

The adult and the therapist in an adolescents group: new object and transferential object

Cesare Freddi

Abstract

The psychology of groups and certain structural dynamic elements of their functioning are common to all groups. However, there are some variables that change according to the emotional needs and developmental tasks connected to the age of the individuals that comprise such groups.

The basic feature that clearly distinguishes therapeutic groups for adults from groups comprising children or adolescents is asymmetric union, that is, the concomitant presence of an adult or adolescents. An adolescent views the leader of a group as an adult before he perceives him as a therapist, and this immediately gives a specific connotation to their relationship. In all adolescent therapeutic groups, sooner or later the therapist is asked about his age, his physical decline or his aging. The adult in a group of adolescents is the physical witness of time, of the age difference and thus of the difference between generations: this conjures up the thought of aging and makes death present. Indeed, to have access to an adult identity, the adolescent must accept changes in his body and sexuality. He thus experiences anxieties that go along with growth, change, birth and death.

Keywords: group, children, adolescents, transference object, transitional space

Losing one's childhood and working through this loss confronts the adolescent with the dimension of time, which he tends to deny, and enables him to understand the difference between past, present and future.

Furthermore, the concomitant presence of an adult and adolescents within a group gives a specific connotation to the relationships and communication and to the interaction between the members of the group.

Studies and research on developmental age groups like the one by Vanni (1991) and others, have indeed shown that communication and the interaction of children and adolescents amongst themselves (without the contribution of the adult in children's groups or in the absence of the adult in adolescents' groups) have different features compared to those that are developed with adults, if the adults participate actively in the interaction. When children and adolescents interact on their own, the purpose of their communication and actions is the fulfillment of an experience and the accomplishment of a project: relations between peers imply equality. The other is not vested with special values or fears, except those deriving from the perception of the interaction which is triggered by the abilities of each individual and by a contingent interest.

In relationships between peers that involve the presence of an adult, on the other hand, the purpose becomes the control of the relationship with the adult. Indeed, the behaviours that prevail are affiliation, the request for help or reassurance, or in adolescent groups, often opposition and the tendency to challenge the adult. Therefore, in the groups in which an adult is present, behaviours and learning do not occur on the basis of the direct link between desire and skill development; rather, they are mediated and conditioned by the desire of the adult. What is good or bad is not prevalently evaluated on the basis of experience and on the basis of an analysis of reality, but by the prospect of being loved or the fear of being rejected by the adult; for the adolescent, it is often evaluated on the basis of his need to oppose himself to the adult.

As a result of this, the child and the adolescent tend to hide, not to show their spontaneous and authentic side. They tend not to use the abilities that in their minds will not guarantee the establishment of the type of relationship that they desire with the adult.

The results of such studies confirm that relations between peers are essential to the overall development of the self, and that the system of horizontal relations between peers and vertical relations with the adult are two different adjacent spheres whose interaction determines the dynamic set of individual identities.

In adolescence, the peer group is the container of the experiences marking the transition from the position of the child to that of the adult. When the adolescent is called to face a change, which on the one hand he wants but on the other happens despite him, to which he is subjected and which is imposed on him from within, due to his sexual development, and from the outside environment, he is not anchored to a specific world. He no longer belongs to the world of children and is not yet part of the adult world. The peer group thus becomes a new transitional place for him, which allows him to have a new anchor. Inside the group, in his contact with his peers he can tolerate his feelings of discontinuity and loneliness, he can experience feelings of bonding and identification, he can seek and build new models and generational values, and establish relations with the other sex. It may thus be asserted that adolescents tend to form a community of their own and do not easily allow adults to intrude. Indeed, in adolescence the peer group is formed only when the adolescents take their distance from the adult. To the adolescent, this seems to be the only possible solution to have access to his autonomy.

However, the way in which the adolescent's mind works is such that he does not only need the group of peers but also the parents and adults that he can find in his environment: teachers, educators, relatives and psychologists. As Jeammet says (1992), the adolescent is hungry for new objects whose task will be to organize and differentiate his inner world so that he may face his growth process.

The adolescent feels that his inner balance is being threatened by the sexual drive that elicits the Oedipus complex, by his progressive separation from his parents and by the modification of the investments connected to their inner representation. In order

to preserve such a balance, he uses the outside environment (family, peers, adults of reference) to induce them to act as supports, to be able to project upon them parts of himself, or to make them meet his psychic requirements. In adolescence, the ego is still fragile and people in the environment become new objects of external reality that make up the enlarged psychic space to which the adolescent asks to play an auxiliary role, to reorganize his inner world.

The therapeutic group

In adolescence, the therapeutic group may be an effective therapeutic tool because it offers a series of advantages which make it easier for the adolescent to achieve his developmental goals. Indeed, in a group the adolescent experiences different types of relationships, the most important of which are: his relationship with the therapist, which is established on a vertical plane and presents a disparity, like the adolescent's relationship with his parents, and his relationship with his peers. This relationship is established on a horizontal plane and is a context in which the adolescent experiences a different mental activity than the one he experiences with adults.

The specific feature of the therapeutic group is that the adolescent may experience a vertical relationship and horizontal relationships at once. Sometimes, his relationship with the therapist will be based on transference and regression; in other instances, his relationship with the therapist will be one involving a new object, qualitatively different from his parents. At the same time, he will be on an equal footing with the other members of the group.

It is an affectively complex experience, for it reproduces the two relational models which focus on the family and peers. This time, however, they coexist in this new formula, that not only can potentially correct certain aspects, but that can also foster a reorganization of the adolescent's inner world.

<<The adolescent needs the group because in his peers he can find an answer to his need for bonding and twinning. On the other hand, he needs the group because as a result of the considerable split of his self and of his internal objects, he may project onto the members of the group the parts of his inner self that he is unable to recognize and tolerate, or that he wants to repress because they do not correspond to his ideal self, and at the same time find new objects that he can identify with.>>
(Meltzer, 1983).

Participating in a therapeutic group over time, sharing with others the same need to bond, but also externalizing together parts of one's self which are intolerable like feelings of hatred and vengeance, and disqualifying attacks against parental figures, enable the adolescent to experience the unity, continuity and consistency that he still lacks inside. Sharing with others the same needs, the same mechanisms of defense, division, projection and idealization, support the adolescent's self, which still has little cohesion, and positively reinforce his narcissism.

Moreover, the goal which the adolescent strives for is the acquisition of his own differentiated identity. Within a therapeutic group, the variety of subjects offers the

adolescent the opportunity to identify with those that fulfill an object-self function. He will thus experience such a great distance between himself and the other that he will feel different, and this will inflict an unbearable wound to his narcissism. At the same time, the variety of group members and the presence of the therapist may act as differentiators between the self and the other, between one's inner parental representations or those of the other objects with whom the adolescent identifies.

However, as Jaques observed, in projective identification analysis, when the members of a group identify with the leader, they identify with a part of themselves which they project onto him. The same happens when an adolescent identifies with a part of himself that he has projected onto the other, but which he wants to develop in the process of building his identity.

These become identifications of the ego and they are perceived by the adolescent in the same way as primary inner requirements. He considers them in the same way, that is, as being part of the ideal of the ego. They thus determine new internalization processes that modify his inner world and that make it possible to rearrange the ideal of the childish ego and of the oedipic super-ego.

However, as Marelli said (1994), in his therapeutic process within a group, the adolescent is also involved in a dynamics based on the ideal of the group, which is developed according to theories on therapy and the models of change of each group member. The ideal forged by the group may be in tune with, in support of or in open conflict with the ideal of the therapist. The conflict between the ideal of the group and the therapeutic project of the adult leading the group may be very strong in certain phases of a group's life. Anzieu (1976) observed that the group and especially the group of adolescents often works on the basis of the group's illusion. The group is vested with an omnipotent fantasy of exuberance and power: within it, differences and death are denied. In this phase, the group attributes itself the omnipotence and perfection of the image of the parents that its members idealized in childhood. Although this movement entails the temporary refusal to accept personal limits and life's limits, it gives the group an energetic vital élan.

Belonging to a group thus has an antidepressant function, which is instrumental to the preservation of one's balance and the reinforcement of one's narcissism. However, the therapeutic group also fulfills another task. It supports and fosters the process of differentiation, identification and separation that are involved when one comes out of the group's illusion, and is confronted with feelings of powerlessness, castration, separation and death. This inevitably requires the adolescent to take a certain degree of depression upon himself. Only by working through the grief deriving from differentiation and separation, can the adolescent express his subjectivity and once again find his identity, and thus move on beyond adolescence. The clash between the ideal of the group and that of the therapist may be strong and difficult to manage. This is true not only in the phase of group illusion, but also in groups comprised by adolescents who are taking on board a counter-conduct model (abuse of drugs and alcohol) and who tend to identify with the role of deviant. These adolescents tend to

look for their specific identity by giving a strong anti-social sign, that is in opposition and provoking to the world of adults, which the therapist may be seen as representing. The therapist may thus find himself in the difficult situation of facing the clash between the ideal of the group and his own therapeutic ideal. In such times, an anti-therapeutic culture may develop in the group. The therapist must face times in which he is alone and can rely only on his ability to think and on his experience, for all of the group's resources have been rallied against him and against the therapeutic project. In such times, the therapist must be able to give up the idea of an ideal group. He is alone in fulfilling the thinking and reflective function of the group. However, with recourse to language and to describe what happens in the group, he may foster the development of introspection and reflection skills in the group's members.

The therapist may be helped by the adolescents that have less resistance to therapeutic work and greater introspection skills, or those who are isolated in the group. The latter may have a hard time in accepting relations with their peers and may ally with the therapist, thus breaking the group's coalition against the therapeutic project. The previous ideal may thus be modified in the group, and through interaction and exchange a new therapeutic project may be developed. In this new phase of co-subjective encounter, this new therapeutic project will be the result of all the group's members: adolescents and adult-therapist. This may happen if the therapist is able to have each member of the group invest in his own ability to think.

In his experience of belonging to and interacting with the life of the group, every adolescent is thus induced to make a complex series of comparisons, given the many relations in which he is involved. On the one hand, he compares what does exist with his ideal, with the ideal of the other individual adolescents and of the therapist. On the other hand, he compares what exists within the parental and family ideal which he is subjecting to a critical review and is preparing to abandon with the group's ideal of therapeutic project. If the doubts and uncertainties generated by such comparisons are recognized, tolerated and accepted, the conditions for a psychological processing of such doubts are thus created. In this process, the adolescent will try to adhere to the group's ideal and to use the therapeutic ideal of the group and of the therapist as a base to support his identifying subjects, which will constitute the future ideal of his adult ego. The observation and analysis of this dynamics and of the identification behaviours within the group will allow the therapist to understand whether they are an attempt on the part of the adolescent to emancipate himself from the bonds of the oedipic objects, or whether they are a way to solve this conflict by passively adapting to the group's ideal. This would be a conformist way of adapting, which leaves intact the bond with the inner oedipic objects, thus precluding the expression of one's subjectivity and the development of an autonomous identity.

Transference

Unlike a dual relationship in a group setting, as intense as a regression may be, patients hardly ever lose completely their ability to examine reality. This is because

their interaction with their peers anchors them even more solidly to the information gleaned from their perception, and thus any manifestation of transference in a group is generally more diluted.

When in a group there is a transference between an individual patient and the therapist, or when there is a side transference between two patients, it must be interpreted promptly. It may thus be worked through and solved rapidly, even in the course of a session. This is because when someone in the group projects an undifferentiated parental image onto the therapist, the therapist may release himself from it more easily than in individual treatment. Indeed, if, for example, in a given interaction an adolescent feels that the therapist is "as unfair or indifferent as his own father", he may be immediately proven wrong by his peers. Since whatever is recognized as true by the group's members on the basis of a consensus is perceived as reality, the transference may be easily solved, and the "it's as if you were like my father" seldom becomes "you are like my father" with the repetitive and concrete nature of a psychotic-type transference. The presence of others as external subjects acts as a differentiator of internal representations. And it is precisely the novelty of such objects, the fact that they are different from one's parents, that allows patients to transfer upon them their unconscious representations and to ascertain differences. The differences sustained by reality may thus be perceived when the power of regression drags the adolescent towards a state of confusion, and attenuate the weight of the imaginary and anxieties related to it. Thus, evolution in a therapeutic group is often the result of small differences, the gaps between internal parental representations and the therapist or the other members of the group in their present circumstance. However, since the patient's transference with the therapist is not the focus of therapeutic work in a group, it is absolutely necessary that it be recognized promptly by the therapist when it does occur. At such times, the therapist must be capable of combining his ability to interpret things clearly with an empathic acceptance of the patient. <<*The onset of massive transference within a group is a sign that for these adolescents, something was violated when they established their primary relationship with the other; it indicates that from the very beginning, there was a failure to recognize mutual differences*>>(Bernard, 1994). This failure is a great obstacle and makes it difficult to work through the loss of the archaic union. It is the sign of regression, of the past that comes back and repeats itself, because old wounds are still open. The adolescent is still in the grips of confusion and non-differentiation, which do not allow him to distinguish his real parents from his inner parental images and those of the therapist.

In such instances the therapist, together with the members of the group, has the task of highlighting the differences between past and present and the elements of novelty in group interaction. This is because we believe that the main purpose of therapeutic work in a group is not so much to foster transference, but to interpret it promptly when it does occur, to make possible the differentiation process and the investment in new identifying objects.

Indeed, we believe that therapeutic work in a group should be primarily based on the development and definition of more specific modes of communication between peers, which the adult must respect by encouraging a frank and genuine expression of parts of the self and skills that adolescents tend to hide in their relationship with an adult.

The task of the therapist is to create a vacuum and help the group to fill it with its own resources. Only this way will the conditions be created for the members of the group to reach out to each other in order to build relationships and modify them. In this process, in the co-subjectivity of the group, they will develop a group therapeutic project which each adolescent will interpret on a personal basis, though it will be related to the group's ideal.

In the group experience, acceptance by the group allows for the emergence of the we that expresses the feeling of belonging, fraternity and affiliation. However, in order to differentiate and assert himself as an individual, the adolescent must set in motion his ability to think and take on responsibility for his thoughts. At times, the dialectical tension in the group between the I and the we may be polarized, thus engendering the risk of alienation or regressive confusion. However, the presence of the therapist may foster the experience of subjects who are co-thinkers in the group. According to Kaës (1996), in the group's association flow, some mental representations may suddenly become possible and usable by some of the members who are listening to the associations of others. A space may open in their mind, which leads to the surfacing, in the process, of mental representations of unconscious contents. These unconscious contents, which have had access to the preconscious in the group's association process, may be further developed and may be transformed so that they become conscious. The association process in the group thus works like a device to metabolize the activity of the preconscious, which is an intermediate and essential step to gain access to consciousness.

Conclusions

In conclusion, in leading a group it is important for the therapist to be aware of the adolescent's need to establish a relationship with an adult that will enable him to invest in him and in his peers as new objects. On the one hand, such objects are to give him the understanding, recognition and support that he may have lacked or that may still be missing in his relations with his family, and on the other, they will enable him to differentiate and detach himself from his inner parental representations. Moreover, it is important for the therapist to be aware of the need that some adolescents have to idealize him. It is equally important for him to accept and support this narcissistic investment without rejecting it or using it as a confirmation of his own narcissism, or as if this were an adequate representation of his own reality.

Only this way may the therapist permit the grading of the idealization and its progressive humanization, opening up the possibility for the adolescent to access his loss. Indeed, by relying on the therapist and the members of the group as new objects in which he has invested, and by setting in motion the development of his reflective

function, the adolescent will be able to rearrange his inner reality in a less conflicting way. The adolescent's encounter with his peer group and with the therapist may thus become an opportunity for him to rebuild his self and his identity.

Bibliography

Anzieu D. (1976). *Il gruppo e l'inconscio*. Roma: Borla.

Bernard M. (1994). Le travail psychanalytique dans le group. *Revue de psychotherapie psychanalytique de group*. Paris.

Freud S. (1977). *Psicologia delle masse ed analisi dell'Io*. Torino: Boringhieri.

Jeammet F. (1992). *Psicopatologia dell'adolescenza*. Roma: Borla.

Kaës R. (1996). *La parola e il legame*. Roma: Borla.

Laufer M. (1998). *L'adolescente suicida*. Roma: Borla.

Meltzer D. (1983). *Stati sessuali della mente*. Roma: Armando.

Vanni F., Secchi M. (1982). *Gruppi e identità*. Milano: Cortina.

Cesare Freddi. Psychologist, Psychotherapist, Scientific Director of Area G, Milan.
Mail: cesare.freddi@fastwebnet.it