also possible that my attraction to working with unconscious communication perhaps precluded a fuller consideration of the limited abilities of adolescent males to communicate in an affective, empathic manner.

In keeping with the psychoanalytic model the sessions were to be run in an unstructured manner, there would be no activities planned for each session, and it would be up to the participants to do whatever they would like to do, as long as they remained in the therapeutic setting and acted within the rules and boundaries that would be established early in the group's process. In accordance with the work of

Rutan and Stone (2001), I believed that much of what would be brought to the group by the participants would be representative of their historical pasts. Therefore I conceptualised the therapeutic process as a setting wherein members would be confronted with parts of themselves that they do not see, through the use of interpretation. Working through would then involve the development of more adaptive defensive strategies, in the place of strategies such as violence, aggression and withdrawal.

The therapeutic model selected for this group is best described as psychodynamic group therapy, utilising a psychoanalytic stance. This approach has been discussed in the previous chapter. Briefly, the elements of this technique include a reliance on interpretation and reflection, in order to ameliorate anxiety that is stimulated by painful feelings and thoughts (Rutan & Stone, 2001). It is well-documented that adolescents, particularly those with learning difficulties, may struggle to verbally express feelings and impulses such as anger, shame, anxiety and fear. As noted in the second chapter of this study, these feelings are often 'acted-out' in an attempt to find relief from the overwhelming internal anxiety and shame they produce. The rationale behind this approach is two-fold: to attempt to provide some containment for feelings that feel 'uncontainable'; and, through the process of meaning-oriented interpretation, to shift the adolescent from a position of exclusively 'acting-out' behaviour to being able to verbally express feelings and thoughts.

3.6.2. Biographical portraits of group members

Nine adolescent males between the ages of twelve and fifteen participated in the psychotherapy group; however, two were removed from the group by their parents in the course of the year. All group members (with the exception of one) originated from the Lavender Hill and Manenberg areas of the Cape Flats, and had experienced family conflict in a context of violence and poverty. Brief portraits of the group members, compiled from their Child Guidance Clinic files, my observations, and the supervision process, are as follows:

Ganief was a small, aggressive 14 year old who came across as very 'streetwise' and brought to the group his experience of ongoing severe sexual abuse at the hands of

older adolescent boys. He had grown up in the midst of gang violence and at the age of five had witnessed the brutal stabbing of his father. He had a history of scholastic difficulties and had been involved in several fights at school.

Clayton was an overweight, withdrawn 13 year old who had experienced considerable teasing by his peers for being 'fat and stupid'. He came from a very strict home and complained several times of having been criticised by his father who told him he was 'not good enough'. He responded to most activity on the therapist's part in a critical manner and was hesitant in interacting with others. On several occasions he would comment that the things that were being said were 'boring' and 'useless'.

Andile was a restless, active boy of 12 who was very ashamed about his difficulties at school. He had a history of being pressurised by his parents to improve his scholastic performance and prior to his admission to the programme had begun to evidence some behavioural difficulties. He was taken out of the group relatively early in the year by his parents. Andile represented his experience of feeling 'left out' and rejected by seeking proximity with Ganief.

Madoda was a quiet, withdrawn 15 year old who seldom attended sessions. His considerable difficulties with English made it difficult for him to relate to the other group members. Like his father, he had recently begun to abuse substances and was struggling to function both academically and socially. From a very poor, disrupted family, Madoda brought to the group his experience of not belonging, and of feeling different from everyone else.

Mohamed-Amien was a tall, forthright 14 year old who came from a disrupted home. According to his parents he had struggled to learn throughout his scholastic history and had come to rely on an aggressive style of 'acting-out'. He sought to identify with the therapist throughout the group's process and challenged Ganief on several occasions. He could not attend two of the group sessions due to gang violence in his area. As the group process unfolded, Mohamed-Amien took it upon himself to protect other group members from Ganief and Henry's violence.

Stanley was a very small, shy and quiet boy of 12 who was being bullied regularly at school. He was very uncertain of himself and battled through most of the sessions to make eye contact with others. He had considerable difficulties with attention and concentration, and was very aware of being teased at school. At times in the therapeutic process he would seek to 'hide' behind Mohamed-Amien or the therapist when he became frightened of being bullied. Like Mohamed-Amien he was unable to attend two of the group sessions due to gang violence in his area.

Henry was a tall, strong 13 year old who started the group in the middle of the year. His father had reported prior to his entry to the group that he was a 'big disappointment' and that his son had begun to exhibit some behavioural difficulties at school. Towards the latter stages of the group he began to 'team up' with Ganief and would physically challenge the therapist.

Darryl was a small, slight 12 year old who attended few of the group sessions. He came from a disrupted home, had witnessed several incidents of physical abuse and murder, and despite being of average intellectual functioning, was struggling at school. Darryl brought to the group his experience of having to gain affection by being 'cute' and likable.

Nasser was an extremely withdrawn, shy and anxious boy of 12 who had been teased and bullied at school. He came from a single-parent family and had been diagnosed as suffering from separation anxiety at a young age. He struggled to express himself verbally and consequently found it very difficult to form relationships with others. Unlike the other group members he had a supportive extended family. In the group Nasser exhibited an ongoing fear of being seen to do 'bad' things.

In the last section of this chapter, the collection of data will be described.

3.7. Data collection

Data was drawn from descriptive notes compiled following sessions and supervision of each session. Some video material of early sessions was utilised in order to supplement these notes. For the purposes of this case study, only selected material was utilised. Similar to the work of Schiff (2002) on the LPG of 2001, vignettes illustrating the phenomena under study were drawn from the early, intermediate and final stages of the therapeutic process. The material utilised in the case study is thus chronological in nature, yet may not reflect the passage of time in the therapeutic process entirely accurately.

Prior to the analysis stage of this research it was decided to separate the case material that would be utilised into the above three stages. This was decided upon after reading through the material and observing the developing boundary activity and the impact this was to have on the group. Whilst these stages are imposed, it is intended that these allow for some representation of the manner in which boundary activity in the group escalated through the year. Within these stages, the aim of this case study is two-pronged: to analyse the boundary incidents as they occurred; and to examine the role of interpretations in heightening the levels of anxiety and fear within the group that led to boundary activity.

3.8. Summary of method

This chapter began with a rationale for the type of method that was to be used. An examination of some theoretical and pragmatic issues regarding the utilisation of a qualitative method of study were then discussed. In the following section some attention was given to the case study, thereafter, factors pertaining to the use of interpretative processes, which form the basis of qualitative enquiry, were considered. The LPP 'Blue' group, was then presented in more detail. 'Traditional' psychodynamic group therapy, the modality utilised in the facilitation of the 'Blue' group, was documented, after which the method of data collection was presented. In the following chapter of this dissertation the data analysis will be presented in the light of the method that has been set out here.

CHAPTER 4: CASE ANALYSIS

4.1. Introduction

This chapter will present a description followed by a discussion of selected boundary incidents as they occurred in the Blue group of the LPP. These incidents will be presented in the form of vignettes that illustrate the development of boundary activity in the group. To this end, the material will be divided into three phases. In each of these phases two or three incidents will be presented. The first stage, or 'setting-up' phase will examine incidents that occurred within the first eight sessions of the group's process. The 'intermediate' stage will consist of incidents within the following eight sessions, whilst the 'termination' stage will comprise material drawn from the last eight sessions. The analysis which follows each vignette will focus on how the particular form of boundary action occurred; why, using the psychoanalytic concepts of transference and countertransference, this happened; and its impact on the group. As noted previously in this study, the division of the case material into three stages is an artificial one, and is done in order to examine how boundary action developed through the group's process.

Each of the vignettes have been chosen because they are indicative of striking themes that occurred repeatedly throughout the year. These themes include sexual acting-out; physical acting-out; responses to limit-setting and responses in the group to one another. It is not the intention of this study to examine parts of sessions in which the boys did not 'act out' and appeared to be more contained. In this analysis, boundary activity will be shown to have centred around the need to defend against primitive aggression and dependency needs. In this way, sexual and physical acting-out were a particular kind of expression of the adolescent's experience of having those needs evoked in the therapeutic setting. It is hoped that through a consideration of the complex nature of the dynamics involved in running this group that some light can be shed on developing psychoanalytic techniques for use amongst troubled adolescent boys in the current context.

4.1.1. The role of interpretation in psychodynamic group psychotherapy

A fundamental principle in traditional psychodynamic group psychotherapy is that material provided by group members, either through behaviour, direct verbal communication or projective identification, should be returned to the individual or group through interpretation. In this group, I made use of direct verbal interpretations. In this analysis, I will illustrate how boundary activity steadily escalated, at times directly in relation to interpretations that were made.

4.2. Stage one: the 'Setting-up' phase¹

This section of the analysis describes group processes in the setting-up phase. These group processes will be understood in terms of two broad inter-related themes, sexual 'acting-out' and 'breaking' the frame. Vignettes have been drawn from sessions one, three and seven in order to illustrate these themes.

4.2.1. Sexualized behaviour and challenging the frame

***Session 1 (18/03/02)[video excerpt]:** Seven boys arrive for the first session. They have run up the stairs to the room and are all talking loudly to each other in Afrikaans. There are pillows on the floor for them to sit on, and each boy grabs one. Ganief, Andile and Clayton lie down on their pillows in the circle and Madoda sits in the corner with his pillow on his lap. I explain to the group that we will talk more about the purpose of being here but that first we need to all introduce ourselves to one another. Mohamed-Amien introduces himself first, and whilst he's doing so, Ganief begins to snigger. The group continues around the circle, until it's Ganief's turn, when he introduces himself as 'Ben'. I immediately felt quite irritated at this, and offered that perhaps Ganief was feeling nervous at the beginning of the group, and that he therefore wanted to be seen as like me, in control. He seemed nonplussed by this for a moment and responded by saying, "Naai, jy maak nie sin nie, pillows [NO, you aren't making any sense, pillows]". At this the rest of the group, except for*

¹ Unless otherwise indicated, all notes were taken verbatim from the LPP 'Blue' group file; supervision notes, personal process notes or brief transcriptions of video recordings made at the time of the sessions. These will be written in italics.

Madoda, began to laugh and repeat this name he had called me. I was put off by this, and said nothing for a couple of moments, after which Ganief asked me if that 'other' woman [Emilita, the facilitator of the Red group] was my 'tjerrie'[girlfriend]. Clayton, Andile and Stanley were egging him on as he asked this, and even though I felt that we were heading in the 'wrong' direction, I responded by saying that Ganief wanted to know more about me so that he could feel more comfortable. He laughed and threw the pillow he was sitting on over my head and asked me if we were having sex together. I was so taken aback for a couple of moments that I said nothing. He carried on, and asked me if she was 'lekker' [nice]. I wasn't really sure what to do then as I was irritated and very angry.

4.2.1.1. Trauma and the adolescent self

The above excerpt illustrates the difficulty in establishing and maintaining the therapeutic frame in the context of severely traumatized adolescent boys with limited empathic and affective abilities.

Ganief's question could be indicative of the lack of an experience of self in an 'emotional space' (Bloom, 1996, p 61) stemming from his upbringing in the adverse environment of Lavender Hill. Several authors (Pretorius & Le Roux, 1998; Maiello, 2001) have proposed that male adolescents in contexts of deprivation, trauma and violence experience severe handicaps in language and relational style. Specifically, the affective and empathic abilities that the adolescent needs to be able to cope with a statement of an emotional nature (Jackson, Bijstra, Oostra and Bosma, 1998) are often severely impaired, or not developed at all. The implication of this is that Ganief felt threatened by the emotive nature of the interpretation that I offered him, and responded in an impulsive manner that I experienced as hostile.

This is perhaps illustrative of Rosenthal's (1971) view that the troubled male adolescent's feelings of inadequacy and shame are heightened by feeling-related statements (such as the one I made to Ganief), and results in resistant behaviour that serves to protect the traumatized adolescent from the pain of connection to a helpful and benign other (Canham, 2000). In line with the view of Canham (2000), this may be why Ganief's response to my interpretation felt destructive and hostile to me. Bion

(1962) could have described Ganief's actions as an attack on linking to an other. In retrospect, I experienced his actions as an attempt to damage the establishment of a frame to support what (in my view) this therapeutic group was supposed to facilitate.

4.2.1.2. Psychodynamic approaches to the sexually traumatized adolescent self in a group of traumatized youth

In this excerpt, Ganief's question regarding sexual activity between myself and the female facilitator of the 'Red' group may in part be attributable to anxiety in the adolescent related to the expression of feeling. It also reflects the adolescent's preoccupation with sexual material. However, Ganief's response is inappropriate, given the context: the first session of a group with an unknown authority figure in the room. His questions are also part of the discourse of the severely sexually-abused child. Ganief's instantaneous sexualised behaviour in the first session of this group might have been identified immediately as such by a more experienced therapist.

There were significant differences of opinion within the Clinic about how to manage Ganief's behaviour. Whilst my supervisor and I were of the opinion that management would entail the use of interpretations geared towards identifying feelings, other staff held the view that Ganief should be removed from the group. To an extent then, the system surrounding the LPP was split around the most suitable course of action to take. This debate mirrors that which was highlighted in chapter two of this study; how best can the disturbed male adolescent be managed in the psychodynamic group?

Central to the psychoanalytic group approach is the view that an individual will bring his or her historical past to the group (Corey, 1990; Rutan & Stone, 2001), and that this individual's reactions to other group members and the therapist will be shaped by internalizations of earlier relationships to significant others and siblings (Corey, 1990). Accordingly, it is argued that traumatic experiences are suppressed, and then 'acted-out' when an opportunity arises. The dynamic group is posited as a context within which this process can be facilitated and then appropriately managed. Importantly, in the remedial group of the LPP, there were no incidences of Ganief's sexualised and violent behaviour. This may be attributable to the fact that the adolescents were constantly kept busy in the remedial group, and behaviour deemed

disrespectful or inappropriate was not tolerated. Rauwald (2002) suggests that in contexts such as these (the teaching environment), it is not that difficult and painful emotions are not present, rather, they are suppressed, and simply are not given the opportunity to surface. The difficulty presented by the material brought by Ganief to the group was how to work with Ganief's experiences so that they could be returned to him in a way that he could manage. The interpretation would thus facilitate the development of more adaptive defensive strategies.

For the majority of the rest of the year, this conundrum would remain. How to maintain a balance between providing a context for the working-through of painful material, whilst at the same time managing acting-out behaviour that is both damaging and dangerous for the group? The first session laid the foundation for this debate amongst staff and students involved in the LPP.

4.2.1.3. The impact of the traumatized adolescent self on the LPP

Ganief's boundary activity impacted upon the Clinic. As the year progressed, his actions became not only more sexualised, but also violent in nature. A short while after this session, I, in conjunction with my supervisor, decided that perhaps concurrent individual treatment for Ganief would be appropriate. A Clinical Psychologist in the employ of the CGC was approached to assess Ganief for the purposes of individual psychotherapy. Three appointments were made with Ganief and his mother and not kept. At the same time Ganief was brought to most group sessions. Ganief's mother's resistance to pursuing the assistance offered to her is perhaps indicative of the disorganised nature of his home environment. When more specialised intervention was being offered, the family either wouldn't or couldn't take it up.

The effect of this upon the clinicians involved in the LPP was varied. Some felt that Ganief's non-attendance was indicative of the unwillingness in his family to engage with his treatment, and consequently, that Ganief should perhaps be removed from the group. Others were of the opinion that this was an example of the difficulties facing his entire family, and that the work should be geared towards more intensive management of Ganief in the group setting. For almost two months there were splits

amongst staff over whether Ganief would remain in the group or be removed. These splits would at times hinder the extent to which staff were able to communicate with each other regarding the project and precipitated heated theoretical debates.

4.2.2. Sexualized behaviour and flight and their impact on group boundaries

Session 3(03/04/02)[notes made directly after session]: *After Sydney had asked that we talk about the rules of the group and repeat these, there was a ritual of each group member saying their name and expressing one word to describe how they were feeling. Got round to Ganief, who said that he was worried. After expressing this, he tried to make it impossible for everyone to hear each other by talking unintelligibly. I fed back to him that while he was amazingly gifted at saying things, and that this was a very good skill to have, because he is talking all the time, it is difficult to hear what the others are saying. I also stressed how important it is that the others hear him and he hears the others and what they want to say, and that this was one of the rules we had decided on. He got very upset with this, and he left the room without giving an indication that he was about to do so. He ran out of the room and sat on a chair down the hall, where he began to cry and kept saying that he was worried about his birdie at home, as his father wouldn't give him money to feed him. He carried on crying and held his one hand on his penis, which seemed to be erect through his pants. I was very conscious that he had broken one of the rules of the group, but I was also taken aback by what he was doing and wasn't very sure of how to respond. Acting on what I felt to be my urgent sense that I wanted to get him back in the room I stressed that the group needed him back in the room and that he needed to be back in the room. When I got back into the room the boys were trying to get to the camera in the corner of the room.*

4.2.2.1. Leaving the room

In this excerpt, several weeks after the first session, Ganief briefly expressed his feelings to the rest of the group. By using a ritual in which each member linked themselves to a feeling state, I was letting the group know that this group would ultimately be a place in which to express feelings. In line with psychoanalytic theory, I intended to create this 'space' through providing a model of being able to witness

and contain the experiences brought by the group members to the group. My interpretation to Ganief about his disruptive behaviour was that he was making it difficult to hear other members of the group. The gist of what I suggested to him was that he needed to talk in the right way. My interpretation was overwhelming and Ganief fled from the room. I think that Ganief experienced this interpretation as rejecting. Carr (1999) supports this, noting that the dynamics of powerlessness in the sexually-abused child may predispose him / her to negative self-beliefs that underlie a view of self as worth rejecting.

Ganief had tried to express himself in an authentic way, but I could not understand him. Just prior to his exit, the expression on his face was incomprehensible to me; perhaps his feelings were incomprehensible to him too. I understood this as a communication: 'I make sense by showing that my feelings don't make sense, they are too much for me, and now I am about to be rejected or punished'. My lack of understanding communicated itself through my interpretation and as such, was an empathic failure which proved too much for Ganief's fragile self.

In leaving the room he broke the boundaries of the group. Sensing my failure of him I followed him in order to repair my relationship with him. In so doing I too was 'breaking' the group's boundary and favouring Ganief above the group.

Outside the room Ganief was holding his penis ("worried about his birdie"²) and babbling incessantly in a childlike manner. Most of what he was saying was either incomprehensible or incoherent to me. My failure to understand him and to protect him from his own overwhelming affect re-enacted the failure of his parents to understand him and to protect him at the time of his abuse.

There is a 'hidden' aspect too, to what transpired when I left the room with Ganief. Like the painful and traumatic occasions of sexual abuse endured by Ganief, the interaction between myself and him occurred outside the room, hidden from the eyes of others. Due to my feelings of pain at previous events in my own life, I felt affection for him as he sat crying on the chair, and reached out and touched his

² 'Birdie' is a direct translation of the Afrikaans word 'voël', which is a commonly-used slang word for penis.

shoulder. This was in itself a boundary transgression, stemming from an identification with Ganief. By touching him, I deattached my own pain, and somehow felt more able, competent and useful. It also ameliorated the feelings of incompetence, confusion and anxiety that the division in the group had fostered in myself. By touching him, I also attempted to reverse my empathic failure that had preceded his flight from the room and he came back into the room. I had made the switch from therapist as persecutor, to the therapist-rescuer who identified with Ganief as victim. Browne and Finkelhor's (1986) traumagenesis model argues that once the therapist makes this switch, he / she is vulnerable to attacks from the client.

4.2.2.2. Rules and boundaries

My action indicated to the group that I was confused about the group's rules and boundaries. Prior to my beginning the group, my thoughts around what boundaries and rules would be necessary were largely influenced by what a variety of others (supervisor, students and lecturers) in the LPP system deemed to be appropriate. These rules did not originate in the group itself. The boundaries in the group had not been exclusively constructed by me, and neither had they been constructed by the group. Prior to the start of the group, the following rules were set:

- No-one may leave the room.
- If someone left the room, they would have to stay out for the rest of the session.
- No-one may harm themselves, anyone else in the group or objects in the room.
- Actions would be responded to with interpretations.

These boundaries were presented to group facilitators as necessary for the optimal functioning of the group. The imposition of this framework upon both myself and the group set up a power dynamic which infantilized both myself and the group, thereby questioning my authority in the group. In a male adolescent group these rules will be attacked. Since these rules were imposed they cannot be referred to in managing boundary activity as something which the group and the facilitator had agreed upon.

This is not to propose that a laissez-faire approach to frame construction should be adopted, rather that the group members should perhaps become active participants in the construction of the boundaries and rules of that group. What does appear significant is that the holding structure, or boundaries of the group should be developed in and with the group. Without this authentic evolution of rules, the risk of acting-out by both group and therapist is increased. This is clearly evident in the above vignette. I was left with both frustration and sadness, a confusing position that was perhaps not entirely lost on the group members themselves.

4.2.2.3. The camera and being observed: The transference-countertransference dynamic

Up until this point each of the sessions were being video-taped. At the beginning of the group, the explanation given for videoing the sessions was that it was there to assist me as the therapist. However, I was aware of the camera recording each action that occurred in the room, and thus every occasion where I felt I was not adequately managing the group was open to the scrutiny of others. I felt exposed and open to the judgement and criticism of others. The camera came to represent, for the group and me, the superego, silently observing the group members.

It is worth considering that this ambivalent relationship I had to the camera and the rules was acted out in my relationship with Ganief by leaving the room with him. The reason I had given to the group for the presence of the camera and my feelings about the camera were contradictory. I had begun to feel victimised, misunderstood and under scrutiny, just as these learning-disabled adolescent boys feel in their lives. Unconsciously, through a process of over-identification, my leaving the room was an attempt to set up the group to rebel for me against the camera and what it represented. The impact of this would be to create a theatre of revolt in which I, the therapist became the central player.

A direct effect of leaving the room was to engender confusion amongst the boys around the actual nature of the group's boundaries. In response to both Ganief and my leaving the room, the group set about trying to 'break' the room by attacking the

camera. The attack on the camera by the group was both an attempt on the part of the group to protect me and an attack on what they saw as part of me.

4.2.3. Boundary action and its extension to outside the group

Session 7(08/05/02)[Notes taken after the session]: Approximately ten minutes later one of the balls went out of the window again by accident [the window was open because it was very warm in the room] and one of the parents from downstairs [the father of one of the children in the Red group] came up and walked into the room and in a stern voice told me that I should please control this group. I was very shocked, and angered, and did not respond to him at all verbally. He then said to me "Did you hear what I said to you?", and I responded "I heard what you said", and closed the door. There was silence in the group for the next five minutes and the next thing that was said was "I am going to get into kak [shit] from my father afterwards" by Clayton. I had a very sad feeling that this might happen.

4.2.3.1. The therapist's role as protector of the boundaries in the face of violation

In this vignette, the sanctity of the therapeutic space is violated by an intrusion from outside the group, an intrusion that I as therapist should have defended the group against. As noted by Evans (1998), the boundary only exists when there is someone/something responsible for it. The question of why the door is closed is not a simple one. It could be to keep the group members in, as opposed to only keeping others out. What is evident is that I wasn't really clear about whether the door was to serve a controlling or protective function, or both.

The sequence examined here possesses a certain dream-like quality, in that it should never have occurred in the psychotherapeutic group. There is a re-enactment where the adolescents are playing and a parent barges in, uninvited. From the silence of the boys, this invasion led to an atmosphere of exposure and shame. In the instant of the invasion I felt as though I was not an adult, as I had not protected them or myself. My feeling upon the intrusion of the parent from downstairs was one of anger and sadness. These feelings arose from the guilt that I felt at not having executed my responsibility as the therapist to keep the room safe from invasion.

My initial silence in response to the violation suggests, too, that I as therapist, had become one of them. This identification was activated by my feelings of incompetence and shame, and was stimulated by my behaviour (which was exactly the same in nature as that of the group members); silence and fear. Therefore what is significant about this vignette is that this boundary action, both in the group, and the entire LPP system, had culminated in me as therapist first identifying with the boys and their feelings, rather than the system. As noted by several authors (Canham, 2000; Ghirardelli, 2001) whilst some common identification may prove useful, over-identification may carry the potential to become counter-therapeutic in the adolescent group setting. With reference to the group, whilst they had begun to trust me to a certain extent, by allowing a relationship to develop, my identification with them limited the extent to which they would consider me able to protect them. The combination of external violation of the group and my common identification with the group member's is significant in terms of their impact on the feelings of helplessness, shame and fear that the group members had brought to the group.

The sanctity of the group had been damaged, and the implication of this intrusion was that this group would never be safe again. One of the fundamental premises of the psychodynamic group is that it should provide a containing space to which painful experiences and feelings can be brought. The entrenched sense of badness which these adolescents had brought into the room, had up until that point unconsciously been protected by the door, but as this door was opened, and the disapproving adult was allowed to enter the room, the experience of many of these boys as bad and naughty was immediately recalled.

4.2.3.2. Boundary violation as a re-enactment of adolescent helplessness

An important theme in this vignette is that the means of connection that I developed with the group members was to connect with them on their level, in terms of the feelings that were common to myself as a trainee therapist and young man, and them as adolescent boys. This escalation in boundary violations is linked to this process of identification, since my being part of the group means that I either do not, or cannot defend them from violations. There is an overwhelming sense of the power of the

observing, critical and punitive 'system' which is external to the group itself. This system, whether it is represented by the intrusive adult, critical colleague or observing supervisor, is analogous to the operations of the inescapable superego, which is central to the abused adolescent's experience of self. Carr (1999) for instance, argues that guilt, shame and an inherent sense of wrongfulness will be entrenched in the adolescent who has experienced trauma in the form of abuse, neglect or environmental deprivation.

In a reaction to this, the group had already demanded that the recording of sessions should stop, and they had asked for persons sitting behind the mirror to be removed; they had tried to remove this 'super-ego', that brought feelings of shame and inadequacy, but it had returned again in the form of a parent barging in. Rauwald (2002) suggests that this type of intrusion may entrench the already existing sense in these troubled adolescents that there is no safety in the world. What transpired in this session was that once the 'space' was provided for the expression of distress, it was met by a punitive parent, or inconsistent therapist. In psychoanalytic terms, these ambivalent, punitive or controlling responses are commensurate with the function of an omnipotent superego.

As discussed in chapter two of this study, helplessness is often a predominant aspect of these adolescents' experiences, either in school, as they cannot cope, or in the home environment. Stein (1996) suggests that the adverse conditions implicit to environmental deprivation, such as those experienced by the adolescents in this group, result in the child failing to develop satisfactorily, either psychologically or emotionally. The adolescent is then left with a chaotic and unstructured sense of self which is then acted-out, and requires appropriate responses from the external world (Stein, 1996). Niebergall (2001) suggests that such children and adolescents should not be treated in the group context. For this group two issues thus deserve consideration. The first is that arguably several of these boys should not have been placed in the group. The second is that an external boundary violation must be dealt with by the therapist in a firm, consistent and authoritative manner.

4.2.3.3. Sexual 'acting-out' as punishment

The power of adolescent sexual energy cannot be excluded from this analysis. Earlier in this session the group members had been hanging the toy snake and soccer balls out of the window. Anxiety (stemming from sexual drives) which is the motive for sexual acting-out, is symbolically evident in these articles being hung out of the window, and literally evident in Ganief's erection in session three. When the balls and snake are hung out the window, it is first the facilitator of the parent group, and then the parent (in the vignette above) that enter the group and demand that the group settle down and stop disturbing the others. Thus, while anxiety stimulates the use of a defense. The defense is thus not understood as such, but rather punished. Thus, group member's own experiences of how sexual drives are utilised in relation to others, often as punishment, are re-enacted in the LPP and meet with responses that are potentially punitive in nature. Inherent in these transactions is the presence of a double bind: the psychotherapeutic group is constructed to allow the boys to show their experiences of hurt, and sexual trauma, but once these experiences are brought to the group, the boys stand the chance of getting hurt by the inconsistent and ambivalent management of this material.

An interesting possibility is that the masculine sexual energy which is being punished is (within the familial context from which these boys originate), both a form and medium of punishment by men of women, and by parents of their off-spring. The predominance of gendered sexual violence, rape and abuse are highly prevalent in the communities from which these boys originate is noteworthy.

4.3. Stage two: the 'Intermediate' phase

This section of the analysis describes group processes in the intermediate phase. These group processes will be understood in terms of several inter-related themes: boundary violations of and by the therapist; issues confounding the establishment of consistent and reliable boundaries; power and helplessness in the therapeutic relationship and the relationship between the supervision transaction and the group member's experiences of parenting. Physical violence and its impact on the therapeutic system are also discussed. Vignettes have been drawn from sessions

eleven and thirteen in order to illustrate the complex relationship between these factors and boundary activity in the 'Blue' group.

4.3.1. The therapist's re-negotiation of boundary issues and its impact on the group

Session 11 (05/06/02)[Notes taken directly following session]: [Having realised that there was someone behind the mirror] Ganief and Mohamed-Amien began to argue amongst themselves. There seems to be a battle for supremacy between them, but perhaps part of this is about Mohamed-Amien's feelings of anxiety that are aroused by the difficult and painful things that Ganief has shown in the group. There is some repetition in Ganief's shame which feels intolerable, and which is exacerbated by the other's inability to tolerate the painful things he is showing. I offered that it was often frightening for Ganief to show the sexual pain that he had been through, and that others found this hard to watch, and Ganief went and sat on the middle shelf of the row of shelves in the middle of the room and began to simulate masturbation. Nothing was said in this time, and maybe due to the anxiety that I sensed was in the room, I offered that Ganief was wanting to show that he did feel as though he had enough space in the group, and that he doesn't think his needs will be met by sharing this clinician with everyone else. He turned and looked at me, and then jumped up from out of the shelf and ran out of the room before I could say anything. Henry followed him...Two minutes later they burst into the room holding my cell-phone. I had a sudden sense of having been grossly violated, and was asking myself why I had set up the phantasy that I would not be invaded or affected by the trauma brought by the boys. This had manifested by me not only not locking my office, but also by leaving my cell-phone on the table in my office. I began to feel as though I had set up a situation where not only my own, but also the group's boundaries had become blurred. In the next few seconds I followed Ganief and Henry around the room, holding out my hand for the phone, but I realise now that I did not directly say to them that they had violated me! Why didn't I tell them that it was my phone?

4.3.1.1. Experience of violation and retaliation in the group

The opening line of these notes indicates that Ganief and Mohamed-Amien realised that there was someone behind the mirror. This is experienced by the group as a violation of their therapeutic space. By not clearly letting the group know that they were being observed, I too had violated their personal space. The retaliation against this violation is acted-out when several group members enter my office, and take something that belongs to me. I did not tell them that the phone belonged to me, because to do so would be to admit that they had 'got back at me'. In retrospect though, the boys surely knew that the phone belonged to me, as it was in my office.

When I do not confirm for the group that the phone belongs to me, I am allowing myself to be punished by them, as I felt that I was deserving of punishment for not letting them know about the observer. Unlike previous sessions, where I had invoked the authority of the system in order to protect myself as therapist and regain control of the group, the enactment was allowed to transpire. Although I had invoked the therapist's authority to remove the camera in an earlier session, in this session I had still allowed someone else to be behind the mirror, observing the action.

4.3.1.2. The therapist's difficulty in enforcing consistent boundaries

There is inconsistency too, in the ways in which I have dealt with boys leaving the room. On the first occasion I followed Ganief out of the room. Earlier in this chapter I noted the complexity of this incident. On a second occasion, Ganief was brought back to the room by a colleague. In this session, Ganief again presents sexual material, another member of the group follows him out and I allow this to happen. The two minutes that elapsed whilst the boys were out of the room were, experientially, long minutes for me.

With the benefit of hindsight and learning, it is clear that two of the major components required for the development of a trusting relationship with this age and kind of client is in fact to present consistency, calm and authenticity. Yet what is evident in the above vignette is I as therapist have been inconsistent, and feigned calm. I split off my feelings of anger and denied my terror – I felt as though my

stomach had been hit out of the middle of my body. My major preoccupation was to contain my own feelings of terror. I thus modelled to the group that the way to deal with fear is to hold it in – that it is not safe to express fear and anger, particularly in front of the observing, judging and possibly critical other. In so doing, I communicated to them that they were unmanageable.

4.3.1.3. A psychodynamic understanding of issues of control versus helplessness in the therapeutic relationship

It is interesting that the initiating phrase highlights the presence of the observer in the room and the realisation of this by the group. The notes suggest that this is the cause of the argument that follows between Mohamed-Amien and Ganief. If these notes are viewed as an expression of my counter-transference, self-evidently the opening phrase could also be a projection of my experience representing not so much the boy's sudden realisation, as much as my suddenly remembering the observer's presence – and thus the presence of the educational super-ego in the room, at which point it is possible that I begin to 'act' the therapist rather than to 'be' the therapist. The inauthenticity induced by this self-consciousness results in my not actually being able to respond to the actual stimuli of the group's actions, culminating in a 'frozen' response, where I did not respond at all.

On the other hand, I offer (during the session) a formulaic explanation of the conflict as being rooted in Ganief's pain and that the others in the group are experiencing the expression of this pain as uncomfortable. The response to my comment is for Ganief to assume a position in the middle of the room and enact the common non-verbal form of telling someone that they are a 'wanker'. I did not verbalize my understanding of his communication, leaving him to feel misunderstood. The response to my next interpretation (about Ganief not having enough space within the room, and not being able to share the me with the other boys) is for two of them to leave the room, violate my personal space and to return with my cell phone.

My struggle to establish and own an identity as therapist is reflected in my difficulty with interpreting and managing behaviour in the group. This internal struggle precluded spontaneous, consistent and authentic responses. Furthermore through a

process of projective identification, I began to feel like a learning-disabled adolescent boy, who cannot understand the demands of the systems in which he is supposed to function, nor could I verbally express this confusion.

4.3.1.4. The supervision relationship and the boys' experiences of parenting

Following this kind of session with the group, in supervision I would only present that material which I did not feel ashamed of, rather than the material with which I was having difficulty. I was therefore not showing the learning-disabled parts of me and the core judgement that I held within myself is 'that I (Ben) do not deserve to be cared for, because I am stupid', like the adolescents in the LPP. In frustration I then retaliated, by acting-out my rebellious anger and resentment against the supervisory capacity.

Just as my anxiety had led me to withdraw from seeking supervision, the boys had all experienced the absence of a consistent and reliable parental supervisor. I felt like a 'learning-disabled' therapist and would delay seeking 'help', just as the boys struggle to get the help they need from their parents, often due to their 'acting-out' and the internalisation of a victim-persecutor model of relationships (Carr, 1999).

The experience of inconsistent and unreliable parenting is enacted in the group through boundary activity. This is evident in how the boys are able to 'provoke' and test the boundaries of the adult (in this case the therapist and the therapeutic milieu), by acting-out different levels and types of abuse, all of which are 'boundary transgressions' which can then potentially be punished.

These repeated rebellions could also be understood as tests of my ability to play the parent role. Each occasion in which I was unable to contain and hold them to consistent, adult boundaries, were enactments of their experience of the parent-child position. In part, this was due to my reluctance to being seen as a parent, my insecurity about my parenting skills, my own internalised experiences of being an adolescent and my position as a trainee psychologist.

4.3.2. Physical violence: the therapist's role within the therapeutic system

Session 13 (24/07/02) [Notes taken directly after session]: Ganief and Clayton had begun to talk in very fast 'gamtal' [dialect used by gang members in the Cape Flats area]. Ganief began to talk faster and faster, and I was struggling to understand him. They looked at me directly while talking. There seemed to be two reasons for this. The first was to show me that maybe they felt a little misunderstood and not really heard, and then, in the form of a projection, Ganief wanted to show me how it was shameful that when you show other people hurtful things and you think that maybe they don't understand, or they are not able to bear the painful and shameful feelings that you show them. I said this to him, and this seemed to make not just Ganief but the other members of the group (Clayton and Henry) upset, and the old theme of what can I give them emerged. Do I have money? Do I have food? How come I don't give them anything? I then noticed that Ganief had been taking things from the room, and I said that even though it makes him nervous, the thought that maybe he won't get the things that he needs from me and the group, that the marbles and pencils that he has taken need to stay in the room as they belong to the whole group and they will stay here for the group to play with. He tried to fool me into thinking that he had left the things here in the room, but I then repeated that it was very important for those things to stay in the room. I wondered aloud that it must have been very hard for the group to miss out during the holidays. I am not sure exactly when, but Ganief and Henry began to unload all the toys and things from the kist and shelves and tumble them out onto the floor around the room. After a couple of minutes Henry and Clayton stopped and watched Ganief as he emptied more and more things onto the floor. Several of the objects were getting crushed and broken and I think that not only them but I was shocked!

4.3.2.1. Violence as a response to inauthenticity

Responding to this series of events I as therapist appear to maintain an observer position. In my first interpretation to Ganief I was responding as therapist-in-role. By trying to respond in what I think is the 'right' way – inauthentically - I became embroiled in a power-struggle with the boys.

Initially I cannot understand them while they speak in 'their' language. I then respond to the group in 'therapy' language, and they evidently cannot understand me. Their response is to ask what I give them, and to couch this question in physical and material terms. I respond by saying that the 'things' they get here cannot be taken away with them. They tell me that they have not stolen anything, to which I offer the interpretation that they must have missed all these things when they were on holiday. Their reaction to this is to dismantle and break the 'things' which I think they must have missed. Through this, some of the group members are graphically demonstrating the difference in values held by the 'client' and the 'therapist-in role'.

4.3.2.2. Organisational issues related to boundary action within the group

In describing the transference and counter-transference transactions that occurred in the group, many factors contributed towards me oscillating between identification with the boy's primary defenses on the one hand, and the therapeutic observer-superego on the other. Moreover, this 'observer' that I was attending to was largely impersonally presented – a camera, a one-way mirror, an occasional watcher, an interrupting parent from a different group. As referred to previously in this chapter, the potential for organisational splitting within the LPP was high and the boundary activity of the adolescents had ripple effects throughout the system. This certainly occurred at different stages throughout the year. As trainee therapist of the 'Blue' group I was in an untenable position in relation to these splits; at times enraged by feeling unsupported by the system and at others feeling solely responsible for the difficulties of the group.

Within the psychoanalytic approach to group therapy it is very difficult to construct an adequate method of observing and monitoring the course of the therapy group and the trainee therapist. Furthermore as trainee therapist I was required to present the group in case conferences, write an essay on the 'Blue' group and give ongoing feedback to parents and colleagues. All of these responsibilities had to be undertaken within the system towards which I held profoundly ambivalent feelings.

At times, the split between the apparently robust, organised and systematised identity of the CGC, and the disorganised, chaotic and impoverished nature of the home

environments from whence the group members came, felt overwhelming and incongruous. Similarly, there seemed at times to be a poor fit between the demands which the therapeutic group made on these troubled adolescent boys and their defensive coping strategies.

4.4. Stage three: the 'Termination' phase

This section of the analysis describes group processes in the termination phase. These group processes will be understood in terms of several intertwined themes: the therapist's attempts to actively enforce boundaries, the role and effects of inconsistent rules, and the effects of boundary action on the therapeutic function of the group, as well as the therapist's function in the group. Attention will also be given to member's responses to boundary activity, and the effect of this boundary activity on the troubled adolescent. Vignettes have been drawn from sessions seventeen, nineteen and twenty in order to illustrate these themes.

4.4.1. The therapist's active enforcement of boundaries

Session 17 (21/08/02) [Notes taken directly after session]: On the advice of Valerie Sinason [visiting Child Psychoanalyst from the UK], I intended to bring the group together and try and bring together some of the things that had been happening in the group, especially with regards to the impact these had had on the group's feelings of safety in the room. The group started off by talking about the fact that members had been missing in previous weeks [due to gang violence in Lavender Hill, Cape Flats]. While the group talked about this, and about the fact that rules had been broken, I was conscious that rules and why we have them was a very important issue to the group. I said this to the group. Mohamed-Amien then offered that we have rules to make it safe here, and immediately Ganief responded by saying 'fuck you Ben'. I felt very angry, but also aware that rules needed to have consequences, and that these needed to be followed through. As I had discussed in supervision I then decided to tell a story that would be built around the theme that we can all have different experiences, but that they can be similar in how they feel. When I began to tell the story, Ganief seemed to get quite frustrated and began to push me. I reflected to him that there had been a real feeling of having been abandoned, and that this feeling had

been very scary and this room hadn't felt safe. I carried on by saying to them that I thought that even though they really wanted to believe that this adult would look after them, it was possible that at times I hadn't looked after them. I then tried to tell the story again and Ganief started to kick my legs while he simulated fondling himself. The second time he kicked me I said to him that this way of expressing anger on behalf of the group was unacceptable, and violated the rules of the group. I carried on by saying to him that we need to follow those rules to stay in the room, and if we don't follow the rules we must leave the room. Ganief then left the room and sat on the chair outside the room. Stanley then said that he didn't feel safe here, and Henry said that he didn't feel safe when he did stupid things. I was struck that although the rules had been enforced, the overwhelming atmosphere in the room was of confusion.

4.4.1.1. Inauthenticity and the struggle for control

Reacting to my own sense of needing to keep the group together, I took on the direction of the perceived authority (Valerie Sinason) in this vignette. I reiterated the rules, and the reasons for these rules. In doing so, I was attempting to attend to Valerie Sinason's suggestion that I should try to get the group to discuss some of the activity that has occurred around the rules of the group. Yet again, in responding to Valerie's suggestion, I do not take my own authority or heed the conversation that is beginning to grow amongst the boys. Valerie Sinason did not tell me that I needed to take control, but my interpretation was that I needed to, in order to make the process that she recommended, happen. In my intervention, I *did not* act upon her recommendation (which was to reflect on the events that had happened in the group), rather I tried to establish control over the group, by making sure that rules were discussed.

Implicit in my intervention is the expectation that psychological language would be both understandable and manageable for these severely disturbed adolescents boys. Ganief immediately responded by swearing at me. Shortly after this I began a story which included a metaphorical analogy of the relationship between experiences and feelings. Again, Ganief began to register his frustration by lashing out at me. I did not respond to either of these transgressions, and the inconsistency in my responses

throughout the vignette are clear. Ganief breaks the rules of the group on four occasions, but only meets with a response on two of these occasions.

4.4.1.2. Attempts to redress inconsistency

The two boys only report that they do not feel safe following the inconsistent treatment of Ganief's behaviour. The important factor here is that the ambivalence I felt towards enforcing rules on the group resulted in the inconsistent management of Ganief's boundary activity. Consistency, one of the cornerstones of adolescent group psychotherapy (Rachman, 1989), is therefore compromised, and the group is presented with an unreliable context, a re-enactment of their own home environments.

In the sessional notes above I reported that the atmosphere in the group was of confusion. With hindsight perhaps this confusion masked the helplessness felt by the boys in this unreliable context. Where my ambivalence in previous sessions had often been masked through identification with the boys, in this session I had resolutely decided to impose the consequences of breaking the rules. By striving to implement a space for reflection on rules (in the group), I was responding to an anxiety both within and outside the group that rules which hitherto had been lacking, should be enforced. However, I felt myself to be in a Catch – 22 situation, reflective of my ambivalence towards the way in which this group had been set up, and the task I now faced in attempting to redress past failures.

4.4.2. The group's call to the therapist for limit-setting

Session 19 (11/09/02) [Notes taken directly after session]: Mohamed-Amien and Ganief had begun to insult each other in gamtaal and I couldn't really make out what they were saying, but I shifted into Afrikaans and said to them that although they felt that they wanted to work out who was boss and deserved the most attention, there were other ways for them to work this out, as one of the rules of the group were that they were not allowed to hurt each other or anyone else. They stopped jostling and Ganief went and lay down directly next to Clayton, and after a few minutes began to simulate sex with him. I commented that he was choosing the big Clayton as his protector, due to his size, but that part of his relationship with his protector would be

to seduce him. This made him livid and the other group members began to say "you are not allowed to hurt anyone in the group" over and over. I told him that it felt very sore, these things that have been done to him, and he walked over to the bin and ripped it up in an instant, and approached me, and I really felt as though he was going to stab me. I reflected that no matter how painful the feeling felt, the rule of the group was that he could not hurt me or anyone else or thing in the room. He stabbed the ball with the piece of plastic, and while he was saying this Mohamed-Amien and Clayton repeated over and over that "you will not hurt anything in the room". He tore up the ball and placed it on his head. I realised that he had gotten away from the consequences of breaking the rules and Stanley piped up "now there are no rules Ben, none". A minute after this, Ganief walked up to me and tried to kick me in the groin. I carried him out of the room and took him to the project co-ordinator's office, and for the last couple of moments of the session tried to calm myself.

4.4.2.1. Group member's responses to boundary activity

In this vignette, the vulnerability of the group members is visibly increased when it appears to them as though Ganief's violent and sexualized 'acting-out' will run rampant through the group and remain unchecked. There is a chant from the group to call the therapist into action, to enforce the rules. As the groups' requests for firm boundaries increase, and no boundaries are enforced, Ganief's 'acting-out' increases. Whilst he is possibly doing so on behalf of the group as the holder of 'broken-ness', no limits were set, and the groups' anxiety escalates. In retrospect I wonder whether my own ambivalence and anxiety had immobilised me, the therapist, to the extent where Ganief actively sought out resolution, when none was forthcoming from me. He does so by actually breaking the ball. When Ganief puts the ball on his head, he may indeed be showing that he feels broken.

4.4.2.2. A psychodynamic understanding of the importance of limit-setting for the troubled adolescent

Stanley's remark regarding the absolute absence of rules in the room is significant in that it symbolises how the absence of clear boundaries in the group is analogous to the chaotic and disorganised state of many of these boys' home circumstances. To return to the contribution of Stein (1996), many of these adolescents fail to develop appropriately, both psychologically and emotionally, and are left with an "unstructured, chaotic and destructive inner world (p 50)". The therapeutic intention is for the acting out that is stimulated by this psychological state to be contained, so that appropriate relationships can be formed. Central to this process will be the degree to which the frame of the therapeutic group acts as a container for these feelings and behaviours (Evans, 1998).

The utilisation of psychoanalytic group therapeutic techniques in a context where the boundaries and systemic relationships haven't been negotiated and agreed-upon within the group, appears to compromise the functioning of the therapeutic group. This is not to disregard the impact of the material brought to the group by the adolescents; rather this very material may be exacerbated and prove unmanageable if it is not met by a system that itself is adequately prepared for, and attendant to, its own inconsistencies. The eventual effects of this process are that the boundary activity of the group members is consequently met by boundary transgressions on the part of the therapist, rendering both parties vulnerable. Thus it is not only traditional analytic techniques that perhaps require review; rather, it is how these techniques are formulated and then put into practice with troubled adolescent boys that is of concern.

4.4.3. The pain of the group in response to limit-setting

Session 20 (18/09/02[Notes taken directly after session]: After Henry and Ganief had left the room after violating the rules, some members of the group began to say that they were not responsible for the rules, as they had not made the rules. I responded to Clayton that it sometimes made them very angry that rules were made and that things still happened and they had no control over these things that adults made happen around them. This enraged him, and he began to say that Henry and Ganief

should be allowed back into the room. There seemed to be a debate then amongst the group members of the need for safety versus the need to belong, and that it wasn't nice not to belong. Chris then moved towards the door, and I told him that if he chooses to leave the room then he would need to stay out. As he hesitated there was a big commotion outside the room as Ganief and Henry were trying to get back into the room. Henry was saying that he would kill me, and I saw that Ganief had taken the fire-hose from off the wall and turned it on, and begun to spray the wall and the corridor. I was very shocked and my immediate feeling was one of how would I manage the aftermath of this?

4.4.3.1. Maintaining boundaries: The therapist as controlling parent

In this vignette I suggest to Clayton that it enraged him that there were rules that were made by adults and they had no control over these rules. He got very angry, and wanted the other group members to be let back into the room. For these adolescents rules are often experienced as made to suit the needs of their parents, in order to control the adolescent and protect parental authority. What adults in their world primarily do is resort to the punitive super-ego position when it serves their purpose. Yet this remains the sole preserve of adults, as these boys do not have access to it, and are not able to make use of it.

Similarly, in this interaction, I used the rules to control the boys and protect myself from my feelings of anxiety and incompetence. On other occasions I vacillated between bargaining with members who broke the rules of the group, and expelling them. To an extent, the rules and boundaries of the group are reduced to a mechanism of last-resort for the therapist, to be utilised as a mode of control and protection.

The difficulty here is that whilst the traditional group analytic stance requires of the therapist to be empathic, supportive and non-judgemental (Stone & Rutan, 2001), in the inner psychological world of the severely troubled adolescent, the interpretative function may be experienced as attacking or controlling. In retaliation, the adolescent may seek to attack the psychotherapist, as is evident in Henry's threat to kill me. In turn, I respond by immediately invoking the rules of the group to manage

the impending threat of retribution on the part of the boys. In this session the members are either furious or scared. They seek resolution, by acting out something that requires conclusion, and when Clayton demands that the others are let into the room, he is also exclaiming (unconsciously) that there are no rules left in the room. Possibly he is also trying to show me that what is required is resolution to these feelings of fear and anger (which are acted out by Ganief and Henry). Whenever there has been a threat to part of it being lost, the rest of the group has tried to pull this part back into the group.

The value of this insight is a poignant one; that resolution (or some form thereof) does not naturally follow when rules are enforced. Rather, in this specific session, the boundaries (which thus far have proved unreliable and inconsistent) are being utilised in an attempt to contain something that the group members cannot. Clayton is making me aware that these very rules are going to force consequences outside the room, which there were. Through the splitting-off and rejection of part of the group (Ganief and Henry) the dynamic balance of the group has been disrupted. In accordance with psychoanalytic theory, the optimisation of the therapeutic function of the group would require the integration of all parts of the group.

4.5. Some concluding thoughts

These vignettes illustrate how boundary activity is precipitated by therapeutic interpretations. The interpretations appear to have been experienced by the boys as moments of possible abandonment and rejection, a traumatic repetition of their earlier experiences. This crisis activates primitive defensive actions by the troubled adolescent, which challenge the therapist's role in relation to, and management of the group. The trauma of Ganief's history of sexual abuse was also evoked in these moments. When this was expressed, it met with limited containment. The threat of fragmentation of these fragile ego's resulted in boundary activity.

This analysis does raise the question of whether therapeutic work should be done in a group setting with environmentally-deprived and traumatized adolescents who have experienced some form of abuse. If group work is to be attempted, then the boundaries need to be negotiated within the group and consistently enforced. On a

psychodynamic level, the systemic superego needs to be both defined and consistent for the therapist and the group. In this regard the roles and needs of all staff must be clearly ascertained prior to the beginning of the group, and consistent, hands-on supervision as well as a co-therapist should be put in place. This may allow for the early identification and management of the therapist's counter-transference, which could prove to be a significant source of support for the therapist. These factors will be discussed in more detail in the following chapter.

On a personal note, an important factor in my own learning in this group has been that healing can be seen to occur in the authenticity of presence. When I have felt able to be real in relationship to another, the space for healing of self has been created. For most of the group's members, the major challenge throughout the year was learning how to relate. The responsibility of the therapist in this process is to respond rather than react. When I was confronted with a challenge for authenticity, I often froze, with my choice being at this cross-roads: either to collude with the primitive defenses brought by the boys, or serve the observing superego, or freeze at this cross-roads itself. This left the boys with the ambivalence and terror which invariably seeks to force a resolution. However, this process is in the form of a reaction, as opposed to a response. Due to the profoundly painful conditions underlying the psychological difficulties of these adolescents, their reactions were often sexual or violent, or both. In a sense, Ganief's attacks on me could be seen to have occurred when he felt most attacked by me. Thus his boundary activity, based on defenses, was used as defence against aggression, dependency needs and feelings of affection. As the year progressed I felt all of these feelings towards him, but at the same time I felt as though my management of him was punitive.

4.6. Summary

Several aspects and implications of this boundary activity were prominent:

- Violations of rules on the part of group members invariably constituted sexual or aggressive 'acting-out'.

- Group member's boundary activity often stimulated or resulted in ambivalence on the part of the therapist.
- Interpretation on the part of the therapist was a precursor to most, if not all boundary violations by group members.
- Providing a therapeutic setting for adolescent boys to work through painful feelings and experiences must include an appropriate means for the management of 'acting-out' behaviour that is damaging to both members of the group and possibly, the therapist.
- Institutionally, the mechanisms through which an adolescent psychoanalytic psychotherapy group can be supported and contained, need to be clear and occur in a context where there is sufficient space for reflection and communication.

In the final chapter the group approach within the LPP will be briefly re-evaluated, and some factors pertaining to boundaries in psychotherapeutic group work with adolescents will be considered. Lastly, recommendations for the LPP will be made, and its current status presented. The first vignette presented in this chapter will also be briefly re-appraised in terms of an alternative approach to using analytic group methods in the adolescent group with troubled individuals.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

Some striking differences between my experience of running a psychoanalytic group with these adolescent boys and the structure and techniques suggested by the traditional psychoanalytic literature in Chapter Two are apparent. However, some similarities can be seen in the manner in which boundary activity arose and escalated in this group, and the literature reviewed in Chapter Two which suggests that the traditional psychoanalytic group setting is not suitable for severely troubled adolescents.

In attempting to substantiate an alternative method of utilising psychoanalytic techniques I am not assuming, on the basis of my limited experience in this modality, generalizability (in the sense of either reliability or external validity). In recognising that the situations which are analysed in a qualitative case study are not replicable, Hollway and Jefferson (2000, p. 79-80) conclude that

Meanings are not just unique to a person (although more or less shared as well); they are also unique to a relational encounter (though, again paradoxically, partly consistent over time as well).

In this final chapter I hope to suggest some alternative methods of working psychoanalytically with severely troubled adolescent boys in groups such as those in the LPP.

5.2. The group approach and the Learning Problems Project: a re-evaluation

It is apparent from Chapter two of this study that the traditional psychoanalytic group method has recently been the focus of much debate in psychotherapy circles. The focus of this approach, (a permissive, unstructured frame in which group members are confronted with aspects of themselves through the use of interpretations, in order to facilitate the working through of that material) has been found wanting in work with adolescents and children. Furthermore, it is often automatically assumed that the

system within which the group will be run is clearly defined and able to manage the challenges that the group may present. Accordingly, this is accompanied by the implication that this will provide clear limits and boundaries for the group, and nullify the impact of organisational, interpersonal and structural dynamics on that very group.

5.2.1. Group techniques and the adolescent group

My experience of boundary establishment and maintenance with the 'Blue' group certainly did not follow these processes of the 'traditional' group approach as they are suggested in the literature. Furthermore, the escalation in boundary activity in the group echo the warnings pertaining to this approach that exist in the more recent literature.

A further issue is one which has recently gained credence in research pertaining to psychoanalytic techniques with an adolescent group. Whether the techniques and verbal interactions that are premised on interpretation are helpful for adolescents from the present context who have not only a traumatic past but also possess marked affective, empathic and verbal difficulties, is an exceedingly important consideration. Again, whilst it is difficult to generalise from the findings of this group, perhaps more suitable ways of using psychoanalytic methods should be found. When the question of how to construct a psychotherapy group is discussed, it is often from an economic and logistical perspective. In the present context with all the shortages present in psychological services, the group modality does allow for the treatment of the maximum number of individuals using a minimum of staff. Whilst economic and logistical issues are of paramount importance and need to be clearly resolved, it is the form and manner of the psychotherapeutic relationship that needs to be ascertained prior to the group's beginning.

As reflected in the work of Evans (1998) theories regarding the appropriate form of therapeutic intervention with the adolescent come with assumptions regarding the contexts and levels of trauma that the individual has experienced. For example, it is clear that Ganief has very brittle and entrenched defence mechanisms. They are indicative of his fragmented sense of self. Some authors have suggested that an interpretation will serve to remind the abused adolescent of his/her deficit, which will

in turn, invoke the use of a defensive mechanism such as an attack. When Ganief felt most criticised (and vulnerable), he would lash out, either at other members of the group or at me. These processes could perhaps have been the focus of the work, if I had felt more comfortable about setting clear limits to the group.

The sexually abused adolescent's learning about life, relationships and transaction is extreme. He or she learns a lot about power and control, by being a victim, and invariably the outcome is traumatic and wounding. Through trauma the adolescent develops misconceptions about what is normal sexual behaviour, and other behaviours inappropriate to the child's developmental level are rewarded (Carr, 1999; Wolfe & Birt, 1995). Fundamentally then, the use of an interactional style premised on language and meaning-creation through interpretative processes places considerable stress on the defences utilised by the troubled adolescent. Recent literature pertaining to the psychoanalytic technique with adolescents (particularly Evans, 1998) suggests that the use of interpretation with the troubled adolescent may be damaging, as the individual struggles to internalise interpretations, and indeed may experience these as attacking and anxiety-provoking. This was certainly borne out in the Blue group, with interpretative statements proving a precursor to boundary activity and rule violation. Three significant areas of difficulty are thus evident: the selection of appropriate members for a psychoanalytic group, the manner in which the rules of that group are constructed (if there is to be a group), and the language, or practical ways, in which the group is to be facilitated. The organisational structures underpinning the group require clear evaluation and consideration for the contribution they may have on the group's functioning.

5.2.2. The Child Guidance Clinic System

In considering how these factors related to the psychotherapy group I ran, several issues became apparent. Firstly, it would certainly have been helpful to have gained a clearer understanding of the LPP structures within the CGC, and by extension the relative positions of all staff and students to each other within these systems. Whilst roles and positions of staff and involved parties were initially roughly defined, these roles and relationships were to become increasingly unclear throughout the year, partly due to the impact of the 'Blue' group and events that transpired throughout the year.

It is important to note, however, that at the beginning of 2002, in an attempt to manage the project better, a co-ordinator was appointed. Elkon's (2001) study does suggest that this appointment certainly did make some progress in terms of addressing some of the complexities and challenges examined here.

However, the complexity of the dynamics involved in establishing a programme to work with severely troubled and environmentally-deprived children suggests that the relationships referred to here were either not clear enough at the outset, or the issues raised by the adolescents were too taxing to consistently maintain these relationships in the face of the difficulties posed by the boy's behaviours in the group. Most importantly, it is possible that the structural changes that have been made will evolve over time, adapting to challenges that are encountered in the psychotherapeutic groups.

5.2.3. Logistics and role-players

Logistically, too, there have proved to be complications in adequately incorporating all involved parties. The differences in experiences and orientation posed by thirteen trainee remedial teachers from the Mowbray Teachers Training College, two trainee clinical psychologists, an external supervisor and a project co-ordinator have not proved easy to integrate.

The potential for 'splitting' within the project as a result of the transference and countertransference feelings aroused in the staff, students and adolescents must also be recognised. In evaluating the LPP of 2001, Elkon (2001, p 23) notes how a split was evident between the remedial and emotional interventions, with the lack of feedback and communication between the two groups proving to be a significant "stumbling block". He concludes that there was a lack of communication on each level operating within the project, and that the result of this was to leave many facilitators (either trainee psychologists or remedial teachers) either feeling excluded from full participation in the project, or frustrated by the power dynamics that they felt were evident. Interestingly, several of the facilitators in 2001 reported feeling overwhelmed by the children's difficulties, and felt that these difficulties seemed to be transferred onto them, in that they became "learning disabled" (Elkon, 2001, p 27).

Other problems that were found included the impact of administrative and logistical difficulties on both the project and facilitator's functioning. In this regard, a "Helpers Meeting" was set up in 2002, where all involved parties would meet on a weekly basis and discuss issues arising within the project.

Therefore, whilst it is clear that several steps have already been taken to improve the abilities and capacity of the LPP structure and staff to manage the adolescent's difficulties, perhaps further development will prove to be of benefit.

5.3. Clinical Psychology, ethics and boundaries

For me to be able to instil more clear and consistent boundaries, I would have had to be able to facilitate the group in an authentic manner, with less ambivalence regarding the function and impact of imposed boundaries on the group. Essentially, this raises the question of what is the appropriate and utilitarian way to construct the psychoanalytic group's norms and rules. In discussing the purpose and nature of ethical codes, Steere (1984, p xi) proposes that the major purpose of sets of laws and rules in Clinical Psychology is to "ensure the smooth and harmonious functioning of society". The same author explains that

Ideally, they provide an external, objective set of criteria whereby individual actions which threaten the desired social harmony may be judged, punished and prevented, thereby providing protection and a sense of security to individuals who may within a safe environment contribute positively (Steere, 1984, p. xi).

Available literature as to the purpose of boundaries in the psychotherapeutic group is strikingly similar to Steere's observations. The boundaries are constructed so as to create a safe space in which a group's members can explore personal difficulties in order to optimise personal functioning. Therefore, as noted by Behr (1988), in commenting on the rationale for the psychoanalytic group boundaries, these boundaries exist for a wider purpose than the concerns of an individual group member. The difficulty that arises, is that the healing process, which ultimately might serve the same wider purpose (healthy individuals in society), requires a cathexis to

an emotional state which might require a momentary dissolution of the common moral boundaries. As a fundamental concept in psychoanalytic theory, the idea that trauma and emotional pain finds expression through re-enactment, is a common one. If the rationale for the traditional psychoanalytic adolescent group is returned to, it is suggested that this re-enactment should be facilitated and then utilised in the group. Herein lies an important paradox: Whilst the psychoanalytic model holds that cathexis is central to healing, the very fact of imposed boundaries constrains this cathexis, on the basis of the danger it may pose to other group members. If the rules or boundaries of the group are understood as constituting part of the ethos of that group, then interesting parallels are evident from the work of Steere (1984). She argues that the principles governing psychotherapeutic practice may cause conflict between the professional (or therapist) and the broader society, when the clients' best interests are in conflict with society as embodied in the law.

Much of the debate and difficulty that occurred around the 'Blue' group consisted of various views and theoretical opinions on how to manage the boundary violations that occurred. To an extent, whilst the boundaries were chosen to protect both the group and the organisation, they were often activated in response to my anxiety about how the system (including supervisor, staff and fellow students) would react to the boys' behaviours. This is borne out in the amount of time that was spent amongst all staff and students at the CGC discussing what had happened in the group on any given Wednesday, and possible measures that should be taken. However, it is clear that there were also not enough rules, as the rules that did exist were not sufficient to provide containment.

From a psychoanalytic perspective, it could therefore be argued that the superego of the psychotherapeutic system itself had ethical boundaries and systemic mores that were often in conflict with, or served to inhibit, the striven-for cathexis in the adolescent psychotherapy group. Systemically this can be seen in the parallel processes of escalating boundary violations in the group; theoretical debates regarding how to manage this activity and its impact on the Clinic; and my own ambivalence about imposing and enforcing the rules in response to the boys' rule-breaking.

I am however, aware of my own progression in thinking as regards the use of rules and boundaries in the group. At the beginning of the group's process I was certainly not convinced about the usefulness of boundaries. Yet as the year progressed, an important part of my learning was to begin to re-conceptualise my own authority. Instead of experiencing it as exclusively punitive, I began to realise the containing potential of rules. From the boys' development in the group, it also became apparent that rules could prove helpful, in allowing the boys to feel safe.

In the following section of this chapter I will recommend some practical and theoretical steps that could have been taken in order to improve upon both the amount of boundary activity that occurred in the group and how this was managed by myself and the organisation. As noted earlier, many different explanations may be made for the boundary action that occurred in the group. The recommendations provided here will be presented in the light of the analysis in the previous chapter and the difficulties identified here.

5.4. Organisational recommendations

5.4.1. Selection

Given the extremity of Ganief's behaviour due to the nature of the abuse he has experienced it may be prudent to briefly suggest some inclusion and exclusion criteria for placement into the psychotherapy groups of the LPP. This process of selection should take place prior to the start of the academic year. It may prove helpful if the assessment for inclusion was more comprehensive, utilising a clinical interview with both parents and the adolescent; a full psychometric and scholastic assessment; and an emotional assessment conducted by an experienced clinician. While the costs incurred may prove inhibitive, these steps could optimise the effects of the therapeutic groups. The purpose of these measures would be to identify the presence of trauma-related disturbances in the child, in order to ascertain whether individual treatment would not be the treatment modality of choice. Furthermore, such a process would give some indication of the potential of the child to function in the group setting.

5.4.2. Introduction of role-players to the group

It is necessary to ensure that all staff and students from the CGC and the Mowbray Teacher's Training College who will be involved in the project take part in a consultation process wherein the functions and roles of each individual are clearly discussed and agreed upon. Furthermore, the trainee psychologists who will be facilitating the psychotherapeutic groups should be required to complete a four-tiered process of preparation prior to the beginning of the group.

The first step of this process would be a research one, where the trainee be required to research for her/himself the most relevant aspects of theory pertaining to the facilitation of adolescent groups. Upon completion, a short summary (which is not part of that trainee's academic evaluation) of this investigation should be submitted to the supervising psychologist. Secondly, the intern would have to compile a summary of the presenting complaints and background histories of those children that will be in the group. The third stage of this process would essentially entail consultation, where the trainee and supervisor would carefully consider (on the basis of that trainee's investigation) which therapeutic model would be most suited to the children who will be in the group, and which model the trainee feels most comfortable and able to use.

The last stage of this process would be for the trainee to present these decisions (and the reasons for them) to her/his colleagues at the CGC in a format similar to a case presentation. This would allow then for the intern to benefit from greater scrutiny of the working model that she/he has chosen, as well as provide all the parties surrounding the project with a clear sense of the way in which that trainee will be working with her/his group. Hopefully, it is through this process that clearer and more decisive communication will be fostered between all parties in the LPP.

5.5. Theoretical recommendations

Evans (1998) summarises much of the existing literature on adolescent psychoanalytic group psychotherapy. In particular, Evans argues that troubled adolescents, and those with some form of disability (such as an intellectual disability) utilising particularly disruptive defences may experience an interpretation-based therapeutic model as both

attacking and rejecting. Considering that the children in the psychotherapeutic groups are invariably all emotionally troubled or possess learning difficulties, it is imperative to consider whether the use of analytic methods in the traditional manner is the most effective form of therapy.

Dwivedi (1993b) argues that the most significant issue to consider in the adolescent group is the problem of effective control and boundary management. In the light of the events presented in this case study, it is proposed that these issues are of direct relevance to the therapeutic style suitable for group work undertaken with the adolescents of the LPP. As suggested by the literature, it was difficult for this therapist to retain the permissive, unstructured, non-directive and objective style of the traditional psychoanalytic mode in any consistent manner, and it is clear that this was not the most suitable therapeutic modality for the group members.

Whilst holding an empathic stance is often presented as a key function of the therapist, my experience with the boys in this group ran counter to this stance. At crucial stages of the therapeutic process I was unable to feel empathic or even present myself in an empathic manner. I found the anger and insecurity that this induced in me, both paralysing and frustrating. In this way my authenticity in the room must have been influenced. As a trainee therapist, my other experiences of therapy (both family and individual work) had not been subjected to a constant flow of activity directed at the therapeutic boundaries. Consequently, in this group the adoption of an empathic stance towards the members was confusing for me, as whilst it was empathy that activated my compassion for the boys, I would feel as though the boys were reacting to my empathy toward them by acting out.

Evan's (1998) active analytic model provides an exciting alternative to working with troubled adolescents. The development of a sense of self that is acceptable to both the adolescent and her/his family, some comfort with sexual feelings and drives, and the optimal use of aggressive impulses are the core underlying principles of this model. Evans suggests that the aims of the therapist are purely to create a setting where these processes can occur (1998). Unlike the traditional psychoanalytic approach, the boys' problems are then clearly laid out as the focus of the group and activities attending to these problems are constructed. In order to attend to distraction, any work-avoiding

behaviour in the group is curtailed and re-focussed on the activity at hand. In this regard the analytic therapist has been likened to a traffic policeman (Evans, 1998), whose task is to consciously (without utilising interpretation) re-direct the group's behaviour.

One of the more compelling aspects of this approach is that whilst the therapist is responsible for focussing the concerns of the group and providing clear, set limits of acceptable behaviour, these limits are consciously discussed in the group and decided upon in relation to the specific task of the group for each session. The role of the therapist is then to maintain the focus of the group members whilst limiting their anxiety. From practical experience, Evans proposes that this can be done by remaining orientated to the specific problem that is being dealt with in each session. The impact of doing so serves to limit the rule violation and group disintegration that stems from anxiety that is not appropriately focused and consciously discussed in the 'language' of the group members (Evans, 1998).

To summarise then, both the therapist and the group members are consciously responsible for the structure and therapeutic components of the group. Each boy's difficulties are tackled in the group's activities, and a focus on any one group member is avoided, as this may hinder the other members and reduce the members commitment to, and trust of, the group. If the activity of each session is clearly identified on the basis of the problems that are brought up by members, then the therapist, unencumbered by ambivalence, may be able to both maintain the group's boundaries in concert with, as opposed to in opposition to, the group's members.

In the following section of this chapter, I will propose how I could have managed the initial stages of session one, if I was to make use of an active-analytic approach.

5.6. Session one: A re-appraisal of therapeutic technique

To return to session one of the group's process: the session begins with all the boys rushing into the room and sitting on the pillows that are formed in a circle in the centre of the room. Each member of the group then introduced himself, and when it was Mohamed-Amien's turn, Ganief began to snigger quite loudly at him. I kept

silent and did not respond. Ganief then introduced himself as 'Ben' and the rest of the group began to laugh. At this point I responded by offering an interpretation to Ganief that he was feeling nervous at the beginning of the group and thus wanted to feel in control, like me. His reaction to this was to get irritated with me and tell me that I was not making sense.

An alternative method of managing what occurred is worth considering. As Ganief began to snigger whilst another member of the group was introducing himself, I could have stopped the group, and focused them on what was occurring. A possible way of doing this would have been to say "Thank-you Ganief for giving us an example of why we are going to need rules in this group. Perhaps what we should do is make these rules right away, so that no-one else gets laughed at". I would then tell the group that we would play a game that would help all of us decide what rules we were going to have. An example of the kind of game that could be used would be to say to the group "Why don't we pretend that this room is like an island, and we are the eight villagers here, and we are all going to have to live with each other on this island. Now bearing in mind that we are not going to be able to leave the island, let us map down on this piece of paper our rules to help us work together". As is evident from the example above, the therapist does take on a directive role, ensuring that the focus of the group becomes the creation of the rules for the room. By utilising an activity that is managed by the therapist, the boy's feelings of anxiety and fear at being in a new setting for the first time can then be channelled into an activity that is aimed at establishing the limits of the group. As noted by Evans (1998, p 62), the therapist takes on the role of 'traffic policeman', ensuring that the group is concerned with making the rules for staying in the group (and thereby retaining membership of the group) clear.

The role of the therapist is twofold: to be clear in naming behaviour that is unsuitable, and to utilise methods such as fantasy and play that are more accessible to the boys. For example, I could have responded to Ganief's sniggering at Mohamed-Amien by saying "You know, I would really feel uncomfortable if I thought that someone was laughing at my name". Then I could have proceeded to introducing the game as I did above. By using an island game, where the rules must be clearly written down, no

member of the group is focussed on, or expected to provide directly personal information immediately. This could prove less anxiety-provoking for the boys.

What does suggest that this type of orientation may prove helpful, is that in my experience with the blue group, when the boys did engage in some group activity (usually spontaneously), they were far more able to express feelings. In session eight for example, they played a soccer game, where each boy took chances to score penalties. While they were playing, I spontaneously suggested to the group that they should convert their goals by describing how they had been feeling that day, prior to coming to the group. Without stopping the game, each one of the boys took part in this, expressing how they had been feeling that day. What is significant is that no laughter or teasing was elicited by any of the boy's statements, and that on several occasions following this session, the boys asked to play the 'penalties' game.

The interventions discussed above are proposed as examples of ways of facilitating the group's behaviour. Several alternatives are possible. With hindsight I believe that perhaps this way of managing the group's behaviour may have allowed for more focus on the 'reasons' for being placed in the group, in an active, involving way, and less acting-out behaviours of a destructive and uncontrollable nature. In the following section of this chapter some recent modifications to the 2003 LPP will be presented. These changes are of significance in the light of the events of the 'Blue' group of 2002.

5.7. The Learning Problems Project: Current status

The LPP has undergone several changes since the group described in this study. This year the trainees and teaching students met for two afternoon "orientation" sessions where they were introduced to the group and given theses (written on the project up until 2003 by psychology students), and formulations (authored by Rika van den Berg) to discuss. For both the 'Blue' and 'Red' psychotherapy groups, two therapists are being utilised, one female and one male, in each group. This has allowed for a more comprehensive management of countertransference phenomena arising in the group (personal communication with Anastasia Maw, August, 2003). Furthermore, sexuality as a prominent theme of the identity development has been consciously

included in each group as a theme. This could be more appropriately managed by having one male and one female facilitator in each group. Another significant change that has been brought about in the groups being run presently is a greater focus on both limit-setting and boundary action in the groups. The continued development of the 'helper' meeting system too, where all parties involved in the project meet to discuss the progress and process of the group is another beneficial development. Lastly, plans are currently being made to appoint an assessor whose role it will be to comprehensively assess prospective members of the project.

Yet the therapeutic groups in the LPP continue to present challenges for those currently involved in the project. It is hoped that these developments are further refined as the project progresses, in order to broaden the scope of current models in the present context for working in a group with troubled children.

With a clearer structure and system surrounding the psychotherapy groups, as well as continued developments in providing a large forum for reflection on the project process, it is probable that the project will continually provide a much needed treatment for its clients.

5.8. Summary of this thesis and concluding remarks

I began this thesis with an overview of adolescent developmental processes in the Cape Flats area of the Western Cape of South Africa, linking their development to broader social and environmental factors which have directly impacted on and informed the nature of male adolescent identity in this region of the Cape Town metropole. The search for a suitable way to attend to the emotional, psychological and learning difficulties experienced by many adolescent boys in this context has led to, amongst other strategies, the use of psychoanalytic group psychotherapy as a practicable part of the LPP at the CGC. In reviewing the literature on adolescent psychoanalytic group psychotherapy, however, I suggested that traditional psychoanalytic methods of group psychotherapy do not appear to be the most suitable form of group treatment for troubled adolescent boys. In the method section of this thesis the qualitative single-case methodology was presented and substantiated as the most suitable form of investigation for this research.

Through a qualitative analysis of my experience of running a psychotherapeutic group utilising these traditional analytic methods, I have attempted to analyse the sources of increased rule violation and other counter-therapeutic activity in the group's process. In my conclusion I have highlighted some of the structural and theoretical implications that may prove useful if analytic methods are to be used in the group setting with adolescents. Recent changes to the LPP are also documented.

Lastly, this dissertation would not be complete without an acknowledgement of the difficulties experienced in settings all over the world when attempting to work with boys who appear to be conduct-disordered. At least half of the boys in the 'Blue' group would most likely be diagnosed as being conduct-disordered. As a result of the poor prognosis associated with this disorder, (Carr, 1999) most institutions do not readily take in these individuals. Therefore, it should not be assumed on the basis of this study that the difficulties experienced here are purely attributable to any failings of the psychoanalytic model. Neither should the difficulties described in chapter four of this study be understood as the 'fault' of this clinician. Rather, perhaps it is worth recognising that the difficulties encountered when working with these boys are not peculiar to the CGC, in fact they may be rather common in the current context in work done with troubled adolescent boys. The move to create a treatment 'space' in the CGC is indicative of the hope that a suitable intervention can be offered. It is the aim of this dissertation to assist in the LPP's development and contribute to its preparedness in constructing a suitable pathway of care.

In conclusion, psychological services directed specifically at the needs of adolescents from traumatised communities with learning difficulties are sorely lacking in the Western Cape. Given the vast amount of American and European literature attesting to the use of traditional psychoanalytic group methods with adolescents, the present study undertook to explore an intervention utilising this modality with a group of troubled adolescent boys from the Cape Flats.

The use of this therapeutic stance, as well as the concomitant systemic debates inherent to its use appear to suggest that a re-evaluation of the suitability of traditional analytic techniques in this context, is necessary. What does appear likely is that other

avenues of working analytically, such as Evans'(1998) model of active analytic group therapy may hold potential benefits for the trainee Clinical Psychologist embarking upon an analytically-informed group intervention.

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