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**Oedipal dynamics between a male-female co-therapist dyad and a group  
of adolescent boys with learning difficulties: A case study exploration**

By

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ISMFAL001

A minor dissertation submitted in partial fulfillment of the requirements for the award of  
a degree of Master of Social Science in Clinical Psychology

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## DECLARATION

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

Signature: signature removed

Date: 01-09-2005

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## ABSTRACT

Theoretical literature indicates that a male-female co-therapist dyad in a psychotherapy adolescent group provides for the opportunity of parental transferences, including Oedipal conflicts, to occur. However, limited empirical data is available regarding male-female co-facilitation in therapeutic groups for adolescent boys with learning difficulties, especially concerning the re-activation of the Oedipal complex.

This dissertation explored the usefulness of Oedipal theory for understanding the interactions that emerged between a group of adolescent boys with learning difficulties and a male-female co-therapist dyad. The study was located within a theoretical context of understandings of the re-activation of the Oedipal complex during the developmental stage of adolescence, and the manner in which learning difficulties contribute to and maintain difficulties in children's cognitive, social and emotional development. The research takes the form of a psychoanalytic case study. Vignettes drawn from clinical case material of the psychotherapy adolescent group of the Learning Problem Programme (LPP) at the Child Guidance Clinic of the University of Cape Town were analysed using a psychoanalytic framework. The group members consisted of 10 adolescent boys, mainly from disadvantaged communities in the 'Cape Flats' area of Cape Town. Analysis of the case material indicates that the manner in which Oedipal phenomena unfolded was influenced by multiple factors, and highlights the limitations of an interpretive therapeutic model in group work with adolescent boys who have learning difficulties. Recommendations for the LPP psychotherapy group, and for group work with adolescent boys with learning difficulties in other contexts, are offered.

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## CHAPTER 1: INTRODUCTION

South Africa is currently celebrating ten years of democracy following decades of apartheid and political violence. Although the country's transformation has started to address past inequalities in the health, justice and education sectors, ten years of reconstruction has not completely eradicated the debris of decades of social inequalities, for disadvantaged communities are still currently struggling with socio-economic difficulties.

The current post-apartheid education system is based on the new national education curriculum for general education and training, Curriculum 2005, which was phased in from January 1998. This education curriculum incorporate an outcome based approach focusing on skills, values and attitudes that is aimed to address past inequalities of the education system in South Africa (Biersteker & Robinson, 2000). However, schools in disadvantaged communities continue to face overcrowded classrooms, with an average of 40-50 learners per class, in addition to major shortfalls in teachers, books, and adequate learning facilities (Biersteker & Robinson, 2000). Several authors (Csapo, 1996; Donald, 1996; Du Toit, 1996; Kriegler & Farman, 1996; Kriegler & Skuy, 1996) emphasise that these difficulties have, and will continue to, negatively influence the provision of an effective education system, especially for children and adolescents who have difficulties in learning. The mainstream schooling system currently accommodates some of these children through the establishment of remedial classes, which run in addition to normal classes. However, these remedial classes are not able to provide individual attention, as a result of the high demand of learners requiring intervention. Furthermore, due to limited experienced educators and school funds, these remedial classes tend to be inconsistent and temporary (Biersteker & Robinson, 2000). Therefore, resources cannot adequately provide for the needs of these children, who generally require individual scholastic input that assists the child's learning ability on a permanent and consistent level (Donald, 1996; Du Toit, 1996; Kriegler & Farman, 1996; Kriegler & Skuy, 1996).

The Child Guidance Clinic (CGC) is the training facility for Masters in Clinical Psychology at the University of Cape Town (UCT). The function of the CGC is twofold: to provide training for psychology masters students and to provide psychological services to local communities who cannot afford private mental health services. According to Melvill (2000), the needs of clients referred to, and assisted by the CGC, have changed significantly in the recent years. Melvill (2000) indicates that from the 647 referrals to the CGC during the 10-year period (1990 -1999), 293 (45.3%) were related to school and academic problems, and 197 (30.4%) were related to disruptive behaviour problems. The gender distribution also indicated that these referrals were predominantly males for both the academic and disruptive behaviour problems (67.2% and 65.3% respectively). With the decrease in the public remedial services available for children diagnosed with learning difficulties, there has been an increase in referrals to the CGC of children with learning difficulties.

In 2000, the CGC started the Learning Problems Programme (LPP), a project to assist children and adolescents with learning difficulties. Initially, the Clinical Psychology masters students provided both remedial and emotional assistance for the children and adolescents, while their parents attended a support group facilitated by a clinical psychologist. However, the programme later expanded to accommodate both the increase in cases presented at the CGC and the need to provide specialised remediation. In 2001, a collaboration with the Cape Technikon Teacher Training College was initiated, whereby the trainee remedial teachers would provide the remediation, and the Clinical Psychology masters students, under supervision, would facilitate psychotherapy groups.

The LPP caters mainly for families from the 'Cape Flats' area, which predominantly consists of 'coloured'<sup>1</sup> communities. These areas are socio-economically disadvantaged and characterised by high levels of unemployment, inadequate housing, poorly resourced

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<sup>1</sup> Historical reference to racial categories, which have a specific reality in the South African context. It is therefore necessary, and is used for the purpose of description and clarity in the context of this study. However, the researcher rejects the racism implied in racial categorisation.

schools and high levels of violence. It is important to acknowledge the impact of these contextual factors on the LPP. Firstly, remedial intervention and psychotherapeutic support may be of limited effectiveness when some children and their families lack basic needs such as safety, food, and employment. Secondly, the remediation and psychotherapy groups are conducted mainly in English. However, many of the children are first-language Afrikaans or Xhosa speaking. Lastly, the communities in which these children live and go to school may lack the resource structures to sustain any change the project may have on the children's scholastic ability and relationship with their parents.

As a Clinical Psychology masters student in 2003, part of my first year of training was to gain practical experience in group therapy. I was assigned to the LPP to co-facilitate, with a male student, a psychotherapy group for adolescent boys with learning difficulties. This was my first experience in running group therapy for adolescents with learning difficulties. It was also the first time that the LPP adolescent group had been facilitated by a male-female co-therapist dyad. Prior to 2003, the groups were each facilitated by one Psychology masters student. Based on the difficulty in management of these groups by a single facilitator, it was recommended that the groups be facilitated by two Psychology masters students, one male and one female. The experience of the male-female co-therapist dyad in the adolescent group of the LPP in 2003 was significantly different to that of the previous group therapists, in relation to the dynamics and interaction between the group members and the co-therapists, and particularly with regard to what appeared to be the re-emergence of Oedipal phenomena.

While present literature (Barratt & Segal, 1996; Berkovitz, 1972; Scheidlinger & Aronson, 1991) recommends male-female co-facilitation for trainee therapists in managing groups with adolescents, in order to create an opportunity to address adolescent relationships with parental figures, it does not explicitly suggest that this will entail the re-activation of Oedipal conflicts. There is limited empirical data on co-facilitation in adolescent therapy groups, especially concerning the re-activation of the Oedipal complex enacted with a male-female co-therapist dyad, as well as the impact that a learning difficulty may have on this form of interaction. However, the ways in which the

adolescent group members in the LPP interacted with myself and the male co-therapist consistently reproduced Oedipal themes that have been identified in the psychoanalytic literature. Based on these observations, the aim of the current study is to explore the usefulness of Oedipal theory for understanding the interactions that emerged between the group members and the male-female co-therapist dyad, and to consider the role of learning difficulties in influencing Oedipal themes in this group of adolescents.

The research takes the form of a case study. Case material will be analysed through the psychodynamic framework, with a particular emphasis on Oedipal theory and on psychodynamic understandings of learning difficulties. This will incorporate a comparison of salient dynamics in the group process with relevant theory. It is hoped that the research will contribute to existing psychodynamic literature on the Oedipal complex in adolescent boys, and will yield data regarding Oedipal phenomena in adolescent boys with learning difficulties. It is also hoped that the data will inform the LPP interventions at the CGC.

### **1.1. Structure of the dissertation**

The structure of the dissertation is as follows:

**Chapter two** begins with an examination of the concept of adolescence, its developmental tasks and challenges, and psychoanalytic understandings of this developmental stage, with an emphasis on the Oedipus complex. It then reviews literature regarding learning difficulties in adolescence and the behavioural and emotional difficulties that are commonly associated with learning difficulties.

**Chapter three** reviews therapeutic interventions with adolescents, focusing on psychodynamic group psychotherapy. The active analytic approach, the role of the group therapist, and challenges when working with adolescents in a psychotherapeutic group are considered.

In **Chapter four**, the qualitative research approach and case study methodology are described, and advantages and shortcomings are considered. Particular consideration is given to the use of qualitative interpretation based on a psychoanalytically informed framework.

In **Chapter five**, the analysis of the case material is presented to illustrate and discuss the manifestation and progression of the re-activated Oedipal phenomena in the relationship between the LPP adolescent group members and the male-female co-therapist dyad. This development will be demonstrated in relation to the different stages of the group process.

**Chapter six** offers a summary of the findings, a discussion of the limitations of the study, and recommendations based on the key aspects covered in this work and on my own experience as co-therapist of the adolescent psychotherapy group of the Learning Problems Programme at the CGC.

## **1.2. Conclusion**

This chapter commenced with the broader South African context and the effects of apartheid. This was followed by a description of the post-apartheid education system in relation to disadvantaged communities. Thereafter, the CGC context, with an emphasis on the historical establishment and transformation of the LPP project, were outlined. The use of a male-female co-therapist dyad in the 2003 adolescent therapy group, and the subsequent emergence of Oedipal themes in the group, was noted. The rationale and purpose for the study were discussed. The chapter concluded with an outline of the structure of the dissertation.

## **CHAPTER 2: PSYCHOLOGICAL TASKS AND CHALLENGES OF ADOLESCENCE**

This chapter reviews the key theoretical concepts pertaining to this study of Oedipal themes in psychoanalytic group therapy for adolescent boys with learning difficulties: 'Adolescence', 'Oedipus complex' and 'Learning difficulties'. Firstly, an overview of the concept of adolescence, and its developmental tasks and challenges, will be provided. This is followed by a review of psychoanalytic understandings of adolescence as a psycho-sexual stage, with a specific emphasis on the Oedipus complex, and its re-activation, which is fundamental for understanding the process of separation during adolescence. Finally, the chapter will review the conceptualisation and psychodynamic understandings of learning difficulties in relation to adolescent boys.

### **2.1. Adolescence**

The term 'adolescence' generally refers to the transitional and turbulent stage of human development during which the individual undergoes the process of growing from a child into an adult, marked by physiological, psychological and social changes (Ausubel, Montemayor & Svajian, 1977a; Ebata, Petersen & Conger, 1990; Richter, 1997; Wilson, 1991).

Several authors (Ausubel et al., 1977a; Zimbardo, 1992) agree that the precise onset, duration, and termination of adolescence vary with cultural context and individual rate of maturation. However, puberty (that is, the capacity to reproduce) is often the developmental marker used to designate the onset of adolescence (Zimbardo, 1992). The onset and duration of normal puberty vary according to gender: for girls, puberty usually occurs between the ages of 8 and 18 years and, for boys, between the ages of 9 and 19 years. However, Ausubel and colleagues (1977a) emphasise that the concept of

adolescence is not just biologically but also socially determined, and Berg (2001) warns that 'adolescence' is a western concept and may not be universally applicable.

During adolescence, certain tasks are vital to development. The following section will briefly review the general tasks relating to this developmental stage, and the challenges these may create for the adolescent. Thereafter, the specific psychological challenges presented by the re-activation of Oedipal phenomena, and by the presence of learning difficulties in adolescence, are considered in turn.

## **2.2. Developmental tasks and challenges of adolescence**

The review of literature indicates that the concept of developmental tasks has been extensively covered. Although somewhat dated, Havighurst (1951) defines developmental tasks as "*the skills, knowledge, functions, and attitudes that an individual must acquire at a certain time during development in order to continue to advance to higher levels of development*" (cited in Ausubel, Montemayor & Svajian, 1977b, p.35).

Literature indicates that there are several tasks that adolescents face while negotiating their journey from childhood to adulthood (Ausubel et al., 1977b; Jackson & Bosma, 1990; Wilson, 1991). The following tasks have been individually emphasised as fundamental to this developmental period: identity formation (Erikson, 1968b), separation from parental figures (Blos, 1975), and sexual maturation (Reynolds & Wines, 1969). Havighurst (1951) also identifies the following tasks as central to adolescence: "*accepting one's physique, and masculine or feminine role; developing new relations with age mates of both sexes; establishing emotional independence from parents and other adults; achieving assurance of economic independence; selecting and preparing for an occupation; developing intellectual skills and concepts necessary for civic competence; desiring and achieving socially responsible behavior; preparing for marriage and family life; and building conscious values in harmony with social norms*" (cited in Ausubel et al., 1977b, p. 36). Additionally, Evans (1998) states that the ability to

effectively use aggressive drives is also an essential task during adolescence, whereby adolescents channel and express these drives in a more productive, non-destructive manner. These authors all agree that failure to master these tasks appropriately may result in poor adjustment and the inability to negotiate later tasks. Jackson and Bosma (1990) argue that there is, therefore, a direct link between developmental tasks and coping, as adolescents need to manage these changes successfully.

Several authors recognise that adolescence is a distinct stage of development where adolescents are subjected to a multitude of changes in sexuality, personality, cognitive, and intellectual abilities (Ausubel et al., 1977b; Ebata et al., 1990; Jackson & Bosma, 1990). While these are all present, the adolescent is considered as neither being a child nor an adult. There is therefore a great demand to manage and adapt to these overwhelming changes (Jackson & Bosma, 1990; Olbrich, 1990; Wilson, 1991). This gives rise to the question of whether troubled adolescents should be perceived as pathological due to their inability to cope or adapt effectively. However, Jackson and Bosma (1990) argue that it is equally possible to view them as individuals whose potential coping capacities are not yet fully developed. This then gives rise to the exploration of possibilities and conditions in which coping skills can be taught and where pathological defense mechanisms can be changed to more appropriate coping abilities (Olbrich, 1990).

Several authors (Bradshaw, 2000; Meissner, 1969) highlight the importance of the home environment, as the adolescent years represent a crucial period in the formation of identity, values, ideals and attitudes that is profoundly influenced by the relations between the adolescent and their parents. These authors further emphasise that the disturbance in the development of identity of some adolescents has been traced to the influence of inconsistencies in intra-familial relationships. Richter (1997) and Wilson (1991) argue that, due to shared thoughts and feelings, adolescents experience greater involvement with peers, which affects their relationship with their parents. There are debates as to the potency of peer influences during adolescence (Richter, 1997; Wilson, 1991). However, the general consensus is that family ties inevitably loosen up during this

period, that conflict in the parent-adolescent relationship may occur, and that transformation in this relationship is often required due to the adolescent's increased need for autonomy.

A major change in the school context also occurs during adolescence, where the transition to the more complex school setting of individual subject educators and multiple subject choices challenges the coping resources of adolescents. This may lead to a decline in school performance and an increase in other forms of coping, such as substance use, gang relations, and sexual behaviour (Ebata et al., 1990)

In summary, adolescence, as a developmental stage, is characterized by major growth and change, and a need to cope and adapt to these fundamental challenges. In addition to physical changes, there is a transformation in the parent-child relationship, and peers become increasingly influential and contribute significantly to the process of development and socialisation. The following section will focus on psychoanalytic understandings of adolescent development, which emphasise the unconscious psychological tasks for this developmental period in relation to family and peer relationships.

### **2.3. Psychoanalytic understandings of adolescence**

The cornerstone of psychoanalytic theories of development is Freud's theory of the psychosexual stages of human development; that is, the oral, anal, phallic, latency, and genital stages (Freud, 1905/1938). Several authors (Corey, 2001; Muuss, 1988) agree that Freud seemed to be preoccupied with the role of infantile sexuality in normal and abnormal development and, because of his emphasis on the importance of the first six years of life in human development, climaxing in the resolution of the Oedipal complex; he placed relatively little emphasis on pubescence and adolescence. This review will therefore also draw on other theorists, particularly Erikson and Blos, in an attempt to address this theoretical neglect of adolescence in classical psychoanalytic theory.

Psychosexual development, according to Freud, begins in early infancy and passes through a series of predetermined, highly differentiated stages, named according to the body zones or erogenous zones that provide libidinal satisfaction during that particular developmental period (Freud, 1905/1938). Freud assumed that these stages are universal, that each individual, regardless of society and culture, must move through this invariable sequence of psychosexual experiences to reach maturity (Muuss, 1988). According to Freud's (1905/1938) *Three essays on sexuality*, the main psychosexual events during puberty are: subordination of the oral and anal erotogenic zones to the primacy of the genital zone; the setting up of new sexual aims with an emphasis on the need for penetration as opposed to only sexual pleasure (masturbation); and the finding of new sexual objects outside the family (Esman, 1975; Freud 1905/1938). Freud (1905/1938) theorised that the sexual instinct prior to puberty is predominantly autoerotic, with the sexual aim of obtaining pleasure, but shifts during puberty, developing into the need for sexual intercourse and procreation.

Esman (1975) and Muuss (1988) agree that Erikson's theory of the eight stages of man (1968a) modifies, and expands on, the Freudian theory of psychosexual development. The modification is in the shift from an emphasis on the psychosexual nature of development to a new theory of 'psychosocial development'. The core concept in this theory is the acquisition of an ego-identity, and the identity crisis becomes the outstanding characteristic of adolescence (Erikson, 1968a; 1968b). Although the development of an individual's identity differs from culture to culture, it has a common element in all cultures: the child must receive consistent and meaningful recognition of his or her achievements and accomplishments in order to acquire a strong and healthy ego-identity. The accomplishment of this primary developmental task will assist the individual when moving towards adulthood (Evans, 1998). Resolving the identity crisis helps the individual to develop a coherent sense of self, but failing to do so adequately may result in a self-image that lacks a central stable core (resulting in diffusion of the self) (Erikson, 1968a). During this time, adolescents also struggle to define who they are

and where they are going, and failure to achieve a sense of identity results in what Erikson (1968b, p. 131) refers to as “*identity confusion*”.

According to Erikson (1968b, 1969), adolescence is the concluding stage of childhood and the process is complete when the childhood identifications are reconfigured into a new kind of identification, and integrated with the opportunities offered by the culture’s social roles. Erikson (1968b, 1969) argues that although the end of adolescence is the stage of an overt identity crisis, identity formation neither begins nor ends with adolescence. He states that it is a lifelong development, which is largely unconscious to the individual and their society.

Blos’ (1975) theory of adolescent development, which has not been as widely accepted in the developmental literature as Erikson’s theory, suggests that a crucial task for normal adolescent development is the separation from parents, which Blos (1975) refers to as “*the second individuation process*” (p. 157). The first individuation process, a concept developed by Mahler (1975), is completed towards the end of the third year of life, and is characterised by the child’s realisation of “*object constancy*” and its ability to distinguish between inside and outside reality – between ‘me’ and ‘not me’ – and between self and mother (Mahler 1975, p. 109). The adolescent individuation process helps to establish a personal, social, and sexual identity (Blos, 1975), which requires a turning away from parents and, because there is still insufficient autonomy, a temporary turning toward the peer group. Blos (1975) argues that difficulties in the successful completion of the second individuation process may manifest in acting-out behaviour, learning disorders, patterns of procrastination, moodiness, apathy, and negativism. As indicated by Blos (1975), it is only during adolescence that developmental regression is a necessary and healthy part of development. Regression provides an opportunity to return to a previous stage of psychosexual development in order to come to terms with the tension and conflict evoked at the present level of development (Corey, 2001). In adolescence, regression re-opens conflicts of previous ego (personality organization) and libidinal (sexual) drives, and provides an opportunity for the resolution of these conflicts in order to achieve a mature sexual and adult identity (Blos, 1975). This detour of regression is important during

adolescence, as it is seen as a precondition of progress, “*without which emotional maturity cannot be attained*” (Blos, 1962, cited in Muuss, 1988, p. 92).

The psychoanalytic theory of the Oedipus complex is central for understanding the process of the separation from family ties in adolescent development. The following section will address psychoanalytic theories of the Oedipus complex.

#### **2.4. Psychoanalytic theories of the Oedipus complex**

As noted by Mitchell (2000), the operations of the Oedipus complex were recognised as early as Freud’s first full case-histories of *Little Hans* (1909), *Dora* (1905) and the *Rat Man* (1909) before it was fully formulated as a theory. According to Freud (1949), the Oedipus complex for both sexes reaches its peak between the ages of about three and six years, known as the ‘phallic stage’ of psychosexual development. Its resolution marks the beginning of the latency period, when sexuality withdraws into the background until puberty (the genital stage) and the appearance of adult sexuality. For the purpose of this study of adolescent boys, it is vital to elaborate on how the Oedipal process of males evolves and what leads to its dissolution. It is beyond the scope of this study to elaborate on the Oedipal theory or ‘Electra Complex’ as it applies to females.

According to classical Freudian theory, at a very early age the male child predominantly channels his psychic or mental energy towards his mother. Freud (1923/1995) refers to this as developing “*an object-cathexis*” (p. 640) for the mother, which is originally related to the mother’s breast. During this time, the male child also identifies with his father, perceiving him as an ‘ideal’ or hero, and wanting to grow up in his father’s image. These two relations continue next to each other with no interference or influence until around the age of three or four when the male child’s unconscious sexual desires for his mother intensify, and he starts to perceive his father as an obstacle to their gratification, which occurs around the age of three or four. According to Freud (1923/1995), the boy’s previous identification with the father becomes more hostile in nature and shifts into a

wish to get rid of the father in order to be with the mother. At this point, the male child has ambivalent relations with his father and an exclusively affectionate object relation with his mother, which Freud (1923/1995) refers to as the “*simple positive Oedipus complex in a boy*” (p. 640). Britton (1992) states that the Oedipus complex is based on the Greek mythology of the god Oedipus Rex who wanted to kill his father and marry his mother, leading Jocasta, his mother, to suicide and Oedipus to blinding himself. According to Freud (1924/1995), the mere repression of the complex intact is the foundation of neurosis, and something other than repression is needed for healthy development. Freud (1924/1995) provides two possible explanations for the collapse of the Oedipus complex: either it reaches a natural time for its disintegration, giving the opportunity for the next stage of psychosexual development, or it fails due to the effects of its internal unfeasibility.

The Oedipus complex offers the male child two possible options of satisfaction (Freud, 1924/1995). Firstly, the boy could put himself in his father’s position in a masculine manner and have intercourse with his mother (the active option). However, he then faces the possibility of being punished by his father. Secondly, he might want to take his mother’s position and be loved by his father (the passive option), so that his mother becomes redundant. Freud (1924/1995) argues that, unconsciously, both options for the boy create ‘castration anxiety’ (fear of loss of his penis) either through punishment by his father or by taking his mother’s position, for the latter is based on the perception of women having been castrated (not possessing a penis). This leads to conflict between his narcissistic interest in his genital part (his penis) and the libidinal cathexis of his parental object. For Freud, healthy development requires the “*dissolution*” of the Oedipus complex, whereby something has to be sacrificed (Freud, 1924/1995, p. 664). In the case of the male child, the object-cathexis of his mother must be sacrificed and filled with either an identification with his mother or an intensified identification with his father (Freud, 1924/1995). For Freud, the intensified identification with his father would lead to a consolidation of the boy’s masculine characteristics (Freud, 1924/1995). Therefore, to resolve this conflict, the boy introjects into the ego the authority of the father, taking in his values and standards, intensifying his identification with his father. This then forms

the core of the boy's superego. This takes over the father's severity, continues the prohibition against incest, and protects the ego from the return of the libidinal object-cathexis (Freud, 1924/1995). As a result, the Oedipus complex's libidinal impulses become partially desexualised and sublimated (that is, redirected into other, less threatening, activities), which gives rise to the latency period, where the primary objective is the further integration of the oedipal identifications and the development of mastery skills (Freud, 1924/1995).

Melanie Klein later re-formulated Freud's theory of the Oedipus complex. Klein's (1969) view of the Oedipus complex is based on her analyses of very young children. She argues that the Oedipus complex comes into operation earlier than assumed by the classical Freudian view. She focuses on the pre-genital stages and early object relations (part and whole) in the development of the early stages of both the Oedipus complex and the super-ego, emphasising that the super-ego precedes and promotes the development of the Oedipus complex. She states that although the infant's pre-genital impulses are still growing, it is already beginning to feel, apart from the oral and anal desires, genital desires for the parent of the opposite sex and jealousy and hatred of the parent of the same sex (Klein, 1969). The infant experiences conflict regarding the ambivalent feelings of love and hate towards the parent of the same sex (Klein, 1969). For Klein, this satisfies the criteria for the early stages of the Oedipus conflict (Klein, 1969). She considers the sense of guilt associated with pre-genital fixation as a direct effect of the Oedipus conflict; Oedipal wishes become associated with a dread of castration and feelings of guilt, the latter being a product of the formation of the super-ego.

According to Klein (1969), the early stages of the depressive position and the Oedipus complex are clearly linked and develop simultaneously. In Klein's definition of the depressive position, it is implicit that the Oedipus complex is an integral part of, and begins to develop during, this time (Segal, 1973). Klein (1969) states that the depressive position begins to develop between three and six months, and entails major steps in psychic integration. For Klein, this is when the part objects (breast, penis, voice, etc.) are recognized to be parts of one single, whole object. The infant realises that love and hate

are not being experienced towards separate objects, but are directed towards the same object (Klein, 1969). This gives rise to the infant feeling guilty over its attacks on the good object and becoming afraid of the damage done to the good object, as well as afraid of losing the object. The infant has a strong wish to repair the object believed to have been damaged (Klein, 1969).

When the mother is perceived as a whole object, Klein (1969) reiterates, there is a change in the infant's relation to the mother, and how it perceives the world. This leads to the infant recognising people as individual and separate, and as having relationships with one another. The link that exists between the mother and father is therefore recognised (Klein, 1969). This sets the stage for the Oedipus complex. As Klein (1969) emphasised, the growth in distinguishing between self and object and between the real and ideal object is a vital component in the depressive position. In confronting the parental relationship, the infant's aspiration of sole ownership of the desired parent has to be relinquished. The infant needs to combine different emotional views of the same object (that is, the mother perceived as a loving feeding mother, *and* the father's sexual partner) (Britton, 1992). However, Britton (1992) argues that if there is no integration, but only a continuation of the split in having one permanently good parent and one permanently bad parent, it often leads to recurring patterns of behaviour, (that is, repeated re-enactments of stereotyped Oedipal situations in life). Britton (1992) states that Melanie Klein's concept of the depressive position is intertwined with Freud's Oedipus complex and the one cannot be resolved without the other. He suggests that one resolves the Oedipus complex by working through the depressive position and vice versa.

Self-psychology later re-evaluated the universal applicability of the classical theory of the Oedipus complex. This led to the view that, although the child's Oedipal experiences, specifically its conflicts and guilt, are explained by the classical theory of drives and objects, there is a shortfall in providing an adequate framework for some of the most important experiences of an individual, especially relating to the development of the self (Kohut, 1990). For Kohut (1990), adding a self-psychological dimension enriches the classical theory of the Oedipus complex. Self-psychology views the presence of a firm

self as a prerequisite for the experience of the Oedipus complex, however acknowledges that it would be psychologically misleading to consider the child's Oedipal experiences in isolation (Kohut, 1990). The child's experiences during the Oedipal phase become understandable only when they are considered within the context of the responses (empathic, partially empathic, or unempathic) from the self-object aspects of the environment, as with earlier phases of development. The child is able to experience the object-instinctual desires that lead to the conflicts and adaptations of the Oedipal period, if the child sees itself as an autonomous unit striving to find its own direction (Kohut, 1990).

Self-psychology focuses on the positive aspect of the Oedipal period, where empathic parents will generally respond in two ways to the affectionate desire and the assertive-competitive rivalry of the Oedipal child (Kohut, 1990). The parents will react to this by becoming sexually stimulated and counter-aggressive and, at the same time, they will react proudly to the child's developmental achievement of drive and assertiveness (Kohut, 1990). He reiterates that, although these two parental attitudes appear inconsistent, they are combined under normal circumstances. Ideally, the parents will be able to establish an empathic contact with the developing self of the child's Oedipal desires and not view it in isolation as disturbed sexuality and hostility in the child. Kohut (1990) states that the Oedipal complex of a child that enters the Oedipal phase with a firmly cohesive self, and having parents with healthy cohesive selves, will contain a measure of joy throughout, despite the unavoidable frustrations of the sexual and competitive desire and the unavoidable conflicts caused by ambivalence and castration anxiety. However, he argues that if this parental response is absent or distorted during the Oedipal phase, the child's Oedipal conflicts will adopt a malicious quality or will intensify. The psychology of the self, therefore regards the Oedipus complex *“as the format in which an important contribution to the firming of the independent self takes place, allowing it to follow its own pattern with greater security than before, whether or not it leaves the individual beset by guilt and prone to neurosis”* (Kohut, 1990, p. 238). Self-psychology considers the Oedipal period as a source of potential strength, rather than weakness. However, there are ongoing debates as to whether one could consider the

dramatic desires and anxieties of the Oedipal child as normal events or as the child's reactions to empathic failures from the self-object environment of the Oedipal phase (Kohut, 1990).

There are some critiques of the universality of the Oedipus complex (Fuchsman, 2001; Mitchell, 2000). The classical Freudian theory of the Oedipus complex is a triad presentation of mother, father and child. However, Fuchsman (2001) notes that not all families have both parents and there are often additional children, extended families, and other forms of family structures, while some children are raised from birth in orphanages. According to Fuchsman (2001), Freud seems to have a variety of ways of accounting for these differences; however, not all of them are consistent with each other. Regarding the size of the family, Freud argues that the shape of the Oedipus complex is different. The presence of older siblings or the arrival of younger ones leads to the enlargement of the Oedipus complex. It is therefore no longer a triangle, as there are more than three people involved (Fuchsman, 2001). Mitchell (2000) argues that Freud's rewriting of the Greek myth of 'Oedipus Rex' as the Oedipus complex is about the introduction of cultural values, and not about the nuclear family. She states that it reflects the social and cultural norms regarding the role of men and women in a society, which is dominated and structured by patriarchal values. In the case of the dissolution of the Oedipal complex the development of the male child's superego is through the internalisation of the paternal values, that is, the intensified identification with the father, which according to Freud (1923/1995) leads to strengthening the boy's masculine identity. As the nuclear family is a social unit, introjection of the paternal values does not merely reflect parental or family morals, but the broader societal values, which are socially constructed in a context that reflects the patriarchal ideology.

Fuchsman (2001) argues that, although the concept of identification is central to Freud's notion of the development of the Oedipus complex, there is much debate regarding its relationship with object-choice. Fuchsman (2001) states that in Freud's view on the dissolution of the male Oedipus complex, identification becomes crucial for resolving the Oedipus complex, as the boy has to abandon his mother as love-object, reduce his

hostility towards his father, and intensify his identification with the father, which is important as it contributes to the boy's masculine characteristics. Although Freud states that identification comes prior to object-choice, because the child has to recognize the distinction between self and other before making a choice, there seems to be confusion in the relationship between these two concepts (Fuchsman, 2001). It appears that, identification is derived from both the sexual instinct and the basic need for a respected authority figure (Fuchsman, 2001).

In summary, the Oedipus complex can be considered as an attempt to integrate the mother, father and the values of culture into the early psychological development of the child. However, a review of the literature indicates that there are still ongoing debates regarding the universal application of the classical Freudian view of the Oedipus complex. The expansion of the psychoanalytic movement into directions such as object-relations theory and self-psychology has contributed to alternative views of the Oedipus complex. Consideration will now be given to the psychoanalytic perspective of the Oedipus complex in adolescence.

### **2.5. The Oedipus complex re-activated during adolescence**

The Oedipus complex re-emerges during puberty, as the individual is going through the process of separation from the parental ties, and is significant in adolescent development. According to Freud's psychosexual developmental phases, the genital stage, which follows the latency period, begins with puberty. During the genital stage, the old themes of the phallic stage are revived, and with it, the Oedipus complex is re-activated (Freud, 1949). Psychoanalytically, this implies that, at puberty, the impulses and object relations of the child's early years, including the emotional ties of the child's Oedipal complex, become re-animated. Freud (1905/1938) considers puberty as the time that the transformation of the infantile sexual life begins to change into its ultimate normal form. In his "*Three essays on sexuality*", Freud (1905/1938) draws specific attention to puberty and the transformation that this phase brings. He emphasises that, during puberty, the

following central changes occur in the case of a male child: there is a shift in the sexual aim from primarily obtaining pleasure to the discharge of semen through penetration, the sexual instinct shifts from primarily autoerotic to the service of procreation, and there is a need to find a new sexual object outside the family (Freud, 1905/1938).

As the sexual aim during male puberty shifts towards the need to penetrate, there is a need to find an object. However, as Freud (1923/1995) highlighted, the male child's first sexual object was the mother, which is later sacrificed through the dissolution of the Oedipus complex. Overcoming the latency period and entering into puberty, the male child faces the re-establishment of this original relation. Freud (1905/1938) therefore argues that "object-finding is really re-finding" (p. 614). It would therefore be natural for the male child to select, as a sexual object, the person he has loved since childhood. Object selection of the child first occurs in phantasies<sup>2</sup>, having sexual feelings for the infantile sexual object, that is, his mother (Freud, 1905/1938). However, Freud states that one of the effects of the latency period in delaying sexual maturity is that time is gained for the formation of sexual inhibitions such as the incest barrier, which specifically prevents the selection of the infantile love object (Freud, 1905/1938). Overcoming and rejecting these reawakened infantile phantasies lead to what Freud (1905/1938) refers to as "*the most important and painful accomplishments of puberty, breaking away from parental authority*" (p. 617).

Fuchsman (2001) argues that, although the individual's final sexual identity is determined after puberty; it appears to be strongly influenced by the developments of the Oedipal period, as certain impressions become fixed. Freud (1905/1938) emphasises that, as an adult, the individual may choose other partners; however, the impact of the Oedipus complex on the object choices still remains. Several authors (Blos, 1975; Fuchsman, 2001; Spiegel, 1969) agree that confronting reawakened Oedipal desires is not the only developmental task of adolescence; adolescents are also dealing with attachment-separation issues with their parents. The struggle to become psychologically independent

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<sup>2</sup> Psychoanalytic term referring to mental images that represent instincts and objects

and the need to fit into society occur simultaneously with trying to resolve the Oedipus complex (Fuchsman, 2001). Therefore, the primary objective during adolescence is the ultimate separation from parental figures and the establishment of non-incestuous object relations (Blos, 1975).

In summary, adolescence is considered to be a crucial developmental period when multiple issues occur simultaneously: physical changes, re-activation of the Oedipus complex, separation from parents, forming and strengthening peer relations, and identity formation. These issues are not mutually exclusive, impacting significantly on one another and on the psychosocial development of adolescent males. For some adolescent boys, learning difficulties can provide another challenge to an already turbulent developmental period. The following section will review the literature on learning difficulties.

## **2.6. Learning difficulties**

This section will review the conceptualisation and psychodynamic understandings of learning difficulties in relation to the context of this study. Firstly, an overview of the definition and classification of the concept of learning difficulties, will be provided. This will be followed by the aetiological factors in learning difficulties. Finally, a review of the emotional and behaviour problems associated with learning difficulties, will be discussed.

### **2.6.1. Defining and classifying learning difficulties**

The definition and classification of the term 'learning difficulties' in the literature seems to be contentious, as there is a wide variety of understandings of the concept. There are several terms that exist at present: intellectual disability (Molteno, Molteno, Finchilescu & Dawes, 2001), learning disability (Donald, 1981; Sattler, 1982; Mercer, 1979;

Torgesen & Wong, 1986) and learning difficulties (Archer & Green, 1996; Salzberger-Wittenberg, Henry & Osborne, 1983). However, children's learning difficulties are mainly classified as either Mental Retardation or as a Learning Disorder in the current American Association of Psychiatry's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; 2000), marginalising the group of individuals who do not fit the criteria for the available categories, yet still present with difficulties in acquiring the appropriate knowledge in relation to their development (Donald, 1981).

The term 'intellectual disability', currently used in South Africa, is synonymous to the term 'mental handicap' (Kriegler & Skuy, 1996), and correlates with the diagnosis of 'mental retardation', described by the DSM-IV-TR (APA, 2000). An individual may be diagnosed with mental retardation if they have a significant subaverage intellectual functioning (individuals with an IQ of between 70 and below) that is accompanied by significant limitations in adaptive functioning in the arenas of communication, self-care, social and interpersonal skills, etc.

According to the DSM-IV-TR (APA, 2000) individuals may be diagnosed with a learning disorder if their achievement on standardized tests in the specific areas of reading, mathematics or writing is significantly below their expected age, schooling and level of intelligence. Sattler (1982) defines learning disability as "*the failure to learn a scholastic skill by a child who has adequate intellectual, maturational level and cultural background*" (p. 391). He states that it is important to distinguish learning difficulties, which are associated with limited general intelligence, from those that relate to specific types of difficulties in the ability to process or organise information. However, Sattler's (1982) concept of learning disability does not exclude those children who function in the below-average intellectual range, and may still have difficulties in processing information, which hinders their learning ability. Mercer (1979) states that a child may not be identified as having a learning disability if any emotional disturbance, environmental, cultural or economic disadvantages can account for the difficulties in learning. Although Sinason (1999) ascribes 'mild learning disability' to individuals who acquired developmental skills slowly during childhood, she emphasises that these

individuals are more likely to experience poverty, parents with a psychiatric history, large numbers of siblings, inadequate housing and chronic unemployment. Van den Berg and Naicker (1996) warn that a large proportion of the South African population have suffered economic and social deprivation resulting from past inequalities of the apartheid system, which may lead to many children being classified as learning disabled, due to social and contextual factors and not due to inherent cognitive deficits. Kriegler and Skuy (1996) concurs, stating that it is very difficult to accurately determine and assess inherent learning and emotional deficits in a society where intellectual underdevelopment, emotional and psychological trauma, and cultural and environmental deprivation are so common, as to be almost the norm. This may imply that the traditional definition of learning difficulties may not be sufficient for the South African context.

The numerous definitions and terms in defining learning difficulties give rise to the issue as to what constitutes learning difficulties, particularly among children from disadvantaged socio-economic backgrounds, like the adolescents in the current study. The following section will review the aetiological factors that may contribute to learning difficulties, and consider the relevance of these for the sample under study.

### **2.6.2. Aetiological factors in learning difficulties**

A review of the literature indicates that there has been much debate about what causes learning difficulties. The medical model approach assumes that the locus of the learning difficulties is within the child and *“that any aspect of the dysfunctional cognitive processing needs simply to be identified and rectified”* (Burden, 1996, p. 8). However, several authors (Archer & Green, 1996; Donald, 1981; Schiff, 2002) argue that the causes of learning difficulties are multi-factorial (cognitive, social and emotional), and that one needs to acknowledge the holistic context within which the individual with a learning difficulty finds him/herself.

### **2.6.2.1. Cognitive factors**

Inherent problems with reading, concentration, attention, perceptual difficulties, and motor skills are core to many difficulties in learning (Donald, 1981; Salzberger-Wittenberg et al., 1983). Several factors may contribute to these inherent cognitive difficulties. Carr (1999) argues that genetic predisposition may increase the chances of a child developing these difficulties. Peri-natal conditions, such as anoxia (lack or deficiency in oxygen), exposure to infections such as meningitis, and alcohol abuse may also negatively contribute to brain development and later cognitive delays and difficulties in processing and organising information, which impacts on the ability to learn. Traumatic brain injury of the infant, pre or postnatal, could further contribute to cognitive delays and learning as this impacts on the capacity to remember new information, and recalling previously learned information and attention, which are vital in a child's ability to learn.

### **2.6.2.2. Social factors**

The review of literature indicates that social factors such as poverty, unemployment, and lack of resources, may lead to poor teaching, irregular schooling, and an inadequate schooling environment that could impact on a child's ability to learn effectively (Carr, 1999; Donald, 1996; Sattler, 1982). These factors may also contribute to malnutrition and inadequate healthcare that may adversely affect the child's learning. Lack of, or insufficient nutrition could lead to difficulties in concentration and attention, which are vital in a child's learning process. Several authors (Donald, 1996; Kriegler & Farman, 1996; Kriegler & Skuy, 1996) emphasise that trauma and abuse may both contribute to, and be a consequence of, learning difficulties in adolescent boys. Literature indicates that learning difficulties may result from exposure to violence and abuse, as traumatized children and adolescents may have difficulty in concentration and attention due to anxiety, depression, difficulties sleeping and intrusive thoughts associated with the trauma (Higson-Smith & Killian, 2000; Jenkins & Bell, 1997; Marans & Adelman, 1997;

Richters & Martinez, 1993). The participants in this study are all male adolescents from communities in the disadvantaged 'Cape Flats' area of the Western Cape, where male adolescents are at high risk of being exposed to violence and trauma both within and outside the home (Hamber, 2000; Hamber & Lewis, 1997). Although Dawes (1990) indicates that resilience in children who have been exposed to violence is strengthened by the availability of a supportive and nurturing adult caretaker or parental figure, historical inequalities have led to caretakers struggling with multiple socio-economic difficulties and minimal support. Burman (1986) further emphasises the possible cross-generational effects of the exposure to political violence and trauma in apartheid-era South Africa. Furthermore, socio-economic difficulties in disadvantaged communities, such as the 'Cape Flats', are also associated with high stress and substance abuse in caretakers and adults, which affect care-taking ability (Dawes, Robertson, Duncan, Ensink, Jackson, Reynolds, Pillay & Richter, 1997). These social factors may also increase the probability of inherent cognitive problems and traumatic brain injury in infants and hence contribute to later difficulties in a child's ability to learn.

#### **2.6.2.3. Emotional factors**

Several authors (Higson-Smith & Killian, 2000; Sinason, 1992) emphasise that emotional issues can both cause and maintain learning difficulties. Children who suffer from anxiety or depression may have difficulty in concentration and attention, which could affect their ability to learn. Salzberger-Wittenberg and colleagues (1983) state that, because learning occurs in a situation of not knowing and still needing to acquire knowledge, it generally involves some degree of anxiety, fear, uncertainty, frustration, and disappointment, and children's emotional state may affect their ability to take in, digest and produce information. Several authors (Hinshelwood, 1991; Salzberger-Wittenberg et al., 1983) argue from a psychoanalytic perspective that the ability to learn is rooted in early infancy, and emotional deprivation in early life may not only impact negatively on a children's capacity to establish trusting and secure relationships, but also on their ability to retain knowledge, think and learn. Since mothers, or primary caretakers

of infants modulate anxiety, infants rid themselves of their overwhelming feelings through the process of projective identification, a pre-verbal form of communication in which attitudes, feelings, and thoughts are introduced into the object (Bion, 1967). The caregivers or mothers then metabolise these powerful feelings and reflect them back to infants in a more manageable or digestible form. Infants are then able to internalise a 'container-mother', thereby gaining mastery over their fears. This implies that, although children will later experience some of the anxiety associated with learning, they will maintain curiosity and hope whilst facing the chaos and terror of not knowing, and hence be able to tolerate the uncertainties connected with learning (Salzberger-Wittenberg et al., 1983). However, if the caretakers or mothers are unable to digest and accept these projections, their own anxiety may lead to them re-projecting these into the infant, thereby intensifying, rather than modifying, the anxiety. The infants will in turn experience the anxiety as vast and unconstrained a state that Bion (1967, p. 116) refers to as "*nameless dread*". This may result in infants remaining 'mindless', as they are unable to deal with the burden of meaningless anxiety (Salzberger-Wittenberg et al., 1983).

Van den Berg (2002) focuses on the relationship between children's learning difficulties and the capacity to self regulate. In children with learning difficulties, there appears to be a disturbance in their psychic development or sense of self and, therefore, they struggle to develop the capacity to self-regulate. This includes the regulation of affect, sensual arousal, alertness, concentration, attention, the capacity to inhibit behavioural expression and the ability to develop predictable behavioural patterns, which is essential for healthy psychic functioning (Beebe & Lachman, 1998, cited in Van den Berg, 2002). This correlates with Stern's (1985) concept of the development of a sense of self, which incorporates the integration of four basic self-experiences relating to agency, coherence, affectivity, and self-history. Therefore, the development of a sense of self requires having the choice in controlling self-generated behaviour, anticipating consequences of one's actions, having a sense of an integrated physical whole with boundaries, experiencing patterned inner feelings, and having a sense of continuity with one's history and existence (Stern, 1985). Winnicott (1971) argues that the parents' ability to provide containment facilitate children's ability to develop an integrated sense of self, and to contain and

regulate their feelings. For Winnicott (1971), the terms 'adequate holding environment', and 'good-enough mother' describe the parental function of providing sufficiently for what children need and reducing impingements that the infants cannot manage, which is achievable if the parents are attuned to the needs of the children. Children with learning difficulties may have the cognitive ability to progress at school, but due to an inadequate holding environment and lack of emotional containment, the children have not learnt to self-regulate. Part of the process of self-regulation is concentration and attention. Therefore, children who have not developed an ability to contain and regulate feelings are unable to acquire knowledge in a systematic and organized manner, as anxious children are unable to process information (Van den Berg, 2002).

As illustrated above, the parents' capacity to manage and regulate emotions provides containment and a model for the children to structure their own experiences. However, parents of children with learning difficulties may struggle to understand how to contain or facilitate the children's expression of feelings, as they often struggle with low self-esteem and feelings of ambivalence and resentment towards the children (Van den Berg, 2002). Miller (2002) emphasises that the parents' pre-occupation with the 'ideal' child is different from the 'real' child, and the parents' difficulty in coming to terms with reality may further lead to the child internalising and identifying with their parents' disappointment. As a result, the children can perceive themselves as not wanted, which may lead to a low self-esteem and sense of self. It is therefore important that the parents need to work through their disappointment in the children and the children's limitations. This will assist the parents in learning how to contain the children and their expression of feelings.

Sinason (1992) focuses on the relationship between abuse and disability, arguing that abuse can be a primary cause of handicap where no brain dysfunction exists. She describes 'stupidity' as the defense against the trauma of too much painful knowledge. Salzberger-Wittenberg and colleagues (1983) similarly describe 'mindlessness' as a consequence of experiences, which are too painful to think about. The individual may simply shutdown due to overwhelming emotions, and therefore be unable to take in,

process, or produce information associated with learning. Greenhalgh (1994) similarly states that physical or sexual abuse may force the child to shut away information related to events in the outside world, a process that may further inhibit learning.

Although there are many factors that contribute to adolescents' learning difficulties, there are also significant emotional and behavioural consequences of learning difficulties. These will be addressed in the following section.

### **2.6.3. Behavioural and emotional problems associated with learning difficulties**

The review of literature indicates that learning difficulties are associated with both emotional and behavioural problems. Adolescents with learning difficulties may present with feelings of depression, emptiness, fear, anxiety, and low self-esteem (Fisher, 1983; cited in Coché & Fisher, 1989). Children and adolescents with learning difficulties are also described as withdrawn, immature, or overly aggressive (Hallahan & Kauffman, 1976; Torgesen & Wong, 1986), and unruly, insecure, or impulsive (Sattler, 1982; Wallace & McLoughlin, 1979).

Salzberger-Wittenberg and colleagues (1983) state that in order to deal with the anxiety associated with learning, children and adolescents may display certain behaviour in the classroom in an attempt to keep the anxiety at bay or to get rid of the anxiety. This may be through lack of comprehension, inability to concentrate, being hyperactive, and restless, or having outbursts of anger and aggression. Hallahan and Kauffman (1976) argue that children and adolescents with learning difficulties tend to have emotional problems with verbal expression of feelings. Sinason (1992) indicates that this may be due to the multitude of painful feelings associated with the inability to learn. Sinason (1992) also emphasises the concept of 'secondary handicap', whereby the original difficulty is compounded by emotional factors or difficulties that the children face. She states that individuals may intensify a disability (second handicap) in order to hide the fear and shame of the real difficulty (primary handicap), and thereby remain in harmony

with the outside world. Sinason (1992) argues that, whilst the primary handicap is not under control, the individual may feel in control of the secondary handicap, and this may still lead to the inhibition of language and cognitive abilities.

In the United States of America (USA) statistics on the prevalence of learning disorders indicate that 5% of students in public schools have a learning disorder and that the school drop-out rate for children or adolescents with learning disorders is 40% (APA, 2000). However, these rates do not include children or adolescents who have learning difficulties that do not fit the criteria for a learning disorder, and school drop-out rates for these children are also likely to be high. The South Africa White Paper - on an Integrated Disability Strategy estimates that as many as 70% of school-going age children in South Africa with disabilities are out of school (Biersteker & Robinson, 2000). This estimate focuses on all forms of disabilities and does not indicate what percentage is learning disabled. Due to social and contextual factors, a large proportion of children and adolescents in South Africa could be classified as learning disabled (Kriegler & Skuy, 1996; Van den Berg & Naicker, 1996). Furthermore, it is very difficult to accurately determine and assess inherent learning and emotional deficits in a society where intellectual underdevelopment, emotional and psychological trauma, and cultural and environmental deprivation are common (Kriegler, 1996). Children and adolescents diagnosed with learning difficulties also have high rates of mood disorders, anxiety disorders, adjustment disorders, and disruptive behaviour disorders (including delinquency, oppositional defiance or conduct problems) (APA, 2000; Carr, 1999; Kaplan & Sadock, 2003). Dwivedi (1993b) and Sattler (1982) concur, stating that many adolescents with delinquency and conduct-related problems have underlying learning difficulties or disabilities. Learning disorders are three times more likely to occur in males than in females, especially difficulties in reading, expressive and written language. However, these results may be inflated as males present more with disruptive behaviour and are therefore more easily identified (APA, 2000; Carr, 1999). Several authors (Carr, 1999; Donald, 1981; Mercer, 1979) indicate that it is extremely difficult to assess the salient factors in the learning difficulties of adolescents, as there exists a strong overlap between emotional, behavioural, and learning difficulties. Adolescence is a period which

generally includes emotional and behaviour changes by the adolescents, and it is important to separate this 'normal' adjustment from that which is deemed pathological.

In summary, learning difficulties may be caused and maintained by cognitive, intrapsychic, familial, and environmental factors. There is a great need to take cognisance of the emotional and socio-economic context in which learning difficulties and associated emotional and behavioural problems occur (Donald, 1981). This is especially imperative in a context like South Africa, where children in disadvantaged communities, such as those that the adolescent boys in the LPP reside in, are exposed to trauma, violence, and abuse. It is also important to avoid the danger of generalizing, and the desire to draw linear causal links and effects between learning difficulties and emotional and behavioural difficulties in adolescents. It seems to be more accurate to consider these issues as integrated, each impacting on the other.

## **2.7. Conclusion**

This chapter commenced with a review of the concept of adolescence and its developmental tasks and challenges. Psychoanalytic understandings of the psychosexual tasks of adolescence, with a specific focus on the re-activation of the Oedipus complex, were then reviewed. The definition and multi-factorial aetiology of learning difficulties were outlined, and their relation to male adolescents in the context of disadvantage communities of the Cape Flats area was considered. The adolescent boys in this study are not just dealing with normal adolescent developmental tasks, and the re-activation of Oedipal strivings but, also the challenges of having a learning difficulty. These multiple challenges require appropriate interventions.

The following chapter will explore psychoanalytic theories of group psychotherapy , focusing on the use of this treatment modality with adolescents, and the challenges of working in psychotherapy groups with adolescents.

## CHAPTER 3: PSYCHOANALYTIC GROUP THERAPY FOR ADOLESCENTS

This chapter will review psychoanalytic group therapy with adolescents, which is the therapeutic model adopted by the LPP programme. Firstly, a brief overview of psychodynamic group psychotherapy in general will be provided. This will be followed by a review of group psychotherapy with adolescents, emphasising the active analytic approach. The role of the group therapist, and difficulties and challenges regarding transference and countertransference themes in psychotherapeutic group work with adolescents, will be explored. Finally, the use containment, interpretation, structure and limit setting in group therapy with adolescents will be addressed. These issues will provide a framework for understanding the challenges and dilemmas that were experienced by the male-female co-therapist dyad in the 2003 LPP adolescent psychotherapy group.

### **3.1. Psychoanalytic theories of group psychotherapy**

According to Reid (1999), Freud himself viewed the family, and the pattern established therein, as a group, as it is where the individual's foundation for establishing relationships begins: "*The psychoanalytic understanding of the group recognizes that man is a social animal and lives all his life in groups*" (Reid, 1999, p. 248). Reid and Kolvin (1993) state that there are two main theoretical orientations of group psychotherapy: psychodynamic and behavioural/cognitive. The latter distinction is not necessary a clear cut one and a rather simplistic view would be that while behavioural psychotherapy would seek directly to alter surface behaviour, psychodynamic psychotherapy is more geared towards exploring and modifying the unconscious motivations of behaviour. In this chapter, the psychodynamic approach will be focused on, as it is the theoretical orientation of the LPP therapy group.

Yalom (1995) emphasises that group settings may offer a far greater opportunity for the generation of corrective emotional experiences than individual therapy due to the restrictive and unreal nature of the patient-therapist relationship in individual therapy. He argues that the individuals' construction of their inner world or mind can be reconstructed through interactions with others, and the group will enable the members to understand how other people function and how their own inner assumptions determine the pattern of subsequent interactions (Yalom, 1995). Kaplan and Sadock (2003) further state that the group, with its socialising process, is also considered as a form of peer group, not merely a re-enactment of the family. This seems to be appropriate when looking at group psychotherapy with adolescents, as the primary focus of this stage of development is the alliance and socialisation with peers, and the separation from the family structure and parental figures.

Yalom (1995) proposes that a group invariably goes through the following four basic stages: the initial (orientation), conflict (testing), cohesion (working), and termination phases. Careful monitoring of the group dynamics that emerge during the various stages of the group process will assist in understanding the difficulties group members are experiencing. The orientation phase is usually characterised by great anxiety and ambivalence towards the unknown situation. The group is generally preoccupied with the issue of acceptance, and approval and trust is therefore a prevalent issue at this time (Yalom, 1995). The question regarding the purpose for the group and the reason why members are there is a common anxiety. By contrast, dominance, control, and power preoccupy the testing phase. The emergence of hostility towards the group therapist occurs and as adolescents need to defy authority, resistance is to be expected. If the group therapist handles the testing phase skilfully, bonding with the therapist will occur (Moss-Morris, 1987). Yalom (1995) states that the working phase is characterised by cohesiveness, which leads to an increase in morale, trust and self-disclosure by group members. Although transference of authority from the group therapist to the members may occur, conflict and hostility may still continue during the working phase, as groups tend to regress, especially in times of crisis, and therefore may revert to testing (Moss-

Morris, 1987). The termination phase tends to reactivate all past unresolved separation conflicts, and through learning about and working through termination in the group, members can start coming to terms with the painful and difficult issues of separation (Yalom, 1995). However, there is no strict adherence to a phase-to-phase group process; instead issues related to orientation, testing, working and termination are seen as interconnecting and coexisting at all times (Yalom, 1995).

The following section reviews the literature on psychotherapy groups with adolescents, which poses specific challenges for the group facilitator(s).

### **3.2. Psychotherapy groups with adolescents**

A review of the literature indicates that the most challenging aspect of working with early adolescents (age 13-15years) is trying to establish a therapeutic relationship with them (Evans, 1998; Reid, 1999; Rosenthal, 1971). The therapist is trying to do this during a time when the adolescent is negotiating developmental tasks regarding autonomy, identity and sexual drives, as we have seen in Chapter Two. The difficulties and challenges of working with adolescents in a psychotherapeutic group have given rise to a shift from the more traditional non-directive, permissive, unstructured psychoanalytic approach to a more directive, interactive, flexible, limit setting and structured style (Evans, 1998; Raubolt, 1983; Scheidlinger & Aronson, 1991). However, the use of interpretation, containment, confrontation, and empathy are vital, as is maintaining a psychoanalytically informed framework. This is what Evans (1998) refers to as the 'active analytic approach' in working with adolescent groups. For Rosenthal (1971), the amalgamation of analytic group psychotherapy with aspects of guidance, counselling, and teaching has been a fundamental principle in working with adolescents. Raubolt (1983) and Scheidlinger and Aronson (1991) argue that a group setting that combines activities, games, and snacks with periods of discussion has been found most appropriate for adolescents.

Didato (1974) identifies the following four therapeutic goals that may describe psychotherapeutic group work with children and (more importantly to the purpose of this study) adolescents: *“to increase the capacity to experience powerful affects (positive or negative, without acting them out); to increase the capacity for empathy; to strengthen identification with the therapist; and to encourage new behavioural patterns in helping the group resolve inter-group conflict through non-physical verbal means”* (cited in Dwivedi, 1993a, p. 9). According to Dwivedi (1993a), Evans (1983), Josselyn (1972), Kaplan and Sadock (2003), Rachman (1975), Reid (1999) and Scheidlinger and Aronson (1991), group psychotherapy with adolescents provides a means by which group members can support each other. The group process can assist the members to come to terms with their adverse environmental experiences and to solidify their sense of identity. According to Evans (1983), the concept of corrective emotional experience involves giving the individual an emotional experience that they never had, but were entitled to. The selection of appropriate adolescent members for psychotherapeutic group work is of utmost importance in reducing the risk of re-traumatisation of the individual (Evans, 1983, Rachman, 1975; Reid, 1999; Rosenthal, 1971). However, while group psychotherapy may not undo all the years of deprivation or trauma that some youngsters have experienced, it is often a powerful and effective intervention (Evans, 1983; Meeks, 1997; Raubolt, 1983).

There seems to be a recurring theme in the literature on adolescent groups regarding the problem of work versus play, where the group takes on the quality of the playground, rather than a workforce (Evans, 1983; Winnicott, 1971). However, Evans (1983) in his experience with groups of delinquent adolescents, argues that playing with the therapist is a highly important aspect of therapy, as it is an indirect way of dealing with anxieties and not only a means of avoiding anxiety. Winnicott’s idea of play and its role in psychotherapy provides the theoretical framework to support Evan’s observation. According to Winnicott (1971), psychotherapy takes place in two areas of play, which overlap; that is, the play of the patient and that of the therapist, and it has to do with two people playing together. Evans (1983) therefore proposed that adolescents not only ‘play’ in therapy but, ‘play with’ the therapist, and the therapist’s strong feelings following the

therapy are proof of his or her involvement in the process. He defines 'play' as “ *the capacity to experiment in relationships, the freedom to adopt a variety of roles on an experimental basis,....experimenting with a variety of identities,....the capacity to be tentative and explore in an indirect or symbolic manner certain instinctual or infantile needs*” (Evans, 1983, p. 106). He also regards 'acting-out' as a form of 'play' in which adolescents involve themselves and others in experimentation within the safety of the group, enacting various roles that actively express different aspects of themselves and their relationships with others. Evans therefore states that “*play is experimentation*” (1983, p. 106). These terms appear to have been used by other authors apart from Evans and Winnicott. According to Rachman (1975), “*the adolescent identity search provides a natural emotional inclination to experiment with different roles, feelings, ways of being, and personal definitions*” (p. 146). Erikson (1964) similarly states that the personality of the adolescent “*contains many necessary elements of a semi-deliberate role experimentation*” (cited in Rachman, 1975, p. 146).

In summary, it seems that group therapy is generally considered the treatment of choice for most adolescents. Group psychotherapy has its advantages in providing a therapeutic space for adolescents to address the issues they might be facing. However, one needs to carefully assess whether the group is appropriate for the adolescent, and whether the adolescent is appropriate for the group. As the review of literature indicates, adolescence, as a developmental stage, is challenging for both the adolescent and those engaging with them therapeutically. It gives rise to unique group dynamics that are different from groups with adults. These issues carry implications for the therapist and it is important to address the role of the therapist(s) or facilitator(s) in a psychotherapy group with adolescents. This will be focused on next.

### **3.3. The role of the therapist in psychotherapy groups with adolescents**

There seems to be a general consensus within the literature on psychotherapy groups with adolescents that the role, purpose, position and countertransference reactions of the

therapist(s) are somewhat different from those working in adult psychotherapy groups. These are influenced by: the adolescents' issues regarding separation; the difference in the identification with the therapist; as well as the need for the therapist to act as a teacher or parent surrogate (Evans, 1983; Phelan, 1974; Rachman, 1975; Raubolt, 1983).

The title of Phelan's (1974) article "*Parent, teacher or analyst: the adolescent group therapist's trilemma*", captures the conceptual and technical dilemma faced by the adolescent group therapist, whose role or function is somewhat different to an adult psychotherapy group. Several authors (Anderson, 1972; Behr, 1988; Evans, 1983; Phelan, 1974; Rachman, 1975) emphasise that the adolescent group therapist needs to be flexible, pragmatic, outgoing, actively involved, and openly friendly. This is different to the non-directive stance that the therapist takes in an adult group. The therapist in an adolescent group has to serve as a role model through the way he or she handles direct questions as well as the constant harassment from the group. These authors agree that adolescents may ask questions about the therapist's marital and parental status, sex life, childhood, and attitudes towards various social and political issues. Spontaneity and appropriate self-disclosure in the way the group therapist responds to these 'interrogations' tend to be important determinants in the establishment of a trusting therapeutic relationship with adolescent group members (Anderson, 1972; Evans, 1983; Phelan, 1974; Rachman, 1975). Youngren (1991) in her reflection on the experience of trainee psychotherapists working psychodynamically with adolescents, also recognises that this work offers unique challenges. She highlights that the therapeutic activities and attributes needed in this work include "*containment, support, attention to punctuality and order, tolerance of anger, ability to set limits, firmness, energy, enthusiasm, empathy, sensitivity, tolerance of uncertainty, introspection and comfort with one's own passivity.*" (p. 298). Dwivedi, Lawton and Hogan (1993) concur, stating that the experience of the trainee psychotherapist in the adolescent psychoanalytic group is complicated.

Reid (1999), Reid and Kolvin (1993) and Trowell (1995) emphasise that it is desirable to have adolescent groups co-facilitated where possible, by male and female therapists. However, these authors do not elaborate on why this is so. Several authors (Behr, 1988;

Berkovitz, 1972; Scheidlinger & Aronson, 1991) believe that co-therapy is preferable in the training of new practitioners. They argue that the constant challenges to the boundary of the group are more easily contained by more than one therapist, while male and female therapists provide the opportunity to work through parent and couple type relationships more easily. However, there appears to be limited empirical evidence as to how this evolves in group psychotherapy with adolescents. Although recent studies on group interventions for adolescents with learning difficulties in the South African context have been conducted (Schiff, 2002; Truter, 2003), the emphasis has been on drama and movement therapy (Schiff, 2002), and boundary activity, that is, the impact of the group members or therapist behaviour on the frame and rules of the group (Truter, 2003). These studies have been in relation to a single group therapist. Barratt and Segal's (1996) experience, as female co-therapists in drama therapy groups of latency children with emotional and behaviour difficulties, suggests that having co-therapists can result in splitting, whereby the group may exaggerate what they perceive to be the individual qualities of each therapist. Reid and Kolvin (1993) agree, stating that this splitting could also indicate the need for the therapists to carry the polarized feelings of the group. Supervision and discussions between group therapists can provide the space to understand the roles assigned to the co-therapists by the group (Barratt & Segal, 1996; Berkovitz, 1972; Rachman, 1975; Scheidlinger & Aronson, 1991).

In summary, there seems to be some agreement that working with adolescents in groups calls for both art and skill. It requires a kind of juggling act in maintaining a therapeutic alliance in the face of provocative testing and group-level resistances that may surface at any time. The therapist may be pushed into the role of a parent, or other authority adult figures, or alternatively to behave like 'one of the gang'. Scheidlinger and Aronson (1991) advise that a sense of humour, whereby laughing *with* and not *at* the adolescents, could be an enormous help. Since working in an adolescent psychotherapy group entails significant differences from adult group work, it is important to address the issues of transference and countertransference themes more specifically in relation to adolescent group psychotherapy. These are important for understanding the emergence of Oedipal phenomena in the LPP adolescent psychotherapy group.

### **3.4. Transference and countertransference themes in adolescent group psychotherapy**

Several authors, such as Blos (1962, 1979), Anna Freud (1958), and Adelson and Doehrman (1980) (cited in Scheidlinger & Aronson, 1991) agree that the variations and impact of the psychoanalytic themes of this developmental period (that is, re-activation of Oedipal and pre-oedipal conflicts, as well as those of separation-individuation) occur in groups. Scheidlinger and Aronson (1991), drawing from Blos (1975), argue that, although adolescent groups are inclined to defensively split the adult world into good and bad, such groups may still provide the teenager with an opportunity to integrate the idealised and devalued parental images. Rosenthal (1971) and Scheidlinger and Aronson (1991) further argue that the adolescent's relationship with adults, especially parents and other authority figures, tends to be characterized by suspicion, which is also a recurrent theme in adolescent therapy groups. Due to the struggle with sexuality and sexual identity during adolescence, commonly occurring themes in adolescent groups include the management of sexual impulses, questions and concerns around homosexuality, masturbation and the need for basic sexual education (Rachman, 1975). However, adolescents may have difficulty in verbally expressing their anxiety or fear regarding these themes and may defensively avoid exploring these issues by maintaining the group on a level of aggressive-sexualised excitement and exhibitionism, through grandiose accounts of sexual or drug experiences, or discussing other less threatening topics, such as sports (Rosenthal, 1971). Adolescents also tend to bring 'transitional objects' (such as books, food, and bags) into the therapeutic space of the group, and use subculture jargon or slang, bantering remarks, wisecracks, and clowning (Evans, 1983; Behr, 1988; Scheidlinger & Aronson, 1991). The literature warns that group therapists need to be aware that these activities are ways of sending messages (communicating) to the group therapists about their feelings, as well as challenging, testing or excluding the therapist (Behr, 1988; Evans, 1983; Dwivedi, 1993b; Rosenthal, 1971; Scheidlinger & Aronson, 1991). This range of defensive challenges and themes resemble the difficulties in the

treatment of adult borderline patients (Dwivedi, 1993b), and the need for limit setting is of utmost importance (as will be discussed further in the next section).

Several authors agree that characteristic countertransference reactions stimulated by adolescent groups cluster around the identity conflicts of aggression, affection, authority, sexuality and dependence (Barratt & Segal, 1996; Behr, 1988; Evans, 1983; Rachman, 1975; Rosenthal, 1971; Scheidlinger & Aronson, 1991). The group therapist can experience an intense fear of the adolescents' acting out aggressively, leading to self-doubt about his or her ability when facing their rejection and aggression. The adolescent may strongly identify with the group therapist, which could manifest in the adolescent taking the role of group therapist. The group therapist should manage this without feeling threatened (Rosenthal, 1971). However, adolescents can also develop "crushes" on the therapist, as part of the parental transference, especially the re-activation of Oedipal conflicts (Rachman, 1975). These affections need to be handled maturely and sensitively by the group therapist. The development of sexual identity is a crucial task during adolescence, and the therapist's own anxiety, ambivalence, or confusion about his or her own sexuality may be challenged by the questions of the adolescents (Behr, 1988; Rosenthal, 1971). The group therapist needs to provide an opportunity for the adolescent to have a significant relationship with an adult, and should therefore avoid becoming another peer in the group, even though positive feedback or admiration may be more appealing (Rachman 1975; Rosenthal, 1971). Adolescents can also easily stimulate dependency conflicts in the therapist, whereby the therapist may become over-involved and not maintain healthy therapeutic boundaries. Rosenthal (1971) emphasises that feelings of discouragement, failure, and hopelessness may be stimulated in the group therapist, which may represent a reflection of the adolescents' emotional experience in their deprived or damaged relations with their parents. The literature emphasises that these countertransference manifestations may be more frequent as the group therapist faces his or her own unresolved adolescent issues, and require constant self-reflection when facilitating an adolescent therapy group (Barratt & Segal, 1996; Behr, 1988; Evans, 1983; Rachman, 1975; Rosenthal, 1971; Scheidlinger & Aronson, 1991).

In summary, the literature emphasises the importance of supervision and self-reflection in order to address countertransference manifestations and to track the themes and defenses that may arise during group psychotherapy with adolescents. However, these challenges give further rise to the question about how to best manage an adolescent therapy group in order to make the group workable. The following section therefore reviews the role and purpose of interpretation, containment, and providing structure in a psychotherapy group with adolescents.

### **3.5. Interpretation, containment and structure in psychotherapy groups with adolescents**

As discussed previously, adolescent group therapy places specific roles and demands on the group therapist. The literature repeatedly indicates that the role of the group therapist in an adolescent psychotherapeutic group tends to be more dynamic and interactive as opposed to the more removed non-directive stance adopted in adult psychotherapy groups (Barratt & Segal, 1996; Behr, 1988; Brackelmanns & Berkovitz, 1972; Dwivedi, 1993c; Evans, 1983; Phelan, 1974; Rachman, 1975).

Group therapists may engage with the adolescents' way of communicating their feelings through containment, interpretation, and providing structure, in order to assist the adolescent to communicate their feelings verbally (Evans, 1983). In providing containment, the group therapist is able to be empathic, helping the adolescent to feel accepted. Through interpretation, the adolescent can make sense of their behaviour or emotions and gain insight (Evans, 1983). The ability to move in and out of an interpretative stance can maintain the balance between providing containment and interpretation. Azima (1989, cited in Dwivedi, 1993c) highlights the value of the triad of empathy, confrontation, and interpretation, as the effectiveness depends mainly on their timing, sequencing, and art of delivery. It is however vital to adequately juxtapose empathy and confrontation. Youngren (1991) states that trainee therapists working psychodynamically with adolescents experience it as "*learning to sail the Atlantic – the*

*boat feels small under way, and the weather changes drastically and unexpectedly. The therapist must try to hold a steady course between being active and restrained, between confrontation and empathic deliberation” (p. 299).*

Dwivedi (1993c) emphasises the importance of structure, which will not only benefit the ability to contain or hold emotions, but will also allow the adolescent to explore. Evans (1998) concurs, stating that the purpose of the group is to facilitate the developmental tasks of adolescence (that is, in relation to adolescent males, the development of a sense of self, an appropriate level of independence from parents, coming to terms with sexual drives and feelings, and an optimal and effective use of aggressive drives). This can be achieved by providing clear limit setting on what is regarded as acceptable behaviour, not allowing the group to develop work-avoiding tendencies, and providing specific activities for each session. Behr (1988) further emphasise that adolescent groups can become flooded with primary process thinking, such as wild and exciting sexual fantasies, and the group therapist should rather set limits, thus helping the group to a safer place, as opposed to explore the content of these fantasies. Evans (1998) argues that adolescent males may rapidly deteriorate when faced with an overly permissive group that does not have a more focused approach.

It is important that the group therapist or facilitator strives to develop group cohesion, whereby group members can feel comfortable in the peer culture, in order for differences to be explored and not acted out (Evans, 1998). He further emphasises that the facilitator needs to observe the group phenomena as well as assist each group member in tackling their personal problems in the context of the group. It is therefore vital that the therapist maintains constant boundaries, remains firm throughout the group process, and encourages active participation from all group members in each session. Dwivedi (1993b) states that adolescents with learning and emotional difficulties may experience considerable difficulty in impulse control or abstract reasoning, and hence may have extensive difficulties in expressing their feelings. In the case of group therapy with adolescents who have emotional and learning difficulties, a directive, less permissive approach would therefore be more effective (Dwivedi, 1993a).

In summary, although group intervention has remained the common choice for adolescents, its approach has shifted from a non-directive to a more interactive, dynamic stance, incorporating structure and limit setting. However, this has not led to the abandonment of the need of interpretation and containment. Learning difficulties impact significantly on adolescents' expression of emotions and behaviour, affecting self-regulation of affect, arousal and behaviour, which may further motivate the need for a directive but interpretive approach in group settings, in order to contain anxiety and painful emotions that may arise.

### **3.6. Conclusion**

In this chapter, group psychotherapy interventions with adolescents were reviewed, and the movement from a non-directive passive approach to a more interactive, dynamic stance was noted. The role of the therapist, the central transference and countertransference themes, and the role of structure, interpretation and containment, were considered. There is limited empirical data on co-facilitation in adolescent therapy groups, especially concerning the re-activation of the Oedipal complex. The LPP psychotherapy group of adolescent boys with learning difficulties, facilitated by a male-female co-therapist, therefore provided a rare opportunity to explore this issue.

The following chapter will explain the methodology used in the current study, and will describe the specific group of adolescents who were the research sample of the study.

## CHAPTER 4: METHODOLOGY

This chapter will outline the objectives of the research study. The general structure and selection criteria of the LPP, will then be described. Thereafter, the chapter will discuss the research sample and profile of the 2003 LPP adolescent group. This is followed by a discussion of the research design within the qualitative paradigm, with particular reference to case study research, including issues regarding the role of theory and researcher reflexivity. The method of data collection and selection, and the method of data analysis, will be described and relevant issues will be discussed. Finally, ethical considerations will be addressed.

### **4.1. Research aims**

The constant re-evaluation of the therapeutic efficacy of the LPP project led to a shift in the therapeutic model used in the psychotherapy group of adolescents with learning difficulties. This entailed a more active analytical approach, and the incorporation of two group therapists. During supervision and reflection of my own experience as a female co-therapist in the group, it became apparent that the group process and salient themes were significantly different to that of the previous group therapists. There was still evidence of aggressive 'acting-out' behaviour, which is common in group therapy with adolescents, as reviewed in the previous chapter. However, the interaction and dynamics between the group members and the therapists transformed and appeared to represent the re-activation of Oedipal phenomena. Although literature on adolescence emphasises that the re-activation of Oedipal strivings occurs during puberty, there is limited empirical data regarding Oedipal phenomena in group therapy with adolescent boys. The review of literature also indicates that learning difficulties significantly impact on children and adolescents' expression of emotions and behaviour, as it affects the ability to regulate

affect, arousal, attention, concentration and behaviour. Adolescent boys with learning difficulties may therefore enact Oedipal phenomena in group therapy in a particular way.

The current study's objectives are to develop a theoretical understanding of the interaction between the adolescent group members and the male-female co-therapist dyad. Specifically, the aim is to explore the usefulness of Oedipal theory in understanding these interactions, and to examine how learning difficulties may have contributed to Oedipal enactments in the group.

#### **4.2. General outline of the LPP**

This section will briefly describe the context in which the research sample of this study is located. The broad structure and standard selection criteria of the LPP will be outlined.

##### **4.2.1. Structure of the LPP**

The LPP focuses on children with learning difficulties between the ages 7-15 years of age. These children are divided into two age categories, that is, latency (age 7-11) and adolescence (age 12-15). Although the children receive individual remediation, the therapeutic interventions take place in group settings, which are structured according to the two age categories.

The remediation and therapeutic intervention occur once weekly, whereby each child receives forty-five minutes of individual remedial teaching with a trainee remedial teacher followed by a forty-five minute therapy group facilitated by two psychology masters students. While the children attend their therapy group, their parents attend a support group facilitated by a clinical psychologist and a psychology masters student. In between the remediation and the psychotherapy interventions, the children have a ten-minute snack break (consisting of a banana and juice), which is supplied by the CGC.

The rationale behind combining remedial intervention with therapeutic interventions for the children and their parents, as well as the provision of basic snacks, stems from the theoretical framework within which the LPP operates. The children's learning difficulties are understood within the context of their social and emotional difficulties, especially their problematic emotional attachment relationships with their parents. The parent support group aims to provide a therapeutic space for parents with parental and emotional difficulties regarding their relationships with children who have learning difficulties. The provision of snacks is also based on the understanding that these children come from families with financial restraints, and some of these children may at times not receive adequate nutrition for the day, considering the LPP starts in the afternoon after the children already completed a full academic day. The LPP provides regular feedback to parents regarding the children's remedial progress at the end of each school term, and recommendations and referrals based on any additional or further needs are given at the completion of the programme each year.

In the past, the adolescent group was conducted based on the unstructured psychoanalytic model. Based on recommendations from the previous facilitator, this model was reconsidered for the 2003 group. Following extensive discussions between the two 2003 group therapists and the supervisor it was decided to work within a more structured, interactive and flexible model, whilst maintaining a psychoanalytic informed framework. In accordance with Evans (1998), this 'active analytic approach' incorporates interpretation, containment, confrontation and empathy, and although primarily based on the 'here and now', it also incorporates interpretation of the intra-psychic conflicts and re-enactments of the historical past of the adolescent. However, it also uses activities, structure, and limit-setting. The concept of activities in the adolescent group was therefore done in a flexible manner, with careful consideration as to why and when these activities would be introduced. Some of the activities included, projective tasks using clay and drawings, and a punching bag.

As noted in the previous chapter, adolescents, especially those with learning difficulties, may struggle to verbally express feelings, and these feelings are often expressed through

'play' or 'acting-out' in order to bring relief to overwhelming feelings of fear, anxiety, and shame. The provision of structure not only benefits the ability to contain or hold emotions, but it allows adolescents to safely explore their feelings (Dwivedi, 1993c). The aim in our approach was to provide a safe and containing space in order for the adolescents to explore (play) and, through modelling, to provide an alternative emotional experience. It was our intention that through the process of interpretation there would be a shift in the adolescent's exclusive need for 'acting-out' behaviour to being more verbal in expressing and naming painful feelings and thoughts. In hindsight, I think my preference for a more structured approach could have been unconsciously motivated by my own anxieties, based on feelings of unpreparedness, this being my first experience in working with male adolescents and co-facilitating such a group. It could also have been further fuelled by the "Wednesday monster stories" of the 'traumatic' experiences of the group facilitator of the previous year.

#### **4.2.2. Selection procedure of the LPP**

Although on a theoretical level learning difficulties and emotional difficulties are seen as intertwined, in terms of selection criteria for the LPP, the learning aspect is prioritised. The selection criteria for the LPP are primarily based on the children's learning problem within the school context. Evidence for this is based on their difficulties in keeping up within mainstream classrooms as indicated by school reports and teachers' observations as well as on a scholastic and intellectual assessment that is conducted at the CGC. Each child is assessed using a Junior/Senior South African Intelligence Scale Revised (JSAIS/SSAIS-R), a reading test, mathematics test, and a Draw-A-Person (DAP). If the children's performance fall into the low average range, if they are deemed able to fit into a group process, and if the children have 'committed' parents willing to attend the parent support group, then they are considered for inclusion in either the latency group (age 7-11) or the adolescent group (age 12-15). Both parents and children are interviewed, and additional information is gathered from the children's school. Those selected are advised

to remain in the programme for a minimum period of two years in order for change to be effective.

### **4.3. Research sample**

In 2003, the LPP selected fifteen individuals who met the criteria for the project, of which ten members were placed in the adolescent group and the remaining five were allocated to the latency group. Two of adolescents dropped out in the course of the year for logistical and financial reasons. Three had been in the adolescent group the previous year and two was transferred from the younger group to the adolescent group, due to age appropriateness. The group members were all male. It is important to note, however, that the adolescent group was not established exclusively for boys; members were selected based on the referrals made to the CGC, which were primarily boys with learning difficulties. This correlates with statistics, which indicate that learning difficulties are more common in males (APA, 2000; Carr, 1999; Melvill, 2000). Their achievement on psychometric assessments ranged from borderline intellectual functioning (IQ 70-79) to below average (IQ 80-89), with the exception of one who had an above average IQ (100+) with a severe reading difficulty. Although the general intellectual functioning of the adolescents indicate a wide range, all the boys had significant difficulty with reading, spelling, arithmetic skills, and struggled to cope in the mainstream schooling system.

As will be apparent from the description of the individual group members, the adolescents in the group came from families where they were exposed either to domestic violence/abuse, or to inconsistent, punitive, or over-involved parenting. In almost all cases, they had experienced the loss of a male parental figure either through death, divorce or through being emotionally unavailable. They all lived in disadvantaged communities and were from the 'Cape Flats' area (e.g. Grassy Park, Manenberg, and Hanover Park), with the exception of two; one lived in a location (in a predominantly 'black' area) and the other came from Salt River. They had also been exposed to some degree of gang related activity, such as rape, murder, and drug and alcohol abuse, in

which their physical safety had been threatened. These adolescents were therefore vulnerable to joining gangs and engaging in risk taking behaviour such as drug and alcohol use. Apart from scholastic difficulties, these adolescents also presented with behaviour difficulties at school, ranging from aggressive outbursts, fights, truancy, damage to property and difficulties with social and peer relationships.

The programme started on 26 March with a general introduction and welcoming of all parties involved (children, parents, trainee teachers, and psychology masters students). The group commenced on 9 April 2003 and continued throughout the year, on a Wednesday afternoon, until 15 October 2003. This was in conjunction with the school terms and there were no sessions during the school vacation, or on public holidays. The adolescent group process comprised of twenty-three sessions in total.

The following is a brief description of the group members<sup>3</sup>:

**Ashley** (12), an only child who lives with his mother and maternal grandmother, and has no contact with his father. He was referred to the LPP in 2001, having difficulties coping with schoolwork, especially with mathematics. He also attended the latency group the previous year.

**Kevin** (12), has three younger siblings (a sister and twin brothers), and has discipline problems at home, a conflictual relationship with his father and an over-involved mother. He was referred in 2003, having difficulties with reading and spelling, as well as displaying aggressive behaviour towards his younger brothers.

**Victor** (15), an only child with parents who have divorced and remarried. The family moved frequently during his early childhood, and his father has a history of substance abuse. Although a new member to the programme, he received individual therapy at the CGC in 2002, and was referred due to being expelled from mainstream schooling for

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<sup>3</sup> For the purpose of this study, the names and details of the group members have been changed.

disruptive behaviour and damage to property. He has an above average general intelligence and was diagnosed with a specific reading disorder.

**Raymond** (14), lives with his mother and maternal extended family, however they moved frequently due to financial difficulties. Although his father passed away, he did not have a close relationship with him. He was a new member to the group and was referred due to difficulties with reading, spelling and poor scholastic performance.

**John** (13), lives with his mother, as his father left prior to his birth. He has had limited contact with his father since 2002, and his father has children from another relationship. His mother tends to be over-involved with him. He was referred to the programme due to problems with reading and concentration, and this was the first time he attended the group.

**Dean** (14), lives with his parents and younger sister. He has a conflictual relationship with his parents, as his father tends to be punitive and his mother is frequently emotionally disengaged. This was the first time he attended the group, and was referred due to school failure of the previous year, low self-esteem, and difficulties with peer relationships.

**Harry** (13), lives with his paternal grandmother, as his parents never married and his mother had difficulties coping as a single parent. His father remarried, has inconsistent contact with him, and gives money and gifts as a means of showing affection. He was referred due to difficulties with schoolwork, school refusal, and aggressive behaviour. He attended the adolescent group the previous year.

**Shaun** (12), lives with his parents and younger brother. He has a history of seizures and delayed motor activity. He was referred due to scholastic difficulties, and a need for a possible alternative school placement. He was also a member of the adolescent group the previous year.

**Leon** (12), lives with his parents and younger sister, and has a dominant and controlling father and an over-involved mother. He was referred due to behaviour and scholastic difficulties, and a history of bedwetting and suicide attempts. Although a new member to the adolescent group, he attended the latency group the previous year.

**Zaheer** (14), lives with his mother, stepfather and two younger stepsiblings. Zaheer witnessed abuse by his biological father towards his mother when he was younger, and still has contact with his father. He was referred due to poor reading, spelling and writing skills, and behaviour and peer relationship problems. He also attended the adolescent group the previous year.

The following section will address the research design. The location of the case study research within the qualitative research paradigm will be discussed, including the role of theory and researcher reflexivity.

#### **4.4. Research design**

There has been extensive debate in the social sciences regarding the relative benefits of quantitative and qualitative research methodologies (Banister, Burma, Parker & Tindall, 1994; Denzin & Lincoln, 1998a, 1998b; Neuman, 2000; Silverman, 1993). It is beyond the scope of this study to debate the validity of quantitative statistical versus qualitative clinical methodologies, but it is acknowledged that there are strengths and weaknesses in both approaches, and it is important to choose the appropriate methodological tool for a particular research study. Defining qualitative research has been a contentious issue (Denzin & Lincoln, 1998a). However, Banister and colleagues (1994) propose that one can define it in a simple but quite loose way as “...an interpretative study of a specified issue or problem in which the researcher is central to the sense that is made” (p. 2). These authors further acknowledge that it is in the very nature of interpretation to be contradictory, allowing for the presence of multiple meanings that may further confound the pursuit of a ‘fixed truth’ (Banister et al., 1994). Denzin and Lincoln (1998a)

emphasise that the main objective of qualitative research is to make sense of the phenomenon in question, and not the pursuit of the ultimate truth.

Furthermore, literature indicates that case studies for the purpose of research have remained one of the most challenging of all social science endeavours (Yin, 2003). The qualitative case method is a particular way attention can be drawn to the relevance of subjective experiences, and has for that reason often been the preferred choice for research in the psychodynamic arena. According to Yin (2003, p. 1), "*case studies in general are the preferred strategy when "how" or "why" questions are being posed, and when the focus is on a contemporary phenomenon within real-life context*". Guba and Lincoln (1981) and Patton (1980) argue that the desire to understand complex social experiences led to the need for case studies, and they therefore have a distinctive place in research (cited in Yin, 2003). Case studies can be particularly helpful when used to describe and understand events, which occurred in a certain setting, and to generate hypotheses for the way in which certain factors produce certain results in certain contexts (Neuman, 2000). The qualitative case study provides an opportunity to recognise that behaviours being evaluated occur in patterns and that meaning can be made through this process (Marecek, 2003; Neuman, 2000). As the aim of this study is to investigate and understand the form of interaction between the group members and the therapists in a psychotherapeutic adolescent group, the most suitable form of enquiry is the qualitative method case study. As the issues of interpretation and researcher reflexivity are of utmost importance to this kind of research method, these will be addressed throughout this chapter.

The main critiques of case study research are regarding its non-generalisability and the capacity to identify the precise therapeutic agent responsible for changes within a given investigation. Kazdin (1981) argues that these limitations raise concerns regarding the validity of case study research. The use of psychoanalytic principles within the case study may lead to further complications: while the facilitator's subjectivity, intuition and unconscious dynamics are considered as assets when using interpretative practices to understand the phenomenon under study, these factors also raise questions regarding the

objectivity and validity of clinical case studies (Hollway & Jefferson, 2000). Although acknowledging these limitations, a counter-argument is that the findings of case studies are only generalised to theory and not to people or populations (Camic, Rhodes & Yardley, 2003; Eisner, 2003; Marecek, 2003; Stake, 1998; Yin, 2003). Stake (1995) further argues that the quality of case study research is not based on its 'reproductivity', but on whether the meanings generated, by the researcher or by the reader, are valued and that "*the real business of case study research is particularization, not generalization*" (p. 8). As recognised by several authors (Hollway & Jefferson, 2000; Marecek, 2003; Neuman, 2000; Stake, 1998; Yin 2003), the researcher comes to know a particular case well and the focus, therefore, is on its uniqueness. Although this incorporates the knowledge of others from which the case is different, the emphasis remains on understanding the case itself. The present study is relevant in relation to the LPP intervention and the context in which this project was established; the study does not aim to generalise findings to all adolescent psychotherapy groups.

There is great emphasis on the importance of theory when using analysis in qualitative case study methodology (Huberman & Miles, 1998; Neuman, 2000). However, for this to be effective, there needs to be a dialogue between the case data and the theory, and the latter should be used to interpret the actions or behaviour of the subjects under study in order to define relationships between action and concepts (Huberman & Miles, 1998). Camic and colleagues (2003) emphasise that this process is influenced by the researcher's selection of case material and of relevant theory, and his or her interpretation of the relationship between them. Huberman and Miles (1998) also warn that if the relationship between theory and events in the clinical case is not clear, it may compromise the legitimacy of the case study methodology. The aim of this study is to construct an understanding of how and why particular interactions and dynamics occurred between the group of adolescent boys and the male-female co-therapist dyad. The case material will therefore be analysed in relation to both Oedipal theory and psychodynamic understandings of learning difficulties, as reviewed in Chapter Two. It is however important to acknowledge that other readings of the case material through other theoretical lenses are also possible.

Literature further indicates that the qualitative case study is characterized by the researcher's role, regarding the time spent on site, being personally in contact with these activities and operations of the case, and reflecting on and revising the meaning of what is occurring (Camic et al., 2003; Stake 1995; 1998). Denzin and Lincoln (1998b) and Neuman (2000) advise that the researcher's position and presence in a study needs to be explicit. It is therefore important to acknowledge that, in relation to the present study, my role as a participant researcher. The manner in which I and we (as group therapists) responded to the group members' behaviour and the interaction with them, as well as my interaction with the co-therapist, impacted on the group dynamics. As my familiarity with the adolescent boys' behaviour developed, mainly through my direct interaction with them in the group, it also allowed me to acquire a sense of intimacy with the phenomenon under study and it is therefore important to be clear in acknowledging my position and presence in this research study. Constant reflecting on my own process, as a co-therapist, in the group will help to further elaborate my impact on the group process.

In light of my own identity as a 'coloured' female with a similar cultural and social background as the group members, and the co-therapist being a 'white' middle-class male, our understanding and perceptions of the dynamics between therapists and group members may be different. Although my background was similar to that of the group members, I needed to be aware of the possible pitfalls in assuming that I could completely relate to their experiences.

#### **4.5. Process of data collection and selection**

The recording of data in qualitative case studies can be done in many ways (Stake, 1998; Yin, 2003). It is important to illustrate the general manner in which the data was recorded and the process of how the data was selected and used for the purpose of this study.

Visual material (video recordings) was used to record the group sessions, and standard notes were also made after each session. In relation to the session notes, several factors undoubtedly influenced this process, including the time available for collaborative discussions and the different recording styles of the group therapists, who alternated every three sessions in taking responsibility for the notes after the group sessions. Several difficulties were also encountered with the visual material as some of the sessions were limited to no sound and/or picture. The failure of the video recording was mainly due to the group members switching off the video recorder, or changing and adjusting the camera and audio microphone before sessions. The case material of this study is therefore based on the standard notes made after the group sessions, reflective notes and supervision notes of the researcher, as certain sessions had damaged or no visual or audio material.

Prior to the analysis of this study, all the session notes were reviewed. As the purpose of the study is to illustrate the group process in order to explain or understand the interaction between the group members and the male-female co-therapist dyad, relevant, specific vignettes from sessions were then chosen. This selection was based on the researcher's subjective opinion as to which sessions best illustrated the emerging Oedipal phenomena. Schiff (2002) and Truter (2003) in their research on the LPP during 2001 and 2002 respectively, similarly utilised vignettes to illustrate the phenomenon under study. However, these authors acknowledge that this is rather problematic. The choice of selective material for the purpose of analysis is open for criticism and evaluation, as the researcher's motives will affect the choice of illustrative material. However, while the researcher's subjectivity is acknowledged, it is also important in case studies to select case material that illustrates key theoretical concepts in a rich and meaningful way.

The method whereby the selected case material was analysed is described below.

#### **4.6. Method of analysis: the role of interpretation**

There have been ongoing debates in the research literature regarding the usage of interpretation when analysing qualitative data (Camic et al., 2003; Denzin & Lincoln, 1998b; McGrath & Johnson, 2003). As noted previously, it is in the very nature of interpretation to be contradictory (Banister et al., 1994), allowing for multiple meanings and diverse understandings of a particular phenomenon. This characteristic of interpretation may be responsible for the fact that there is no clear definable method of utilising this practice in the case study methodology (Hollway & Jefferson, 2000; Neuman, 2000; Yin, 2003). Furthermore, it is in the clinical setting that the concept of interpretation was initially developed, and although it has increasingly been applied in the research setting, the scientific credibility of psychoanalysis remains the subject of debate (Hollway & Jefferson, 2000).

Altheide and Johnson (1998) warn that interpretative validity will be affected by ethnographical factors, such as personal, economic, political, and ethical issues, as these are ever present within the process of constructing meaning through interpretation. It is therefore short-sighted to assume that meanings and findings that are arrived at, are necessarily the only appropriate and suitable ones; rather, there are always several possibilities for making meaning from the data. Altheide and Johnson (1998) advise that, through identifying the true intent of a case study, interpretative validity can be addressed. The present research is an attempt to understand the dynamics between the group members and the male-female co-therapist dyad, within the theoretical framework of Oedipal phenomena, and the role that learning difficulties may play in this interaction. This is the lens through which the researcher viewed, and made meaning of, the data.

#### **4.7. Ethical considerations**

Several authors (Marecek, 2003; Miller & Bell, 2002; Punch, 1998) emphasise the importance of informed consent and confidentiality regarding research participants. Miller

and Bell (2002) argue that, although it is vital that consent be obtained before any research commences, completing a consent form at the beginning of a study does not imply that ethical issues should be forgotten. They recommend that ethical considerations should be an ongoing process throughout the research. Punch (1998) states that participants need to be informed regarding the nature of the research and should not be coerced into participating. There are ongoing debates regarding the extent to which information concerning the nature of the research should be revealed, as this may significantly influence the participants' involvement (Miller & Bell, 2002; Punch, 1998). Confidentiality regarding the identity and personal information of the research participants should be maintained at all times, however; this may not always be guaranteed. Marecek (2003) argues that, it may be difficult to disguise or render anonymity within the qualitative research paradigm, as research participants are generally embedded in a specific social context, and therefore may still be easily identifiable. Punch (1998) further emphasises that disclosure of private information is the single most likely source of harm to research participants and care should be taken to maintain confidentiality.

In relation to this research study, prior to joining the LPP, the adolescents and their parents were informed that the university is a teaching institution and that clinical material may be used for research purposes. Although the parents and adolescents are informed regarding the LPP project and the prospects of clinical material being used for research, the parents sign the consent forms. In accordance with the ethical guidelines, the participants' names and identifying details were changed in the writing-up of this study in order to maintain confidentiality. All case material (session notes) is kept in a secured confidential file at the CGC.

#### **4.8. Conclusion**

This chapter commenced with the research aims and objectives of this study. The general structure and selection criteria of the LPP were then illustrated. This was followed by a

description of the theoretical model and the profile of the 2003 group members. Thereafter, the research design was outlined, and issues in case study research were discussed, including common criticisms, the role of theory and of researcher reflexivity. The collection and selection of data, and the method of analysis, particularly the role of interpretation, were considered. The chapter concluded with ethical considerations relevant to this study.

University of Cape Town

## CHAPTER 5: RESULTS AND DISCUSSION

This chapter will analyse the interactions between the LPP adolescent group members and the male-female co-therapist dyad, with specific focus on the re-activation of Oedipal phenomena, and whether Oedipal theory sufficiently accounts for these dynamics. The analysis will be presented in a series of vignettes from selected sessions, followed by discussion of these incidents<sup>4</sup>. The researcher's choice of vignettes was motivated by the understanding that these segments best reflect the phenomenon under study. The material will be divided into three stages. In each of these stages, several vignettes will be presented. The first stage, which constitutes the 'orientation and testing phases' of the group process (Yalom, 1995), will examine incidents that occurred within the first seven group sessions. Vignettes from the following nine sessions will represent the 'working phase', while the last seven sessions will comprise of the 'termination phase' of the group process (Yalom, 1995). The division of the case material into these three stages is intended to illuminate the emergence and progression of the re-activated Oedipal phenomena.

### **5.1. Stage One: The orientation and testing phase**

As indicated in the literature review (Chapter Three), the orientation and testing phase is characterised by great anxiety, ambivalence, distrust, and resistance towards the unknown group setting (Moss-Morris, 1987; Yalom, 1995). Vignettes from sessions one, two, four, and five have been selected to demonstrate the emergence of Oedipal phenomena during this phase of the LPP adolescent group process.

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<sup>4</sup> All vignettes will be in italics. Vignettes have been compiled from standard session notes of both the researcher and co-therapist, as well as supervision notes, and reflective notes of the researcher after the group session, unless otherwise indicated.

Session 1: 9 April 2003

*The group started with everyone sitting on the floor on pillows, except for Victor who placed himself on the only chair in the room, outside the circle. Jamie introduced us<sup>5</sup>, and explained that in this session the basic aim was to get to know everyone, and to determine how everyone is feeling about being here.*

*Harry and Zaheer spoke about their experience of the group the previous year. They asked about Nadeem (a member that did not return to the group this year) and Harry warned that, although some objects in the room (window and wooden bird) were fixed this year, he would break them again. He asked if anybody was in the observation room. Jamie said “no” and that we promise nobody will be there. Harry said “Ja, hope so, cause last year, Ben<sup>6</sup> was moered, and locked out of the room cause hy het gelieg” (Yes, hope so, because last year Ben got beaten up and locked out of the room, because he lied). For the rest of the session, Harry and Zaheer constantly checked at the one-way mirror. Zaheer and Harry started banging on the window, which sounded like a warning signal, that something was coming. I felt very anxious at this point, remembering Ben’s group presentation of his experience last year, where he reported feeling lost, helpless, and inexperienced as a group therapist.*

*Other than introducing the icebreaker, my role in this session was very passive, as Jamie took charge of the session. Responding to Jamie’s question on why they thought they were in the group, Victor commented that he has a reading problem. However, the rest of the group did not say much, other than expressing the wish to not be in the group, as they “have better things to do”. While the boys decorated their folders with pictures of cars, soccer players and adult females, they giggled amongst each other, pointing to pictures of women in the magazines they were using. The boys gave their opinions of which females looked nice and whom they would like to date. They compared their views with Jamie. I was not included in these discussions. The boys then spoke about soccer, and by*

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<sup>5</sup> Jamie (co-therapist) introduced me as ‘Wally’, a nickname my colleagues gave me.

*Jamie asked them questions about their favourite teams. They directed the discussion towards him and I felt invisible.*

In considering the above excerpt on a psychodynamic level, one could propose that the roles we as group therapists adopted in the room reflected that of the stereotypical parental functions, that is, the maternal function of being passive and the paternal function of being active (taking charge). This could have contributed to the different manner in which the group members engaged with each of us, which seemed to reflect the early stages of the Oedipal complex as conceptualised by Freud (1923/1995). The interaction between the group members and the co-therapist dyad in this session seems to demonstrate Freud's (1923/1995) concept of the male child's early unconscious identification with the paternal figure, illustrated by the boys engaging with Jamie regarding women and sport, and the beginnings of an object-cathexis with the maternal figure expressed indirectly through the female pictures. The reluctance to directly acknowledge my presence in the group could be interpreted as defensive avoidance. The boys' anxiety about my presence, and about their feelings towards the opposite sex, was indicated by their giggling at the female pictures. Transferring these feelings onto the pictures of women and talking about the female figures may have seemed less threatening than engaging directly with me. My own avoidance in addressing my 'invisibility' could have been due to my insecurities as a beginner therapist. However, my feelings of invisibility could also be illustrative of Bion's (1967) concept of projective identification, whereby the therapist 'is given' painful feelings by the individual or group members and experiences what it is to feel these emotions. My feelings of invisibility and exclusion could be interpreted as the boys' 'giving' me these painful emotions, that is, their experience of feeling invisible due to being learning disabled, and/or feelings of invisibility related to Oedipal conflicts about being excluded from the parental dyad. Our adoption of traditional parental functions/roles in this first session may have set the foundation for the re-activation of early Oedipal conflicts and phantasies later in the group process.

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<sup>6</sup> Male group therapist of the previous year.

*Session 2: 16 April 2003*

*During the “fruit-salad” activity, everybody participated. This activity, which is similar to ‘musical chairs’, consists of several members having the same ‘fruit name’ and needing to change seats when their name is chosen. However, when ‘fruit-salad’ is chosen everybody needs to change seats. At the end of this activity, we were paired off, and each one had to introduce their partner by telling the group what this person liked. I was Victor’s partner and he appeared shy when he had to introduce me, as the rest of the group giggled. All the boys had one thing in common that they liked, that is, girls. Jamie took this opportunity to ask how they felt about me being female. Victor said “it’s fine, it’s not an issue, besides she is not eighteen, and looks much older”. When Jamie tried to elicit more, the boys started talking about the remedial teachers, who are all female, and started teasing one another for having crushes on them, as well as commenting how “fine” (nice) and how young some of them looked. Victor commented that Harry “smaaked”(liked) his teacher, but Harry smiled, and said “no, it’s the other way around, she smaak (likes) me”. When Jamie smiled at this, Victor asked Jamie “are you married to a woman?”. Jamie commented “yes”. Victor then said “just checking, I want to make sure you are not gay, as I would have to defend myself against you”.*

On a psychodynamic level, this excerpt further illustrates Freud’s (1923/1995) theory of the male child’s unconscious object-cathexis of the maternal figure. However, the boys’ appear to have difficulty in acknowledging their feelings regarding this, evident in their giggling, and the need to deny having any difficulty with my presence. This may also demonstrate Klein’s (1969) concept regarding the male child’s guilt or shame associated with the unconscious Oedipal desires of the opposite sex parental figure. These anxieties are managed through unconscious transference, that is, discussing their feelings (Oedipal desires) of the female remedial teachers. The need to project their affection onto the teachers, by maintaining that the teachers desire them, further highlights Klein’s (1969) view regarding the guilt associated with these Oedipal wishes. However, this could also be illustrative of Salzberger-Wittenberg and colleagues’ (1983) view regarding the anxiety of having a learning difficulty - the boys discussing the remedial teachers as

sexual objects may help them to manage their anxieties about needing remedial assistance. Their assertion that the remedial teachers desired them could also reflect their unconscious wish to determine how I feel towards them. Victor's enquiry regarding Jamie's sexual orientation could be indicative of the unconscious need to determine if he is a rival or threat regarding the boys' Oedipal desires. This illustrates both Freud (1923/1995) and Klein's (1969) theories of the Oedipal conflict regarding the rivalry and threat perceived by the male child (boys) regarding the paternal figure (Jamie).

Session 4: 30 April 2003

*Harry and Zaheer's remedial teachers had not arrived and there was also no monitoring of the bananas during break, resulting in Harry having four or five stuffed into his pocket and eating them in front of everyone in the room. Later in the session, Harry and Zaheer started verbally attacking Jamie. Harry said "jy (you), don't look at me, ek gan vir jou moer (I'm going to hit you)" and Zaheer reiterated "ja (yes) you know what happened to Ben". Jamie attempted to redirect the uncomfortable pressure unto me, asking them how it felt to have a woman in the room. This was ignored. Jamie interpreted this as avoidance, but did not link it to their anxiety. They (Zaheer and Harry) became angry and disinterested, walking up and down with their pillows, threatening to hit one another. Zaheer stated that I was like a mother to him and that he felt secure having me in the room. He then hit Harry with the pillow, which further raised the anxiety in the room and the rest of group started laughing. Harry first made threatening gestures with the pillow towards Jamie and then started to hit him. Jamie stopped him and asked why they were behaving like this. Harry, being very angry, then called Jamie 'Ben' [They also used to call Ben 'Pillows']. Jamie asked if Harry sees him as Ben and Harry said, "ja, julle is mos een, julle is dieselfde" (yes, you are one, you are the same). Harry stated that we were also going to leave after a year. Jamie asked if he missed Ben and he said "yes". I asked if he felt abandoned by his remedial teacher not being there. Harry said "no, you will see, she will bring me a chocolate next week".*

The above excerpt reflects issues of distrust and resistance, during what Yalom (1995) considered the testing phase. As Jamie's role had been reflecting the parental function of limit setting, his presence could have been interpreted by the boys as an authority figure, hence the hostility towards him. However, the hostile attack on Jamie could also be interpreted as a defence against their painful feelings of rejection and abandonment due to the remedial teachers not arriving. Ben was perceived as having previously abandoned them and they may have associated Jamie with Ben.

The above vignette also illustrates the emergence of an affectionate identification with me (the maternal figure), as the continuation of the parental transference associated with early Oedipal conflicts (Freud, 1949; Klein, 1969). Our parental functions, that is, Jamie setting limits regarding their physical violence as opposed to my perceived containing (safe) presence, could have contributed to the emergence of these feelings in the boys.

The use of limit setting alone (e.g. stopping them from hitting Jamie) may not have been enough to contain their anxiety and aggression in this session. The additional use of interpretation of the painful loss experienced, and of the link between Jamie and Ben, could have made it safe for them to acknowledge their fear that we will also leave at the end of the year. Dwivedi (1993c) and Evans (1983) have proposed the importance of incorporating both limit setting and interpretation with adolescent groups, in order to provide effective containment, as well as allowing the adolescents to explore and express emotions. Our roles reflect the parental functions of limit setting and containment indicative of active-analytic group structure. However, supervision discussion indicated that my role in the group needed to be more active, as all hostility was being directed towards Jamie.

*Session 5: 7 May 2003*

*Jamie recapped the previous sessions by acknowledging their feelings regarding Ben, and emphasising that he is not Ben. He also reiterated that we would not tolerate*

*physical violence, referring to the group rules/norms. I took the lead in introducing the activity, a projective drawing. The drawing task yielded many sexualised images, that is, phalluses and a few vaginas. Other images reflected conflict/aggression towards Jamie (e.g. cars riding over his head). Jamie remarked that there appear to be a lot of anger in the room, but he was ignored. The quieter boys, Larry, Dean, and Kevin, started to engage with me, responding to my questions regarding school and their social circles. Harry commented that from now on, they would call Jamie "Jimmy" and the group agreed. At the end of the session, I felt accepted, and for the first time had a sense of being part of the group.*

In the above segment, although our roles shifted due to my increased involvement, our primary functions remained the same; that is, Jamie emphasising limit-setting and my offering containment by engaging on a less threatening level through enquiring about the boys social activities. However, their identification with me had here taken a more sexualised tone, as indicated by the phalluses and vaginas in the projective drawings. The unconscious wish to eliminate the perceived threat or rival competitor, the paternal figure, may be illustrated in the drawings of cars riding over Jamie. However, there was also an acceptance of Jamie as separate from Ben, through giving him a special name. This demonstrates Freud (1923/1995) and Klein's (1969) theory of the male Oedipal complex, whereby the male child starts wrestling with having conflictual feelings towards the father figure, while developing an increasing object-cathexis with the maternal figure. My willingness to interact with the boys may have further facilitated the dynamics which unfolded during this session.

In summary, the Oedipal themes during this first stage of the group process reflect the emergence of the parental transference of the adolescent boys towards the male-female co-therapist dyad, which may have been facilitated by our adoption of traditional/stereotyped parental roles of limit setting and containment. The emerging re-activation of the Oedipal complex, illustrated by the interaction between the group members and the male-female co-therapist dyad, began with an identification with the paternal figure (the male therapist) and the development of an object-cathexis with the

maternal figure (the female therapist). As the group progressed, the sexualised transference towards the female therapist increased, and rivalry and hostility towards the male therapist started to emerge. This may have been due to the fact that, as a male therapist, he represented Ben who had recently 'abandoned' them. However, the hostility towards him occurred because he may also have been perceived as a potential rival and threat to the group members' Oedipal desires.

## **5.2. Stage Two: The working phase**

This stage constitutes the working phase, which is characterised by cohesiveness, leading to an increase in morale, trust, and self-disclosure by group members (Moss-Morris, 1987; Yalom, 1995). Vignettes from sessions eight, ten, eleven, thirteen, fifteen, and sixteen have been selected for analysis.

### Session 8: 28 May 2003

*We started the group session by welcoming back those who were absent last week and took the opportunity to talk about part of last week's session (regarding issues of aggression and the expression of emotions) and the possibility of bringing a punching bag into the room at some point in the future. Victor then went back to a question he posed at the end of last week's session regarding our (the group therapists) sexual experiences. We negotiated that, if we answer the question, the group has to talk about the issue they mention every week but are too anxious to talk about, that is, sex.*

Supervision, prior to this session, was used to address the issue of whether we should answer the questions about our sexual experiences, and the purpose or need this request/question serves for the group. I acknowledged my anxiety and ambivalent feelings relating to the question of my sexual activity. This also led to debates amongst our class members at the clinic, regarding the effectiveness of self-disclosure and the possible negative impact it may have on the group. As reflected in the literature (Anderson, 1972; Evans, 1983; Phelan, 1974; Rachman, 1975) the question is not

regarding whether one should or should not self-disclose, but regarding what is appropriate self-disclosure in group psychotherapy with adolescents. Furthermore, Behr (1988) emphasises the importance of containing Oedipal anxieties as opposed to exploring them. Exploring the content of sexual phantasies in adolescent groups may maintain the group on a level of aggressive-sexualised excitement so that they avoid verbally expressing their anxieties or fear (Rosenthal, 1971). The consensus in supervision was therefore to negotiate with the group regarding some measure of regulation regarding this request, without alienating or shaming the group, as it is important to provide the adolescent with an opportunity to have a significant relationship with an adult (Rachman 1975; Rosenthal, 1971).

*Zaheer locked the door and turned off the lights. They first wanted to know about me and then moved to Jamie, asking questions about our current marital status. The group was a bit surprised that we answered the questions without trying to redirect the focus to them, that is, we were not avoiding it. This created the opportunity for them to feel less anxious about it, and Victor and Zaheer described their experiences as adolescent boys, being exposed to sex, girls, drugs etc. The rest of the group made some comments, but the main focus was on them. Although terms like vaginas, penis, anal penetration, and masturbation flowed in and out of the discussion, it was in relation to peer pressures and being exposed to drugs, sex, and alcohol in their communities. I felt quite shocked listening to what they were exposed to on a daily basis, having to constantly remind myself that they are only 12-14 year old boys, and not men. They wanted my opinion about the “come-on/pick-up” lines men use, how I felt about it (a “woman’s perspective”), and my worst experience regarding this. I shared my view and experience. They welcomed Jamie’s comments regarding his experiences. and they seemed to be even more comfortable answering questions from us. I felt we were not seen as intrusive, just curious (like them) about their experiences with the opposite sex. Jamie announced at the end that we had run out of time and it appeared that the boys were reluctant to leave. I felt a sense of being acknowledged as a female in the group.*

The above excerpt highlights the increase in sexual material in the group process, represented by the personal questions regarding the sexual activities of Jamie and myself. This may further demonstrate both Freud (1923/1995) and Klein's (1969) concepts of the Oedipal conflict regarding the male child's unconscious suspicion of the sexual link between the parental figures. However, the appropriate self-disclosure by the male-female co-therapist dyad may have contributed to the group members feeling comfortable to express their feelings regarding their struggles with sexual feelings, and the need for basic sexual education. Rachman (1975) argues that these are common sexual themes in adolescent groups, often accompanied by great anxiety. Zaheer's need to lock the door and turn off the lights may be an indication of their need to be contained and understood, as they may have felt some level of shame and embarrassment talking about sex. This could also be illustrative of Klein's (1969) concept of the guilt associated with the boys' Oedipal desires and wishes. As indicated earlier, several authors (Anderson, 1972; Evans, 1983; Phelan, 1974; Rachman, 1975) indicate the importance of appropriate self-disclosure, arguing that the therapist's responses to the 'interrogations' by the adolescents could be important determinants in the establishment of a trusting therapeutic relationship with adolescent group members. The decrease in my own anxiety could be interpreted as a reflection of the group member's feeling less anxious.

*Session 10: 11 June 2003*

*We brought the promised punching bag into the room. Dean and Zaheer immediately started hitting the bag before I introduced the task. The task was essentially projective in nature, that is, to draw the face of someone who evokes feelings of anger and or resentment, to then name the person, describe why this person evoked these feelings and then to put the picture on the bag, and "let the bag have it". During this activity, Jamie and I automatically assumed traditional and idealised parental roles. I fell into the role of 'the caring mother', making sure that they did not start the activity without putting on boxing gloves, and assisting with putting on the gloves for each boy. I also carefully checked for any injuries caused by the activity. Jamie fell into the role of 'the proud father on the sidelines', egging his 'sons' on to lay into the bag. All the boys participated.*

*Dean needed some coaxing to get involved, but then unleashed an almost murderous rage upon the bag. The rage in the room felt palpable. However, the boys managed to only express their anger onto the bag, and not on each other. They were supportive and encouraged each other in participating. The session ended with all the boys thanking us, having enjoyed the session.*

In the above excerpt, my role as the 'nurturing' mother, providing emotional and physical containment, was more evident in my interaction with the boys. Supervision before this session focused on the purpose and nature of introducing the punching bag. However, our idealised parental roles were not a deliberate strategy. Rather, our interaction with the group members seemed to be an unconscious countertransference. Several authors agree that countertransference reactions stimulated by adolescent groups may arise from the therapist's needs for affection and attention (Barratt & Segal, 1996; Behr, 1988; Evans, 1983; Rachman, 1975; Rosenthal, 1971; Scheidlinger & Aronson, 1991). The roles we portrayed, that is, the 'idealised' parents, were indicative of how we (Jamie and I) unconsciously were caught up in the parental transference. The therapist interaction demonstrates the unconscious needs stimulated by the group, which is illustrated by the boys' need for nurturance, care, and being valued. This interaction could reflect their unfulfilled needs regarding early experiences with parental figures. This demonstrates Kohut's (1990) argument that re-emerging Oedipal dynamics could reflect empathic failures from the self-object environment in early Oedipal phases. Miller (2002) further emphasises that parents may have difficulty in coming to terms with the reality of their child's learning difficulty, leading to the child internalising and identifying with their parents' disappointment, which may contribute to the child perceiving themselves as inadequate and incompetent. Therefore, our roles as idealised, caring, proud parents may also have been due to the boys' unconscious sense of inadequacy and incompetence due to their learning difficulties.

Supervision discussions explored the advantages of introducing the punching bag as an opportunity to provide the group with an alternative experience in expressing their rage. In hindsight, the introduction of the punching bag could be interpreted as our unconscious

attempt to manage the rage or threat of violence in the group, by reflecting all the rage and anger on an inanimate object, that is, the punching bag, as opposed to the group therapists. This may have been further motivated by a sense of feeling inadequate and hopeless in our attempt to contain the group, which could be linked to Rosenthal's (1971) view that discouragement, failure, and hopelessness stimulated in the group therapist is a reflection of the adolescents' emotional experience in their deprived or damaged relations with their parents. This is particularly evident in adolescents with learning difficulties, as they are more likely to experience feelings of failure and hopelessness (Fisher, 1983; cited in Coché & Fisher, 1989).

*Session 11: 18 June 2003*

*Victor indicated that Ashley should be disciplined for something he said at the end of the previous session, something related to anal penetration and me. I asked what was said and Victor smiled saying "he said something about having anal sex with you". Ashley got very angry, and called Victor a liar. Victor then turned to John saying "didn't he say that?", and John responded "I don't know, I guess". The conversation opened up a discussion again about sexual matters, where the boys crowded around me and directed questions towards me regarding what girls like, and what to do in order to impress them. Their use of Afrikaans and 'Cape flats' slang was more prominent in this session, e.g. "hoe chise 'n mense a girl / hoe chilla mens 'n nomme" (how do you come-on to a girl or impress a girl). This time, they did not ask Jamie and seemed to exclude Jamie from the interaction. Although I understood what they were saying, Jamie asked them to explain, but the boys responded in saying, "nay man, jy sallie vestaan nie, net sy sal" (no man, you will not understand, only she will). He was also physically positioned on the outskirts of the circle, while the boys faced me. They requested to know why people call me 'Wally' and what is my real name, as there is no office in the building with that name. I explained that my real name is, Faldiela Ismail, and they commented that it sounded "Moslem", which I confirmed. At this point, the clay was distributed, and the boys proceeded to mould the clay into objects. Most of the objects were phallic in shape, and there was much jocularly regarding the size of each one. Victor made caricatures of me (with big breasts), and Jamie (with big "Buffs"- shoes) and requested our thoughts regarding this.*

*Harry then commented that my real name, Faldiela, sounded like “vier piele” (four penises), which is what they will call me from now on. The rest of the group agreed. I asked why, and Victor said “it is one for each hole”. The boys started giggling. I felt uncomfortable and asked if this would make me more “like a man”, they laughed, repeating that this is just what they will call me from now on, as they call Jamie ‘Jimmy’. I was thanked when the boys left the room.*

In the above segment, Victor’s allegation about Ashley’s comment regarding the wish to have sexual intercourse with me, may demonstrate Freud’s (1905/1938) concept regarding the shift and transformation of the sexual aim during puberty, that is, the need for sexual penetration as opposed to only sexual pleasure (masturbation). This also highlights the progression of the Oedipal complex through the maternal figure becoming increasingly perceived as a sexual object (Freud, 1905/1938; Klein 1969). The exclusion of Jamie may be indicative of the boys’ unconscious wish for sole ownership of the desired maternal sexual object. However, the use of Afrikaans and slang in this session, which further led to the exclusion of Jamie, may also be a reflection of the racial and social stereotyping by the group members perception of Jamie as a ‘white’ male who would not understand them. Engaging only with me, the boys may have perceived me as ‘the same’ due to social and racial stereotypes, that is, a ‘coloured’ female from the ‘Cape Flats’. As the boys’ early experiences with paternal figures is that of either emotionally or physically absent father figures, Jamie’s attempts to engage with them and his desire to understand may have raised their anxiety in relation to early paternal relationships. Their exclusion may therefore also reflect their defensive avoidance in managing their anxiety associated with early deprived or damaged paternal relationships. My sexual presence was clearly acknowledged in this session, illustrated by the drawings of me with big breasts and by naming me “vier piele”. Freud (1924/1995) argues that the male child’s unconscious perception of women is that they have been castrated (not possessing a penis). Therefore, the boys attempt or need to ‘give me’ masculine features (a penis) may have been an unconscious attempt to manage the dread of castration associated with Oedipal wishes (Klein, 1969). The clay presentations of the phalluses, and comparison of size, may have been an unconscious representation of the dynamics of rivalry between

the group members and Jamie, or of group members with each other. The clay presentation of Jamie's very large shoes could be an unconscious awareness of his presence in the group as a potential competitor (rival penis), and as the threatening authority figure. These unfolding dynamics are in line with Freud's (1949) view on the re-activation of the Oedipus complex during adolescence, whereby there is an increase in sexual object-cathexis for the mother and increase in rivalry towards the father, who is perceived as competitor and a threat. The progression of this dynamic may have been facilitated by the idealised parental functions that the male-female co-therapist dyad had been enacting in the previous session.

### Session 13: 23 July 2003

*This was the first session after the 3-week school vacation. The discussion was around their holiday activities and Victor responded that he attended many parties and met many "fine girls" (attractive girls). Harry commented that he had sex daily, and had a different girl every week. He smiled (looking at Jamie) and said "I had sex more often than Jimmy, who only gets it once a week". Jamie and I did not respond and just looked at each other. Each time we tried to talk about the 3 week break, and the remaining 12 sessions, the boys would talk about sport. Victor then started singing "jou ma se poes"<sup>7</sup> (your mother's vagina), stating that it's the lyrics of a new rap song and Ashley joined in, with different way of emphasising the phrase. We commented that this phrase is generally frowned upon. Jamie asked if they feel the group space is safe and they will not be judged. Victor and Ashley agreed, reiterating that this would not have been allowed at home. I asked if this phrase was directed to anybody in the room. Victor then looked at me and said, "there is only one person who can say they have a 'poes' (vagina)". Ashley and Harry (giggling) demonstrated by bending their arms and legs to illustrate the shape of a vagina. I did not know what to say, and the boys started playing with Victor's cellphone. Jamie acknowledged that cellphone use was not covered in the group rules, and requested that they put it away. They accepted it, and Harry started asking questions about the types and prices of condoms. We spend the remainder of the session talking*

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<sup>7</sup> An Afrikaans slang/swearing, which is considered extremely offensive

*about safe sex, using condoms, and orgasms. Victor and Harry boasted about their sexual experiences.*

In the above extract, there is a continuation and escalation of the unconscious Oedipal dynamics regarding the sexual competition among the group members, and between the group members and the male co-therapist. This is illustrated by the boys boasting about their sexual experiences, and about having sex more often than the male co-therapist. This demonstrates Klein's (1969) theory regarding the male child's jealousy and hatred towards the paternal figure. The chanting of the phrase "jou ma se poes" further highlights Klein's (1969) view regarding the male child's Oedipal wishes, that is, genital desire for the maternal figure. As the phrase also has an aggressive edge, it could also have reflected their anger regarding the three-week separation from the sexual object (maternal figure) and or both parental figures. My limited interpretation of the Oedipal phantasies (that the phrase was directed at someone in the room) may account for the increase in the boys' anxiety and possible shame associated with these Oedipal wishes, illustrated by the use of transitional objects (cellphone) to manage their anxiety. It is also possible that sexual material was used defensively, and not only to communicate unconscious Oedipal phantasies, as the group avoided verbally expressing their emotions regarding the three week separation by maintaining the group on a level of aggressive-sexualised excitement, through the grandiose descriptions of their sexual encounters (Rosenthal, 1971).

Session 15: 6 August 2003

*The boys brought a spray can into the room, which they used to spray over some of the rules, as well as covering my name on the poster. I commented that the smell is quite strong, and Victor said "it smells like drugs, drugs is good for you". Victor asked if the poster could be put outside the room as the smell of the canister is really strong. Jamie said "maybe it's about taking the rules outside", but the group just laughed. I commented that the smell leaves a metal taste in my mouth. Dean commented that he likes the smell of petrol, and the group giggled. Harry then switched off the lights and Victor laughed*

*saying that maybe the taste in my mouth was that of semen. Victor then said, “ I often ask girls if I could play with their funnels” (slang for vaginas). Jamie then switched on the light and said that maybe we need to shed some light on this topic. Victor then said, “Wally, you look different”. Dean agreed and Harry then asked me, “have you been jacked up (slang for sexual intercourse) this weekend”. I asked what ‘jacked up’ meant, and the group started giggling. Harry then indicated with his groin and said, “you know, sex”. This seemed to raise the anxiety and the rest of the boys started to talk about music.*

This extract seems to further highlight the Oedipal dynamics. The introduction of the spray-can could be interpreted as the unconscious representation of the penis and their increasing wish to fulfil their Oedipal desires. This is illustrated by the boys’ sexualising the comment of the taste in my mouth being that of semen. The comments regarding playing with girls ‘funnels’ and fantasies regarding my possible sexual activity on the weekend further highlight the boys’ Oedipal phantasies. The wish to remove the rules, which could be associated with Jamie being the authority (parental) figure who sets limits, demonstrates Freud (1923/1995) and Klein’s (1969) concept of the male child’s unconscious wish to eliminate the paternal figure (and the threat he represents) in order to fulfil his Oedipal desires. The group’s anxiety and discomfort, illustrated by their laughter, need to talk about less threatening topics (music), and switching off the lights, may be indicative of the shame and guilt associated with their unconscious Oedipal wishes.

*For the remainder of the session the discussion shifted to how the boys approach girls. Victor then offered me his banana in a very sexual manner (holding it between his legs), and I said (smiling), “no thank you”. Harry commented that one needs skill and Victor said, “ ja (yes)”, but chanted “date rape pill”. I immediately felt very anxious and wanted to launch into a lecture of how wrong rape is. Instead, I asked what they understood it (the date rape pill) to be. Victor said, “it’s a magical tablet that makes girls say, yes”. I said “actually it’s a pill that makes a woman unable to say anything”. Jamie then reiterated that if used, it would constitute rape, and that the person could be sent to prison. We spent some time discussing this issue. Harry then mentioned condoms and*

*Jamie asked if the boys knew how to use one. Victor then removed one from his wallet and Harry offered to demonstrate using the banana that Victor offered me earlier. We asked where they learned how to do this, and they spoke about sex education which they received at school. They also discussed their fears and feelings of helplessness regarding HIV/AIDS.*

In the above segment, my 'rejection' of the offered 'penis' (banana) by Victor, may have contributed to the chanting of "date rape pill" as an unconscious defense against feeling rejected by my turning down 'the offer'. Although our discussion regarding rape was not punitive, Jamie's need to reiterate the possibility of punishment (prison) may further have contributed to the boys' perceiving him as a threat, and to their fear of being punished in their pursuit to fulfil their Oedipal phantasies, that is, having sex with the maternal figure through forceful means if necessary. This highlights Klein's (1969) view regarding the male child's fear of being punished by the paternal rival.

Although Oedipal theory can account for the adolescent boys' unconscious sexual phantasies, the fact that they expressed this through the threat of rape suggests that one may need to consider the impact of their cultural exposure to gender-based violence as acceptable and "normal". The participants in this study are from communities in the disadvantaged 'Cape Flats' area of the Western Cape, where male adolescents are at high risk of being exposed to gender-based violence and trauma both within and outside the home (Hamber, 2000; Hamber & Lewis, 1997).

Adolescents are generally faced with developmental tasks, such as coming to terms with sexual drives and feelings, and finding an optimal and effective use of aggressive drives (Blos, 1975; Evans, 1983; Richter, 1997; Wilson, 1991). As indicated in Chapter Two, one cannot disregard the possible impact that learning difficulties may have on the ability to master these tasks, as children with learning difficulties have a diminished capacity to self-regulate sensual arousal (Van den Berg, 2002). Particularly when learning difficulties are present, adolescent groups can become flooded with primary process thinking, such as wild and exciting sexual fantasies. Some authors argue that the group therapist(s)

should rather set limits and contain Oedipal anxieties, in helping the group to a safer place, as opposed to exploring the content of these fantasies (Behr, 1988; Rosenthal, 1971). This was illustrated by our attempt in wanting to explore their fantasies during this session indicated by Jamie's comment 'to shed some light on the issues', however this resulted in an increase in the boys' anxiety and expression of Oedipal fantasies. Through our ability to later set limits in this session, regarding their fantasies of rape and the 'date rape pill', the boys may have felt safer in discussing issues relating to sex education and their fears regarding HIV/AIDS. Supervision discussion focused on our need to normalise their sexual phantasies as age appropriate.

Session 16: 13 August 2003

*Within a minute or two of the boys coming into the room, they asked Jamie to leave and Jamie asked why. Victor immediately said that "we have seen enough of you, you must get out....". We focused on what this would mean and what would happen if he did leave the room. There was an enormous physical split in the room, the boys sitting on the opposite side of the room from Jamie, with myself alone, in the middle, facing both sides. Dean was attempting to get in closer proximity to me and often moved his pillow closer to me when I was engaging with some of the other boys. I had an image of a little boy wanting to put his head on his mother's lap. Victor stated that the "younger boys would have to close their eyes" if Jamie left the room, suggesting that they (the bigger boys) would be having sex with me as he told Jamie "don't worry, we have condoms".*

The above extract illustrates Freud (1923/1995) and Klein's (1969) concept of the male child's Oedipal phantasy, of eliminating the rival father in order to have sole sexual ownership of the mother. The instruction for Jamie to leave the room is an obvious illustration of this. The physical split in the room was also a representation of this dynamic, with the maternal sexual object caught between the rival father and son(s), in the Oedipal triangulation. The boys' comment about having condoms further illustrates the increase in sexual desire for the love object and the wish to fulfil these Oedipal desires (Freud, 1923/1995). The session then proceeded as follows:

*I asked Victor what it was that constituted his description of a man and he said “a penis”. I then commented that I am the only one that does not qualify, and he then stated that Jamie too does not have a penis. At this particular time, Harry had managed to separate me from my key-ring. We asked whether he wanted to retain some part of me because it made him feel closer to me. He seemed to be incensed and ashamed by this, and warned Jamie that he is irritated by Jamie and will still get him. At this point he threw the key-ring at Jamie’s pelvic area, but missed. There was much jocularity from the other members at the attempt. Jamie asked them if they could see what was occurring in that they were attempting to eliminate him and thereby get closer to me. Dean started to play with Victor’s cellphone as a possible attempt to deal with the uncomfortable feelings that had been raised by this, and the cellphone moved from one person to the next. I referred to the previous session regarding the rule of the cellphone use in the group, and it was put away. Victor continued to hijack the conversation and while I was talking to him, Jamie tried to engage with Kevin and Leon in a discussion. Leon showed Jamie his file of ‘Dragon Ball Z’ characters (TV programme of animated characters with immense power). Victor then asked to see the pictures, John was the last to look at the pictures and then slid the file on the floor to Leon via Jamie’s groin, which he managed to hit. There was once again much jocularity among the group members.*

The open expression of Oedipal phantasies about eliminating the father and having sole sexual ownership of the mother, which occurred earlier in the session, seems to have given rise to castration anxieties. Harry’s response (angry and ashamed) to Jamie’s comment regarding the wish to be close to me, demonstrates Klein’s (1969) concept of the male child’s jealousy and hatred towards the father figure and the guilt associated with the Oedipal wishes. Victor’s comment regarding Jamie not having a penis and the later attacks on Jamie’s pelvic area could be interpreted through Freud (1924/1995) and Klein’s (1969) theory of the male child’s dread of castration associated with the Oedipal wishes. The boys in the group appear to defend against the dread of castration by preemptively “castrating” the male therapist. “Castrating” Jamie simultaneously deals with the dread of castration and “eliminates” the rival penis/lover. The response of the other

members (laughing) could be interpreted as a defense against mounting anxiety at the open hostile attacks on Jamie. The use of transitional objects (the cellphone and file) may further illustrate the need to manage this anxiety. However, Leon's introduction of his file could also be interpreted as the need to use a more powerful attack on the rival father (Jamie), by showing him characters with immense power. There was the interpretation of the adolescents' unconscious Oedipal wish to be close to me and eliminate Jamie. This appeared not to have contained the boys' anxiety, but rather to have escalated it, again raising questions about whether unconscious phantasies and anxieties should be interpreted or contained in other ways. The session continued as follows:

*I immediately felt attacked as well, and wanted to launch into the rules of no physical harm as an attempt to rescue Jamie, as he did not respond to what they did. I tried to highlight the dynamic of competition again and said that on some level I felt flattered by the attention, which I immediately felt was the wrong thing to say as it might increase the attack on Jamie. The conversation continued around what would happen if Jamie left the room with Victor reiterating, "it would be all right as some of us do have condoms". Harry then mumbled something about rape, which I tried to elicit further but without success. Dean said that it would be good if Jamie left, as he just wants to be alone with me. Jamie, feeling hurt and provoked, threatened to leave, as there were only ten minutes left before the session ended. I could feel myself getting anxious and afraid but made every attempt not to show any fear. Leon, Kevin, Ashley, and John then said 'no', as if they were afraid of what would happen if Jamie left the room. I felt a sense of relief. Victor suddenly commented that he never insisted that Jamie should leave and would like him to stay. The session ended with Jamie and I acknowledging that it was all right for 'young men' of their age to have phantasies about older women.*

On a psychodynamic level, the ambivalence amongst the group members towards Jamie (some wanting him to stay and others wanting him to leave) demonstrates Freud (1924/1995) and Klein's (1969) concept of the ambivalent feelings (love/hate) of the male child towards the paternal figure. My anxiety and fear could be interpreted as a projective identification by the group due to their difficulty in managing their own

feelings or anxiety about the potential enactment of Oedipal phantasies if Jamie left the room. Victor's attempt at reparation, denying that he insisted that Jamie should leave, demonstrates Klein's (1969) view regarding guilt associated with the Oedipal wishes. Kohut (1990) argues that an empathic response to Oedipal phantasies, without viewing them as disturbed sexuality and hostility, contribute to the developing self of the child's Oedipal desires. In hindsight, our reaction to being sexually confronted by the boys prevented Jamie and myself from responding empathically. It appears that we became 'caught up' in the boys' fantasies and could not stay separate from them, and therefore we both "acted out" instead of responding empathically to their anxiety.

My ambivalent feelings of flattery and guilt, could be perceived as a possible unconscious wish to be needed or wanted, creating a danger of allowing the split between Jamie and myself in pursuit of being the desired and 'good' object. Several authors (Barratt & Segal, 1996; Behr, 1988; Evans, 1983; Rachman, 1975; Rosenthal, 1971; Scheidlinger & Aronson, 1991) highlight the countertransference reactions stimulated by adolescent groups, whereby the wish for affection and positive feedback becomes more appealing due to the therapist's own unresolved adolescent issues. Furthermore, one could also interpret my feelings of guilt as a projective identification from the group in realising that what is desired is taboo or morally wrong.

While Oedipal theory can account for the behaviour in the session, the fact that the expression of the unconscious desire was in such an explicit manner suggests that one cannot ignore the possible emotional impact of the boys' learning difficulty. Adolescents with learning difficulties struggle with abstract reasoning, impulse control (Dwivedi, 1993b), and the regulation of affect, and sensual arousal (Van den Berg, 2002), which may account for the overt expression of Oedipal phantasies and anxieties in this session. Furthermore, the implicit threat of rape, occurring again in this session, once again highlights the need to consider the influence of exposure to gender-based violence as a masculine norm.

We were informed before the start of the following session (session 17) that Zaheer and Shaun would no longer attend the group or the LPP programme. We did not explore this in the session with the group, which could be interpreted as our own unconscious avoidance in dealing with the loss of the two group members, or possible relief at having fewer members in the group. In hindsight, we should have considered the group's possible fantasies of why these members were not coming back, that is, that they had been punished for what happened in session 16.

In summary, the parental roles of the male-female co-therapist dyad during the second stage of the group process continued to reflect the traditional parental functions. However, the adoption of idealised, caring, and proud parents may have contributed to the continuation and escalation of the Oedipal dynamics. During this stage, the Oedipal themes of object-cathexis towards the maternal figure and rivalry, hostility, and ambivalent feelings towards the paternal figure intensified. This intensification led to the need to eliminate the male therapist (or sexual competitor), giving rise to castration anxieties as the emergence of guilt associated with the Oedipal desires and wishes started to increase in intensity. Although supervision provided an opportunity to explore how Oedipal theory unfolds in the group experience and dynamics, I was anxious as to how to effectively approach and manage these Oedipal phantasies, and as to whether there would be any form of resolution.

### **5.3. Stage Three: The termination phase**

During this phase all past unresolved separation conflicts are re-activated (Moss-Morris, 1987; Yalom, 1995). Vignettes from sessions nineteen, twenty-one, twenty-two, and twenty three have been selected.

Session 19: 3 September 2003

*Unlike previous sessions, Jamie and I sat next to each other. Jamie commented to me that this session felt like a previous session where “jou ma se poes” (your mother’s vagina) was the theme, as the boys did not seem to want to engage much. Victor assumed that Jamie was swearing at me. There was an immediate attempt to convince me that Jamie should not get away with this. We both commented that it is interesting that they only heard that part of the conversation and it seems that they feel the need to protect me, which would also be an attempt to split us. Victor commented that if Jamie and I are arguing then we should take it outside the room. We interpreted this to them as their fantasies of us arguing, in relation to their own parents’ relationships. The last part of the session was about the group trying to establish our sexual preferences in relation to intercourse. Victor asked, “Wally, do you like the chocolate stick<sup>8</sup> and Jamie, do you like pie<sup>9</sup>?” I asked Victor what does he think, and he said “ja I think so”.*

Victor’s comment regarding Jamie ‘disrespecting’ me could be interpreted as the attempt to continue maintaining the split between the co-therapist dyad (parental couple). This demonstrates Britton’s (1992) view that re-enactments of Oedipal dynamics that reflect one permanently good parent and one permanently bad parent is often an indication of recurring early Oedipal conflicts. Scheidlinger and Aronson (1991) emphasise that adolescent groups are inclined to defensively split the adult world into good and bad, reflecting the idealised and devalued parental images. This also highlights Klein’s (1969) concept of part-object relations and the difficulty in integrating this defensive split. However, there is also the possible realisation of the sexual relationship between the parental figures, illustrated by their comments regarding our sexual preferences, which demonstrates Klein’s (1969) theory that the male child needs to integrate these part-objects in order to recognise people as individual and separate, and as having relationships with one another (the link between the parental figures).

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<sup>8</sup> Slang generally referring to the male sexual organ (penis) or fellatio

<sup>9</sup> Slang generally referring to the female sexual organ (a vagina)

The boys' need to split the parental couple, and their concerns about our sexual practices, may have been elicited because our positioning in the group was different to previous sessions. We remained next to each other, instead of opposite each other, affirming our alliance and support for each other. Supervision reflection addressed the need for the parental couple to continue in presenting a united front to prevent the continuation of the parental split. It was recommended that my role needed to be more dominant (particularly with setting limits), allowing Jamie to be less challenging towards the group members.

Session 21: 17 September 2003

*Harry and Victor commented that the room smells like "cum"(semen), and that this can only be because Jamie and I are in the room before the group starts. Jamie interpreted this as their wanting to know what we do in the room before the group starts. The group just laughed. Jamie then reminded the group that there is a 2 week break coming up and that we only have 2 session left after that. He then asked how the group feels about this. Victor immediately told the group not to respond to Jamie's question. Jamie stated that it looks as if he (Victor) is the instigator regarding when and if others talk. Victor responded that he does not force people, he only tells them what they should do. Jamie commented that he talks a lot and does not allow others an opportunity to speak.*

*While we tried to give the other members an opportunity to engage with the discussion, Victor constantly interrupted the process. I then told him that I was finding it difficult to hear the others talk and asked him to respect the fact that they, too, are part of the group. He then stopped, but only for a short while, and Harry joined him at this point. I started feeling very irritated and then commented that they both seem to find it difficult to allow others to talk and if they continue, we would have to look at them possibly having to leave the room for a while (time out). Both Victor and Harry remained quiet, and Jamie recapped what has happened in the last couple of sessions, with the boys trying to eliminate him and compete for my affection. Victor then summarised it and said, "ja, ja (yes), the competition".*

The above excerpt illustrates the boys' phantasies of the interaction between the male-female co-therapist dyad, that is, having sexual intercourse before they enter the group room, which continues to demonstrate Klein's (1969) theory regarding the male child's need to confront the parental relationship and the unconscious realisation that the mother is not just the loving feeder, but also the father's sexual partner. The shift in my parental role in setting limits, illustrated by my interaction with Harry and Victor, and Victor's acknowledgement of the competition, that had emerged between group members and the male therapist, may have set the foundation for the possible resolution of the re-activated Oedipal complex. According to both Freud (1924/1995) and Klein (1969), this process incorporates the male child having to relinquish the aspiration of sole ownership of the desired parent (mother).

The group continued avoiding the issue of termination, despite our desperate attempts to get them to engage in the discussion. Yalom (1995) argues that through acknowledgement and working through termination issues in the group, members can start coming to terms with the painful emotions associated with separation. Separation is also a vital developmental task, as adolescents strive to separate from their parents in the need to gain independence (Blos, 1975). However, our frantic attempts to discuss termination with them could be indicative of our unconscious wish or need for acknowledgement or praise by the group members, and feeling disappointed by their rejection of our efforts. We were advised, by our supervisor, not to push the group regarding the issue of termination, but to wait as the group will provide us with the material to work with the issue of separation.

*Session 22:8 October 2003*

*The group started with Jamie welcoming everyone back from the 2-week break. Everyone appeared drained and was lying about on the floor. I asked what had been happening for the past 2 weeks. Dean commented that he was planning to do the 20km Big walk over the coming weekend. Victor immediately responded that Dean or anyone would be insane to want to do something like that without getting anything in return except free water,*

*coke and powerade (energy drink) especially considering 20km is really “kak long” (‘shit’ long) to walk. He feels if he decides to do it, he will come first, second and third – beating everyone to the finish line. I asked if coming to the group every week was like the Big Walk “a long kak walk” (long ‘shit’ walk). Victor and Harry immediately noticed that I was swearing and conveyed their disappointment in me using these words. I asked if the image they had about me has been tarnished, by the way I used ‘their’ words, something they do not expect of me. The group then mentioned Zaheer and Shaun as the two members they met at the beginning who did not see it through. Jamie commented that this Big Walk is ending, and asked how they felt about having walked so long and seeing the finishing line. Victor responded that part of him does not want the walk to the end, he is thinking about walking around the end line, or turning back. We commented that it is hard having to think about something like that having to end and it is normal to have mixed feelings about it.*

Victor and Harry’s disappointment in my swearing further illustrates the disillusionment with their idealised parent (part-object), highlighting Klein’s (1969) concept of the need for integration where the child is able to view individuals as whole objects (incorporating both good and bad aspects). There was also a decrease in the boys’ hostility towards the paternal figure (Jamie), which could further indicate an emerging resolution of the male Oedipus complex, which entails the sacrifice of the object-cathexis of the mother and decreasing the hostility towards the paternal figure (Freud, 1924/1995). In maintaining the parental alliance and shifting our parental functions, we may have further contributed to the shift in identification with the parental couple. Our acknowledgement and normalisation of their ambivalent feelings regarding termination may have assisted in the group’s ability to continue engaging with the concept of separation and termination, as follows:

*Harry then reminded us that this means he will be leaving and he “demanded” we give him a present. We asked him what he wanted and he responded that he would like a CD from a band called MILK INCORPORATED (Milk Inc). The rest of the group responded in saying: “yes, yes Milk Inc.”. I asked if giving this would prove that we care, and Harry*

*and Victor said 'yes'. Jamie commented that it sounds as if it is hard just to take our word for it that we care, and that giving something concrete seems the only way to prove we care. The rest of the group agreed. Although five minutes remained, they all started moving towards the door, left the room, closed the door behind them, and held the door closed, keeping us alone in the room. They went to the observation room and used the camera to zoom in on our pelvic areas and we heard them giggling and making comments like "Now you are alone, all alone". Victor set off the fire alarm on his way down the stairs.*

This extract may further illustrate Klein's (1969) view regarding the child's realisation of the parental couple's sexual relationship. This is illustrated by the boys' behaviour at the end of the session, that is, locking the parental couple (Jamie and I) in the room, and zooming in on our pelvic areas. However, the impending termination of the group, that is, separation from the parental figures, may have contributed to the realisation that Jamie and I would ultimately be alone together and that they would have to leave. It is possible that the group members had surrendered to the fact that their attempts to split the parental couple were unsuccessful, and that they realised that they had to relinquish the aspiration for sole ownership of the desired parent (me). This may have raised painful feelings associated with this loss. This could have accounted for the need to set off the fire alarm, as a way of communicating these overwhelming emotions. Harry's request for a gift, that is, 'milk incorporated' and the group agreeing, could be interpreted as a need for nurturance and sustenance, which is a primary form of caring. This may be indicative of the boys' reduced ability to self regulate their emotions. This could also be viewed as a shift in their identification, moving from sexual phantasies and hostility towards the parental figures, to that of seeking parental affection and care, as the request was directed to both the group therapists. In hindsight, feel my lack of interpreting this completely may have contributed to the increase in anxiety. This may have further led to the need to get away from painful feelings and resort to acting out behaviour, that is, locking us in and setting off the fire alarm.

While Oedipal theory accounts for the behaviour in this session, regarding the resolution of the re-activated Oedipal phantasies and anxieties, one cannot disregard the possible emotional and behavioural impact that learning difficulties may have had on the boys' interaction in the session. Hallahan and Kauffman (1976) argue that children and adolescents with learning difficulties tend to have difficulties with verbal expression of feelings, which may be due to the multitude of painful feelings associated with the inability to learn (Sinason, 1992). Salzberger-Wittenberg and colleagues (1983) emphasise that adolescents and children with learning difficulties tend to resort to acting-out behaviour in an attempt to keep painful emotions at bay or to get rid of anxiety, illustrated by the boys locking us in the room and setting off the fire alarm. Adolescents with learning and emotional difficulties may experience considerable difficulty in impulse control (Dwivedi, 1993b; Sattler, 1982; Wallace & McLoughlin, 1979), and hence may have extensive difficulties in verbally expressing their feelings.

During supervision discussions regarding the impending last session, we (Jamie and I) decided to use a 'talking stick' during the go-around activity. The 'talking stick' was a wooden penis, which is used to demonstrate safe sex and the use of condoms at HIV-workshops. We planned that each person had to pick up the 'talking stick' if they wanted to say anything. We felt this would be appropriate considering the consistent and significant themes relating to sexual material during the group process.

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*All of the eight members arrived for the last session. They entered the room with gifts from their remedial teachers. We explained that the session would be very short (15minutes), as there will be a party, which will be attended by everyone who was involved in the programme for the year. Jamie commented that we will have a go around in talking about what the experience has been like during the time they attended the group. He then introduced the 'talking stick', which one needs to pick up when you wish to say anything during the go-around activity. This was received with much jocular and giggles by the boys. They started daring another to take the first step, but they just*

*stared at one another. I then took the 'talking stick' and spoke about how I have seen each member grow in the group and my appreciation for having being part of their journey. I felt very sad when I did this. Harry then took the stick and spoke about his experience, saying that he enjoyed the group. He thanked us, and stated that he will miss the group. The rest of the group spoke about what they enjoyed, that is, the punching bag, ice breakers, etc. They then enquired about what we will be doing next year, as we will not be at the clinic. The session ended with everybody standing and holding hands. This was then followed by Victor taking Jamie's hand and saying, "no hard feelings, Jimmy". We thanked them and wished them well for the exams. I felt an immense sadness and a lump in my throat.*

This session demonstrates Freud's (1924/1995) concept of the intensified identification with the father figure during the resolution of the Oedipus complex, illustrated by Victor's gesture in taking Jamie's hand. The boys' interaction with us during this session may support Freud's (1905/1938) view that overcoming reawakened infantile/Oedipal phantasies during puberty can assist with the achievement of separation from the parental authorities.

Although the introduction of the wooden penis, as the talking stick, was discussed in supervision, it was not addressed as to whether we would initiate the process. My initiation may have been motivated by the need to lessen the group's anxiety, as well my own anxiety regarding separation and termination. This could also be interpreted as symbolic of my role in the group experience, having had to hold their sexual and aggressive drives, whilst maintaining my own ego strength during this process. I realised that the separation was not just the group from us, but of our own separation from the group. My feelings of sadness, although my own, could also have been reflective of the group's feelings regarding separation.

In summary, the parental roles of the male-female co-therapist dyad, during the termination stage, shifted in relation to the interaction with the group members. The female therapist parental role shifted towards limit setting, while the male therapist

reduced his challenging stance. There was an emergence of a united front by the co-therapist dyad, which reduced the continuation of the parental split by the group members. The Oedipal themes of relinquishing sole sexual ownership of the desired maternal figure started to materialize, as well as a decrease in hostility towards the paternal figure. These processes may have facilitated the process of final separation from the parental figures.

#### **5.4. Conclusion**

The analysis of the vignettes during the orientation and testing phase reflects the emergence of Oedipal themes of object-cathexis towards the maternal figure, and a movement from identification with, to rivalry and hostility towards, the paternal figure. The adoption of traditional parental functions by the male-female co-therapist dyad may have contributed to the emergence of the re-activation of Oedipal phenomena in the group. Although the development of an object-cathexis towards the female therapist started indirectly, it progressed into a more sexualised transference, and the manifestation of rivalry and hostility towards the male therapist started to emerge as the male therapist was increasingly perceived as a potential rival and threat to the group members' Oedipal desires.

During the working phase, the Oedipal themes of object-cathexis towards the maternal figure and jealousy and hatred towards the paternal figure continued and escalated. The co-therapist dyad became more actively involved with the group members in relation to self-disclosure and the female therapist interacted more with the group members. Although the parental functions of the male-female co-therapist dyad primarily remained the same, that is, limit setting by the male therapist and containment by the female therapist, the roles reflected more of an idealised, caring and proud parental couple. This may have further contributed to the intensified sexualised transference towards the female therapist, and an escalation of rivalry and hostility towards the male therapist. The increase in the sexualised transference, hostility, and rivalry of the group members

contributed to the need for eliminating the male therapist (rival competitor), which gave rise to castration anxieties. However, during this stage there was also the emergence of ambivalent feelings of the group members towards the paternal figure (the male therapist) and guilt associated with the Oedipal phantasies.

The Oedipal themes of relinquishing sole sexual ownership of the desired maternal figure, and decreased hostility towards the paternal figure, characterised the termination phase of the group process. Although the parental functions of the male-female co-therapist dyad continued to incorporate limit setting and containment, the parental roles shifted in relation to the interaction with the group members. The female therapist's parental role shifted towards limit setting, while the male therapist reduced his challenging stance. There was also a more united front by the co-therapist dyad, which may have further reduced the group members' attempts to continue the parental split. These may therefore have contributed to the yielding of the group members' Oedipal wishes, thereby giving rise to some degree of resolution of the re-activated Oedipal complex, and an acknowledgement of the painful reality of separation from the parental figures.

The interactions described in the vignettes while focusing on the re-activation of Oedipal phenomena, appear to have been influenced by multiple factors. While Oedipal theory can account for much of the interaction between the group members and the group therapists in these vignettes, there appear to be other factors that may account for the manner in which these Oedipal conflicts unfolded. These include the possible effects of having a learning difficulty, the impact of interpretations and of the therapist's countertransference responses, and factors associated with contextual issues of gender, race, and exposure to violence and abuse.

The following chapter will briefly re-evaluate the factors relating to the interaction between the group members and the male-female therapist dyad, and issues pertaining to the re-activation of the Oedipal conflicts represented in the psychotherapeutic group with

adolescent boys. The limitations of the research will be discussed and recommendations for the LPP and for similar groups will be offered.

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## CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

This chapter will summarise the analysis and evaluate the contributions of the study. Firstly, an overview of the key findings from the analysis of the research material will be presented. This is followed by a discussion of the limitations of the research study, with specific focus on the method of data collection, the use of interpretations through a particular theoretical lens, my role as a participant researcher, and the particular social context of this study. The contributions and usefulness of the findings in relation to clinical theory and practices will then be addressed. Finally, recommendations regarding the LPP therapeutic model and similar groups in other contexts will be provided.

### 6.1. Key findings

As illustrated in the literature review, psychoanalytic theories emphasise that during adolescence the impulses and object relations of the child's early years, including the emotional ties of the Oedipal complex, become re-activated. The literature review also highlights that an adolescent psychotherapy group facilitated by a male-female co-therapist dyad provides adolescents with the opportunity to address difficulties with the parental relationship (Behr, 1988; Berkovitz, 1972; Scheidlinger & Aronson, 1991), and parental transferences, including Oedipal conflicts, may therefore occur (Rachman, 1975). The literature further indicates that children who have learning difficulties may have particular difficulties with regulating their emotions, due both to cognitive deficits and to parental difficulty with offering emotional containment. The present study aimed to develop an understanding of the emergence of Oedipal phenomena in a group of adolescent boys with learning difficulties, facilitated by a male-female co-therapist dyad.

As indicated in the analysis of the vignettes in the previous chapter, there appears to have been a clear progression of the Oedipal phenomena between the group members and the

male-female co-therapist dyad. The Oedipal phenomena do not occur as isolated incidents, but continue and escalate, before reaching some resolution as the group terminates. The vignettes appear to support Freud's contention that Oedipal dynamics move from an object-cathexis of the mother and an identification with the father, to an increased object-cathexis with the mother and a corresponding escalation in feelings of hostility towards the father with a wish to exclude or eliminate him, which then leads to castration anxiety about the threat of punishment by the father, and finally to relinquishing the wish for sexual ownership of the mother and identifying with the father figure again. The case material also demonstrates Klein's theory that feelings of guilt are associated with Oedipal desires, as well as her contention that the resolution of the Oedipal dynamics entails a recognition of the male child's separateness from the mother figure and of the reality regarding her relationship with the rival father. The session material also illustrates self-psychology theories regarding the difficulties parental figures (in this case, the co-therapists) can experience in response to a child's Oedipal desires and competitive rivalry, leading to parental figures acting-out without being able to empathically respond to the Oedipal wishes and conflicts, and thereby adversely impact on the development of a child's cohesive self. The case material also further confirms the re-activation in adolescence of early Oedipal conflicts. Therefore, Oedipal theory can account for much of the interaction between the group members and the male-female co-therapist dyad in the LPP psychotherapy group with adolescents. However, other pertinent factors may have contributed to the manner in which these Oedipal dynamics unfolded in the group.

The review of literature (see Chapter Two) emphasises the manner in which learning difficulties contribute to and maintain difficulties in a child's cognitive, social, and emotional development. One therefore cannot ignore the possible impact that the learning difficulties of the adolescent boys may have had on their behaviour and interaction in the group. Their difficulty with impulse control (Dwivedi, 1993b), verbal expression of emotions (Sinason, 1992), and reduced ability to self regulate affect and sensual arousal (Van den Berg, 2002) may have contributed to the intensity of the group members' aggressive and sexual feelings in relation to the male-female co-therapist dyad.

Furthermore, the adolescent boys from this study come from disadvantaged communities, where there is a greater chance of exposure to gender-based violence and abuse. One needs to take cognisance of the influence of their exposure to what may be perceived as a masculine norm regarding sexual intercourse through forceful means. This may have contributed to the boys' increase in sexual aggression and the threat of rape towards the female therapist in the group. The boys' particular context is also laden with racial and social stereotyping that may have further impacted on the manner in which they interacted with the male-female co-therapist dyad. The group members' increased interaction with the female therapist and exclusion of the male therapist through the use of slang, and assumptions that she could understand this while he could not, may not only be due to the Oedipal dynamics regarding the affection for the mother figure and competitiveness between the boys and the father figure. The difference in the group members' interaction towards the male-female co-therapist dyad and their assumptions of the therapist's abilities to relate to and understand them may have been motivated by their perceptions regarding the social and racial similarities and differences between them and the therapists.

In addition, the psychotherapy model for the LPP, which reflected the active-analytic therapeutic framework (Evans, 1988), through incorporating limit setting, containment, interpretation, and structure, may have impacted on the dynamics that unfolded in the group. This was evident in the effects of interpretation, which at times did not decrease the group members' anxieties, but rather led to the escalation of these difficult emotions, and the need to resort to acting-out behaviour. While the roles of the male-female co-therapist dyad reflected the traditional parental functions of limit setting and containment, the shift in roles between the group therapists throughout the group process may have further impacted on the manner in which the group members interacted and engaged with the group therapists in this study. While limit setting and containment was done by the male and female co-therapist respectively, evident during the first and second stage in the group process, the group members were able to express uncomfortable and painful emotions towards the authority (father) figure, allowing them to increase their object-

cathexis with the containing and non-threatening (maternal) figure. However, when the group therapists started to reverse these roles, that is the maternal figure setting limits and the father figure being less threatening and maintaining the 'parental alliance', evident during the termination phase, the group members interaction shifted towards the group therapists contributing to their realisation of the relationship between the 'parental couple', surrendering the need to split and thereby facilitating the group members' separation process.

In summary, although the male-female co-therapist dyad in the LPP psychotherapy group with adolescent boys may have set the foundation and opportunity for re-activating Oedipal phenomena, the manner in which these Oedipal conflicts unfolded and progressed were likely to have been influenced by multiple factors.

## **6.2. Limitations**

There are several limitations to this research in relation to the method of data collection, the use of a particular theoretical lens, the role of a participant researcher, and context of the study, which will be addressed.

### **6.2.1. Data recording and collection**

Although there are no definitive methods in which data are recorded in qualitative case studies (Stake, 1998; Yin, 2003), the difficulties encountered during this research need to be acknowledged. Due to problems with the visual material (video recording) and audio difficulties, the case material of this study relied on the session notes from both group therapists, and the supervision notes and reflective notes of the researcher taken after the group sessions. The fact that the group therapists alternated in taking responsibility for the session notes, leading to different recording styles and different material being included or excluded, may have further undermined the integrity of the data. Data was

therefore not 'pure' observation, but retrospective data, which was filtered through the memories and perceptions of the group therapists.

### **6.2.2. Theoretical lens**

While Oedipal theory can account for much of the interaction between the group members and the male-female co-therapist dyad in the LPP psychotherapy group with adolescent boys, this is a particular theory, which only emphasises Oedipal phenomena. The selection and interpretation of certain vignettes was motivated by the researcher's subjective understanding that these segments best reflected the phenomenon under study. This led to the exclusion of certain case material, thereby limiting the analysis of this study. Although other pertinent factors, such as learning difficulties, and contextual issues regarding race and exposure to gender-based violence and trauma have been illustrated, these have been secondary to the use of the Oedipal theory and interpretations in the analysis of the interaction between the group members and the male-female co-therapist dyad. Although the use of this particular lens allowed for an evaluation of the usefulness of Oedipal theory in the context of the LPP, other readings of the case material are certainly possible.

### **6.2.3. Role of the researcher**

As discussed in Chapter Four, the researcher's role in clinical case studies impacts significantly on the phenomenon under study. This researcher acknowledges the importance of reflexivity in the interpretation of the case material of this study. As a co-therapist, I have been directly involved in the interaction with the group members of the LPP adolescent psychotherapy group, thereby influencing the dynamic unfolding in the group and the phenomenon under study. The selection of case material is further influenced by my subjective knowledge and understanding, not only of the group process, but also of the group members and the co-therapist. Also, my interpretation of the case

material may have been influenced by my own investment in the group process, perhaps leading me to emphasise some aspects and ignore others. Therefore my involvement as a participant researcher may have involuntarily limited the findings that emerged from the study. A researcher who was not involved in the therapy group may have interpreted the case material differently.

#### **6.2.4. Social context**

The LPP mainly includes children and adolescents with learning difficulties from disadvantaged communities in the 'Cape Flats' area. Apart from learning difficulties, these children present with multiple problems due to socio-economic factors that limit the availability of support and resources. The particular context of this study is therefore a unique milieu, and the findings cannot necessarily be generalised to other psychotherapy group settings for adolescent boys with learning difficulties. Nevertheless, the findings do suggest some tentative recommendations.

#### **6.3. Recommendations**

While bearing in mind the limitations of the study, the findings point to some recommendations for the LPP and for other clinicians working with groups of adolescent boys with learning difficulties.

Although it is important to be aware of the social context of the LPP, and to take cognisance of the danger in generalising regarding adolescents with learning difficulties, clinicians working in groups of adolescent boys with learning difficulties, especially when facilitated by a male-female co-therapist dyad, need to be watchful for and understand the re-emergence of Oedipal phenomena. As the review of literature indicates that adolescence is generally filled with turmoil and multiple challenges (Ausubel et al., 1977b; Ebata et al., 1990; Jackson & Bosma, 1990), the clinicians should not only place

emphasise on the issue of learning difficulties, as they may lose sight of the other developmental tasks and challenges, such as identity formation, peer relationships or sexual maturation, that these boys may be wrestling with. While it is important for the adolescent group therapists to maintain a layered understanding of Oedipal dynamics, especially considering that Oedipal phenomena is usually re-activated during adolescence (Blos, 1975; Freud, 1949; Fuchsman, 2001; Spiegel, 1969), it is imperative to consider the manner in which the expression of these dynamics may be influenced by learning difficulties and by the group members' socio-economic and cultural context. The use of a male-female co-therapist dyad in the LPP 2003 psychotherapy adolescent group not only provided for the emergence of parental transferences and the opportunity for the boys to address difficulties in their relationship with parental figures, the presence of mixed gender group therapists also assisted with the management of the adolescent group, regarding acting-out behaviour, testing and the ability to provide containment. This correlates with several authors' (Behr, 1988; Berkovitz, 1972; Scheidlinger & Aronson, 1991; Truter, 2002) views regarding co-therapy as a preferable means to manage adolescent group therapy, especially during the training of new clinicians. It may therefore be useful for the LPP adolescent psychotherapy group to continue utilising a male-female co-therapist dyad, and through discussions between the group therapists and supervisors the roles assigned to the co-therapists by the group can be understood. As Miller (2002) and Van den Berg (2002) emphasise the importance of the relation between parents and their children with learning difficulties, it could be further useful for the LPP adolescent group therapists to combine a number of supervision sessions with the group therapists of the parent support group, in order to gain a deeper understanding of the adolescent family system, especially relationships with parental figures.

While Evan's (1988) active-analytic approach regarding limit setting, containment and structure, especially in psychotherapy groups of adolescents with learning difficulties, was utilised during the LPP 2003 adolescent psychotherapy group, the usefulness of interpretations of Oedipal struggles may need to be re-evaluated. The use of interpretations at times led to an increase in anxiety instead of containing it, which may have also been due to the emotional impact of learning difficulties, limiting the boys'

ability to understand and gain insight into their behaviour. Assisting the boys to provide names for the feelings that they were acting-out may have been more useful, instead of interpreting unconscious anxieties regarding the group therapists. This correlates with Behr (1988) and Rosenthal's (1971) views regarding the role of the group therapist(s) working with adolescents and the importance of containing Oedipal anxieties, as opposed to the need for exploration. Although the use of activities was integrated in the LPP 2003 adolescent group, this was not consistent. Group therapists working with adolescents with learning difficulties may need to consider incorporating consistent activities as a means to assist adolescents with expressing feelings, rather than just using open discussions. These activities may include art, music, drama or role-play, as it may be more effective whilst still maintaining the active-analytic therapeutic model to contain anxieties and facilitate group cohesion.

Our experience in the LPP 2003 adolescent group further highlights the unique challenges encountered when working with adolescent groups, especially regarding countertransference, which several authors (Barratt & Segal, 1996; Behr, 1988; Evans, 1983; Rachman, 1975; Rosenthal, 1971; Scheidlinger & Aronson, 1991) emphasise manifest frequently as the group therapist faces his or her own unresolved adolescent issues. These authors focus on the importance of self-reflection and supervision. In relation to my own learning experience in the group, I have realised that self-reflection and maintaining an authentic presence is vital in the process of healing. I feel that having been able to acknowledge my own feelings, being real in supervision, and my external relationship with the co-therapist, provided me with the capacity to manage the interaction with the group members, especially the sexual and aggressive drives acted out by the boys. As their feelings and unconscious needs towards me shifted from avoidance, to sexual, to maternal, I felt that my feelings towards them generally changed from fear and anxiety, to irritation, to affection. However, I did not experience those shifts to be linear, but found myself moving in and out of these as the year progressed. The LPP of 2003 provided weekly supervision to reflect on my own process as group co-therapist, and it would be useful for this to continue in the future. Therapists in such groups, particularly if there is a male-female co-therapist dyad, need to monitor and understand

their countertransferences, as the group therapists can get caught up in the adolescents' fantasies and thereby act out, as opposed to empathically responding to the re-activated Oedipal desires and competitive rivalry. Clinicians and therapists therefore require constant self-reflection and supervision when facilitating an adolescent therapy group.

#### **6.4. Conclusion**

This chapter commenced with a discussion of the key findings regarding the analysis of the research material, as it occurred in the LPP adolescent psychotherapy group. This was followed by an outline of the limitations of the research study that are implied by the method of collecting case material, the use of interpretations through a specific theoretical lens, my role as a participant researcher, and the particular social context of this study. This chapter concluded by providing recommendations for psychotherapy groups with adolescent boys with learning difficulties in the LPP and similar groups in other contexts.

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