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**“This ain’t a Circle”:
The Use of Drama and Movement Therapy in Providing
Containment to Adolescents with Learning Difficulties
within a Group Therapeutic Intervention.**

A case study exploration.

by

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ABSTRACT

This dissertation attempts to illustrate by way of clinical material a method of working therapeutically using drama and movement therapy with a group of adolescents with learning difficulties. The study is located within a theoretical context of an understanding of the emotional aspects of learning. While many interventions with learning difficulties stress the cognitive dimension of these problems, this study explores their emotional basis and consequences. Bion's theory of thinking and the Container-Contained model of early object relations is used to formulate the idea that the adolescents participating in the study had not yet internalised an object capable of knowing, making it difficult for them to think about themselves and to express verbally their needs and feelings. An important aspect of the therapeutic function, that of providing a container within which to hold feelings and make thoughts thinkable, is thus explicated. It is further noted that the way in which adolescents communicate their feelings in therapy is frequently beyond words, and ascertained by way of symbolic expression, non-verbal responses and projective-identification processes. This assumption is actively engaged by establishing drama and movement therapy as the primary therapeutic mode in the work. The potential of the creative arts therapies in assisting these young people in negotiating their difficulties is explored. Through an analysis of case material, the dissertation explores how difficult feelings associated with learning problems can be enacted, named and recovered for reflection and expression. Both the notion of the therapist as a container for the adolescents' feelings, as well as the potential usefulness of drama and movement as 'concrete' containers for the exploration of internal and external experience, are examined.

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CHAPTER 1: INTRODUCTION

The term ‘learning difficulties,’ in the particular context of young, school-aged learners, has historically been used to denote the problems of “children who can see and hear and who have no marked general intelligence deficits, but who show deviations in behaviour and in psychological development to such an extent that they are unable to adjust in the home or to learn by ordinary methods in the schools” (Kirk & McCarthy, 1975, p.3 in Gerber, 1989, p.470). Such difficulties may arise from intrinsic factors, such as endogenous disability, as well as extrinsic (social and structural) factors, and there seems to exist a substantial reciprocal interaction between these two (Du Toit, 1996). The distinction is difficult to operationalise, however, since while inherent deficits may exist in a minor section of the school population, they are likely to be exacerbated by extrinsically-created circumstances of socio-economic disadvantage (Van den Berg & Naiker, 1996).

In South Africa, the task of characterising learning difficulties is particularly challenging as a result of the socio-economic realities which produce environmental deprivation. The circumstances under which the majority of South African children live are not conducive to the promotion of positive developmental characteristics, specifically cognitive, intellectual and emotional growth. A sizeable proportion of South African children experience chronic poverty (Dawes & Donald, 2000), malnourishment (Duncan, 1997; Richter, Griesel & Rose, 2000), psychological trauma (Magwaza, Killian, Petersen & Pillay, 1993; Duncan & Rock, 1997; Angless & Shefer, 1997) and inadequate access to health care facilities (Du Toit, 1996), conditions which are known to compromise a range of developmental outcomes (McLoyd & Wilson, 1990 in Dawes & Donald, 2000).

As a consequence of the predominance of such high-risk factors commonly found in developing countries, the incidence of learning difficulties among South African children is high, with the prevalence increasing within under-resourced schools (Bouwer & Du Toit, 2000). Historically, the group most severely affected in this regard is that of black school-age children who, as a result of the legacy of apartheid policies, are more vulnerable to handicapping conditions. Kriegler (1989 in Kriegler & Farman, 1996) estimated that nearly three quarters of a million

black children experienced learning problems and educational prospects retarded by socio-political deprivation.

Kriegler and Farman (1996) suggest that, in addition to the consequences for scholastic performance of socio-economic deprivation, the majority of black learners who underachieve academically in South African schools, do so as a result of the legacy of vastly inferior educational provision within such communities. Thus, an inequitable education system based on racial classification, discrimination and resultant resource allocation has prevailed, resulting in inferior educational opportunities in general for black learners, as well as inadequate specialised services for those with learning difficulties (Lazarus & Donald, 1997).

Although, historically, provision for learning problems in the form of 'special classes' may have existed, these structures have fallen away to avoid stigmatisation, resulting in the integration of general and special education and therein, the mainstreaming of those with learning difficulties. However, there has been little commitment to providing specialised services for those children unable to learn in mainstream classes (Gwalla-Ogisi, 1990 in Kriegler & Farman, 1996), leading to the suggestion that the mainstream school curriculum be reshaped entirely so as to accommodate learners with special needs (Van den Berg & Naiker, 1996). As of 1992, only 15 percent of the school population had access to special education intervention (Donald, 1992 in Csapo 1996). Furthermore, the disproportionate distribution of support services across the education departments (Du Toit, 1996) has resulted in a dearth of professionals trained in special education and support particularly within black education. While sophisticated assessment and remedial services have been established in the more privileged sectors of the education system, the gross disparities in mental health services are clearly reflected in the severely-limited psychological and education support services within black schools (Lazarus & Donald, 1997).

The White Paper on an Integrated Disability Strategy, furthermore, estimates that as many as 70% of children with disabilities of school-going age are out of school (Biersteker & Robinson, 2000). Inadequate access to specialised services is, therefore, also likely to be compounded by school-absenteeism, which is further associated with such factors as the social disruption and violence frequently characterising the adverse environments in under-privileged schools (De

Jong, 2000). Donald, Lazarus and Lolwana (1997 in Dawes & Donald, 2000) suggest that such a system cannot function effectively to retain children, particularly those already oppressed by learning or other difficulties.

In the absence of specialised resources, it is left to classroom teachers to address the multiple needs of those with learning difficulties. Such needs are inevitably emotional as well as scholastic in nature, it being well-documented that affective and behavioural problems occur as an outcome of frustrated academic or intellectual competence (Dworkin, 1985). Typical manifestations of such problems include classroom acting-out and disruption, attention and concentration difficulties, social skills deficits, anxiety and depression and also diminished self-esteem (Dworkin, 1985). Research indicates also that emotional deprivation in early life may impact negatively on a child's capacity to establish trusting and secure relationships as well as on their ability to retain knowledge, think and learn (Bowlby, 1951; Ainsworth, 1962; Britton 1978 in Payne, 1992). In this regard, Holmes (1983 in Payne, 1992) stresses that instances of deprivation in early life leading to learning difficulties are so recurrent as to imply a link between emotional deprivation and the capacity to think. There exists, therefore, a likelihood that emotional problems constitute not only a function, but also a cause, of learning difficulties. Watt (1994) suggests that children who present with learning and emotional difficulties are articulating their anxieties about the dynamic relationship between internal, psychological elements and the external environment of the school. Thus, pupils with learning difficulties who reside in schools where conditions are not conducive to the facilitation of learning, and where there exists little or none of the support necessary to engage in the painful process of learning (Salzberg-Wittenberg, Henry & Osborne, 1983), are a likely vulnerable group in need of attention and therapeutic intervention.

Given that these kinds of difficulties occur so frequently in the South African schooling context, it is clear that some intervention is needed beyond what teachers are able to offer. Mental health services that are directed specifically at children's needs are extremely scarce in this country, and there is little in the way of remedial or other professional assistance available for children with learning difficulties (Lazarus & Donald, 1997; Van den Berg, 2002). Where services do exist, they often target only the cognitive aspect of the learning difficulty. However, given the clear

emotional components of the problem, it is evident that what is needed is a more comprehensive intervention that can deal with all aspects of the problem. The challenge for mental health professionals is to find modes of therapy which are capable of addressing the complex emotional dimensions of a learning difficulty. As a result of the difficulties with expression experienced by adolescents and children with learning difficulties, verbal therapies are not always the most helpful alternative, and there is a need to explore different ways of accessing feelings.

1.1. Aims and rationale

It is certain that many under-resourced schools in South Africa are not adequately equipped to respond appropriately to children and adolescents who have learning difficulties and, in particular, to deal with the emotional problems that are likely both a consequence of and contributor to (Dworkin, 1985) their existence. There is, therefore, a crucial need for research into programmes designed to deal with both the scholastic and emotional difficulties experienced by children and adolescents at risk, and it is intended that the intervention outlined in this study constitutes a step in the process of exploring possible models of treatment within future intervention programmes.

The aim of this dissertation is to describe a clinical study in which a group therapy intervention with adolescents with learning difficulties was undertaken. A central premise underlying the study is that a host of painful feelings are associated with and contribute to the experience of being unable to learn (Salzberg-Wittenberg et al., 1983; Sinason, 1992; Watt, 1994). Therapeutic intervention is thus recommended in order to facilitate the expression of such feelings (Coché & Fisher, 1989), and for emotional development and learning to proceed. In addition, young people with learning difficulties are known to possess problems with verbal expression and communication (Hallahan & Kauffman, 1976), raising the possibility that non-verbal strategies may be of benefit in a therapeutic approach. Drama and movement therapy, in which communication between group members and the therapist finds expression in movement, play and drama, was thus selected as the non-verbal therapeutic approach utilised in this study.

The research itself takes the form of a case study which follows the course of a drama and movement group therapy intervention with a group of adolescents who are experiencing learning

difficulties. The intervention formed part of a multi-level therapeutic and remedial programme addressing the needs of a cohort of adolescent clients with learning difficulties presenting at the Child Guidance Clinic at the University of Cape Town. The Learning Problems Project was created as a response to the lack of specialised services, which are considered to be an integral part of supporting children with learning difficulties (Biersteker & Robinson, 2000). During the period, 1990-1999, 29.8% of children at the Child Guidance Clinic were psychometrically-assessed and found to require remedial help (Melvill, 2000). Specifically, however, no local services, apart from private remedial services, were known to exist to provide for the needs of such school-children (Van den Berg, 2002). The programme incorporated both a remedial scholastic and a 'feelings' group. The particular focus of the intervention described in this study was to explore the emotional dimension of learning difficulties and to assist the participants in developing their capacity to express and explore their feelings.

The research has several inter-related aims:

- to describe in detail some of the techniques and processes which are used in group drama and movement therapy with adolescents.
- to attempt to focus particularly on the important changes taking place in the adolescents' ability to express feelings and to make sense of their experiences.
- to provide a theoretical account of the way in which these developments occur.

The work draws on relevant psychoanalytic literature to make sense of the phenomenon of learning difficulties, and explores, in particular, the value of Bion's (1962) theory of the Container and the Contained in understanding the development of the capacity to hold thoughts and feelings. It also records how a psychoanalytically-informed perspective enabled the therapist to examine the meaning of what transpired in the therapy, and provided a theoretical framework which 'contained' sustained encounters with experiences that would otherwise have proved too overwhelming (Schwartz, 1996). The case study methodology, in affording the opportunity to ascertain the applicability of the theoretical model proposed, was considered an appropriate format within which to address these issues. In addition, due to the youthfulness of creative arts therapies in this country, this methodology was seen to offer an opportunity to explore the potential of such an approach within a South African context.

The structure of the dissertation is as follows: **Chapter 2** begins with an examination of the definitions and causes of learning difficulties. This is followed by an investigation of the emotional components of the learning process, followed by a theoretical discussion of psychoanalytic concepts pertaining to the relationship between cognitive and emotional development. It proceeds to an exploration of the concept of projective identification, with particular reference to Bion's reformulated theories and model of the Container-Contained. Bion's understanding of the processes involved in the primitive communication between mother and infant - and their central role in the development of verbal thought, will be discussed in detail. This will be followed by a consideration of the relationship between containment, symbol formation and learning, and the nature of symbolisation as a creative, intellectual and developmental process. Finally, an account of therapeutic approaches relevant to the treatment of adolescents with learning difficulties will be provided. This will include a discussion of the application of group therapy to such clients, as well as the theory and practice of drama and movement therapy.

Chapter 3 reviews the qualitative case study methodology, its advantages and limitations with special reference to an approach grounded in psychoanalytic theory. Relevant information regarding the structure of the case is then set out fully.

In **Chapter 4**, therapy material and a case analysis is provided so as to illustrate these theoretical concepts. The use of drama and movement therapy techniques is described in detail. The analysis is divided into three stages which illustrate the progression in the group's capacity to contain and express feelings.

Finally, **Chapter 5** offers a conclusion that draws together the key areas covered in this work.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

In this chapter, the following theoretical areas pertaining to the analysis which follows will be examined. Firstly, a definition of the concept of 'learning difficulties' will be presented, followed by an assessment of its usage within the South African context. The discussion will then explore two broad paradigms used in understanding learning difficulties, the characteristics of extrinsic and intrinsic causes of learning difficulties and, in particular, the emotional factors that are both a contributor to and consequence of them. It will proceed to outline a psychoanalytic framework within which an understanding of the psychological processes implicated in the development of learning difficulties will be provided, most notably utilising Bion's (1962) theory of the Container-Contained. Finally, the use of drama and movement therapy as a means of providing therapeutic containment, and as an alternative to exclusively verbal therapies, will be explored.

2.2. Defining learning difficulties

It is not within the scope of this dissertation to encompass a comprehensive critique of the concept of 'learning difficulties.' Confusion regarding such considerations as definition and categorisation of the term (Gerber, 1989) makes this in itself a potentially problematic project. One of the primary reasons for such confusion is the field's unique evolution within widely varying educational disciplines and pedagogic settings, as opposed to development within an unified framework of thinking (Hallahan & Kauffman, 1976). Surveying the diversity of services upon which the field of learning difficulties has developed, it is not surprising that a number of differing definitions have been used in both print and practice. Accordingly, a wide variety of these definitions emphasise different aspects of the problem. At present, a range of terms exist in current usage: intellectual disability (ID) (Molteno, Molteno, Finchilescu & Dawes, 2001; Bouwer & Du Toit, 2000), learning disability (LD) (Donald, 1981) and learning difficulties (Archer & Green, 1996). I will review some of these briefly in order to account for the use of the designation, 'learning difficulties,' in this study.

The term, 'learning difficulties' has been used to refer to "children who have difficulty mastering one or more basic scholastic skills, but who have adequate intellectual and maturational level" (Sattler, 1992, p.641). Framed another way, this category represents a heterogeneous group of learners who, despite an absence of both sensory-impairment and poor intellectual capacity, fail to learn (Dworkin, 1985). In South Africa, the term 'learning disability,' having been employed in the past to denote 'learning difficulties,' has more recently been applied to what in the past was referred to as 'mental handicap,' though this area of disability is more commonly referred to nowadays as 'intellectual disability.' Thus, in keeping with current South African terminology and usage, the term 'learning difficulties' will denote in the present study the category traditionally defined in South Africa as 'learning disability.' It is thus distinct from 'intellectual disability,' in which IQ is found to fall within the range of 'mental handicap' and, furthermore, the term implies that, given the right conditions, such difficulties may be remediable, in contrast to those present in 'intellectual disability' (Conboy-Hill & Waitman, 1992).

It is important to note that two broad paradigms can be seen to exist with regard to the conceptualisation of learning difficulties. The first, the medical model of assessment and diagnosis, 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 (Burden, 1996). The primary mode of identifying such problem areas has traditionally been the standardised intelligence test, framing any difficulties within the terms of pathology, intrapersonal deficits and disability.

A central assumption of this 'psychometric' approach is that intelligence, as an innate and immutable attribute, varies across individuals while remaining relatively stable over time (Archer & Green, 1996). This static conception has been challenged by those who emphasise the role of social mediation in the development of modifiable mental abilities (Feuerstein, 1979 in Archer & Green, 1996). Critics have drawn attention, in addition, to dubious reliability, validity and ethical issues in contesting the value of IQ results (Kriegler & Skuy, 1996). Their usefulness has also been disputed as a result of the observation that the process of norm-referenced psychological assessment is a political one, as opposed to being a purely objective scientific endeavor (Satterly, 1989 in Kriegler & Skuy, 1996).

In South Africa, educators seem still to operate within a model of child deficit, despite there being immense proportions of scholastic failure, dropping out and underachievement specifically in black education (Donald, 1991 in Kriegler & Skuy, 1996). This has led to flawed identification criteria and a consequently “slippery classificatory slope from individual differences to deviations, difficulties, disabilities, deficits and defects” (Pumfrey, 1990, p.147 in Kriegler & Skuy, 1996, p.114). It has led also to the exclusion of millions of children who have been denied special assistance.

An alternative approach to the medical model seeks to incorporate the multi-faceted nature of learning, focusing instead on what children bring to the learning situation from their past histories as well as their present assessments of themselves as learners (Burden, 1996). This shift in perspective to the immediate and wider learning contexts (intrapsychic, familial and environmental) of the child presenting with learning difficulties reflects the broader emphasis adopted in this dissertation.

2.3. Multiple factors in the aetiology of learning difficulties

There is little consensus of opinion regarding the causes of learning difficulties, although it has been documented that a child’s academic development has multiple determinants at multiple levels of the child’s environment (Brofenbrenner, 1979; Chase-Lansdale & Brooks-Gunn, 1995). Thus, each child confronted by learning problems may present with a unique combination of factors that impairs his or her ability to learn. Smith (1979), stressing the uniqueness of each child’s presentation, maintains that there is no single cause for such problems, and no single strategy for remediation. Influences in infancy and early childhood, including the accumulated effects of intrinsic, biological determinants and extrinsic vulnerabilities as well as the development of habitual patterns of cognitive and emotional responses, are generally accepted to play an important role (Dawes, Robertson, Duncan, Ensink, Jackson, Reynolds, Pillay & Richter, 1997).

2.3.1. Intrinsic factors

Reid and Hresko (1981) assert that whatever the aetiology may be, the behavioural manifestations of learning problems are relatively uniform, and it is frequently impossible to determine whether a particular problem is organically or environmentally based. With respect to organic aetiologies, there exists a body of literature to suggest that many childhood learning disorders are neurological in origin (Jansen, 1996). Such theories subscribe to the medical model of diagnosis (Archer & Green, 1996) and often advance the notion of central nervous system dysfunction, in which structural defects in the brain (as a consequence of birth complications, illness or injury, etc.) interfere with the child's ability to learn (Dworkin, 1985; Hallahan & Kauffman, 1976). Learning difficulties have also been viewed in terms of constitutional conditions that are hereditary (Harris, 1982 in Dworkin, 1985). Lastly, maturational lag has also been cited as an aetiological factor intrinsic to the individual (Jansen, 1996).

2.3.2. Extrinsic factors

With respect to extrinsic aetiology, research has focused on the impact of environmental factors such as poverty, family violence, abuse, poor nutrition and lack of appropriate cognitive stimulation on a child's physical, psychological and cognitive development (Angless & Sheffer, 1997; Duncan & Rock, 1997; Richter et al., 2000). Findings support the hypothesis that children from disadvantaged backgrounds are more likely than those from middle class environments to exhibit behaviours associated with learning difficulties (Hallahan & Kauffman, 1976; Chase-Lansdale & Brooks Gunn, 1995). Many South African children living in disadvantaged areas may therefore have skills deficits that can be attributed to the effects of transmission of socio-cultural inequities of the past era (Dawes & Donald, 2000). A South African twenty year-developmental study demonstrated that children who were undernourished and living in extremely impoverished circumstances exhibited significantly lower IQ scores (55-56) than those (67-80) of a control group of comparatively low socioeconomic status (Stoch, Smythe, Moodie & Bradshaw, 1982 in Jansen, 1996).

Donald (1981) contends that in addition to the socio-cultural and educational milieu in which learning difficulties evolve, of further significance is the emotional context in which learning occurs, there being an inevitable interaction between emotional disturbance and problems of

learning. However, as it is frequently difficult in practice to ascertain the salience or primacy of various possible aetiological factors, the nature of treatment is often influenced by arbitrary categorisations, which may result in the neglect of essential areas of intervention (Donald, 1981). A more thorough understanding of the complex role of emotional factors both in the learning process and within the domain of learning difficulties is thus required, and it is the task of what follows to undertake this.

2.4. The role of emotional factors in learning

Emotional factors in the process of learning might be understood helpfully from within a psychoanalytic perspective. In this section of the literature review, I focus on the way in which emotional factors constitute both a contributor to and a consequence of having a learning difficulty.

Learning itself is recognised to be extremely vulnerable to emotional processes. The ability to learn is a complex and difficult task which often results in a situation of 'not knowing' or of being confounded in one's aims. It thus invariably involves uncertainty and some degree of disappointment and frustration (Salzberger-Wittenberg et al., 1983). The process of learning also necessitates being able to tolerate the relative instability and distress associated with the acquisition of new knowledge, skills and understanding (Watt, 1994). Salmon (1988 in Greenhalgh, 1994) suggests that the experience of being confronted with new challenges to understanding may in addition be perceived as potentially threatening, and can result in complete bewilderment. Sinason (1992) acknowledges that there is real pain in not knowing. If this pain is more than can be tolerated, feelings of failure and helplessness may be so overwhelming that the task of learning may be abandoned altogether, or else dealt with omnipotently and aggressively (Salzberger-Wittenberg et al., 1983). These authors describe the anxiety that besets the learner as "fear of confusion and chaos in the face of unsorted 'bricks' of experience, helplessness in the face of not knowing, fear of inadequacy and fear of being judged stupid in comparison with others" (Salzberger-Wittenberg et al., 1983, p. 57). These feelings may play a powerful role in inhibiting growth and development and in obstructing the learning process (Greenhalgh, 1994), resulting in the possibility, therefore, that some children have little conception of the excitement and mastery which can form part of learning.

2.4.1. Emotional and behavioural consequences of learning difficulties

In the presence of anxieties associated with learning, teachers in a classroom situation are likely to observe behaviours that are attempts to keep anxiety at bay (Salzberger-Wittenberg et al., 1983). These may include the inability to concentrate, lack of comprehension, confusion or attempts to rid the self of anxiety through disruptive behaviour (Salzberger-Wittenberg et al., 1983), and may themselves further inhibit learning and achievement (Botha, 1996), setting up a cycle of chronic exposure to negative responses about school failure which may produce further negative emotional outcomes (Dworkin, 1985).

Another correlate of learning difficulties is diminished self-esteem, with studies demonstrating that adolescents with learning difficulties view themselves as less desirable to peers (Rosenberg & Gaier, 1977 in Dworkin, 1985). Fisher (1983 in Coché & Fisher, 1989) describes adolescents with learning difficulties as presenting with many of the following problems: feelings of fear, anger, depression, emptiness, unrelatedness and being 'different;' lack of insight as to the nature of their difficulty; self-defeating defense mechanisms which inhibit psychological change; poor reality testing and difficulties in making appropriate social judgements; poor self-concept and lack of trust in authority figures. Elsewhere, children with learning difficulties are described as anxious, unruly, insecure and impulsive (Wallace & McLoughlin, 1979), and withdrawn, immature, or alternatively overly aggressive (Hallahan & Kauffman, 1976). Bower (1969 in Hallahan & Kauffman, 1976), further describes a number of problems with respect to social development, including an inability to build and maintain satisfactory interpersonal relationships, a general pervasive mood of unhappiness and a tendency to develop physical symptoms or fears associated with school problems.

Hallahan and Kauffman (1976) suggest that a child with learning difficulties tends not to believe in his or her own abilities and is unable to produce appropriate learning strategies spontaneously. These authors characterise such a child as one who does not *actively* involve him or herself in the learning situation (Hallahan & Kauffman, 1976). Thus, feelings of failure and frustration caused by underachievement in learning may in turn contribute to a lack of motivation for learning.

A further consequence of having a learning difficulty is articulated in Sinason's (1992) notion of secondary handicap, whereby emotional factors add a further dimension to the original difficulty. The author describes the ways in which an original disability is defensively exaggerated in order to hide the fear and shame of a real difference (Sinason, 1992). In other words, individuals may compliantly intensify a difficulty so as to remain in harmony with the outside world (Sinason, 1992). In contrast to the primary handicap, the secondary handicap is thus felt to be under the control of the individual and may lead to the inhibition of real language and cognitive abilities (Sinason, 1992).

Finally, Miller (2002) attributes the low self esteem of many children with learning difficulties to the formulation of a harsh and judgemental superego. If a parent's preconception of the ideal baby is different from the 'real' baby, disappointment may be reflected in their eyes. Therefore, a child who experiences him or herself through what he or she perceives in the parent's eyes (as not being the child they wanted), may internalise and identify with the parent's disappointment (Miller, 2002). This powerfully negative view of the self may lead adolescents with learning difficulties to adopt and perpetuate a societal role of exclusion, remaining unwanted and unseen.

Whereas the above discussion highlights the emotional problems that may arise as a consequence of having a learning difficulty, that which follows draws attention to the emotional antecedents of learning difficulties, and thus the idea that painful feelings may not only be the product of learning problems, but are also fundamental to their aetiology.

2.4.2. Emotional factors in the aetiology of learning difficulties

It is increasingly recognised that learning is affected by immediate experiences of emotional distress or trauma (Straus, 1994; Sinason, 1992). The significant relationship of trauma to crucial early phases of cognitive development is particularly noteworthy in South Africa, where many young lives within the disadvantaged sectors of society begin with exposure to community violence and traumatic environments. Results of a community study of children and adolescents in Khayelitsha showed that all subjects reported indirect exposure to violence (Ensink, Robertson, Zisis, & Leger 1997). Furthermore, a recent school survey in the Western Cape found that adolescents reported an average of three and a half traumatic childhood experiences,

and that 12.1% of them met the criteria for PTSD (Seedat, Van Nodd, Vythilingum, Stein & Kaminer, 2000 in Mackay, 2001).

Although little agreement exists as to what constitute typical cognitive responses of children to trauma, it is believed that cognitive functions such as attention, perception, memory, and assimilation are all affected by victimisation (Murray & Son, 1998). Murray and Son (1998) assert further that the functions of attention and perception - related to the brain's automatic unconscious response to terror, are relatively universal as responses to victimisation, but note that individual responses are likely to be a function of cultural, developmental, familial and individual differences. It has further been noted that increased emotional reactions have the effect of narrowing the attentional field, thus limiting access to important information (Mandler, 1992 in Murray & Son, 1998). Since trauma may arouse many conflicting emotions, this may distort the perception of events, making categorisation of concepts difficult and leading a child to the erroneous evaluation of events (Murray, 1993 in Murray & Son, 1998). Ebata, Peterson and Conger (1990) suggest that some individuals may be more capable of dealing with the effects of trauma than are others. However, with regard to individuals with learning difficulties, who may not possess the protective factors associated with exposure to trauma such as high self-esteem, high IQ, personal competency and good social and problem solving skills (Straus, 1994), trauma is likely to pose a particular risk to development.

Sinason (1992), applying a psychoanalytic viewpoint to the co-existence of abuse and disability, suggests that abuse itself can be a primary cause of handicap where no brain dysfunction exists. She thus describes 'stupidity' as a defence against the trauma of too much painful knowledge, and 'mindlessness' as a result of experiences that are too painful to think about, in which parts of the brain or memory are discarded in order to protect the self from painful memories. Put differently, physical or sexual abuse may compel a child to shut away information related to events in the outside world, a process that might inhibit learning (Greenhalgh, 1994). Westin (1993 in Marold, 1998) calls this process of cognitive constriction "metacognitive shutdown" (p.259). Sinason (1991) also notes cases in which sexual abuse constitutes the cause of a disability, and in which clients have regained their intelligence and memory once they are able to disclose such episodes.

Ingham (1998), in stressing the interdependence of trauma and 'mental work,' quotes Freud (1920, p.31) as describing trauma as "a consequence of an extensive breach being made in the protective shield against stimuli" (p. 97), which Bick (1968) considered to be essential for mental survival. Ingham (1998) furthermore argues that a functioning receptor (the mind) is necessary if physical sensations and raw perceptions are to be rendered manageable and thinkable, and the mind therein protected from excessive and overwhelming stimuli. A traumatic event, therefore, requires that large amounts of mental work be undertaken so as to transform undigested experience into manageable experience which can be thought about. Trauma, then, may not only disrupt mental work, but mental work is itself constituted by a capacity to manage and negotiate traumatic anxiety: "trauma and thought, trauma and knowledge are indivisible" (Ingham, 1998, p.99). This capacity to think about experience and to retain knowledge is believed to begin in infancy, and forms the basis of the discussion that follows.

2.5. The development of the learning function

While it is crucial to recognise the immediate emotional impact of traumatic events on the process of learning, many writers are recognising increasingly that the origins of emotional difficulties in learning develop early in life. Difficulties in the earliest period of infancy lay a poor foundation for later learning, and the processes involved in this are liable to be re-evoked in the therapeutic situation. The object of therapy is to restore some of these earlier functions that have not been adequately developed.

In the following section, a theoretical elaboration on some psychoanalytic notions of infant development - with specific reference to the concepts of containment and projective identification, is presented. The aim is to demonstrate the significance of unconscious elements in the process of learning to the complex relationship between emotional and cognitive functioning. The discussion will reflect that while not all learning difficulties are necessarily primarily related to emotional factors, instances of deprivation in early life may contribute significantly to their development, and that a crucial link exists between emotional deprivation and the capacity to think. Specifically, it is suggested that the ability to think, retain knowledge

and learn by experience is based upon the early experience of a facilitating maternal environment and the ability to engage in this relationship (Watt, 1994).

2.5.1. Projective identification and the beginnings of thought

Klein (1946/1997) describes the infant as beset by powerful forces and anxieties with which it is not yet equipped to deal. A means of survival is found which also forms the beginnings of communication. As described first by Klein (1946/1997), and later by Bion (1962), infantile fears are modified by the process of splitting off and projecting in phantasy the unmanageable parts of the self into another person. This mental mechanism is used both for communication and for ridding the self of anxiety, as well as for evoking the desired response from a receptive person (Salzberger-Wittenberg et al., 1983). This process is known as projective identification, and can be intended "...not only to injure but also to control and to take possession of the object. In so far as the mother comes to contain the bad parts of the self, she is not felt to be a separate individual but is felt to be the bad self..." (Klein, 1946/1997, p.8). Bion (1962) argues that projective identification is a primitive form of communication which is the forerunner of thinking. It is vital for the infant since "the capacity to capture another's affect precedes the acquisition of language" (McDougall, 1978, p.252). In therapy, a primary mode of communication is known to be projective identification.

2.5.2. The Container and the Contained

Bion viewed projective identification as the first link between mother and infant. In addition, he adds to the notion of projective identification the idea that during the 'sojourn' of bad feelings in the good breast, they are felt to have been modified in such a way that when the object is re-introjected, it has become tolerable to the infant's psyche (Bion, 1962). He thus develops the model of "a container into which an object is projected and the object that can be projected into the container," the latter designated the term, "contained" (Bion, 1962, p. 90). This process describes how the infant grows to experience a self and an inner world of thoughts and feelings in relation to the external world (Brookes, 1991), the infant not only introjecting the object but also the actual process of containment (Scharff, 1992). In the therapy situation, in order to develop this function in its absence, the therapist may have to provide a container which allows the client to begin to think about and express his or her feelings.

2.5.3. The role of maternal reverie and the alpha function in psychic development

The mother into whom the infant projects its feelings may respond to them with what Bion (1962) calls 'reverie,' an activity or state of mind which transforms an infant's raw sensations into tolerable feelings which can then be re-introjected. The mother's mind, therefore, needs to be in a state of calm and receptiveness in order to take in these intolerable feelings and give them meaning. As Bion (1967b) suggests, "The mother's capacity for reverie is the receptor organ for the infant's harvest of self-sensation gained by its conscious" (p.116). In the process, the infant acquires an experience of the mother's capacity to contain anxiety and make sense of the world, which is eventually internalised: "The experience thus bears the marks of mother's understanding imprinted in the modification of the experience. It is now an understood experience and, in the interaction between these two intrapsychic worlds, meaning has been generated" (Hinshelwood, 1991, p.257).

Closely connected to the process of reverie is the concept Bion (1962) refers to as 'alpha function,' the interaction between mother and infant which produces psychic development and structuring. He describes it as the ability to assimilate raw sense impressions and emotions as well as generate meaningful mental concepts which form the basis of the thinking apparatus (Bion, 1962). Furthermore, he terms these resulting products of alpha-function *alpha elements*, and conceives of them as the furniture for dreams and thought. The infant's projections are therefore transformed by the mother's alpha-function from senseless *beta elements*, which are described by Bion as 'not thought' or undigested sense data (Brookes, 1991). When alpha-function does not work, the sense data remain in the form of these unassimilated beta elements - aspects of psychic experience that cannot be thought about in a meaningful way, and are best suited for use in projective identification (Hinshelwood, 1991). For Bion, alpha function is "the essential ingredient of the rudimentary thinking mind" (Anderson, 1992, p.11), and it is notable that Bion added to the parental function of container that of a thinker, namely a parent who has the capacity to think and clarify and to differentiate between different kinds of feelings (Salzberger-Wittenberg et al., 1983).

In order to better understand alpha function and its potential for failure, as well as its consequences for the development of thought and learning, it is useful to note Bion's emphasis on the very beginnings of psychic activity and the inborn mechanisms which mediate it. The infant is able to tolerate small manageable absences which become a spur to thinking and development (Sinason, 1992). Thought begins only in the absence of a breast which is experienced psychically as an absence in the infant's inner world (Bion, 1962). Thus, thought can only develop in relationship with the thinking other: there cannot be infant thought without maternal alpha-function: "The failure to establish between infant and mother, a relationship in which normal projective identification is possible, precludes the development of an alpha function, and therefore of a differentiation of elements into conscious and unconscious" (Bion, 1967b, p.115).

2.5.4. Projective identification and the ability to learn

Normal projective identification, when operating successfully, represents a pre-verbal form of communication in which attitudes, feelings and thoughts are introduced into the object. Since feelings which are congruent with one's own are induced in another person, a sense is created that one is deeply understood by the other (Ogden, 1979). Furthermore, the process of projective identification also divests the infant's overwhelming feelings of their most painful aspects, since anxiety is modulated by the mother (Salzberger-Wittenberg et al., 1983). The infant rids itself of these unwanted feelings through the projection of beta-elements, and is then able to internalise a 'container-mother,' thereby gaining mastery over its fears. As a consequence, its internal world becomes more manageable and enriched. Through cycles of normal projective identification and linking, a thinking apparatus is formed which then becomes a container for emotional states (Hinshelwood, 1991).

However, if the mother is unable to digest and accept these projections, she may become so infected with the anxieties herself as to re-project them into the infant, having intensified the anxiety rather than modifying it. The infant thus takes back into itself the experience of anxiety as being completely unbounded, or as Bion (1967b) terms it, "nameless dread" (p.116). Unable to deal with this anxiety, the infant's psyche continues to use projective identification with increasing regularity, expelling feelings and phantasies with greater frequency, thus remaining

'mindless' (Salzberger-Wittenberg et al., 1983). This process of faulty containment may be due to environmental conditions or constitutional factors. The former may involve "the mother's failure to know her infant's communications to her by its first method of projective identification" (O'Shaughnessy, 1990b, p.183). The latter, on the other hand, may constitute the infant's hatred of reality or its excessive envy of the mother's capacity to tolerate what he (sic) cannot" (O'Shaughnessy, 1990b, p.183). Bion asserts that if the use of projective identification is denied as a result of either of these factors, it may lead "to a destruction of the link between the infant and breast and consequently to a severe disorder of the impulse to be curious on which all learning depends" (Bion, 1967a, p.106-107).

Although a small amount of frustration leads to thinking, the experience of too much frustration and deprivation may thus destroy the child's ability to think (Sinason, 1992). The absence of a thinking and feeling mother is then experienced not as a neutral absence, but rather a persecuting presence (O'Shaughnessy, 1964 in Salzberger-Wittenberg et al., 1983). One way to get rid of such a presence is through the process described above; however, if the mind is permanently emptied to avoid being annihilated from within, nothing can be experienced as good (Salzberger-Wittenberg et al., 1983). In the child vulnerable to the development of a learning difficulty, anything taken in, whether words, thoughts or learning, may become transformed into something potentially dangerous (Salzberger-Wittenberg et al., 1983). In such an instance, projective identification is no longer used for communication, but for evacuation purposes, as a defensive mechanism which ultimately destroys the intuitive knowledge of the self and object (Bion, 1967b).

Bion's (1967b) consideration of the problems that arise if a mother does not act as a repository for the infant's projective identifications is applicable to the therapeutic setting, where the therapist's function is the same as that of the mother's in containing the client's projections in a state of reverie, and responding with appropriate interventions (Sandler, Dare & Holder, 1992). Within the therapy relationship, countertransference reactions are an important manifestation of projective identification as an interpersonal phenomenon (Rayner, 1990 in Abrahams, 1996) in which the therapist contains with his or her mind the client's distress, is able to think about it, and formulate a suitable therapeutic response. Heimann (1950) defines countertransference as all

the feelings the therapist experiences towards the client. The therapist becomes aware of countertransference during instances when a former state of free floating attention is disrupted: “what has happened...is that the patient has succeeded in projecting his own resistance, anxiety and wish to escape from facing his psychic reality into the analyst. The analyst’s freedom of thought has ended, because at this moment his ego has become like his patient’s ego” (Heimann, 1954, p.166). Through the therapist’s unconscious understanding of the client’s unconscious, therefore, a rapport develops in the form of feelings in response to the client (Heimann, 1950). The therapist may have to rely extensively on his or her countertransference reactions to make sense of the client’s emotional experience prior to him or her being able to convert these into symbolic or other verbal expressions.

2.5.5. “K” and “minus K:” Thinking as an emotional process

As the discussion has thus far demonstrated, Bion views thinking or ‘getting to know’ not as an abstract cognitive process or the gradual accumulation of bits of knowledge, but as a human link, an active process of engaging in an emotional experience so as to find the evolving truth (Bion, 1962). He describes the emotional links between the containing mind and its contents as being of three kinds: ‘K’, ‘H’ and ‘L’ (Bion, 1962). These represent a loving, hating and wanting to know about the contents. Of these, ‘K,’ or the emotional experience of trying to know the self and others, is the most important in that it allows thinking to develop. In other words, it is the capacity of the mother to think about her infant with love that gives rise to the creation of knowledge. He further describes the mother’s thinking as a means of transforming the infant’s feelings into a known and tolerated experience. Thus, ‘K’ represents the emotionally painful attempt to know about unsettling experiences (Gordon, 1994). Given the potentially painful nature of the K link described above, Bion (1962) also demonstrates that a determination not to experience anything, or a –K link, can co-exist. Even when achieved, K may become minus K through being stripped of significance (O’Shaughnessey, 1990b). In –K, knowledge of painful internal and external reality is evaded. In this state all meaning deteriorates, symbolisation collapses, attention is replaced by tension, and misunderstanding and failure to remember are held to be superior to understanding and the integration of experience (Gordon, 1994).

Bion relates this theory to clinical practice in asserting that there is a key to each session. This key can be either L, H or K (O'Shaughnessy, 1990b). Thus K or any of its forms, -K or no K, may also be the pivot of a session. Gordon (1994) has applied Bion's work on thought disorder to a group setting, illustrating how group members attack the bonds between themselves as well as the thought process, thereby acknowledging the role of the transferred internal object in group life, in both its containing aspects as well as its uncontainable ones.

2.5.6. Symbol formation and intellectual development

Klein (1930/1998) suggests that as learning progresses our interest in and knowledge about the wider world develops on condition that new objects are found to represent our old ones symbolically. She suggests that from the beginning, symbolism is the basis of our relation to the outside world and to reality in general, concluding that if symbolisation does not occur, the development of the ego is arrested (Klein, 1930/1998). She demonstrates also that from the earliest stages the infant searches for symbols so as to be relieved of painful experiences (Hinshelwood, 1991). For instance, the anxiety felt in relation to the original object (the mother's body) is believed by Klein to be an important developmental progression, since it forces the ego away from the relationship with the original object towards new objects (Caper, 1997). Thus, part of a child's development is to seek new objects as substitutes for earlier ones and to represent the older ones symbolically (Hinshelwood, 1991). The turning to new objects is also driven by conflicts with early objects, so respite is gained by finding a new object or symbol.

The capacity to symbolise what has been feared and to place it outside for examination - and hence to acquire control, is an important stage in the later adolescent and adult's capacity to think, to gain mastery and not to be overwhelmed (Horne, 1999). This ability may also assist in the process of not having to act out what might otherwise feel uncontainable (Wilson, 1999). As discussed earlier, the impact of trauma may overwhelm children with feelings they cannot assimilate, and expose them to primitive anxieties over which they cannot achieve mastery (Wilson, 1999). Delinquency, for example, may represent an attempt to defend against these anxieties and give expression to resentment arising as a result of maltreatment (Hughes, 1999). Thus, children prone to delinquency may find ways of ridding themselves of tension and anxiety

through projective identification, rendering others prey to the same feelings of confusion and fear that they find so intolerable. Campbell (1996 in Wilson, 1999) emphasises that it is the reliance upon physical (as opposed to symbolising) action in order to project painful feelings and thoughts into the environment that is one of the basic psychological defences utilised by the delinquent. Galway (1991 in Wilson, 1999) views this as an inability to contain anxiety and, in some cases, the lack of an internal container altogether. Thus, children or adolescents with delinquent tendencies are unable to develop the capacity to think in order to process experience. As a result, they are prone to seek containment externally through provocation (Wilson, 1999)

Of central importance, however, is that the inhibition of symbol formation in the individual represents, developmentally, an inability to move out of anxiety through the creation of substitute objects, the evolution of the intellect being dependent upon the capacity to symbolise or identify objects in a symbolic way (Greenhalgh, 1994).

2.5.7. Symbol formation and containment

In later papers Segal (1978, 1979) describes the function of symbols as being the container for the projective identification of emotional states (Caper, 1997). In particular, she demonstrates how true symbols and the symbolic equation relate respectively to normal and pathological projective identification and to successful or faulty containment. When there is no differentiation between the thing symbolised and the thing itself, we have what is called a symbolic equation (Segal, 1957/1990), as distinguished from a 'true' symbol (Alvarez, 1992). Segal (1978) states: "If the relationship between the container and contained is of a positive nature, the depressive elaboration and the depressive symbol formation can proceed. If the relationship is disturbed, it immediately affects the nature of the symbol formation" (p.317).

The symbolic equation denies the separateness between the subject and object, whereas the true symbol is used to overcome an accepted loss (Segal, 1978). If pathological projective identification continues, the self and object fuse, with the subsequent equation of symbol and object symbolised, i.e. the symbolic equation. With this fusion, the mother's responses will be re-internalised as those of hostile objects and be equated with the situation

itself. If the mother's containing function fails, the infant's experience may be stripped of meaning, an inner state that may possibly contribute to the development of learning problems at a later stage. Finally, Segal uses Bion's theory of containment as a model for the acquisition of speech and an important aspect of the psychotherapeutic process. The therapist, like the mother who provides words as containers for the meaning of the child's experience, is required to find the appropriate word that expresses the meaning of the client's unconscious experience (Caper, 1997). Once the therapist has contained the client's experience with an interpretation (or series of words), the client can then internalise the interpretation that contains the meaning.

Thus far, the literature has described the process by which the capacity to learn, to transform the undigested essence of experience into the material of mental life, may be disrupted by the absence of an identification with a container capable of performing the alpha function - the basis of a healthy mental apparatus (Ingham, 1998). It is the internalised holding capacity of the mother in this regard which enables the child to grow emotionally and to progress mentally. Children who have not experienced this are unlikely, therefore, to have formed the basis of internal containment to assist them to bear emotional pain and struggle with the difficulties inherent in the thinking and learning process. Their minds may thus be filled with unmediated experiences which preclude new learning (Watt, 1994). However, as a result of the association between learning difficulties and expressive language problems (Coché & Fisher, 1989), it is likely that these experiences cannot be expressed. Such difficulties may therefore impede therapeutic intervention directed at the containment and verbal expression of feelings. An important aim would thus be to assist such a child to internalise the containment function not provided by the parent (Hughes, 1999), and to create a space in which emotional experiences can be processed in a symbolic manner, laying the foundation for the eventual use of words.

2.6. Therapeutic interventions for adolescents with learning difficulties

2.6.1. Group therapy with adolescents

Although it has been frequently suggested as the treatment of choice for children and adolescents (Cramer-Azima, 1989; Rose, 1998; Geldard & Geldard, 2001), little has been published about the application of group therapy with adolescents within a South African context (De Jager, 2002, personal communication). Outside this country, group therapy has been found to be of

significant value in the case of adolescents who, for a number of reasons are felt unsuitable for individual therapy (Cramer-Azima, 1991). The techniques used in groups with latency-aged children have been deemed applicable to those used with pubertal groups, approximating a similar combination of activities and discussion periods (Dwivedi, 1993). The latter age-group is often described as being active, but as having difficulties with verbalising affective experience (Schiffer, 1986). Thus, a mixture of verbal and non-verbal therapeutic mediators has been reported to be equally useful in group analytic and group cognitive behavioural therapy approaches (Dwivedi, 1993).

2.6.2. Affective communication in the treatment of adolescents with learning difficulties

In addition to being difficult to engage in therapeutic processes and relationships (Parsons, Radford & Horne, 1999), it has been found that youngsters in early and mid-adolescence who have learning difficulties have more expressive language problems than those who do not have learning difficulties (Hallahan & Kauffman, 1976). Coché and Fisher (1989), therefore, emphasise the value of developing affective communication skills in treating this client group.

The role of affective relationships and processes in the child's capacity for learning endures in its impact on cognitive functioning throughout adolescent and adult development (Barrett & Trevitt, 1991 in Greenhalgh, 1994). Bearing in mind the reciprocal relationship between emotional factors and learning difficulties, it is suggested that the development of affective communications skills constitutes a focal element in group therapy interventions with adolescents with learning difficulties. This underscores the need both for teachers to be able to engage sensitively and affectively with learners (Greenhalgh, 1994) as well as for the development of these skills in the learners themselves, especially in the adolescent stage of development. Kronick (1975 in Coché & Fisher, 1989) furthermore emphasises the special social and communication challenges encountered by the adolescent with learning difficulties at this developmental stage. A significant phase in the emotional development of adolescents is that in which the young adolescent separates from emotional ties to the family and enters into a new stage of life (Blos, 1962). In this shift of affiliation from the parent as the primary love object to the peer group, interaction with peers carries tremendous significance, and may lead to fluctuating moods and a sense of isolation (Blos, 1962). Although it is imperative that

adolescents with learning difficulties be able to express their feelings, they may feel unable to do so, not only because they may be particularly disinclined to verbalise their feelings, but also because many families with a child with learning difficulties may not be able to communicate with affection, authority and respect (Miller, 1982 in Coché & Fisher, 1989). If an emotionally debilitating environment has impacted on early and later development, a parent's language can become negatively cathected for the child (Schiffer, 1986).

Adolescents who experience learning problems need to begin to make sense of their feelings about having a learning difficulty and, importantly, to communicate their thoughts and experiences. Therefore, although structuring a peer group around discussion of emotional issues may constitute a valid treatment option (Coché & Fisher, 1989), an initially non-verbal method of intervention may be more useful for this client group, laying the groundwork for the investment of words and language with "psychologically corrective potency" (Schiffer, 1986, p. 234). The use of the creative arts therapies may thus play an important role, since the use of physical work and creative media can lead the client, albeit unconsciously, safely into the arena of feelings and emotions (Mond, 1995).

2.7. Drama and movement therapy with adolescents with learning difficulties

Language may be a powerful tool of communication, but the complexity of the experience of adolescence may be difficult to express in speech, rendering movement and drama to be opportune therapeutic media offering a 'conversation' of another kind (Chesner, 1995). Drama and movement therapy are, therefore, likely to play a particularly important role in the therapies of adolescent clients whose struggle to express their feelings verbally is compounded by learning difficulties. By using the creative arts as a therapeutic technique, some of the inherent limitations of speech are overcome, and clients may find ways to express ideas and feelings in metaphor or by symbol (Payne, 1988). Furthermore, the creative arts therapies have been found to be particularly useful in the containment of difficult emotions, especially for adolescents who may be fearful of situations which may render them helpless and ashamed (Payne, 1992).

Adolescents may also 'stage' situations in therapy by 'acting out' conflicts which they cannot put into words (Lanyado & Horne, 1999). Acting out is defined as a psychological defense

mechanism by which an individual discharges internal impulses through symbolic or actual enactment (Kellerman, 1984 in Emunah, 1994). Blatner (1988) states: “Since the rationale for this defense mechanism occurs largely outside of consciousness, the individual experiences no sense of mastery or growth of self-understanding through the behaviour. If the drive toward action could be channeled, the person might be able to make better sense of the feelings” (p.1-2). According to Emunah (1995), the language of acting out is dramatic and action-oriented rather than verbal, and a dramatic mode corresponds closely to the language of acting out. Thus, when acting out is ‘translated’ into acting, the result may be a powerful form of communication and therapy (Emunah, 1995).

2.7.1. Theoretical rationale for the use of dramatherapy

Dramatherapy as a therapeutic art form has emerged as a specific discipline and clinical practice during the past 30 years (Jennings, 1992). The term ‘dramatherapy’ refers to involvement in drama – fundamentally in dramatic play, theatre, role play, psychodrama and dramatic ritual (Emunah, 1994), with a healing intention. Clients make use of the content of drama activities, the process of creating enactments and the relationships formed between group members, within a therapeutic framework (Jones, 1996). Through this process, a connection is made between troubling affective experiences and the activity in the dramatherapy session, with the hope that change in understanding or functioning can be achieved.

Emunah’s (1994) integrative framework of dramatherapy is linked to psychoanalysis in the sense that the dramatic mode is provided as vehicle for the symbolic expression of repressed feelings. Aspects of the client’s inner life that cannot yet be assimilated or articulated on conscious, verbal levels, can be safely contained within the dramatic realm. Another instance in which the techniques of drama and theatre resonate with psychoanalytic principles is the notion of dramatic projection, a process in which clients project aspects of themselves or their experience into dramatic material, or through enactments, thereby externalising inner conflicts (Jones, 1996). Thus, a vital relationship is created between inner emotional states and external forms. Dramatherapists have broadened the notion of projection described in the classical Freudian sense as purely defensive, to the incorporation of a more expressive view (Landy, 1986). Clients still project their feelings outside of themselves, but these are placed into dramatic forms

and they are then able to engage with these forms through an exploration of their relationship to the material created (Jones, 1996).

A technique which also forms a substantial part of the dramatherapy process is dramatic play, which Courtney (1968 in Emunah, 1994) found to be the child's method of expressing and resolving symbolically internal conflict, safely expressing anger and aggression, and achieving mastery and making sense of the world. As Erikson (1977) notes, "To play it out is the most natural self-healing method childhood affords" (pg. 214-215). Thus, dramatic play is used to establish a playful and non-threatening environment which lays the foundation for the therapeutic work that follows. The techniques that are implemented are mostly physically active and socially interactive, and are designed to promote personal and group skills. Yalom (1985) has suggested that a growing connectedness between group members and group cohesion are central features of a successful group process. Since verbal interaction between group members may be initially awkward and minimal, the intention is therefore to work non-verbally through the unifying, collaborative capacity of drama.

In addition, most methods of dramatherapy place great emphasis on the use of symbol and metaphor as part of the therapeutic process. The Greek word, "symbolon," referred originally to the missing piece of an object (Tuby, 1996), an apt expression of the containing function of the symbol as utilised in dramatherapy practice. The creation of dramatic metaphors facilitates access to material which would be inaccessible through words (Jones, 1996), and allows intrapsychic dynamics to be worked with and contained within the structure and content of myth. The form and content of a story can also provide a useful framework for therapy (Watts, 1996; Gersie & King, 1990; Gersie, 1991, Bettelheim, 1976). Bettelheim (1976) suggests that children ask to hear stories repeatedly because in a fairytale, internal processes are externalised and become comprehensible. Participants can make use of the symbols (characters, content) in the story to process personal material without having to expose themselves directly. Through story-enactment, they can also make use of their bodies as a form of expression, rather than rely on words alone.

Lastly, with regard to the integration and assimilation of symbolic material, Gersie and King (1990) place emphasis on structured activities following enactment which enable participants to make verbal links between the conscious self and the symbols and images contained within the stories and drama. In contrast, Jennings (1987), Mitchell (1992) and Pearson (1996) assert that it is not necessary for the therapist to interpret or analyse participation in the enactment, or even to reflect verbally upon it. Rather, unconscious connections are facilitated for the client within the drama so that when the client is ready, the symbol acts as a 'bridge' between the unconscious and conscious realms (Dekker, 1996).

2.7.2. Theoretical rationale for the use of movement therapy

Movement therapy (or 'dance-movement therapy' or 'DMT' as it is now termed) is described as "the use of expressive movement and dance as a vehicle through which ... the inner world becomes tangible ... and ... relationships become visible. The dance movement therapist provides a holding environment in which feelings can be safely expressed, acknowledged and communicated" (Payne, 1988, p.70). It is founded on the principle that there is a relationship between inner affective states and outer movement behaviour. Inner states become accessible both through individual movement and through the interaction with the therapist and other group members (Wickes, 1968 in Payne, 1988).

The practice of movement therapy is based, therefore, on the premise that the visible movement behaviour of the client is analogous to his or her intrapsychic dynamics. By working with movement in conjunction with emotional material, there is a response at a feeling level (Gendlin, 1962 in Payne, 1988). An opportunity is thus provided for particularly preverbal feeling-states to be re-experienced and integrated through the symbolism of movement, affording movement a containing function where words are unavailable. Body movement may also be considered containing in that motor sequences facilitate the holding, metabolisation and transformation of inner situations, leading to greater connection with circumstances of personal meanings (Segal, 1974 in Mond, 1995). Through moving with the client and stepping into their movement patterns, the therapist is also able to experience first hand what it feels like to be the client, thereby achieving immediate empathic awareness (Liebowitz, 1992). Both the therapist and the

actual movement can thus be identified as 'active' containers, holding and directing the client's feelings and movement exploration.

Movement therapy sessions make use of group dance, movement structures and games, modes of self-disclosure which exist alongside words and behaviour. The choreography and forms in movement, objects used during movement-play and dance, and recorded music, are also conceptualised as containing forms whose metaphorical meanings encourage the expression of feelings (Coulter & Loughlin, 1999). In order to assess and expand the client's overall range of expressive movement, the therapist makes use of characteristic movements as developed by Rudolph von Laban (Stanton, 1992). Through enabling the client to experiment with an extended and more balanced range of movement, it is hoped that a greater adaptability to the environment is fostered (Payne, 1988).

In summary, the above discussion highlights the potential ways in which dramatherapy and movement therapy may assist in the facilitation of containment and the expression of powerful feelings in a client group who may otherwise struggle to achieve this. Dramatic enactment and movement of the body offer not only containment and a sense of internal control, but also emotional expression and release (Emunah, 1995). This is particularly useful for clients for whom a barrage of conflictual emotions may be exacerbated by the existence of a learning difficulty and an experience of not being able to contain and verbalise these adequately. Drama and movement techniques not only facilitate in a safe manner the non-verbal exploration of feelings, but also lead naturally into verbal expression as a result (Du Plessis, 1990). Given the difficulty adolescents with learning problems might experience in verbalising their emotions, it may be useful to adopt this essentially non-verbal mode of psychotherapy to access their experiences. Moreover, this kind of therapeutic intervention may be able to provide the interim containment needed to allow the child or adolescent to develop the internal containing capacity necessary not only to verbalise feelings, but also to learn.

2.8. Concluding comments

Although learning difficulties develop as a result of the complex interaction between intrinsic and extrinsic factors, the focus in this review of the literature has been on the role of the early

caregiver relationship, in which salient elements in a child's emotional and mental experience are brought together into meaningful conjunction. The environmental context that may predispose a learner to the development of learning difficulties, as well as the painful feelings and skills deficits arising as a result of the learning difficulty, have also been given due consideration. It is acknowledged that the parental function is not only to contain, but also to think about and differentiate between different kinds of feelings. If this process occurs, the child may internalise a container for feelings and thoughts and be more able to bear and process emotional pain. If not, feelings and experiences are likely to be overwhelming, a situation which may give rise to disruptions in the learning process. Related to this are the emotional consequences of having a learning difficulty, which may further interfere with the adolescent's social, cognitive and emotional development.

It is suggested that the therapeutic treatment of choice for learning difficulties is an intervention which addresses both the affective and cognitive aspects of the learning process. The focus in this study was on the affective component of a multi-level treatment-programme, in which it was my aim to facilitate the exploration of emotional issues relating both to the lack of containment, as well as to the painful consequences of having a learning difficulty. Due to the participants' difficulties with verbalisation and the necessity of finding a symbolic means of expressing and interpreting experience, the method of therapy chosen combined group psychotherapeutic principles with those of drama and movement therapy.

CHAPTER 3: METHODOLOGY

The scientific needs of the investigator prompt him (sic) always to look for rules and categories in which the most alive of all things can be captured. The analyst and observer, on the other hand, must eschew formulas and let the living reality work upon him (sic) in all its lawless profusion. Thus I shall try to present this case in its natural setting, and I hope I shall succeed in showing you how differently an analysis develops from what might have been expected on purely theoretical grounds. (Jung, 1909, p.204 in Lepper, 1996, p.219)

This chapter describes the qualitative case study methodology adopted in this study and attempts to address some of the methodological difficulties that this type of research may incur. It also elucidates the manner in which the obtained data was structured, organised and interpreted. A clinical study is presented in which drama and movement therapy were explored as a therapeutic means of addressing the absence of containment in adolescents with learning difficulties and who struggled with verbal expression. Its central purpose was to observe closely what transpired in the intervention, specifically noting potential shifts in the adolescents' ability to express feelings, within the theoretical framework provided.

Jung's quote in the preface to this chapter foreshadowed a debate into the scientific credibility of psychoanalysis and psychotherapy which was to continue throughout the course of the century to follow (Lepper, 1996, Schwartz, 1996, Fonagy, 1996, Hopkins, 1996). This inquiry has centered historically on the meaning of science, the epistemological status of experience and also the nature of objectivity in qualitative research, which Banister, Burman, Parker, Taylor and Tindall (1994) define as "the interpretative study of a specific issue or problem" (p.2). Their contention that it is in the nature of interpretation to be contradictory and to generate multiple meanings that must confound the pursuit of a fixed truth (Banister et al., 1994) is intended to underpin much of the discussion which follows.

The case study, in which there ensues an intensive study of an individual or group within a particular context – and of which the present study is an instance, has found widespread use as an instrument of qualitative research and an alternative to the positivistic or empirical method in

research. It has been considered particularly applicable in conditions where a study serves to furnish evidence in support of the adequacy of an existing theory, thus providing a basis for generalisation to theoretical propositions (Yin, 1994). In this regard, Clyde Mitchell (1983 in Abrahams, 1996) suggests that the presentation of a case study is significant only in terms of its application to a specific body of theory.

The value of the case study as a legitimate form of scientific inquiry into events viewed as manifestations of underlying theoretical principles, is particularly relevant in the context of research into psychoanalytic processes or outcomes (Kiesler, 1981; Strupp, 1981), where it has traditionally constituted the “preferred method of advancing knowledge and evaluating the outcome of psychoanalytic treatment” (Fonagy, 1996, p.109). In this regard Rustin (1997) has identified the consulting room as the psychoanalytic equivalent of the scientific laboratory, stating that “it is inside, and only inside, the consulting room that the phenomena postulated by psychoanalysis can be clearly observed” (p.531) and the effects of experimental interventions (such as interpretations) studied. He acknowledges further the role of clinical cases as the decisive exemplars of phenomena or techniques in the exposition of key new psychoanalytic ideas (Rustin, 1997).

Yet, despite evidence for the continuing vitality and productivity of the clinical case study method (Wallerstein & Fonagy, 1999), the method’s limitations for drawing scientifically validated conclusions about treatment-efficacy are widely recognised (Kazdin, 1981). One such criticism has focused upon the “enumerative inductivist strategy” (Fonagy, 1996, p.110) which investigators are compelled to adopt so as to include more confirmatory illustrations of the propositions at hand, whilst excluding instances which are potentially challenging or contradictory to them (Fonagy, 1996). A further and related limitation has been identified as the relative state of uncertainty relating to the precise therapeutic agent responsible for change within a given investigation (Kazdin, 1981).

The application of the case study methodology to research into psychotherapeutic processes has, in addition, been criticised for providing little basis for reproducibility of observations beyond the particular and idiosyncratic psychotherapeutic relationship in question (Abrahams, 1996).

Kazdin (1981) has also questioned the adequacy of the case study as a source of scientifically validated inferences on the basis that threats to internal validity cannot be ruled out in the manner achieved in experimental approaches grounded in quantitative methodology. Nevertheless, Banister et al. (1994) suggest that although some degree of reliability and validity are necessary if the findings of a study are to be replicable, the aim of qualitative research is less one of perfect replicability or generality than one of creating a different piece of work in each successive repetition of the described study. Its aim is thus not so much replicability as specificity and uniqueness, and validity is sustained through an in-depth examination of the meanings at work (Banister et al., 1994).

The case study's suitability as a specific method of enquiry into complex social phenomena stems also from its usefulness in describing the context - the "how" and "why" of a subject, in which an event has occurred (Yin, 1994). Specifically, the case study permits an investigation to "retain the holistic and meaningful characteristics of real-life events" (Yin, 1994, p.14), particularly in cases when the boundaries between a phenomenon and its context are not clearly evident (Yin, 1994). Furthermore, the method necessarily involves the researcher as part of an intersubjective context in which there is a blurring of boundaries between researcher and subject, and in which the researcher is central to the sense that is made (Banister et al., 1994). An example of the manner in which a researcher's subjectivity comes to influence and form part of the meaning that is created is that of the use of countertransference in gaining insight into a client's unconscious (Heimann, 1950). Thus, qualitative research offers a different perspective on the reflexive relationship between objectivity and subjectivity (Banister et al., 1994), one in which experimenter effects – omnipresent in all research methods, provide meaningful testimony that the practice of studying something must alter or affect it.

3.1. The Learning Problems Group

The therapeutic groups described in this study were conducted at the Child Guidance Clinic, which is affiliated to the University of Cape Town. The Child Guidance Clinic was established to provide psychological services to local communities, in particular disadvantaged ones. These services include assessment and intervention strategies for children experiencing emotional, behavioural and scholastic difficulties.

The groups formed part of the Learning Problems Project, which was undertaken in order to provide assistance to children with learning difficulties, as well as provide training for first year Masters students in Clinical Psychology. The project was founded in 2000 (then consisting solely of scholastic remedial groups) and further integrated into the Child Guidance Clinic curriculum in 2001 and 2002, with the inclusion of an 'emotions and feelings group.' Underlying the comprehensive nature of the intervention was an understanding, both in theory and practice, that adolescents with learning difficulties have associated emotional, behavioural and social problems (Hallahan & Kauffman, 1976).

Based on the evidence that there is a reciprocal relationship between learning difficulties and emotional problems, the intervention designed was multi-faceted in its conceptualisation. The aims of the project were, therefore, to provide remedial educational input, such as reading, spelling and arithmetic skills, in one aspect of the programme, and group psychotherapy for the adolescents in the other. As the intervention was also designed to be systemically sensitive to how the child is contextually located, a psychotherapy group for the parents was also provided, in addition to occasional educational input on home based remedial programmes.

The groups analysed in this study commenced on the 14th March 2001 and ended on the 14th November 2001, and ran for a total of twenty five sessions conducted throughout the year. Parents of the adolescents comprising the group were informed prior to the intervention that the university is a teaching institution, and that clinical material could be used in order to pursue such endeavours. To these terms they consented in writing. Furthermore, in accordance with ethical guidelines, the participants' names were changed in the writing-up of the study. Every care was also taken to conceal identifying details in order to respect confidentiality. Eight adolescents participated in the group; however, two dropped out during the year as a result of logistical difficulties. The adolescents were between the ages of eleven and fourteen with an average age of twelve years and one month. There were seven boys and one girl. All originated in disruptive family backgrounds in which the parents were experiencing socio-economic difficulties.

Brief biographical portraits of the participants, compiled from my own observations and from their psychometric and emotional assessment reports, are as follows:

Ibrahim was a tall 14 year old, the oldest in the group, who often adopted the leadership role and came across as very “streetwise.” His mother’s boyfriend died in an accident and his first contact with his father was at age 11, which coincided with the onset of his scholastic problems. His language usage and development were particularly poor. He had been exposed to gang-related activities in his neighborhood. A predominant theme in his Thematic Apperception Test (T.A.T.) was that of loneliness and isolation and the fantasy that if he could read, he would be noticed.

Michael was a slightly overweight, shy 11 year-old, who initially responded to most group activities with the words, “I can’t.” He failed Grade One, and according to him, his difficulties worsened with the lack of family support and loss of his grandfather to whom he was very close. On assessment, his verbal IQ was found to be in the mild mental handicap range. His T.A.T. revealed feelings of frustration, anger and disappointment about his difficulties.

Yazeed was an extremely shy and withdrawn boy of 12 years, who was being bullied at school. He came from a single parent family and had suffered separation anxiety when he started attending school. According to his mother, the process of learning had been a struggle for him since his experience with a very intimidating teacher in pre-school. His language impoverishment seemed to further compound his functioning both academically and socially. He was unable to establish relationships with peers or teachers.

Rameez was a very active, restless young 11 year old with difficulties with concentration and attention. His mother reported that she was very depressed after his birth, due to difficulties in her marriage. Rameez’s main areas of difficulty were in the areas of reading and spelling, and his speech development was delayed from the start. It was noted that he showed marked resistance to engaging in the emotional assessment and became extremely distressed during his T.A.T. Themes revolved around sadness, loneliness and anger in relation to peer and parental relationships.

Waheeda was 13 years old, very shy, sensitive and anxious, and was the only girl participating in the group. When she was 15 months old, her mother's sterilisation failed and her sister was born, resulting in her mother becoming clinically depressed. Her father had a raging temper and physically abused Waheeda's mother. Waheeda repeated Grade One in the same year that her sister started in Grade One. At the time of the group, she was only able to read passages at pre-primary school level.

Shafiek was a small 12 year old boy who had repeated Grades One and Four. He appeared shy, uncertain of himself and battled to make eye contact. He had a rivalrous and conflictual relationship with his sister. He was found to have ADHD early in his school career and often seemed distracted. His school reports reflected an ongoing battle with foundational scholastic concepts. In the Children's Apperception Test (C.A.T.) he was unable to imagine a story and content remained concretely focused on what was present in the picture. No attribution of feeling was verbalised.

Andile was 12 years old and was friendly and co-operative in nature. He travelled from afar to attend the group every week and rarely missed a session. He had repeated both Grades One and Two. Xhosa was his mother tongue and his English was, as a result, very poor. His parents were divorced and his mother had refused Andile contact with his father. Andile always persevered in all of the activities, even if these were difficult for him, and he was the one in the group who was most distressed at the endings of the group each week.

Bulelani was a very small 12 year old who was reported to have problems with memory and schoolwork. This was thought to be due to a head injury at the age of 3 months; however testing at the Red Cross Hospital revealed no organic problems. His parents were divorced, but his father was not supportive, leaving Bulelani's mother with grave financial burdens. He was described as having terrible nightmares, sleepwalking and difficulties eating throughout his early childhood. He was very playful and imaginative and loved to express himself through drama, often taking initiative in the group activities.

The group members, with the exception of one, were psychometrically, scholastically and emotionally assessed by the first year Clinical Psychology Masters students. With regard to these assessments, four out of the seven members assessed were found to be in the borderline range of intellectual functioning (IQ 70-79). Of the remaining three, one was assessed as being in the low average range of intellectual functioning (IQ 80-89). A significant discrepancy between one other's Verbal and Performance IQ rendered the Full Scale IQ meaningless, as his verbal IQ fell in the mild mental handicap range (IQ 60-69), while his Performance IQ was in the lower end of the average range. The remaining adolescent assessed was placed in the mildly cognitively handicapped range of intellectual functioning, but this was believed to be in part the result of limited proficiency in English. Scholastically, all the adolescents had significant difficulties with basic reading, spelling and arithmetic skills.

The therapeutic model selected for these particular groups has been described as "interactional psychodynamic group psychotherapy" (Cramer-Azima, 1991). The elements of this approach include the provision of activities, play and fantasy, the content of which are dependent upon the developmental and emotional needs of the group. The interactive context in the 'here and now' highlights the nature of communication difficulties experienced by group members and conveys problematic intrapsychic conflicts within the group paradigm (Cramer-Azima, 1991).

It is well recognised that both verbal and non-verbal activities are productive mediators of therapeutic understanding and transformation in children and adolescents (Dwivedi, 1993). Thus, the activities and forms of play used in the groups described in this study centered upon drama and movement therapy, a discipline in which I had previously received training in the United Kingdom. As already suggested, the application of creative arts therapies is not dependent upon a high level of language skills. Rather, the body, movement and dramatic improvisations become the vehicles for expression and communication in a pre-verbal and symbolic manner.

With regard to movement therapy, creative movement rather than prescribed steps forms the basis of the approach utilised (Payne, 1992). The approach is grounded in the work of Laban (1988), who introduced the field of dance in education and developed a method of analysing

movement for the assessment and development of movement range. The particular techniques used have been documented in therapeutic work with adolescents with learning difficulties and emotional/behavioural problems (James, 1996; Payne, 1988, 1992; Sherborne, 1990). These include movement games to enhance self awareness and awareness of others, moving spontaneously with music or rhythms, mirroring exercises, cooperation and interaction with others through the use of an object, group movement tasks, tension release tasks, relationship play to develop physical and emotional security and interaction and non-verbal communication structures (Payne, 1988, 1992; Sherborne, 1990).

The dramatherapy model employed was based on a combination of two theoretical approaches. The first of these was Emunah's Five Stage Model (1994), in which techniques used in the five stages progress from interactive dramatic play to developed theatrical scenework, role play, psychodramatic enactments and ritual related to termination. Some of these techniques were also adapted so as to meet the particular developmental and emotional needs of the group. The second model, the Sesame Method (Pearson, 1996), incorporates mime, gesture, non-verbal sound and touch to form the basic language of a session - and the prime means of communication between therapist and client. The approach also places great importance on the use of myth-enactment as part of the therapy, the value of myth lying in its mixture of fixed narrative content combined with a capacity for generating paradox and ambiguity, thereby forming an excellent vehicle for personal exploration in a therapeutic setting (Watts, 1996). This dramatherapy method has been found effective in treating clients with learning disabilities (James, 1996; Lindkvist, 1996 in Pearson, 1996).

Two assumptions underpinned my decision to work in the above ways. The first was a belief in clients' abilities to use drama, make believe and play to create meaning, and also in the usefulness of drama to make sense of internal and external experiences. A second belief was that of the capacity of drama and movement to facilitate the transition from non-verbal to verbal communications. To this end, discussion of experiences, verbal exchanges and instances of self disclosure were incorporated as group members began to initiate such processes themselves.

The use of drama and movement therapy interventions functioned both as a framework for providing therapeutic input and as a medium for interpreting sessional content. Unconscious elements contained in projective identification and countertransference responses, served as an additional and important tool of interpretation which was informed by my application of psychoanalytic theory. My own process of reflection and responses in relation to such material proved significant in facilitating an understanding of group and individual processes, and was discussed further in weekly supervision. This process of clinical supervision focused on the containment of anxieties both in the group as well as in me, and also aided my receptiveness to and understanding of unconscious communication. Arlow (1963 in Ungar and Ahumada, 2001) notes how during supervision the therapist may unconsciously shift from the role of observer to one of experiencing the patient's emotional reality by way of enactment of an identification. Thus, supervision afforded me the opportunity to understand the projective identification processes at play within the group. In this way it functioned as a two-tiered container-contained model (Ungar and Ahumada, 2001) in which an attempt was made to provide containment in the form of drama and movement with the hope that an 'internal container' would be introjected, with the supervisor in turn helping me to contain the impact of my own unconscious anxieties. In helping me to understand material in a manner sometimes not possible during the sessions, supervision assisted me in using thought involving alpha function, which requires an object containing the projections and returning them in a more organised way (Bion, 1962).

Data was drawn from descriptive notes compiled while watching video material of the group's one-hour weekly sessions. For the sake of brevity and the purpose of this case study, only selected material from the sessions was utilised. Specifically, vignettes were drawn from the first 10 sessions of the preliminary and intermediate stages of therapy so as to illuminate those aspects of the therapy which were relevant to the theoretical principles under discussion. It was also within these initial sessions, constituting the beginning of the group's process, that the use of non-verbal media could best be illustrated. The account of the therapy thus reproduces the chronological unfolding of material, though in less detail and richness as a result of limited space.

In trying to make sense of the case material, I conceived of three stages in the analysis of the therapy which were intended to demonstrate the progression in the adolescents' abilities to process and think about feelings and experiences. As will be elaborated upon, the stages were conceptualised as a result of reading through the case material, of observing significant changes that occurred within the therapy, and of locating these within a theoretical framework which enabled the stages described to become apparent.

The division of the case material into three phases is in essence an artificial one, with such stages, as will be demonstrated in the analysis of the material, not as clearly delineated in practice. To an extent, the group's fluctuating ability to contain and manage difficult feelings manifested in an occasional tendency to oscillate between these stages. Yet, the delineation of these stages was informed by a number of significant factors. The first was the adoption, in keeping with the research aim, of an interpretative, meaning-oriented method which would deepen my understanding of the therapeutic processes at play. This approach assumes there to be no clear cut method of analysing such data, and that creative research "cannot be reduced to technical steps" (Edwards, 1993, p.6).

A second factor concerned my observations of the shifts that occurred in the therapy throughout the year and my efforts to account for them. An important element in this process was, therefore, the struggle with different treatment modalities and issues of technique, including the interaction between the use of non-verbal mediums and the traditional 'talking-cure approach,' and the impact this may have had on group members' abilities to express themselves. A third factor constituted my knowledge of psychoanalytic theories of projective identification, containment, thinking and symbol formation, and in particular my understanding of countertransference as an "instrument of research" into the unconscious (Heimann, 1950). My countertransference thus served as a significant diagnostic tool and interpretative vehicle in this case study, and was conceptualised broadly as an interactional process wherein the total emotional reaction of therapist to the client is taken into account (Sandler et al., 1992). The monitoring of such a process is of utmost importance, since the therapist will always have blind spots and limitations (Sharpe, 1947 in Sandler et al., 1992). Therefore, the more self awareness the therapist has, the less likely he or she is to make inaccurate attributions towards clients. The role of supervision,

personal therapy and the psychotherapy training are believed to serve as controlling factors in this regard.

Finally, it must be noted that a considerable challenge in the analysis involved translating the terrain of non-verbal experience into comprehensible text without the loss of depth and meaning. In order to work with and understand non-verbal processes within the group - and particularly in order to know what creative material to make use of next, I had to make use of more than rational or intellectual capacities. Instead, I was compelled to make significant use of my intuition and feelings, having been trained initially to work primarily with non-verbal knowledge and to value the experiences of self-discovery that drama and movement can bring. Documenting such experiences in a way which would make them available for critical analysis, and putting them into words, therefore seemed daunting, but perhaps also mirrored the adolescents' own difficulties with verbal expression.

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CHAPTER 4: CASE ANALYSIS

4.1. Introduction

The structure of this chapter comprises a division into three sections which describe the phases in the development of the group's ability to contain and process feelings and experiences. The first stage describes the adolescents' difficulties in even beginning to express their thoughts and feelings. In addition, it highlights the initial obstacles to creating a sense of cohesion and the forming of a 'group container' within which feelings could be safely held. The second stage explores the ways in which the adolescents tested the ability of the group and therapist to contain their feelings. This stage also demonstrates the beginnings of their ability to express feelings, firstly through non-verbal means, and subsequently through naming them. Finally, the third stage looks at the group's increasing capacity to acknowledge the pain of having a learning difficulty, and explores participants' potential for symbolic functioning and their growing ability to use words meaningfully.

The analysis will focus on what was expressed by group members in the sessions – either through projective identification or direct communication, on the dramatic interventions that were undertaken in response to such communication, and what may have been achieved as a result of this. It has been structured in this way in order to illuminate the emergence of the containing function which the drama and movement interventions were envisaged to perform. The case findings will explore the growth in the capacity of the group to contain the adolescents' emotions, as well as their ability to express these through symbolisation.

A guiding premise in this study is that in order for thoughts to become thinkable and feelings to be expressed, therapists must think about, digest and return material through interpretations, thereby providing an experience which may have been missing from a client's formative years. Functioning as a container for the client's projective identifications requires therapists to "enter into an intense relationship and to retain their function of putting experiences into *words*" (Rosenfeld, 1987, p.160) (my italics). In this study, what made this a different process from a purely verbal one was that interpretations were made largely in the form of symbolic dramatic or movement material, depending on the nature of the projective identification and

countertransference. Such material comprised improvisations, theatre games, creative movement exercises, body sculpture and myth enactment.

4.2. Stage One: "This aint a circle:" The absence of a container

Session 1: The adolescents' have undergone their referral and assessment procedures. Three members arrive for the first session. They look at the circle of cushions that I have set out on the floor in confused silence. Andile lies down on his cushion, out of the circle; Ibrahim pushes his cushion out of the circle. I begin to talk about the purpose of the group, the norms, what they might expect. They are very quiet and do not respond. I introduce the ball throwing name game, in which group members learn one another's names by throwing the ball across the circle. This seems to generate more energy and enthusiasm. I notice that Rameez laughs loudly each time Andile cannot remember someone's name and that this makes me feel uncomfortable. We then sit down again to begin the next 'talking' activity. "What time do we go to the other place?" Rameez asks. He is referring to the remedial classes which he attended last year. My offer of how the changes this year might leave them feeling results in Andile agreeing with a small "Yes Miss," while Rameez collapses onto the cushion and lies sprawled out on the floor, ignoring my comment. I feel dismissed, helpless and begin to panic. Ibrahim says, "I thought we were going to go upstairs to work on our problems." I feel he wants none of this 'feelings' group. "Why can't we finish earlier today? Where is the other teacher? Where are the other children?" I am left feeling inadequate, not up to it on my own, not enough. By now it seems as if they are almost asleep on the floor. I find myself thinking about my other colleagues, who may be more adequate, creative and better equipped to meet the requirements of these children. All I want to do is escape.

In considering the above excerpt one could imagine the adolescents' response to be fairly understandable in that they were not prepared for the session, and were unfamiliar with the notion of a 'feelings' group. One could also interpret my response as being part of the insecurities of a beginner therapist. However, although it was indeed very early on in the process, my countertransference suggests another possible interpretation. Had the adolescents' responses been purely related to feeling insecure in an unfamiliar situation, I doubt whether I would have felt so useless and incompetent. Andile's "Yes Miss" parodied a classroom

experience and suggested that the therapy session was seen as synonymous with the learning situation, a likely painful one for them. As my initial state of 'free-floating attention' was rapidly replaced by worry, tension and confusion (Heimann, 1950), an alternative interpretation is, therefore, that the group members had projected their own anxiety and wish to escape from uncomfortable feelings into me.

The participants also made me feel some of the painful feelings they experienced at school – anxieties about not knowing, fears of being judged and of not being good enough in comparison to others, and the anticipation of being shamed (Salzberger-Wittenberg et al., 1983). Theoretically, this may be seen to illustrate Bion's idea that the client gets the therapist to receive painful feelings and at the same time experience what it is to feel these (Anderson, 1992). Furthermore, by devaluing the therapist and the 'feelings' group, the group members compromised my ability to feed them with understanding (Gordon, 1994).

Session 2: There are now two new members in the group, Waheeda (who is the only girl) and Shafiek. Waheeda is sitting in the circle, the others are lounging against the wall. They do not say a word to one another. There is an atmosphere of heaviness and lethargy in the room. I ask them to form a circle in order to play the name ball game, but the circle cannot remain a circle as no-one stays in their position. There is a feeling of 'spilling out' of the circle. Rameez hijacks the ball and spins it continuously on his finger instead of throwing it to someone else. I suggest we use our imaginations and pass the ball around the circle as if it were very hot, but the ball is haphazardly thrown around and the boundary of our circle again escapes delineation. I ask that the ball be passed around as if it were very heavy. The group becomes very engaged with this imagery. Andile groans with the weight of the ball and as he passes it on, Shafiek drops to the ground with the heaviness of it. Some give assistance to others in managing this 'weight.' We are all relating well to this imagery, when suddenly Michael throws the ball to me as if it were weightless – the illusion is broken. It is created again at the suggestion that it become slimy, and it is then passed around with squeals of revulsion and horror. Michael throws it out of the circle or across the circle, breaking the links that are slowly beginning to be formed between us. I notice that his breaking the links is beginning to make me feel very anxious and I become doubtful of what I have chosen to do. But I cannot think clearly enough to make sense of it.

In these interactions, it may have been possible that I had unconsciously registered the inability of the group to serve a containing function, as symbolised by the members' inability to remain within the circle. By suggesting that we pass the ball around the circle as a way of setting its boundaries, I was perhaps communicating my belief that the circle/group could ultimately serve a containing function. By suggesting we pass the ball around *as if* it were imbued with different imaginary qualities, I had begun the process of mobilising symbolic activity. The ball was a ball, but it could also symbolise and become something else. The group remained aware of the 'as if' aspects of the exercise, while at the same time entering into the 'reality' of the drama, which they in turn took further by suggesting other qualities for the ball.

At one point, the adolescents seemed completely absorbed in the imagined weight of the ball, and it appeared as if the use of drama had served a function of containing the feelings of 'heaviness' in the room, while simultaneously connecting those who had previously seemed disconnected. Provided the paradox of drama – that of being and not being simultaneously (Landy, 1993) - was maintained, it thus became possible to examine that which had been too painful to do so in the past. The group's emerging capacity to explore internal and external conflicts was facilitated, it is suggested, by drama's function of keeping inner and outer reality separate and yet interrelated (Winnicott, 1971), a prerequisite for achieving emotional maturity and growth. In the symbolism of the ball, the heaviness may have represented the burden of having to engage with the reasons for being in therapy. In these early stages, during which verbal interpretations were felt potentially to be premature and intrusive, we remained, therefore, in a 'transitional space' of play and illusion.

In the above extract, Michael may also have been beginning to break the links between group members – bonds between participants that were in the process of tentatively being formed. It may have been that when the links in the circle broke down, this arrested the containment of anxiety for the group, which may have explained the anxiety that I subsequently felt. In this session it seemed as if the circle/container was in the process of being constructed so as to enable members to begin to think about themselves and others, 'thinking' in Bion's terminology involving often attending to painful emotional experiences (Gordon, 1994).

I feel Michael's discomfort in being in the circle and decide to try to continue working on engaging with one another, but in a less threatening and anxiety-provoking way. I move on to a physical activation exercise and encourage the group to walk around the room as fast as they can, taking up as much space as possible. I tell them to avoid other people, to dodge them as they move. Energy is rapidly mobilised. Even Michael, who has been passive and resistant, becomes engaged. I then ask them to shake hands with one another as they move. Gradually, they increase the speed of the handshaking, moving from person to person and using both hands for shaking. The spaces between us become smaller and smaller until we are all in a tight little clump. I shout, "freeze," and we grab hands, making sure no-one is left out or left without their hand being held. More often than not, it is Waheeda's and my own hand that is left empty. I experience first hand what it feels like to feel left out and isolated, and store this inside me to work on in future sessions.

It seems as though the direct injunction to engage in an active task, initiated in response to my own countertransference feelings of anxiety, harnessed an energy that could not yet be captured through verbalisation. As in this and many other sessions, movement was the vehicle which created the structure for this. In the above scenario, for instance, it opened up possibilities for communication and interaction. I asked the group members to avoid others as I sensed this was exactly what they wanted to do, yet the close contact and near collisions (which demanded dodging) facilitated the safe interaction afforded by being contained within the structure of the exercise. Through the movement exercise, the adolescents eventually experienced being close to one another, manifesting in an almost-desperate grabbing of hands so as not to be left out. More often than not, my own hands reaching out were rejected, and the anxiety about feeling excluded that was projected into me constituted the first sense I had of this theme. It seemed clear that in order to explore it symbolically in later sessions I had to hold the anxiety, bear witness to it and not retaliate, and decided to explore the new sense of cohesion, closeness and physical responsiveness that had been engendered by the movement exercise.

I decide to try a 'group movement' technique to see where it will take us. We stand together as a group. One person stands apart from the group while the others select a leader. When the

person returns, he/she stands in the centre of the circle and tries to determine the leader. Everyone in the circle has to follow the leader's movements and motion as precisely as possible, so that everyone is moving together as 'one' person. There is a lot of arguing about who will be the 'one' to stand in the middle and who will remain in the circle, and some anxiety about the responsibility of initiating the movement, and so I tell them that I will move first, to model free movement. I put the music on and we begin to move, the group following the designated leader's (me) every move. The sense of togetherness feels electrifying. They look around the circle amazed and delighted by this synchrony, their faces in rapt concentration and focus. They are angry when I am 'discovered' as the leader and they want to continue moving. The group selects another leader, Andile, who leads with strong, rhythmic movements. And on we go. It is an exercise to which they want to return time and time again throughout the therapy process.

There are a number of possible interpretations for the group's enthusiasm about this particular movement exercise. One was that the group synchrony described functioned as a container for anxieties and gave group members a sense of belonging and safety. My identity as an able therapist had been felt to be temporarily lost in the group's earlier projective identifications, and I had sensed a profound feeling of isolation which, it seemed, words would have not been able to overcome. Moving together as a group appeared to create a sense of togetherness which I believe would have been hard to achieve by verbal means this early in the process.

The experience of being mirrored on a movement level by a whole group of people is likely also to have engendered a powerful sense of being responded to. Movements that arose from each group member were acknowledged both verbally by the therapist and concretely via the reflections of the others. Little (1986) claims that such movements can function as "assertions of the self and a starting point for developing relationships" (p.98). The adolescents also responded enthusiastically to the mirroring of rhythmic movement, which was used possibly as a means of emphasising their sense of self and individuality within the group movement as a whole. This act of synchronisation of rhythm has been observed as being fundamental for "attunement" as necessitated in the mother-infant relationship (Kestenberg, 1975 in Meekums, 1995).

At the end of the session, they ask if we can play "Fruitbowl," a game we played the week before. It involves the chairs being set out in a circle and participants having to swop places when personal characteristics or scenarios pertinent to themselves are called out by a leader. There is much confusion in the carrying out of this task, bumping each other and trying to find a place, and eventually the boys land up in a straight line opposite Waheeda and me. Waheeda looks at their attempts and comments with disdain: "This aint a circle." The "Fruitbowl" game proceeds with a lot of noise and interaction. At the end of the game, which is at the end of the session, I ask if anyone would like to say anything about their experiences in the session that day. There is a dead silence, in contrast to the verbal and physical interactions that had been part of the game. They look at one another, at their feet, in what feels to me like an uncomfortable silence. I speak about the difficulty sometimes in finding words for feelings. There is no response.

In using a language (words) other than movement and drama, I became aware of how my words fell flat and seemed static when compared with the energy and excitement mobilised through the creative arts exercises. I was also aware of how self-conscious I felt when speaking, in contrast to when moving or enacting with the group, and this afforded me a further sense of the difficulty with verbalisation experienced by most group members. I had the feeling also that they were alarmed when I did begin to speak or name their experiences. As words may possess a containing/holding function (Rosenfeld, 1987) through reducing ambiguity, and I was beginning to feel the need to assist the group in reflecting on their behaviour, it was suggested in supervision that I begin to warn the group that we would start to try and make sense of things through talking as well as through moving and enacting. At this stage, however, I was also aware of the potential loss of the other 'languages' of drama and movement, and what this might mean for both the group and myself.

Session 3: The 'Ball Throwing Name Game' has become the opening ritual of the session. However, in this session, no-one can remember anyone's name. Lots of mistakes ensue, and there is much confusion, with group members attempting to knock one another out of the circle by throwing the ball as hard as possible. I put the real ball away and suggest we use an imaginary ball, as we then have the ability to change the shape and weight of the ball as we

please. Each person needs to pay close attention to the particular ball that is thrown his way and catches it according to its apparent weight, size and shape; the creative modifications and reshaping of the ball occur only after it has been received. After hearing the instructions, Michael again moves out of the circle and stands against the wall, playing with the sand in the sandpit. He refuses to join in, and I begin to feel the familiar anxiety in the pit of my stomach. He will only play, "Who started the motion," the group movement exercise described previously. I want to say something to the effect that Michael may be expressing something for the whole group by not joining in, but again I can't find the words. I tell him we will play it later, and he comes back into the circle. We begin to create the imaginary balls, but the children struggle with this, become confused and resort to describing the ball in a word: Yazeed says, "big ball," and throws it to Bulelani. Bulelani says, "It's a bumpy ball," and throws it to Michael – the image of the ball cannot be held in their imaginations.

At the end of the above extract, there seemed to be exhibited a lack of inner mental space in which thoughts, ideas and memories could form new relationships which could contribute to the growth of the mind and imagination (Urwin, 2002). Put differently, the above scenario could be interpreted as a 'state of group' that resembles -K in action (Gordon, 1994). The group had played the ball game before and were aware of the rules and boundaries involved. However, all understanding, integration, awareness and meaning of the game – to make links, establish relationships with others and set up the circle for the work that was to follow, deteriorated. Neither did the members remember one another's names, thereby stripping the game of its emotional significance and representing a further example of the 'anti-understanding' in the state of -K (Gordon, 1994). What was also in evidence was the adolescents' concrete use of language: they had words but these were used statically and concretely, rather than fluidly or symbolically.

The sense of disconnection I feel in relation to the group members leads me to attempt a movement exercise that is about trying to enter the world of another in order to achieve some measure of connectedness. This is known as a 'mirroring' exercise, and involves two people facing each other, with one designated as 'leader' and the other as the 'mirror image.' The mirror image attempts to follow the leader's movements as closely as possible. Michael and

Andile are partners, and Michael is designated the leader. He starts to move, but moves only his arms in a jerky and uncoordinated way. I join the dyad and mirror Michael's movements. They then begin to mirror me. I begin by moving only my arms and then slowly introduce other parts of my body. Michael takes over and now begins to move his legs as well, but his movements still seem disconnected, chaotic. He begins to make sounds to accompany his movement. Rameez has been the most restless and distractible in the group so far. He is partnered with Bulelani and their leading and following is almost imperceptible to the outside. I feel moved by what seems to be a powerful sense of intimate sharing and communion in this non-verbal contact, and am amazed at their level of concentration and focus.

In the above excerpt, Michael moved only part of his body in a dissynchronous and fragmented way, reflecting perhaps something of the disconnection in his inner world and feelings. He seemed unaware of how parts of his body were connected together, in addition to which there appeared little sense of coherence, as if there existed a lack of connection between mind and body. When I stepped in to mirror his movements, I felt a physical sense of disconnection and discomfort, of reluctance to move my *whole* body for fear of the confrontation with the whole self this may have afforded. Thus, as I began to move with him, I mirrored the quality of movements he had initiated. In this way I hoped to communicate a quality of 'being with' in an unobtrusive way and to strengthen the therapeutic alliance (Michael always seemed to be pushing me away, and his fear of attachment seemed very real).

By mirroring Michael's movement and then initiating my own for him to mirror, I was, therefore, attempting to make interpretations that were accessible to him at this early stage of the process. In infant development, identity is established by the mother's ability to mirror and reflect back the infant's feelings as she understands them (Stern, 1974 in Payne, 1992). Mirroring, as a technique in movement therapy, is thought similarly to clarify for the client what he or she is experiencing, and allows each individual to gain a greater awareness of their own movement by seeing it reflected by the therapist (Bernstein, 1979). Furthermore, mirroring communicates to the individual a sense of 'being seen,' and can be considered a form of 'containing' confrontation, in which a feedback loop allows the client to see something of him or herself. Within the particular realm of movement therapy, the body is regarded as the primary

medium of expression, which then makes available an understanding of the client's emotional world. The individual's body is considered the self, and feelings about the body - and the use of it in movement, are expressive of the individual's psyche (Payne, 1988).

Due to the probable absence of a capacity for symbolisation at this point, there may have existed in Michael a tendency to think and conceive of his body in concrete terms, movement being perceived literally as the working of muscles and joints (Liebowitz, 1992), or as a personal symbolic equation (Segal, 1957/1990). A verbal interpretation at this point may have confused or overwhelmed him. Instead, I responded to his communication firstly by reflecting his exact movements (so as to communicate an understanding of his feelings) and, secondly, by expanding the movement he initiated in order to draw attention to his potential for wholeness and integration. This seemed containing for him, as in contrast to dropping out (his usual response to the anxiety evoked in relation to the sessions), he continued the exercise and began to experiment with new movements.

Discussion:

From these excerpts taken from the first three sessions, it can be observed that the group members were reluctant to engage in the verbal expression of feelings surrounding their presence in the group. Given the likelihood of painful emotional responses to new learning situations (Salzberger-Wittenberg et al., 1983), it is possible that their anxiety related to not knowing what to expect and whether there would be consistency and reliability in the therapist-as-container. They appeared also to be using projective identification to communicate their discomfort and confusion, as suggested by my countertransference responses. The first session felt to me to be a test of my capacity to withstand the anxieties of the group and to go on thinking. By being the therapist/mother who made sense of muddled states such as these, I was attempting to provide an experience of receptive containment (Bion, 1962). My efforts to put their feelings into words at this early stage seemed, however, overwhelming for them, as observed by the way they curled up on the floor as if to go to sleep.

It was also apparent in the first session that there existed a sense of alienation and awkwardness between group members, a likely consequence of lack of trust both in the therapist and between

group members, and also in their own social capabilities. This notable lack of group cohesion was seen to extend into the beginning of the second session, at which point the participants' interactions appeared to begin to be enhanced and strengthened through non-verbal drama activities designed to facilitate relationship-building and collaboration, and to introduce group members to the world of the imagination.

Although the group seemed to enjoy the dramatic play, it also seemed possible that the circle, with its implicit call to acknowledge ownership, responsibility and 'meaning-making,' was experienced by the members as potentially threatening. In the realm of movement therapy, the circle is seen as a structure significant in encouraging both synchrony and safety (Tosey, 1992). It is often also referred to as a container for psychic contents (Siegelman, 1990). The concept of containment itself entails the notion of boundaries, and some differentiation of what is inside from what is outside. In other words, what is inside does not leak out and what is outside does not break in. At this point in the group process there was no such differentiation. The adolescents' lack of an internal container to make sense of things appeared to have been reflected symbolically in their inability to stay within the circle, their spilling out of it being reflective of a capacity for 'leaking out.'

Finally, it seemed that the introduction of group movement exercises not only aided in the process of group cohesion, but that the 'holding' capacity engendered by moving together in a rhythmic way led to the beginnings of a 'group container.' Furthermore, the potential of movement for performing a containing function similar to those implicit in maternal reverie and the alpha function, appeared to have occurred, albeit in an 'active' form. This was highlighted in the case of Rameez, who exhibited most of the restless, impulsive and distractible behaviours associated with learning difficulties, and for whom the partner mirroring exercise seemed to afford containment of his chaotic and frenetic energy. Sinason (1987 in Sinason, 1992) describes the way in which incessant physical movement can be, at times, a bodily means of holding the self together. Thus the mirroring technique may have given him a sense of being seen and responded to, leading him to appear calmer and more integrated. It also seemed as though this exercise afforded him a sense of achievement and success, significant for a child who experiences considerable failure in other areas.

4.3. Stage Two: Stretching the limits of the container

Session 4: I try to give the group a sense of an actual, physical container and bring in a huge lycra 'stretch band,' a circular piece of material able to hold at least 8 people in its capacity. Once inside it, the participants are able to pull the lycra up behind their backs so that they are enclosed within the circle. The lycra is able also to support their body weight. I invite the group to step into it. At first they reject the idea. "It smells," says Waheeda, and Yazeed and Michael simply refuse to get in. Once they see the others trying, however, they eventually join in. Rameez leans back before the rest of the group are properly in place and falls down immediately, but is 'caught' by the lycra. Michael will not trust that the lycra will support his body weight and leans against the wall throughout the exercise. We all then become completely twisted in the lycra and I struggle to get us untangled, with things feeling as though they are getting out of control. I step out of the band and set up some safety rules for playing and experimenting. Rameez and Andile begin to run gleefully across the circle, hurling themselves against the barrier on the opposite side, which catches and supports them, but then propels them off in the opposite direction. Suddenly, without warning, Michael steps out of the band and everybody falls onto the floor. Waheeda says it is because Michael is so fat. I comment on everybody's importance and value in the circle, so much so that if one person moves, the others are affected as well. Michael comes back in, but supports himself against the wall. Andile then attempts to pull the whole material band over his head, which upsets the balance again and everyone topples to the floor. Michael gets out in a huff. It all feels very chaotic and I bring this part of the session to a close. We sit down to reflect on the experience, but Rameez talks right over me, wanting to play another game.

It is possible that my own anxieties about the absence of a container to make sense of feelings and experiences in the group may have led me to bring into the session an actual 'physical' container within which to work and play. This could be seen to represent an instance of what Bick (1968) refers to as a 'second skin,' the layer of muscularity with which the infant appears to be holding itself together as a compensation for a lack of psychological containment. Insofar as it felt as though there existed inadequate internal containment within individual members and for the group, I felt that external supports were needed. This seemed most evident in the case of

Michael, who appeared often to hold the feeling of 'not being able to contain' for the group, and who was unable to lean back and let the lycra support his weight or contain him. In another example, Waheeda expressed her fear of intimacy and close contact within the group through the use of a sensual image – her sense of smell. She further 'attacked' the process and severed a link by calling Michael fat.

In the extract, my feeling that things were getting out of control may have resulted from the group's use of projective identification to communicate their fear of lack of containment to me. I felt overwhelmed at this stage, as though losing my capacity for reflection, and so intuitively provided a frame by creating some safety rules. The negotiation of rules and boundaries is often one way in which distinctions between inner and outer realities are established, and it seemed significant that thereafter I felt able to function again as the 'mind' for the group. Within these boundaries, Rameez and Andile created a game that tested the limits of what the group/circle could hold. Through the process of falling and then finding a balance again, it seemed as if a sense of the container's boundaries was established for them.

It seemed at this stage as if some degree of group containment had been attained. There appeared more of a sense of group identity, and peer relationships had begun to form. Members of the group were tentatively beginning to express new sides of themselves, and I decided next to work actively on giving them permission to 'be different' within the established sense of group identity. This was achieved through experimentation with different roles, made possible by the use in the following scenario (characteristic of the second stage in the group process) of not only aspects of dramatic play and structured theatre games, but also simple dramatic scenes composed of a story, roles and characters. While the link to dramatic play remained present, theatre now became the most influential conceptual source in planning and thinking about the sessions. Thus, the element of disguise (the taking on of a role or character), which is considered to be a vehicle for, rather than an obstacle to, self-exposure (Emunah, 1994) became salient. Such a role can be both protective and liberating, enabling the individual to express and experience different aspects of the self.

The exercise involves imagining oneself in a given setting, such as watching a movie. The group is divided into subgroups, and after being assigned a given setting, the groups non-verbally enact being in that setting. Members of the other group try to identify the setting. I first give the group members their settings in order to provide some structure, and they then come up with their own ideas. The initial exercises are designed to be as non-threatening as possible, so that by the end, the members hardly realise that they are enacting scenes for the others. The first settings given for enactments are those to do with watching and waiting. Since members can remain seated throughout these type of scenes, anxiety is diminished. The first group enacts watching a sad movie and a soccer match, as well as waiting for the dentist and waiting at a taxi rank. There is a lot of action, movement, laughter, taking of initiative and guessing the various settings, and group members who are watching, applaud after each scene. The groups then decide on their own scenes and settings, which now require a greater degree of dramatic involvement. Waheeda, Yazeed and I decide that we will be in a museum. We enact walking around looking intently at the pieces, while Rameez, who is in the other group, runs excitedly in-between us trying to guess where we are. Michael is standing holding the ball on the sidelines, but also shouts out his guesses. Eventually Rameez says, "You watching the paint stuff, art stuff." Waheeda says, yes that is right, but presses him for the correct word. Rameez shouts "Art, art," while Michael searches for the correct word as well. Eventually Waheeda tells them it is a museum, and suddenly Michael violently throws the ball at us from across the room shouting, "I wanted to say it, but I couldn't get to it!" His frustration is palpable.

His group begin their enactment, but Michael remains on the sidelines. Rameez and Andile start off by waving their arms in the air, the other group begins to guess, but it looks very chaotic, as if they are fighting or shooting at each other. Michael looks as if he is enacting smoking a pipe. Rameez rolls up and down on the floor in exasperation, as our group cannot guess what is happening. I say that perhaps this is how Rameez and others feel when people do not understand their needs and what they are trying to say. Eventually Rameez runs over and mimes grabbing something from us. It turns out that they were enacting holding up and robbing a bank. We sit down to talk about the enactments, but Rameez begins to 'clown about' and talks in an incomprehensible, 'made-up' language, which nobody can understand.

The above scenario not only depicts the enactment of various imaginary situations, but appears also to be a demonstration of the frustration of not being understood. I felt tremendous anxiety at not being able to guess where Rameez's group was, and he indicated, through the process of creating his part in the enactment, how difficult it was to make himself understood. As already discussed, for Bion (1962), cognitive development begins with the ability to communicate emotional experiences. The above vignette may be seen, therefore, as replicating experiences of inadequate containment that may have existed in these adolescents' early, recent and present histories. Urwin (2000) suggests that parents' own deprived circumstances and traumatic experiences may impede their abilities to provide the kind of containing, interpreting and linking functions that Bion's account describes. This may contribute to the 'nameless dread' theorised by Bion, which may in turn manifest in the inhibited use of language (Urwin, 2000). In the same way, my own anxiety may have prevented me from 'taking in' and understanding Rameez's desperate communications, which became more chaotic and disorganised.

At this stage, the group had rarely responded verbally in discussions at the end of sessions, and one or two members had not said more than a couple of words in the sessions thus far. Of interest is Rameez's use of 'nonsense language' at the end of an exercise in which it is possible that he did not feel understood or contained. Such an instance of language impoverishment and disorganisation may reflect the existence of a secondary handicap (Sinason, 1992), in which an original difficulty with language, for example, may be defensively exaggerated to hide the ensuing pain. More specifically, if words are felt to be imperfect, due to there being a gap between what they can express and what one experiences (Stern, 1985), they may become a site of attack for those with learning difficulties, the aim of the attack being to impoverish language even further.

In the above extract, the group members were also beginning to demonstrate an ability to 'act' in new ways. Even at the comparatively early stage of this session, there was evidence of group interaction and co-operation, physical activation, observation, concentration and intensity of involvement. The group appeared more or less able to give form and shape to an aesthetic piece. There seemed also the beginnings of trust developing between group members, as evidenced by their having enacted for the first time a dramatic scene in front of others in the group. They

applauded after each scene, an act important and necessary not only for boosting of self-confidence, but also to mark the end of the scene, thereby underscoring the distinction between fantasy and reality. Finally, it was apparent there also existed a high level of emotional expression through the art form. Feelings such as sadness, anticipation, anger, confusion, frustration and excitement were contained within the guise of acting. In this way, the dramatic enactments offered not only emotional release, but perhaps a sense also of internal control. One of the primary psychological tasks of adolescence is achieving a sense of mastery over emotion (Blos, 1962), a task which may be facilitated through the capacity of dramatherapy to secure a balance between expression and containment of emotion (Emunah, 1995). As the group members had begun to experience and express this through their bodies, it felt as if they may be ready to begin the process of putting it into words.

Session 5: In this session I begin to work explicitly on the expression and, in particular, the naming of feelings, though again exploring this within the context of a drama game. One person volunteers to stand aside. The others get into a huddle and decide on a particular mood or emotion/feeling. The volunteer returns and observes the group's verbal and non-verbal language until he/she can identify the mood the group is portraying. Andile volunteers to be 'out' and the group decides on the feeling of happiness. They whoop, laugh and prance around the room. Andile guesses happiness right away. It is then Michael's turn to guess. The group chooses sadness, which they enact very well, and Michael guesses correctly. When Ibrahim goes out, the group want to be "very, very, very sad." They crouch in the corners of the room, some enact crying. When Ibrahim guesses correctly, Waheeda tells him that the group was in fact "one hundred very sads." Anger is chosen next, and after the enactment I ask if anyone knows what it feels like to be angry. Ibrahim says that he does, but before he can elaborate Andile says to Ibrahim, "with your sister," referring to a previous session in which this was spoken about. Ibrahim, who seems surprised at Andile's observation, confirms this, describing his angry feelings towards her, so much so that sometimes he would like to hit her. After Waheeda guesses the next one, 'frightened,' Ibrahim tells us that he was very scared once when the police tried to catch him for stealing his mother's car. When it is my turn to be 'out,' the group chooses the feeling of tiredness, and I find them slumped around the room, in a similar way to the very first session, when there was a collapse of bodies when feelings were spoken about.

The session described above seemed one in which the group drew nearer to an experience of talking and thinking about feelings. The brief interaction between Andile and Ibrahim, in which Andile acknowledged Ibrahim's difficulties with his sister, seemed also to relate to the possibility of making and retaining a mental link with an other. Andile remembered Ibrahim's mention of his sister in an earlier session, and linked this to Ibrahim's understanding and experience of anger. It thus appeared as if he was beginning also to show empathy for and connectedness with another group member.

With regard to the feelings chosen for portrayal by the group, it appeared as if these reflected real feelings experienced by the group members. This was the first time in the group process that feelings had ever been spoken about. Since they were only 'acting,' it may have been that the group members felt more in control of those emotions which might normally have threatened to overwhelm or frighten them. In other words, they were able to express actual feelings because these were contained within the safe confines or structure of the drama game. However, it may also be that this process of discussing feelings - and of making experiences digestible and capable of being thought about, could only occur in conjunction with the therapist's activity of making the thoughts and feelings thinkable (the notion of Bion's alpha function). When I 'left' the circle, the group once again seemed overwhelmed by the activity and perhaps reverted to tiredness as a defense against feeling, thereby reflecting the difficulty of the task for them.

This was also the first session in which Ibrahim spoke about his delinquent behaviour and, in the sessions that followed, he spoke more about his involvement in gang-related activities. It was clear in his case to see the emergence of a possible pathway from learning difficulties to delinquency as a means of hiding the shame associated with not being able to master learning (Sinason, 2001). It was hoped, therefore, that Ibrahim would make use of the drama sessions to transform 'acting out' into 'enactment' as a way of externalising - and then processing - his anxiety, anger and resentment.

Session six: The boys begin the session by asking where Waheeda is as she is not present. When she finally comes into the room, they say "AAAAHHHH," which brings a smile to her face. I

comment that it seemed as if the group has felt incomplete without her. We begin 'embodying' the feelings discussed last week through a variation on the game, "musical statues." The group gives suggestions of feelings and then moves around the room to music at the same time as physically embodying that feeling. When the music stops they freeze in a statue image of the feeling. They take turns to walk around and 'view' the other feeling statues that have been created. This is an introduction to the more complex work that follows, which is known as 'sculpting.' In partners, each has the opportunity to mould the other person into a character or person reflecting an emotional state or story about an emotional state. The person being molded relaxes their body so that it is like clay. The 'sculptor' may then tell us about his sculpture if he would like to. The sculptures and stories that are told about them include the following:

Michael: creates an image of a man, one hand on his head, the other shielding his eyes. According to him, this man works on a farm and the sun is too strong, so he is sheltering himself from its rays. While Michael is molding Andile into his sculpture, he pulls down his trousers so that Andile is standing in his boxer shorts.

Ibrahim: Ibrahim's sculpture has two parts contained in one body. The one hand in a particular gesture is "Gray," a man who lacks money and robs a bank. The other hand represents "28," a man who rapes 26 children – "doggy style and all dirty – you get these people."

Waheeda: She molds me into a crouched figure on the floor, my hands over my head. She says that this girl has to cover herself up so that the tornado won't hit her: "She's pretty scared, she's pretty scared."

Andile: His image is of a man who is a soccer player who has just scored a goal and is very happy. The sculpture's arms are up in the air in a triumphant pose.

At the beginning of this session, it seemed as if the group's concerns about Waheeda's whereabouts were indicative of a capacity to recognise 'wholeness,' which then enabled the participants to feel that they were missing her. This seemed to reflect a greater sense of cohesion and containment within the group.

Moreover, through creating the sculptures described above, it is believe the adolescents demonstrated an ability to maintain a state of play using one another as 'play stuff.' The capacity to maintain a dramatic space is related to the capacity to discover a symbolic means of

expressing internal and external conflicts. I therefore treated what they had created as part of a dramatic communication both of their internal and external realities. Alvarez (1992) asserts that an important process prior to the integration or ownership of an idea is the exploration of it from a perspective which makes it examinable and viewable - a sufficiently safe distance from which to "find the thought thinkable" (p.81). In the above description – as in other instances in further sessions during this stage, it is likely that this occurred through the group members seeing parts of themselves reflected in the sculptures they had created using the body of an other. Furthermore, the group members seemed to have found the ability to tolerate thinking about these images, which contained some powerful, painful feelings hitherto unexpressed.

It is possible, for example, that Michael's sculpture and story about the farmer put him in touch with a feeling state which he first acted out through an attack on Andile, but then represented symbolically through molding his sculpture. In the beginning sessions, Michael mostly avoided participating or engaging in any activity that would contribute to his being shamed, a situation to which a child with learning difficulties may constantly be exposed. Such potential feelings of shame may have been reflected in his assault on Andile. Through pulling Andile's pants down, he was perhaps communicating a sense of sometimes feeling exposed, or maybe 'caught with his pants down.' He was perhaps able then to demonstrate this symbolically through his sculpture of a farmer shielding his eyes from the sun, thus similarly expressing a fear of exposure, of being 'in the spotlight.'

Andile's sculpture on the other hand, seemed to be about glorying in the spotlight, a sense of having 'scored' or won something. This was quite moving to witness as his learning difficulties were the most severe in the group, and also because Andile was very attached to the group, always delighting to engage in dramatic activities. In another instance, Ibrahim seemed to use this exercise to explore his attraction to and fear of gang activities, his sculpture highlighting the importance of the environmental context which, as suggested previously, may in conjunction with other factors predispose a child to the development of delinquent behaviours.

In summary, in most of the sculptures described above there appeared a strong expression of emotion, this being the first time the adolescents appeared able to symbolically express these

feelings of anger, shame and fear. Again, this seemed to reflect the attainment of some measure of internal containment as well as success in using the symbolic form of the sculptures to externalise these powerful emotions.

4.4. Stage Three: “We must act:” The inner world outside

Session 8: We have a new member in the group. His name is Bulelani and he is by far the smallest in stature. From the beginning of the session he is excluded from all the formations of sub-groups for the various warm-up activities, and is openly ridiculed and teased by some of the other boys who call him a baboon, “because his ears stick out”. Rameez once pulled his ears and also tried to pull his trousers down. At first, Bulelani appears to accept this with good humour: “So what I was born like this”, but with some prompting, he is able to tell the group that he feels ‘rejected.’ I suggest that perhaps everybody in the group recognises and knows what it feels like to be excluded. After a warm-up exercise designed to engage the group in creating body sculptures, I invite them to form a ‘group sculpture’ at one end of the room, and to allow each person to have a chance to break away from the whole and speak from the part of themselves that feels left out and excluded. I initiate this exercise in the hope that they might use this to explore painful issues about having a learning difficulty. Everybody except Yazeed takes the opportunity to experience being outside of the group and to say how it feels to see the others together. They speak using one or two ‘feeling’ words, such as “sad”, “cold” and “left out,” although one or two say that they are “happy” to be on the outside, especially Michael who says that it is sometimes “nerve-wracking” to be a part of the group. There is much pain expressed in this process, but there is also a state of chaos manifesting in extreme levels of noise: shouting, whistling, hysterical laughter, banging on the furniture and so on.

At the end of the session, I ask if it would be possible for them to form a group sculpture as a whole, with everybody included. This proves to be a very difficult process as someone is always left out, but the group attempts to draw the isolated individual into the fold each time. In the last sculpture, Rameez, who has been the main culprit in the exclusion of Bulelani, is left on the outskirts of the group. He stands hunched over and appears small and vulnerable. I have not seen him like this before, and he seems on the verge of tears. I go over and join him on his side of the sculpture. I ask what will make it possible for him to join the rest of the group. He says in

a whisper that he cannot join them as they think he is stupid. I ask the group if they have heard what Rameez has said and repeat it for them. The group erupts into a noisy declaration that this is not true, that they do not think that Rameez is stupid. But still, Rameez is unable to join them and the session ends with him alone in his own sculpture. I try to make contact with him afterwards, but he runs out of the session. After the others have left, I am overwhelmed with feeling and find myself crying as I tidy up the room.

It seems as if at this stage of the group process, in which some level of group cohesion, wholeness and containment had been attained, there now existed a space for the painful theme of exclusion to emerge. The experience of feeling ‘not wanted’ or excluded, seemingly linked to the theme of ‘original’ parental exclusion and rejection (which had been a theme frequently discussed in the parent’s psychotherapy group), was thus played out in the dynamics between group members. The manner in which these feelings appeared to have emerged in the above extract was through the projection of the original situation of exclusion onto both Bulelani, the group member who appeared the most physically vulnerable in the group, as well as Rameez, who identified with being the one left out.

The images I was left with at the end of the session were of Bulelani being called terrible names by Rameez, and of Rameez, embodying the strongest feeling of being ‘not wanted’ and being left alone, unable to join the rest of the group. In the excerpt, Rameez articulated the pain for the group, namely that stupidity was equated with exclusion, and also that there existed an unconscious belief that he or she was not the child their parents wished to know. Such a belief implies exclusion from the entire world of human relationships, because for the child, parents represent the whole world (Miller, 2002). It may thus lead a child to feel ‘too stupid’ to belong in or to participate in a therapeutic process (Miller, 2002). Thus, whereas in previous sessions there appeared to ensue a merging of drama and reality in an intermediate area (Winnicott, 1971) in which the inner subjective world could meet with an outer reality, in the above extract there seemed instead a breakdown of the dramatic space. In other words, the symbolic means of exploring exclusion through the dramatic sculptures had broken down, and the symbol – Rameez on his own and the others together, lost its relationship to the ‘here and now,’ becoming

identified with the original anxiety situation. This scene may, therefore, be seen to represent an enactment of a symbolic equation and a rupture in symbolic relations (Segal, 1957/1990).

In the next session, I decided to see whether this theme could be taken further by re-creating a psychological space in which to ‘play with reality,’ a space in which pretence and reality could once more co-exist. I had hoped in this way to create a mental environment in which frightening or potentially overwhelming ideas could be thought about and intense feelings experienced within the safe confines of role-enactment, symbol use and myth. I considered that the enactment of a story embodying the above themes could function as a ‘true symbol’ (Segal, 1957/1990), retaining the qualities of the original situation which is barred from consciousness, while not in reality being this same situation. It was also expected that the symbolic relevance of the myth would differ for each participant.

Session 9: In the warm-up, before I tell the group the story, Rameez continues to call Bulelani names, like “baboon.” I make the comment that sometimes we call others names because we do not feel so good about ourselves. Rameez then says “I will stop now.” After the warm-up, we form a circle and I tell the group that we are going to work with a story, an African myth. Before I tell the story, Bulelani wants to know if he will have to tell it back to me afterwards, “you know, with nouns and adjectives.” I say no, this is not the case, and he looks much relieved. Andile, in response to Bulelani’s question about working with the story, then adds, “We must act!” indicating that he somehow knows what the next activity will entail. I tell them the story which is entitled, “Why Imboto is alone in heaven.” It begins in a time when there are no people living on earth. All people live in heaven under the chief, Imboto, but they long to live on earth. Imboto tells them that they can live on earth by descending on a long cord. He assures them that he will follow. However, after the last people have lowered themselves on the cord, it breaks, leaving the chief with no means of finding his way to earth. Because he cannot find a way down to earth he becomes angry and sad. When he roars, it rains. He wants to come down to earth with the rain, but the raindrops will not give him a chance. I end the story with, “Imboto had to stay up in heaven,” and Ibrahim completes the sentence by saying, “all alone.”

I have planned for the group to enact the story, but before we can get to this, Andile interrupts with a question about the video cameras. This generates a lengthy discussion about their fears of who will see the videos. At this point, Ibrahim interrupts again, saying that Rameez is "starting with him," and that he is going to hit him. He complains about Rameez's disruptive behaviour. I say that perhaps Rameez is showing us what happens at school. He feels others think he is stupid and so he does things that make other people cross, and so they send him out of the group, but inside he wants to be part of the group very much. Ibrahim asks how Rameez can be part of the group when he "starts these things." Waheeda says that fighting is not a way to solve problems, it is better to talk about it. I say that maybe children fight because it is sometimes so difficult to speak about feelings. Ibrahim says that if he gets cross, he just wants to hit: "Ja, if you've got a short temper like me...." I ask what he does. He says, "I kill," but I don't hear this and I say, "You get really angry and you want to...." He says again, "I kill, I have even been in prison before." I ask him how this got to be so. He says that he was in a gang and used to rob people on trains, but that now he is trying to "be quiet."

I ask how the rest of the group feel hearing this about Ibrahim. Bulelani says that he thinks Ibrahim is going to kill us all. I say he must be feeling frightened. Andile says that maybe his brother has a gun, and if Ibrahim starts with him, he will go and get the gun. I speak about other ways of dealing with anger and frustration. At this point, Michael has moved out of the group and is pointing a make-believe gun at us. Bulelani shouts, "He's got a gun," and looks terrified. For a split second I think it's a real gun and I almost freeze with panic. I ask Michael to come back into the group and speak about the fear (which I am feeling) that is now present in the room. Waheeda asks Ibrahim how his parents feel about this. Ibrahim replies that maybe they were shocked, but he doesn't care. I ask how safe people are feeling now in the group. Bulelani says he feels we should all spread out a little. I ask him where we should spread out to, and he replies, "outside – where nobody can shoot me." I ask Ibrahim what he can say to the group about the fear that they have expressed. He says to me that when I talk about Rameez in the group it's like I take his side. He is angry. I say that it feels to him as if I take Rameez's side against him and that makes him angry and upset. He says yes, and that maybe I was shocked by what I heard and that I look scared. I reply that I had felt scared and threatened by what he had revealed, but also feel perhaps, that he was frightened of these things as well. He then admits he

had made it all up. When I question him further, he says that the robbing of people on the trains was true. We have now spent most of the session talking and there is no time left to enact the story. I tell the group that we will continue next week.

In the introduction to working with this story, I had not explicitly stated that we would be enacting it afterwards, yet Bulelani intuitively knew how the session would proceed as indicated by his exclamation, "We must act." Ibrahim, in finishing my sentence for me in the telling of the story, seemed to understand the Chief's loneliness in heaven, and indicated that he understood the symbolism of the story. It was also he who eventually created a new ending to the story, but before he was able to reach this point, his feelings of anger and fear had to be expressed and named.

In the excerpt, Ibrahim had begun to speak about his rage, which had felt so immense that he spoke of killing. He had begun also to talk about his involvement in crime and gang-related activities. This had followed immediately after my demonstrating my understanding of Rameez's predicament through an interpretation. Ibrahim's 'confession' evoked enormous anxiety in the group members, and especially in me. Such was my anxiety in the moment that I did not actually hear him say the word, "kill," and thereafter, for a split second, imagined Michael to be holding a real gun.

It may be that Ibrahim had found a way of ridding himself of the tension, fear and anger he felt through projective identification, and had rendered the group (and myself) vulnerable to his feelings, which he had found so intolerable (Wilson, 1999). Campbell (1996 in Wilson, 1999) identifies the adolescent's reliance on projecting painful thoughts and feelings into the environment as being a fundamental psychological defence for a young man at risk for delinquency. It emerged in the session that Ibrahim's rage was in fact directed at me, and his achievement was in being able to express through words that which was formerly effected through projective identification. In apparently perceiving that in understanding Rameez I had misunderstood and obliterated him, he had attempted, it seemed, to shock and to frighten me into understanding him, adding that he felt I had taken Rameez's side. This interaction could be seen to reveal the impact of alleged emotional maltreatment on Ibrahim, who when subjected to

experiences in his environment which he felt he could not assimilate, may have felt exposed to primitive anxieties over which he could not achieve mastery (Wilson, 1999). In feeling betrayed by a parental failure to safeguard his integrity and safety (as experienced with me), Ibrahim's response seemed to be to become resentful and disinclined to comply with social norms.

Session 10: This sessions involves the re-telling of the creation myth, and an enactment thereof. I tell the story to the group again, and invite them to choose the role that they would like to play in the enactment. Before we do so, Ibrahim says that he thinks that the raindrops that come down at the end of the story are the tears of the Chief. Bulelani and Waheeda choose to play this rain, Michael and Andile the chief Imboto, Ibrahim chooses to be the thunder, and Shafiek and Rameez decide to be the cord that breaks in two during the descent to earth. Yazeed is reluctant to participate, but then allocates himself the role of one of the people living in heaven who wants to come down to earth. I tell them that I will narrate the story while they enact it through drama and movement. I set up an 'enactment circle' so that when the action begins, it is contained within this playing space. Everybody is on the outside of the circle to begin with until it is their turn to come into the story.

As I begin to tell the tale, Michael brings a chair into the circle as Chief Imboto. He mimes and moves the action corresponding to my words. At the introduction of the cord, Rameez and Shafiek jump onto a chair together, tightly connected. Michael then takes over the verbal narration and tells Yazeed, who is up in heaven, to descend down to earth via the rope. After he arrives on earth, Rameez and Shafiek 'break in half' as the rope by jumping onto the floor and springing apart from one another. Michael becomes more animated now, his partner, Andile, more in the background. Michael (as the chief) is very upset at not having the rope to get down to earth. When I say that the chief is angry, he suddenly responds with a loud, "YOY," and I encourage this expression by adding to the story that the chief gets angrier and more furious. Both Michael and Andile's protestations, through sounds and words, get louder and more embodied – they are almost shouting. Ibrahim, who has remained silent and lethargic on the sidelines, suddenly bursts into action as the thunderbolt. Bulelani and Waheeda come in as raindrops, complete with sound effects. At the end of the enactment we speak about what they might say to the Chief who is left all alone in heaven. Ibrahim suggests that the two chiefs find

another way of coming down to earth to join the rest of the people. Everybody agrees, except Andile and Shafiek, who feel the Chief should stay there. Michael says that it does not feel good to be left alone, and that he wants to join the others. Ibrahim suggests that we slaughter a cow and use the leather to make a very strong rope that will not break. I invite them to enact this different ending using their bodies in some way to create a link for the two chiefs to descend to earth. Ibrahim sets us up in a row, with our arms linked like a chain. This takes some time as Rameez and Shafiek are pulling and pushing the chain, and at one point we all end up collapsed in a heap on the floor – the links between us have broken. I speak about the difficulties they have in linking, in making connections with others, but no-one hears me – they are shrieking, laughing, shouting. Eventually the chain is set up and Michael and Andile are helped along it and so re-join the others on earth.

I had hoped that the act of taking on a chosen role from the myth-enactment would allow group participants to begin to explore previously unrecognised parts of themselves. As illustration of this, Michael had spent a lot of the earlier sessions on the outskirts of the group, particularly when new creative material was introduced. His frequent statement in response to new exercises was, “I can’t,” leading to my amazement when he chose to play the ‘lead’ role of the Chief. In picking up the gun in the above excerpt, he may have been exploring a desire to be the ‘protective’ male in the group, and yet it seemed as if he was fearful of experimenting with this new potential aspect of his identity. Whereas the role of the chief may have afforded him the opportunity to begin to explore his-strength, masculinity and ability to be a leader and role model, it perhaps also allowed him to express what it felt like to be left behind. Furthermore, it seemed that through his adoption of the role of the ‘big’ chief, Michael had begun to be able to inhabit his body in a more meaningful and unified way (recall Waheeda’s jibe about him being fat), as evidenced by his loud vocalisations and spontaneous gestures as the chief.

Ibrahim, on the other hand, who was the oldest in the group and had always been the leader, chose the smaller role of the ‘thunderbolt,’ perhaps wanting to distance himself from the ‘aloneness’ of the familiar role of leader. The enactment and inherent movement quality of the thunderbolt may have been symbolic of his anger discussed earlier. Laban (1988) states that “...every single gesture of any part of the body reveals some feature of our inner life” (p.19), and

Thornton (1996) suggests that movement is the bridge between a person's inner life and the external world. Ibrahim's role may have afforded him an opportunity to experiment with a new movement possibility, in Laban's (1988) terms a 'hitting' action involving strength, free flow, flexible and quick qualities, which was very different from his previous quality of movement - best described as a 'gliding' motion involving lightness and free flow.

Finally, it appears as if Rameez and Shafiek, who jointly adopted the role of the rope that broke in two, represented an element in the group which (as they had done on previous occasions) may still have been antagonistic to psychological growth. The rope can be seen to represent a link between people and the experience of knowing others. Their actions in the enactment of the alternative ending to the story, made it barely possible for the chief to 'descend to earth,' and their attempt to break the human chain formed for this purpose, can perhaps be understood as an attacking of links which exemplifies the '-K' relationship (Gordon, 1994). However it is also noted that Rameez and Shafiek demonstrated creativity and initiative in their symbolic representation of the rope through the use of their bodies and imaginations.

Imaginative enactment based on story and improvisation makes complex demands on group participants with learning difficulties (Chesner, 1995). However, through creating the enactment together, the group was beginning to demonstrate a sense of mutual empathy and cohesion, and a capacity to be more responsive to one another. Furthermore, Zimmer (1973 in Watts, 1992) suggests that in dealing with symbols and myth, we are conversing with parts of ourselves which are unfamiliar to our conscious being. "Hence, the mythical tradition provides us with a sort of a map for exploring and ascertaining contents of our own being to which we only feel scantily related" (Zimmer, 1973, p.310 in Watts, 1992, p.43). In the examples of the chosen roles described above, the group participants seemed to use the myth enactment in various ways to explore previously undiscovered parts of their physical and emotional selves. They were, in addition, more able to discuss verbally the themes inherent in the story.

Discussion:

In the final extract described above I believe the group demonstrated a growing capacity to symbolise. This was achieved through the use of their imaginations, their growing ability to

experiment with the notion of 'as if,' and through their adoption of roles in the story enactment. In this regard, it is noteworthy that the group participants seemed to relate the story of Chief Imbotto to their own experiences of loneliness and exclusion, and to select the role with which they could identify in some way. They seemed able also to adhere to the convention that the inside of the circle constituted the 'playing' or fantasy sphere, in which they could become their characters, and that outside the circle they were 'themselves,' – and they stayed within these bounds. It is thus possible that the adolescents experienced a psychic reality in which feelings and ideas are known to be internal, and yet related to what is outside (Dunn, 1996 in Fonagy & Target, 2000), a state which required a sense of internal containment and the initiation of the process of mentalisation (Fonagy & Target, 2000).

The inherently psychological theme of the creation myth, involving the process of differentiation between heaven and earth and the separateness that comes into being, was specifically chosen as it implicitly facilitates an awareness and exploration of this notion of separateness for growth. As Sinason (1992) elegantly asserts, "...creation myths seem to mirror the growth of the human infant. Only when she (sic) is held secure after the chaos of birth, and when love and order prevail, can sense be made of the surroundings....Then, a capacity to think can come into being. After weaning and moving from bodily fusion with the mother to a sense of separateness aided by speech, the growing child struggles for further differentiation, seeking to 'take arms against a sea of troubles' and not regress back into the symbiotic sea of pre-birth and infancy" (p.58).

I believe it significant finally, that this session marked the beginning of the group's progression to a more verbally-oriented therapy, the creative arts therapies having facilitated in the containment necessary for verbal communication and interaction to ensue. O' Shaughnessy (1990a) notes that "in the omnipotent mind of the infant, an impulse is the experience of its fulfillment" (p.149). Therefore, words are important for 'working through' because they "break omnipotence" (O' Shaughnessy, 1990a, p.149). In therapy, the moment clients express themselves in words, they are restricting their omnipotence, since the use of words is predicated on the recognition of the gap between an impulse and its fulfillment, and the acknowledgement of the separateness of self and object. At this stage in the therapeutic process, the group seems to

have progressed from the use of solely projective identification as a mode of communication, to more sophisticated forms - including notably language and verbal thought (Bion, 1962).

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CHAPTER 5: CONCLUSION

A majority of children in this country grow up in environments which have an adverse effect on their potential for cognitive and emotional development. Accordingly, learning difficulties prevail at all levels of learning, and are particularly widespread within disadvantaged educational sectors (Bouwer & Du Toit, 2000). Evidence suggests that not only do negative emotional and behavioural outcomes result from the experience of having a learning difficulty, but that compromised emotional functioning, stemming from the disruption in the container-contained relationship (Bion, 1962) which forms the basis for the mental and physical experience of “taking in and retaining” (Salzberger-Wittenberg et al., 1983, p.71), itself impacts negatively on the capacity to hold thoughts and feelings. This may then predispose a child to the development of learning problems. In the psychotherapeutic treatment of learning difficulties, it is likely that the associated impaired capacity for verbalising feelings – or the ‘unthinkability’ of feelings, makes ordinary verbal therapy difficult. An intervention incorporating a significantly non-verbal component was, therefore, utilised and explored in the present study.

Incorporating the practice of drama and movement therapy in a group therapy setting, the intervention was thus intended to provide the experience of containment necessary for the ability to think about and express hitherto inaccessible feelings. The stages documented in the progression of the therapy reflected a shift from the apparent absence of containment to indications of both an internal and group container for making sense of feelings and experiences. This was revealed in the clinical material by the observed shift from non-verbal to verbal communication, from un-integrated movement and dramatic play to some evidence of integration, and from concrete to symbolic thinking. In addition, the participants were seen to move from a lack of confidence in their abilities to improved self-esteem and greater capacity to take risks and display initiative.

The case study describes the way in which the group members were eventually able to tolerate thinking about and expressing painful experiences as a result of their internalising a container for this purpose. A number of different kinds of containers were employed in this process. Firstly, the context within which therapy took place offered a ‘holding environment’ (Meekums, 1992)

that afforded activity, aliveness, drama, movement, music and play. The solid identity of the institution, the Child Guidance Clinic, further provided containment for the therapist, adolescents and therapy process. Throughout this process, my role as therapist could have been seen as containing, offering a parental mind alongside the physical experience, a mind that was equally active, but in a metabolising and containing way. This was achieved through the reception and comprehension of the participants' non-verbal communication via projective identification, and through my countertransference feelings. These were subjected to maternal reverie during the sessions and in supervision, and in turn were fed back through the provision of drama and movement 'interpretations.'

In making use of drama and movement therapy, I also provided containment through my direction, exploration and amplification of the clients' movements and dramatic expressions. In a Winnicottian (1986) sense, the drama and movement therapist takes an active, physical role to 'hold' the group participants through her own bodily actions and involvement in the session. Liebowitz (1992) describes this process as the therapist's holding the client's body self together both physically and emotionally until such time as he or she can contain his or her own body self through internalisation of the maternal object.

In this regard, it has been suggested by developmental research that for its emotional and cognitive development, a child needs interaction with a consistent caretaker and 'animate object' or 'live company' (Alvarez, 1992). Thus a general challenge for the therapist in terms of technique is how to provide such experience to children (or adolescents) who have difficulty in verbalising and assimilating experience. It is hoped that in this case study a relationship was observed between the use of drama and movement therapy and active involvement in the group activities (the 'animate' object), and Bion's concept of the alpha function. Put differently, the case illustrations demonstrate the possible connection between the body-centered therapies and Bion's theories on how sensory and somatic qualities can be transformed into mental properties by the mother/therapist, and are thus used for thought or stored as memory. The drama and movement techniques can be seen in this way to represent the alpha function 'externalised in action,' and to play a part in making the adolescents' experiences capable of being thought about.

This may explain the groups growing ability to give greater form and meaning to their thoughts and feelings. Even though the issues with which we were dealing were painful, the manner in which we worked with them (drama, movement, games etc.) was alerting and interesting. The art forms were thus also able to contain exuberance, excitement and joy, not only the anxiety and frustration spoken about by Bion. In this regard, Alvarez (1992) sees the former pleasant experiences as just as important for emotional development and thinking.

A further instance of containment was provided by the space, and specific reference is made to the circle as a significant structure, encouraging both synchrony and safety (Chaiklin & Schmais, 1979). Finally, as indicated above, movement and drama themselves as processes were also containers. Specifically, with respect to movement, synchrony and rhythm were seen to contain anxiety. Various movement exercises provided structure, creating both spaces in which things could happen and boundaries that limited the chaos. With reference to drama, theatre games, dramatic scenes and the enactment of a myth were used as containers for feelings of pain, conflict and confusion as well as for excitement, triumph and hope. Whereas the expression of strong feelings (associated with having a learning difficulty) held by the adolescents may otherwise have led to acting out (Emunah, 1995), through dramatherapy, however, these feelings of shame, anger and exclusion remained contained – under the guise of acting. Drama was able to contain unassimilable parts of individual members without giving them back too prematurely (Alvarez, 1992), and until such time as participants were ready for their expression.

The inclusion of drama and movement therapy techniques thus facilitated the creation of an 'inside space' for the storage of feelings and paved the way for their verbalisation. As Koch (1980) writes, "...an affective experience can be transmuted in the form of a symbolic act, an intermediary step between expression in action and verbalization of feeling" (p.13). Psychoanalytic thinking suggests that it is the mind and emotional experience within the therapeutic setting that brings about change. However, in the therapeutic method described, change occurred first within the experience of the moving body and the imagination before it could occur within the inner, emotional world. At the beginning of the group process, the adolescents seemed in no position yet to utilise containment, perhaps because their inner worlds

may have been so unstructured that feelings had no clear apparatus for their expression. Therefore, some initial work had to be undertaken in order to create such an apparatus, which in this case involved the use of the creative art forms. In this regard, it seemed that the adolescents may have needed a physically meaningful experience first, before any other changes or verbalisation processes could take place.

The group participants thus moved from a position where words could not be used to express feelings to one where words were slowly able to validate and hold experience. The movement towards increased verbal communication as a result of non-verbal methods has been documented in other studies (Meekums, 1992; Payne, 1988); however, further research is needed to shed light on the relationship between the arts therapies and their suitability in fostering a growing capacity for verbal interaction in people who have difficulties with such forms of expression. In light of South Africa's complex multi-lingual society (Lemmer, 1996), research into the use of non-verbal therapeutic methods is considered to be particularly relevant.

Recommendations have been made for an integrated and inclusive system in which strong emphasis is placed upon the early identification of barriers to learning among children potentially at risk (Biersteker & Robinson, 2000). Treatment options have emphasised the value of group psychotherapy in addressing both cognitive and affective development (Coché & Fisher, 1989). In this regard, the latter authors cite Glasser's (1969 in Coché & Fisher, 1989) suggestion that a multidisciplinary team comprising teachers, psychologists and remedial instructors be created so as to assist the learner in attaining scholastic as well as affective mastery within the classroom. Although, Green (1989 in Kriegler & Farman, 1996) asserts that resources for special education in South Africa will be scarce for a long time to come, it is hoped in light of the above that the present study will play a role in exploring potential ways of facilitating affective education and emotional integration in adolescents who are struggling to learn. Furthermore, it is suggested that opportunities for developing affective skills and the capacity for emotional expression become part of the classroom curriculum for all learners, whether encumbered by learning difficulties or not.

In addition to examining the potential challenges in facilitating a psychotherapy group with an essentially non-verbal client group, the study also draws attention to the potential role of the creative arts in therapeutic change, both in the consulting room and classroom contexts. Due to the relative youthfulness of the drama and movement therapy profession, the only-recent accreditation of Creative Arts Therapists in South Africa and the fact that there are no training institutions in this country (and thus little research or active publications), the use of the creative arts in therapy has remained on the periphery of mainstream psychology, and is regarded with a degree of suspicion that is often accorded an emerging profession. It is hoped that this work will also begin to highlight the potential of the use of the creative arts in the fields of psychotherapy, educational psychology and clinical psychology. This study also uncovers potential links between the creative arts therapies and psychoanalytic principles, thereby enhancing the possibility for the broadening and deepening of the creative arts therapies in practice. In so doing, it aims to contribute to the validation of this potentially useful way of establishing a 'shared language,' through drama and movement and without the necessity of words, which might enable clients with learning difficulties to find a form for their feelings.

In conclusion, mental health services directed specifically at the needs of children and adolescents with learning difficulties are limited in this country. Where services do exist, they focus often only on scholastic remediation. Given the need to find methods of therapy that are capable of accessing feelings and addressing the manifold emotional dimensions of having a learning difficulty, the present study undertook to explore a mode of intervention that addressed these affective areas. Furthermore, as children and adolescents with learning difficulties often struggle with verbal expression, it is likely that a purely verbal technique is not necessarily the intervention most indicated. Rather, in order to work therapeutically with the experience of having a learning difficulty - and the enormity of the emotional and social consequences of this, requires an approach which facilitates a capacity to tolerate anxiety, to hold feelings and to think about them. The containment afforded by the creative art forms in the present study allowed for the exploration and expression of painful feelings, and demonstrates the potential benefits of this type of intervention in working with this client group.

REFERENCES

- Abrahams, D.L. (1996). A case study exploration of the therapeutic phenomenon of projective identification, transference and countertransference: a brief therapy with a patient with psychotic anxiety. Unpublished masters thesis, University of Cape Town, South Africa.
- Alvarez, A. (1992). Live Company: Psychoanalytic psychotherapy with autistic, borderline, deprived and abused children. London: Routledge.
- Anderson, R. (1992). Introduction. In R. Anderson. (Ed.), Clinical lectures on Klein and Bion (pp.1-13). London: Routledge.
- Angless, T. & Shefer, T. (1997). Children living with violence in the family. In C. de la Rey, N. Duncan, T. Shefer & A. van Niekerk (Eds.), Contemporary issues in human development. A South African Focus (pp.170-186). Johannesburg: International Thompson Publishing.
- Archer, M. & Green, L. (1996). Classification of learning difficulties. In P. Engelbrecht, S.M. Kriegler & M.I. Booysen . (Eds.), Perspectives on learning difficulties: International concerns and South African realities (pp.123-129). Pretoria: J.L. van Schaik Publishers.
- Banister, P., Burman, E., Parker, I., Taylor, M. & Tindall, C. (1994). Qualitative Methods in Psychology: A Research Guide. Philadelphia: Open University Press.
- Bernstein, P.L. (1979). Methods of Comparison. In P.L. Bernstein (Ed.), Eight Theoretical Approaches in Dance-Movement Therapy (pp. 167-171). Dubuque, Iowa: Kendall Hunt Publishing Company.
- Bettelheim, B. (1976). The Uses of Enchantment. London, Thames and Hudson: Random House.

- Biersteker, L. & Robinson, S. (2000). Socio-economic Policies. Their impact on children in South Africa. In D. Donald., A. Dawes & J. Louw (Eds.), Addressing Childhood Adversity (pp. 26-59). Cape Town and Johannesburg: David Philip Publishers.
- Bick, E. (1968). The experience of skin in early object relations. International Journal of Psycho-Analysis, (49), 484-486.
- Bion, W.R. (1962). Learning from experience. Northvale: Jason Aronson.
- Bion, W.R. (1967a). Attacks on Linking. In Second Thoughts: Selected papers on psychoanalysis (pp. 93-109). London: Maresfield Reprints.
- Bion, W.R. (1967b). A theory of thinking. In Second Thoughts: Selected papers on Psychoanalysis (pp. 110-119). London: Maresfield Reprints.
- Blatner, A. (1988). Acting in: Practical applications of psychodramatic methods (2nd ed.). New York: Springer Publishing.
- Blos, P. (1962). On Adolescence: a psychoanalytic interpretation. Glencoe IL: The Free Press.
- Botha, R. (1996). Motivation and Learning. In P. Engelbrecht, S.M. Kriegler & M.I. Booysen . (Eds.), Perspectives on learning difficulties: International concerns and South African realities (pp.227- 235). Pretoria: J.L. van Schaik Publishers.
- Bouwer, A.C. & Du Toit, L.D. (2000). The *At-Risk Disk*: differential identification of intellectual and specific learning disability by teacher-teams in regular schools. South African Journal of Education, 20(3), 241-247.
- Bronfenbrenner, U. (1979). The Ecology of Human Development. Cambridge, Mass.: Harvard University Press.

- Brookes, S. (1991). Bion's concept of containment in marital work. Journal of Social Work Practice, 5(2), 133-141.
- Burden, R. (1996). Meaningful questions or meaningful answers: Worthwhile assessment in a changing world. In P. Engelbrecht, S.M. Kriegler & M.I. Booysen (Eds.), Perspectives on learning difficulties: International concerns and South African Realities (pp.97-108). Pretoria: J.L. van Schaik Publishers.
- Caper, R. (1997). Symbol Formation and Creativity. Hanna Segal's theoretical contributions. In D. Bell (Ed.), Reason and passion: A celebration of the work of Hanna Segal (pp. 37-56). Tavistock Clinic Series. Gerald Duckworth and Co. Ltd.
- Chaiklin, S. & Schmais, C. (1979). The Chace Approach to Dance Therapy. In P.L. Bernstein. (Ed.), Eight Theoretical Approaches in Dance-Movement Therapy (pp.15-30). Dubuque, Iowa: Kendall Hunt Publishing Company.
- Chase-Lansdale, P.L. & Brooks-Gunn, J. (1995). Escape from poverty. What makes a difference for children? New York: Cambridge University Press.
- Chesner, A. (1995). Dramatherapy for People with Learning Disabilities. A World of Difference. London, Bristol and Pennsylvania: Jessica Kingsley Publishers.
- Coché, J.M. & Fisher, J.M. (1989). Group psychotherapy with learning disabled adolescents. In F.J.C. Azima & C.H. Richmond (Eds.), Adolescent Group Psychotherapy (pp.125-142). Madison, CT: International University Press.
- Coulter, H. & Loughlin, E. (1999). Synergy of verbal and non-verbal therapies in the treatment of mother-infant relationships. British Journal of Psychotherapy, 16(1), 58-73.

- Cramer-Azima, F.J. (1989). Confrontation, Empathy and Interpretation Issues in Adolescent Group Psychotherapy. In F.J.Cramer-Azima & L.H. Richmond. (Eds.), Adolescent Group Psychotherapy (pp. 3-19). Madison C.T: International Universities Press.
- Cramer-Azima, F.J (1991). Group Psychotherapy for Children and Adolescents. In M. Lewis (Ed.), Child and adolescent psychiatry (pp.842-850). Baltimore: Williams & Wilkins.
- Csapo, M. (1996). Education for all in South Africa. In P. Engelbrecht., S.M. Kriegler & M.I.Booyesen (Eds.), Perspectives on learning difficulties: International concerns and South African realities (pp. 34-39). Pretoria: J.L. van Schaik Publishers.
- Dawes, A., Robertson, B., Duncan, N., Ensink, K., Jackson, A., Reynolds, P., Pillay, A. & Richter, L. (1997). Child and Adolescent mental Health Policy. In D. Foster, M. Freeman and Y. Pillay (Eds.), Mental Health Policy Issues for South Africa (pp.193-215). Medical Association of South Africa Publishers, Multimedia Publications.
- Dawes, A. & Donald, D. (2000). Improving children's chances: Developmental theory and effective interventions in community contexts. In D. Donald., A. Dawes & J. Louw (Eds.), Addressing Childhood Adversity (pp. 1-25). David Philip Publishers: Cape Town and Johannesburg
- De Jong, T. (2000). School organisation development: A success story. In D. Donald., A. Dawes & J. Louw (Eds.), Addressing Childhood Adversity (pp. 154-175). David Philip Publishers: Cape Town and Johannesburg
- Dekker, K. (1996). Why Oblique and Why Jung? In J.Pearson (Ed.), Discovering the self through drama and movement.The Sesame Approach (pp.39-45). London and Bristol, Pennsylvania: Jessica Kingsley Publishers.
- Donald, D.R. (1981). The Educational Psychologist's investigation of learning disabilities: A re-appraisal. South African Journal of Education, (1), 15-18.

- Duncan, N. (1997). Malnutrition and childhood development. In C. de la Rey, N. Duncan, T. Shefer & A. van Niekerk (Eds.), Contemporary issues in human development. A South African Focus (pp.190-206). Johannesburg: International Thompson Publishing.
- Duncan, N. & Rock, B. (1997). The impact of political violence on the lives of South African children. In C. de la Rey, N. Duncan, T. Shefer & A. van Niekerk (Eds.), Contemporary issues in human development. A South African Focus (pp.133-157). Johannesburg: International Thompson Publishing.
- Du Plessis, N. (1990). A critical review of contemporary Dance/Movement Therapy. Unpublished masters thesis. Department of Speech and Drama, Rhodes University, South Africa.
- Du Toit, L. (1996). An introduction to specialised education. In P. Engelbrecht., S.M. Kriegler & M.I.Booyesen (Eds.), Perspectives on learning difficulties: International concerns and South African realities (pp.5-20). Pretoria: J. L. van Schaik Publishers.
- Dwivedi, K.N. (1993). Conceptual Frameworks. In K.N. Dwivedi (Ed.), Group Therapy with Children and Adolescents – A Handbook. London: Kingsley Publishers.
- Dworkin, P. H. (1985). Specific Learning Disabilities. In Learning and Behaviour Problems of School Children (Major problems in Clinical Pediatrics, Vol. 27) (pp. 40-71). New York: W.H. Saunders.
- Ebata, A.T., Peterson, A. & Conger, J. (1990). The development of psychopathology in Adolescence. In J. Rolf, A.S., Masten, D., Cicchetti, K.H. Nuechterlein, & S. Weintraub (Eds.), Risk and protective factors in the development of psychopathology (pp. 308-333). USA: Cambridge University Press.

- Edwards, D. (1993). The phenomenological case study method in psychological research. Unpublished manuscript. Department of Psychology, Rhodes University.
- Emunah, R. (1994). Acting for real. Drama Therapy, Process, Technique and Performance. Brunner/Mazel Publishers: New York.
- Emunah, R. (1995). From adolescent trauma to adolescent drama. Group drama therapy with emotionally disturbed youth. In S. Jennings (Ed.), Dramatherapy with children and adolescents (pp. 150-168). London and New York: Routledge.
- Ensink, K., Robertson, B.A., Zissis, C., & Leger, P. (1997). Post-traumatic stress disorder in children exposed to violence. South African Medical Journal, 87, 1526 -1530.
- Erikson, E.H. (1977). Childhood and Society. Frogmore, St. Albans and Hertfordshire: Triad/Paladin.
- Fonagy, P. (1996). The future of an empirical psychoanalysis. British Journal of Psychotherapy, 13(1), pp. 106-118.
- Fonagy, P. & Target, M. (2000). Playing with Reality III: The Persistence of Dual Psychic Reality in Borderline Patients. International Journal of Psychoanalysis, 81, 853-873.
- Geldard, K. & Geldard, D. (2001). Working with children in groups. A handbook for counsellors, educators and community workers. Palgrave Publishers.
- Gerber, H.M. (1989). Identifisering van leergestremtheid (Identification of learning disabilities). South African Journal of Education, 9(3), 470-476.
- Gersie, A. & King, N. (1990). Storymaking in Education and Therapy. London and Stockholm: Institute of Education Press, Jessica Kingsley Publishers.

- Gersie, A. (1991). Storymaking in Bereavement: Dragons fight in the meadow. London and Bristol, Pennsylvania: Jessica Kingsley Publishers.
- Gordon, J. (1994). Bion's post-experiences in groups thinking on groups. A clinical example of –K. In Schermer, V.L & Pines, M. (eds.), Ring of Fire – Primitive Affects and Object Relations in Group Psychotherapy (pp.107-127). Londodn: Routeledge.
- Greenhalgh, P. (1994). Emotional Growth and Learning. London and New York: Routeledge
- Hallahan, D.P. & Kauffman, J.M. (1976). Introduction to Learning Disabilities. A Psycho-Behavioral Approach. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Heimann, P. (1950). On counter-transference. International Journal of Psycho-Analysis, 31, 81-84.
- Heimann, P. (1954). Problems of the training analysis. International Journal of Psycho-Analysis, 35, 163-168.
- Hinshelwood, R. D. (1991). A dictionary of Kleinian thought. London: Free Association Books.
- Hopkins, J. (1996). Psychoanalytic and scientific reasoning. British Journal of Psychotherapy, 13(1), pp. 86-105.
- Horne, A. (1999). Normal emotional development. In M. Lanyado & A. Horne (Eds.), The Handbook of Child and Adolescent Psychotherapy. Psychoanalytic Approaches (pp. 31-42). London and New York: Routeledge.
- Hughes, C. (1999). Deprivation and children in care: the contribution of child and adolescent psychotherapy. In M. Lanyado & A. Horne (Eds.), The Handbook of Child and Adolescent Psychotherapy. Psychoanalytic Approaches (pp.293-310). London and New York: Routeledge.

- Ingham, G. (1998). Mental work in a trauma patient. In C.Garland (Ed.), Understanding Trauma: A Psychoanalytical Approach (pp. 96-109). London: Gerald Duckworth and Co. Ltd.
- James, J. (1996). Poetry in Motion: Drama and movement therapy with people with learning disabilities. In J.Pearson (Ed.), Discovering the self through drama and movement. The Sesame Approach (pp.209-221). London and Bristol, Pennsylvania: Jessica Kingsley Publishers.
- Jansen, P. (1996). Assessing the causes of learning disability: A neuropsychological perspective. In P.Engelbrecht, S.M.Kriegler & M.I.Booyesen (Eds.), Perspectives on learning difficulties: International concerns and South African realities (pp.144-154). Pretoria: J.L van Schaik Publishers.
- Jennings, S. (1987). Dramatherapy and Groups. In S. Jennings (Ed.), Dramatherapy: Theory and practice 1 (pp.1-18). London and New York: Routeledge.
- Jennings, S. (1992). Introduction. In S. Jennings (Ed.), Dramatherapy: Theory and Practice 2 (pp. 1-3). London and New York: Tavistock/Routeledge.
- Jones, P. (1996). Drama as therapy. Theatre as Living. London, U.S.A. and Canada: Routeledge.
- Kazdin, A.E. (1981). Drawing valid inferences from case studies. Journal of Consulting and Clinical Psychology, 49(2), 183-192.
- Kiesler, D.J. (1981). Empirical clinical psychology: Myth or reality? Journal of Consulting and Clinical Psychology, 49(2), 212-215.

- Klein, M. (1930/1998). The Importance of Symbol Formation in the Development of the Ego. In Love, Guilt and Reparation and Other Works 1921-1945 (pp.219-232). London: Hogarth Press (1975).
- Klein, M. (1946,1997). Notes on some schizoid mechanisms. In Envy and gratitude and other works:1946-1963 (pp. 1-24). London: Vintage Publishers.
- Koch, E. (1980). Self observation, insight and the development of “knowing” in child analysis. Journal of Child Psychotherapy, 6, 5-22.
- Kriegler, S.M. & Farman, R. (1996). Redistribution of special educational resources in South Africa: beyond mainstreaming towards effective schools for all. In P.Engelbrecht, S.M.Kriegler & M.I.Booyesen (Eds.), Perspectives on learning difficulties: International concerns and South African realities (pp.40-51). Pretoria: J.L van Schaik Publishers.
- Kriegler, S.M. & Skuy, M. (1996). Perspectives on psychological assessment in South African schools. In P.Engelbrecht, S.M.Kriegler & M.I.Booyesen (Eds.), Perspectives on learning difficulties: International concerns and South African realities (pp.109-122). Pretoria: J.L van Schaik Publishers.
- Laban, R. (1988). The Mastery of Movement. Plymouth: Northcote House Publishers Ltd.
- Landy, R. (1986). Drama Therapy: Concepts and practices. Springfield, IL.: Charles C. Thomas.
- Landy, R. (1993). Person and Performance. London: Jessica Kingsley Publishers.

- Lanyado, M. & Horne, A. (1999). The therapeutic relationship and process. In M. Lanyado & A. Horne (Eds.), The Handbook of Child and Adolescent Psychotherapy. Psychoanalytic Approaches (pp. 55-74). London and New York: Routledge.
- Lazarus, S. & Donald, D. (1997). Education and mental health. In D. Foster, M. Freeman and Y. Pillay (Eds.), Mental Health Policy Issues for South Africa (pp. 94-110). Medical Association of South Africa Publishers, Multimedia Publications.
- Lemmer, E.M. (1996). Selected linguistic realities in South African schools: problems and Prospects. In P.Engelbrecht, S.M.Kriegler & M.I.Booyesen (Eds.), Perspectives on learning difficulties: International concerns and South African realities (pp. 324-339). Pretoria: J.L van Schaik Publishers.
- Lepper, G. (1996). Between science and hermeneutics: Towards a contemporary empirical Approach to the study of interpretation in analytic psychotherapy. British Journal of Psychotherapy, 13(2), 219-231.
- Liebowitz, G. (1992). Individual dance movement therapy in an in-patient psychiatric setting. In H. Payne (Ed.), Dance Movement Therapy: Theory and Practice (pp. 102-122). London and New York: Tavistock/Routledge.
- Little, M. (1986). Toward Basic Unity. London: Free Association Books and Maresfield Library.
- Mackay, J. (2001). A Psychodynamic Understanding of Trauma and Adolescence: A case study exploration. Unpublished masters thesis, University of Cape Town, South Africa.
- Magwaza, A.S., Killian, B.J., Petersen, I. & Pillay, Y. (1993). The effects of chronic violence on Preschool children living in South African townships. Journal of Child Abuse and Neglect, 17, 795-803.

- Marold, D.B. (1998). Into the Haunted House of Mirrors: The Treatment Of Multiply Traumatized Adolescents. Journal of Aggression, Maltreatment and Trauma, 2(1), 253-272.
- McDougall, J. (1978). Plea for a measure of abnormality. London: Free Association Books.
- Meekums, B. (1992). The love bugs: dance movement therapy in a Family Service Unit. In Payne, H. (Ed.), Dance Movement Therapy: Theory and Practice (pp. 18-38). London and New York: Tavistock/Routledge.
- Melville, A. (2000). The U.C.T. Child Guidance Clinic: Changing Client Profile and Policies in the 1990's. Unpublished masters thesis, University of Cape Town, South Africa..
- Miller, L. (2002). Adolescents with learning disabilities. Psychic structures that are not conducive to learning. Journal of Child Psychotherapy, 28(1), 29-39.
- Mitchell, S. (1992). Therapeutic theatre: a para-theatrical model of dramatherapy. In S. Jennings (Ed.), Dramatherapy: Theory and Practice 2 (pp. 51-67). London and New York: Tavistock/Routledge.
- Molteno, G., Molteno, C.D., Finchilescu, G. & Dawes, A.R.L. (2001). Behavioural and emotional problems in children with intellectual disability attending special schools in Cape Town, South Africa. Journal of Intellectual Disability Research, 45(6), 515-520.
- Mond, P. (1995). Pinocchio – a handicapped brother: working with healthy siblings through dramatherapy. In S. Jennings (Ed.), Dramatherapy with children and adolescents (pp.109-149). London and New York: Routledge.
- Murray, C.C. & Son, L. (1998). The Effect of Multiple Victimization on Children's Cognition: Variations in Response. Journal of Aggression, Maltreatment and Trauma, 2(1), 131-146.

- Ogden, T.H. (1979). On projective identification. International Journal of Psychoanalysis, 60, 357-373.
- O'Shaughnessy, E. (1990a). Words and working through. In E. Bott Spillius (Ed.), Melanie Klein Today: Developments in theory and practice (Vol.2.Mainly Practice) (pp.138-150). London: Routledge.
- O'Shaughnessy, E. (1990b). W.R. Bion's theory of thinking and new techniques on child analysis. In E. Bott Spillius. (Ed), Melanie Klein Today: Developments in theory and Practice (Vol. 2. Mainly Practice) (pp.177-189). London: Routledge.
- Parsons, M., Radford, P. & Horne, A. (1999). Non-intensive psychotherapy and assessment. In M. Lanyado & A. Horne (Eds.), The Handbook of Child and Adolescent Psychotherapy. Psychoanalytic Approaches (pp.215-232). Routledge: London and New York.
- Payne, H. (1988). The Use of Dance Movement Therapy with Troubled Youth. In C.E. Schaefer (Ed.), Innovative Interventions in Child and Adolescent Therapy (pp. 68-97). New York and London: John Wiley and Sons.
- Payne, H. (1992). Shut in shut out: Dance Movement Therapy with Children and Adolescents. In H. Payne (Ed.), Dance Movement Therapy: Theory and Practice (pp. 39-80). London and New York: Tavistock/Routledge.
- Pearson, J. (1996). Discovering the self. In J. Pearson (Ed.), Discovering the self through drama and movement: The Sesame Approach (pp.7-16). London and Bristol, Pennsylvania: Jessica Kingsley Publishers.

- Pearson, J. (1996). Marian Lindkvist and Movement with Touch. In J. Pearson (Ed.), Discovering the self through drama and movement: The Sesame Approach (pp.52-71). London and Bristol, Pennsylvania: Jessica Kingsley Publishers.
- Reid, D.K. & Hresko, W.P. (1981). A cognitive approach to learning disabilities. New York: McGraw-Hill.
- Richter, L., Griesel, D. & Rose, C. (2000). The psychological impact of a school-feeding project. In D. Donald., A.Dawes & J. Louw (Eds.), Addressing Childhood Adversity (pp.74-93). Cape Town and Johannesburg: David Philip Publishers.
- Rose, S.R. (1998). Group work with children and adolescents. Prevention and intervention in school and community systems. Thousand Oaks, London and New Delhi: Sage Publications.
- Rosenfeld, (1987). Impasse and Interpretation: Therapeutic and anti-therapeutic factors in the Psychoanalytic treatment of psychotic, borderline and neurotic patients. London: Tavistock Publications.
- Rustin, M. (1997). The generation of psychoanalytic knowledge: Sociological and clinical Perspectives: Part one: "Give me a consulting room...". British Journal of Psychotherapy, 13(4), 527-541.
- Salzberger-Wittenberg, I., Henry, G. & Osborne, E. (1983). The emotional aspects of learning and teaching. London: Routledge and Keagan Paul.
- Sandler, S., Dare, C. & Holder, A. (1992). The Patient and the Analyst. The Basis of the Psychoanalytic Process. (2nd edition). Londodn: Karnac Books.
- Sattler, J.M. (1992). Assessment of children (3rd edition). San Diego: Jerome M. Sattler, Publisher, Inc.

- Scharff, J.S. (1992). Projective and introjective identification and the use of the therapist's self. New Jersey: Jason Aronson.
- Schiffer, M. (1986). Activity Group Therapy Revisited. In A.E Riestler & I.A. Kraft (Eds.), Child Group Psychotherapy. Future Tense (pp.223-262). Madison and Connecticut: International Universities Press, Inc.
- Schwartz, J. (1996). What is science? What is psychoanalysis? What is to be done?. British Journal of Psychotherapy, 13(1), 53-63.
- Segal, H. (1957/1990). Notes on symbol formation. In E. Bott Spillius (Ed.), Melanie Klein today: Developments in theory and practice (Vol. 1. Mainly theory) (pp. 160-177). London: Routledge.
- Segal, H. (1978). On Symbolism. International Journal of Psychoanalysis, 59, 310-320.
- Sherborne, V. (1990). Developmental Movement for Children. New York: Cambridge University Press.
- Siegelman, E.Y. (1990). Metaphor and meaning in psychotherapy. The Guilford Press.
- Sinason, V. (1991). Psychanalytical psychotherapy with the severely, profoundly and multiply handicapped. In R. Szur & S. Miller (Eds.), Extending Horizons. Psychoanalytic Psychotherapy with Children, Adolescents and Families (pp.225-242) London and New York: Karnac Books.
- Sinason, V. (1992). Mental Handicap and the Human Condition. New Approaches from the Tavistock. London: Free Association Books.

- Sinason, V. (2001). Abuse and handicap: South Africa's dangerous legacy. Psycho-analytic Psychotherapy in South Africa, 9(2), 1-12.
- Smith, S.L. (1979). No easy answers: Teaching the learning disabled child. Cambridge, Massachusetts: Withrop Publishers Inc.
- Stanton, K. (1992). Imagery and metaphor in group dance movement therapy: a psychiatric outpatient setting. In H. Payne (Ed.), Dance Movement Therapy: Theory and Practice (pp.123-140). London and New York: Tavistock/Routledge.
- Stern, D.N. (1985). The Interpersonal World of the Infant. USA: Basic Books.
- Straus, M.B. (1994). Violence in the Lives of Adolescents. New York and London: W. W. Norton and Company.
- Strupp, H.H. (1981). Clinical research, practice, and the crisis of confidence. Journal of Consulting and Clinical Psychology, 49(2), 216-219.
- Thornton, S. (1996). Laban and the Language of Movement. In J. Pearson (Ed.), Discovering the self through drama and movement: The Sesame Approach (pp. 78-83). London and Bristol, Pennsylvania: Jessica Kingsley Publishers.
- Tosey, P. (1992). The snake sheds a skin: themes of order and chaos in dance movement therapy. In H. Payne (Ed.), Dance Movement Therapy: Theory and Practice (pp.242-260). London and New York: Tavistock/Routledge.
- Tuby, M. (1996). Jung and the Symbol: Resolution of Conflicting Opposites. In J. Pearson (Ed.), Discovering the self through drama and movement: The Sesame Approach (pp. 34-38). London and Bristol, Pennsylvania: Jessica Kingsley Publishers.

- Ungar, V. & De Ahumada, L.B. (2001). Supervision: A Container-Contained Approach. International Journal of Psychoanalysis, 82 (1), 71-81
- Urwin, C. (2002). A Psychoanalytic Approach to Language Delay: When autistic isn't necessarily autism. Journal of Child Psychotherapy, 28(1), 73-93.
- Van den Berg, O. & Naicker, S.M. (1996). Private trouble or public issue? School failure in In sociopolitical context. In P.Engelbrecht, S.M.Kriegler & M.I. Booysen (Eds.) Perspectives on learning difficulties: International concerns and South African realities (pp. 21-32). Pretoria: J.L. van Schaik Publishers.
- Van den Berg, R. (2002). Linking theory and technique in a systems approach to learning problems in disadvantaged children. Paper in publication.
- Waitman, A & Conboy-Hill, S. (1992). Psychotherapy and Mental Handicap. London, Newbury Park, New Delhi: Sage Publications,
- Wallace, G. & McLoughlin, J.A. (1979). Learning Disabilities: Concepts and Characteristics. (2nd edition). Columbus, Toronto, London, Sydney: Charles E. Merrill Publishing Company.
- Wallerstein, R.S. & Fonagy, P. (1999). Psychoanalytic research and the IPA: History, present status and future potential. International Journal of Psychoanalysis, 80, 91-109.
- Watt, F. (1994). Is it safe enough to learn? Psychodynamic Counselling, 1(1), 119-136.
- Watts, P. (1992). Therapy in Drama. In S. Jennings (Ed.), Dramatherapy: Theory and Practice 2 (pp. 38-50). London: Routeledge.

- Wilson, P. (1999). Delinquency. In M. Lanyado. & A. Horne (Eds.). The Handbook of Child and Adolescent Psychotherapy Psychoanalytic Approaches (pp. 311-328). London and New York: Routeledge.
- Winnicott, D.W. (1971). Playing and reality. London and New York: Routeledge.
- Winnicott, D.W. (1986). The Theory of the Parent-Infant Relationship. In P. Buckley (Ed.), Essential Papers on Object Relations (pp. 233-253). New York/London: New York: University Press.
- Yalom, I. (1985). The Theory and Practice of Group Psychotherapy. (3rd ed). New York: Basic Books.
- Yin, R.K. (1994). Case study research. Design and methods. Beverly Hills: Sage.