The first session of a children's group

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Abstract

Seven children are sitting around the table in silence, there are four boys and three girls aged between nine and ten years old. Every now and then they give each other a stealthy glance and carefully observe the small room in which we are sitting. There is no furniture to catch the eye, except a large blackboard, that stands out against the white walls.... They've been sitting like this for ten minutes with a decisively expectant air. This is their first session of group psychotherapy, I tell them that we are going to share a common experience and all together we will try to understand what is going on between us. In order for this to happen I go on, they can say anything that comes into their minds. They continue to sit silently, motionless, only their legs are moving restlessly under the table.

Every time I start a new group I am always a little anxious and I ask myself as they probably do too, what's going to happen ?

I have already met them several times, alone or with their parents, so I am already familiar with their problems: inhibition, sleeping difficulties, enuresis, and attention disorders are just some of them.

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The psychopathology is of neurotic nature, while the level of verbalization is correct. The mediation of language will be facilitated by the possibility of drawing on the blackboard, and acting little plays or dramas; I decided that felt-pens, toys and Pongo that turn out to be very useful with younger or more regressive children, were unjustified in this context.

As long as Jacques who was sent to me at the last minute by a colleague unable to find a psychotherapist willing to welcome this unstable boy with poor verbalisation, doesn't turn our weekly meeting into a wrestling-bout, creating anxiety and interrupting the verbalization. I realized that my institutional responsibility could not refuse this new arrival even though my usual procedure would have done so, fearing for the future of the group therapy, as if its validity was jeopardized each time something uncertain happened. I analyse my own counter-transference which reminds me that the children are waiting. I notice they are disturbed by this unusual adult who doesn't order them around. They are not used to an invitation to express themselves freely in front of an adult. Their experience of groups boils down to the classroom where they have to listen to the teacher, or with their brothers and sisters where often silence is imposed on them. But, I'm neither a teacher, nor a parent and I have to share a group experience with them without losing sight of its therapeutic purposes. My silence could be seen as hostile by them, on the other hand, asking too

many questions could be perceived as super-egoist or could even have a seductive significance for them. Indeed, I am part of the group, I share their feelings, but I'm not the same as them, I am an adult, so they are probably asking themselves, how can we be united if there are so many differences that divide us? What counts is that my approach and my actual silence can produce a sort of connection or bridge with them, that helps them to reflect on what has brought us together, without seeing me as hostile. And that is exactly what happened, after further encouragement from me, a question was shyly pronounced : <<*What are we going to speak about ?*>> which I interpreted as: <<*What do you want us to speak about ?*>> I consequently answered: <<*We could think about it all together*>>.

The groupal space is made up of the unknown, emptiness and is a place for disturbing projections. The children are expecting to get help, it isn't possible to formulate a hypothetical 'group' and ignore their solitude.

The dissymmetrical model of the setting "analysand/analyst" in the analytic cure and the analysis of the transference doesn't conform to the setting of psychoanalytic group psychotherapy.

In fact a less visible analytic position of the therapist would risk concealing the emotional implications shared with all the participants that define a common space of the group.

In this space an activity of common thought takes place with an adult, who assumes the function of co-thinker and not oracle. (Neri, 1994)

In the present group these children tolerate without too much anxiety interrogations and a completely unknown situation to them. Later on, they will learn to verbalise their fears, and support them better. Searching for a subject to share is very difficult at the beginning of a group and the participants try to evade the group by using defence mechanisms and personalizing their approach with the typical question, <<*We could introduce ourselves*>> or, <<*We could talk about our problems*>>. If the therapist pays attention not to favour the individual space and concentrates on the construction of the group space, the children will be able to test the solidity of the setting, and very quickly assess its capacity to contain their eventual outbursts. They will start to say what they are thinking about, in front of this surprisingly permissive adult. Thus we are faced with the problem of limitations and intemperate outbursts. Instinctual restraint and interdiction are reflected in the following comments, - <<*if we let ourselves go, we'll seem crazy, and then how will this small space and these walls contain the overflow of all this excitement? And what about the therapist, is he going to punish us ?*>>

At this point the function of the therapist is to contain all this, but equally important is not to lose sight of the formation of the group space. I accompany them in this chaotic situation trying to listen to their words and pay attention to their feelings as well. I avoid exerting influence on them - or at least I hope I do.

We are learning to function in a setting where we can represent the emerging inter-individual conflict as well as the intra-psychic one. At the beginning of a group, I

never emphasise or interpret the persecutory fears; giving meaning too early-on to these feelings would jeopardize the situation, ending up confirming that the group is not a safe place. These small patients are unable to defend themselves from the invading anxiety, that is expressed in over-excitement and acting out. The role of the adult as co-thinker is put to the test here; tangible help can be given to these children through diverse mediations that consent the affects to be symbolically expressed in a situation that is shared by all of us. A completely non-directive attitude would only increase their feelings of abandonment and bring about a maniacal defensive excitement difficult to elaborate.

We have introduced this paper setting forth some preliminary impressions based on a clinic situation, to demonstrate in our opinion how difficult it is to apply a single pattern to a children's therapeutic group. In fact, therapeutic work is not only based on the reorganisation of identifications and interactions between children working through their rivalry, aggressiveness and frustration, without taking into account their relationship to the adult, as many North American authors seem to think, (such as Slavon 1953; 1973; Shiffer, 1987). According to our opinion the differences between the generations is of prime importance, because the characteristic that runs through all children's groups is the dissymmetric union of adult(s) and children. What distinguishes children's groups from adult groups and implies a specific methodological approach, is how the presence of the adult is experienced in relation to the age group of the participants. In day-nurseries, it has been observed that groups of infants only function with an adult taking part actively, this helps them to develop ways to release their aggressive feelings. During the latency period, the group forms in the presence of the adult, whose involvement in their games or sports activities is above all a social reference, for instance, a reminder of the rules. Later on, during adolescence, the group most often forms in contrast to the adult, with the objective of mutual recognition and search for identity. In fact, while the child generally considers his brothers, sisters and peers as rivals, his relationship with his parents and adults is totally different. He wants to be accepted and appreciated by them and tends to emulate their behaviour. On the contrary, the adolescent suffers from adult hierarchical superiority, which he no longer justifies, bringing him to challenge it. Since precise rules cannot be set in this field, it requires flexibility on the therapist's part when leading a children's group. The transference is of undeniable importance so he needs to gauge the proper distance that allows him to function as a narcissistic object encouraging an identification contact, which in turn allows the creation of an area of illusion where the child narcissism develops. Especially during the first sessions, it is essential to let everyone think that they have a particular place, while keeping in mind the collective functioning. This implies not emphasising the individual's problem; personal comments would risk creating rivalries, making some children feel excluded rather than let them feel that they are part of a group where the therapeutic work is carried out. On the other hand we can't ignore the transference within the group especially when our practice is based on a psychoanalytic approach.

We ask ourselves, if it is correct to interpret openly, and in what way will this specific intervention effect the group process ?
The following excerpts illustrate two different approaches.
In the first example, the group is composed of children between eight and ten years of age. Anxiety of the unknown is manifested by fear of regression and instinctual invasion with a breakdown of the defences and notions acquired with difficulty owing to an often inefficient counter-cathexis are lost. One of the foremost preoccupations among the children is to appeal to the therapist. His unusual behaviour doesn't remind them of the adults they are accustomed to, but curiously attracts them, strengthening the fear of disappointing him and increasing their expectations regarding the functioning of the group. This is illustrated in the following vignette of the initial stages of a group. It is the third session and the children are sitting quietly, the psychotherapist urges them to try to comprehend what is going on. After a long silence, one of the children starts talking about holidays. The conversation develops around travelling and the difficulties one meets with people who don't speak the same language. The therapist observes that perhaps the same thing is taking place here.
Yvan, referring to the individual interviews with the therapist before the group commenced, thinks that it is easier to speak and share ideas between two people. Nathalie remarks that it is not that easy with adults, when her teacher asks the pupils to do collective work contemporaneously she reprimands Nathalie for talking to her class-mate.
Yvan after a short silence says : *<<I think it is easier to talk when we know each other well>>*.
The therapist : *<<And what about getting to know each other?>>*
Christelle : *<<We have to speak to one another>>*.
Eric addressing the adult : *<<You told us that we could tell our secrets ; but someone here might tell them to their parents and they could tell their friends...>>*Another silence.
Nathalie : *<<I made a hole in the fence to go and see my neighbours ; my father punished me and told me it would make me reflect before doing something stupid next time>>*.
They all seemed puzzled.
The therapist comments : *<<Perhaps you are all afraid to talk nonsense thinking that I will get angry like a strict father>>*.
Yvan : *<<I don't think you are nasty. I have confidence in you. But I mistrust a lot of people; for instance I trusted everybody at school but the other pupils attacked me ; fortunately, my father taught me how to defend myself.>>*
A bit later on, the idea came up if they knew each other better, they would probably have arguments and even fist-fights.
The therapist suggests that perhaps these ideas prevent them from speaking freely.

Ivan, exclaims : *<<I don't think you would encourage fighting. I rather think that you are here to put the pieces together, to help the group get on. If we end up fighting every five minutes, it's not worth having a group>>.*

It can be seen in this short description of a group composed in the majority of neurotic children, that the adult is rapidly invested with a containing and protective function, making him strong enough to protect the children from the emerging aggressiveness that would prevent the group from functioning. Nevertheless, rivalry, fear of instinctual invasion and underlying abandonment feelings, are re-activated by the plurality of the group situation. These children are quite good at verbalising. They are able to interrogate themselves about a situation, to share ideas and express fantasies. Accepting and recognising through symbolisation and verbalisation their unconscious feelings allows an elaboration and avoids resorting to action. Indeed, this particular 'atmosphere' is due mainly to the neurotic component present in this group of small patients. We are given the impression that these children have steadily internalised enough differentiated parental functions to ensure a solid internal setting that doesn't give rise to persecutory elements. In this way, it becomes almost natural for them to assimilate the containing function of the setting as an adult group would do. On the other hand with small patients that present more serious pathologies, in particular narcissistic disorders, the relationship with the adult is characterised by the desire to possess him and hold on to him, excluding any kind of sharing, except through destruction.

A session after the All Saints holiday clearly describes this situation. The group is composed of children from five to seven years old. The children are standing around a large sheet of paper on the table. They are looking for ideas to fill the empty space, such as drawing a sun, a square ,or writing their names. But nothing works, and attempts of a few to assume control quickly degenerate into an atmosphere of mutual intolerance, with everyone trying to impose his own idea. While they are tearing up the sheet of paper and stamping on it, the therapist tries to verbalise how difficult it is for them to meet up and to share the objects given by Mrs X and how angry they are.

One child exclaims : *<<Yes, we should cut Mrs. X up into slices, so that each us could have a piece !>>*

At the same time, another child takes a piece of chalk to draw a line around the room. This crude fantasy, "cutting the therapist into pieces", shows the intensity of the appropriation desire as a way of fighting off the threat of losing their role as subject, and loss of identity as a consequence of the group which is seen as being extremely violent by them, as it gives rise to abandonment and annihilation anxieties. This is an expression of a narcissistic cathexis of the object. The separation that refers to a loss cannot be elaborated. The line drawn around the room represents in some way an attempt to overcome the anxieties of being dismembered which are projected onto the risk of the group dismembering itself.

Thus, when narcissistic disorders are prevalent, archaic defences such as projective identification, and splitting and denial defences emerge; and the relationship with the adult is perceived as dominant and intrusive.
In the first example, we can see how the interpretation of the negative transference is rejected by the children, and how a reassuring and protective adult is needed to help them face the group situation in its initial stages. It's important that the therapist doesn't lose sight of this containing function that is conferred on him, because it helps the children to organise the group in his presence. It is better to avoid interventions that directly involve the therapist because this activates transference, which is difficult to govern in a group situation.
In the second example, it can be observed that intervening on a situation of rivalry, that is, on an oedipal level, when a strong narcissistic component is dominant, induces a re-activating of violent behaviour; the functioning of the projective identification makes interpretation referring to the object-libido not only ineffective but intrusive. Therefore we can deduce that the transference interpretation as a response to the children's projection, induces persecutory feelings that lead to the emergence of a psychotic defence, hence, "cutting the therapist into pieces".
In our opinion, the therapist would have been better off taking a more active part by helping the children set up a collective painting, or create something with Pongo, in other words "weaving links" rather than revealing the nature of their anxieties.
What the children need is not only a strong adult to protect them from their own violence, as was described in the first example, but a therapist who is able to tolerate this violence. Resorting to force would only strengthen the omnipotence projected onto him by the children.
To further illustrate our argument, I will describe a group of children between the ages of five and seven that has been meeting for two months. Different pathologies are present ranging from neurotic inhibition, mutism, to more destructive instability. They all have behavioural problems.
It is the beginning of the session and the children have been drawing and playing with Pongo for the last few minutes. The therapist is paying great attention to their creations and usually the children ask him for help, but today nothing seems to be going right. Suddenly, Clement wants all the Pongo for himself, Solenne starts to cry, and Sonia is furiously getting hold of the large sheet of paper which she tears to pieces with Clement's help. Paper and chalk end up on the floor, the Pongo is hurled all over and the more inhibited children get hit by it. At first the therapist is taken by surprise, but he quickly remembers that this session is taking place just after the holidays following which two sessions had been cancelled due to public holidays. He tries to point out how difficult it is for them to get together, but his words have no effect, "Be quiet, be quiet !" they yell. Once more, he tries to speak but as soon as he does the yelling becomes furious and balls of Pongo fly past his face. He feels inwardly angry, helpless and quite lost. He is unable to think, but then it occurs to him that the children are making him feel what they already felt themselves during

this long separation. While he is reflecting on the right words to say he stands up and starts to carefully pick up the pieces of paper and Pongo. It takes him a long time. When he has finished, he is surprised to find the whole group playing together, modelling the Pongo, or drawing on small pieces of paper.
He then realises that his role, in this initial stage of the group was to gather the pieces. (As expressed so clearly by one of the children in the first example). In expressing the difficulty to get together, he probably underlined not only the children's impotence but his own, thus contributing to a state of anxiety. Consequently we are able to understand the children's negative reactions. By standing up, the therapist was able to distance himself from the violent affects and rediscover his role as an adult that sets containing limits. The most important thing after this long interruption was to show the children that their anxious outbursts could be received and contained, rather than be given an explanation to what was going on in the session. Standing up, confirmed the therapist's paternal role of the adult, while his maternal function is seen in his gathering the pieces and repairing the group contributing to a fruitful moment in the group dynamics allowing the children to be reassured.
Concluding, we can observe how the more serious the pathologies are in a group, along with the anxiety activated by the formation of the group, almost always make the group experience a persecutory and disturbing one. The deeper the children's difficulties are, the greater the attention the therapist has to pay to contain and satisfy their need for security. However, this laborious work is not possible without a therapeutic alliance between the children and the therapist in a spirit of reciprocal trust.

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