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‘Make sure you keep our house safe!’ Thematic analysis of a children’s psychotherapy group

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This paper describes a systematic thematic analysis of one particular latency-aged children’s group and includes a discussion about potentially helpful outcomes measures. The impetus for our small, practice-based qualitative research project came from the two papers by Reid (1999) and Canham (2002) about children’s psychotherapy groups, particularly Canham’s (2002) paper, ‘Group and gang states of mind’. Canham and Reid used Bion’s theories of group functioning as the basis of their technique with children’s groups. We felt that it would be an interesting follow-on from Reid and Canham’s findings to explore in some detail the specific therapeutic factors involved in a shift from paranoid–schizoid to depressive functioning in group therapy. We hoped that this might give us some helpful clinical indications as to the circumstances in which group rather than individual psychotherapy and parallel parent work should be considered as the treatment of choice. The paper concentrates exclusively on group work with latency-aged children, therefore referring mainly to the limited number of papers published about psychoanalytic group therapy with this age group.

Keywords: Practice-based evidence; paranoid–schizoid and depressive position; Bion’s group theory; work group and basic assumption group; group and gang states of mind; goal-based assessment measure

Introduction

This paper has been conceived as a working paper for other clinicians to use as a springboard for their own experimentation with the under-used method of running psychoanalytic children’s groups. The main body of the paper describes the findings of our thematic analysis of one such group, which took place for one year in a clinic-based setting, with a parent group running in parallel. We specifically explored the question of what helped the children in this particular group to move from paranoid–schizoid to depressive functioning both on the micro-level within each group session and on the macro-level over the course of the year. The paper includes a theoretical overview of the psychoanalytic concepts underpinning our work, a section on the small-scale research methodology we used and some thoughts about outcomes measurements. We are aware that some important sub-themes such as the role of a parallel parent group and the use of children’s drawings in evaluation and outcomes measurement will only be briefly mentioned in this particular paper owing

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to the space restrictions. We hope to stimulate curiosity in furthering practice-based research into these areas by at least raising their creative potential.

For complex reasons mainly related to the severity of mental health difficulties in these particular children's parents, it has not been possible to gain explicit permission from them to describe their children's specific personal and family circumstances for the purposes of this paper. We therefore took the decision to limit descriptions of the individual children so they are not identifiable rather than to disguise their identities, as we felt the latter would have potentially distorted our findings in unhelpful and misleading ways.

The method and rationale

Reid's chapter, 'The group as a healing whole' in the first edition of the *Handbook of Child Psychotherapy* (1999) describes various types of psychoanalytic group therapy for children in detail and outlines a number of internal and external criteria, which would in her view make group psychotherapy rather than individual psychotherapy the treatment of choice for particular children. Internal factors include difficulties in social relationships with high levels of persecutory anxiety, which would make individual treatment hard to tolerate, lack of ability for self-reflection and high levels of emotional deprivation. External advantages of the group setting are that it can be adapted more easily than individual psychotherapy to community settings like schools and children's homes and that through its directly applicable experiential nature, children can sometimes more easily transfer what they are learning in a group to the social settings of their families or school peer groups. From our own experience so far of running clinic-based children's groups with parallel weekly parent groups, we would add that some very isolated and emotionally deprived parents with high levels of persecutory anxiety and a limited ability for self-reflection also find parent group treatment more accessible and seem to make more constructive use of it than they might of individual parent work. Some parents on the other hand may find it impossible to tolerate the emotional intensity of a weekly parent group. In the work described here, two of the children were withdrawn from the children's group after one term despite their clearly benefiting from it, as a result of their parents' ultimately uncontainable levels of persecutory anxiety in relation to the parallel parent group. This aspect of the work could clearly benefit from further research, for example comparing the outcomes of groups run either with or without concurrent parents groups.

Referrals for the children's psychotherapy group were invited from members of our multidisciplinary CAMHS team following a generic family assessment and sometimes a period of generic therapeutic work with a child and family. This paper will concentrate on group work with latency-aged children only. We invited referrals of children where difficulties in relating positively to peers and/or adults at home and school were among the main presenting problems. Reid (1999) has argued that in some mild to moderate cases, group psychotherapy can have a more direct and immediate effect on children's relationships with peers and adults than individual psychotherapy. With more severe presentations, a period of group psychotherapy was envisaged as either a preparation for or follow-on from individual psychotherapy treatment. We aimed for a good gender balance and a mix of internalising and externalising difficulties in five children in total. The once-weekly children's psychotherapy group and parallel parent group ran from September to the

following July, mirroring the academic year. The groups had breaks during school holidays and half terms. Sessions lasted for an hour.

Outcomes measurement

During the first two years of conducting children's psychotherapy groups, we used the *SDQ* pre- and post-intervention, in an attempt to measure change. However, this proved to be too blunt an instrument for our purpose, with the results not reflecting the reality of what had occurred clinically. We found for instance that increased awareness in parents of their children's emotional difficulties (i.e. a positive development) made it likely for them to score the *SDQs* higher for emotional symptoms at the end of the group than at the beginning, which on paper indicated that things had become worse rather than better. We found a similar dilemma with using the *Parent Stress Index*: the parents' greater awareness of their own stress levels tended to lead to their giving higher scores for emotional distress at the end of the group – which in terms of their recognition that there was a problem and therefore their greater sensitivity in responding to their children's emotional needs we often saw as a positive outcome. There was also some evidence of heightened responses on post intervention *Parent Stress Index Questionnaires*, for fear that otherwise no further CAMHS help would be offered.

For the group described in this paper, we had therefore devised our own questionnaire, asking each child and parent to list up to three 'hopes for change' at the beginning of the group, which were then reviewed with each of them at the end of the group (see Appendix A). We subsequently discovered that our questionnaire bears some resemblance to the formally recognised *Goal Based Assessment* measure recommended by CORC (see Appendix B), which we are planning to use instead to evaluate future groups. Our service has recently adopted this measure for all referred cases on entry into and exit from CAMHS, which may make comparative studies of outcomes resulting from different clinical interventions possible in the future. We will return to specific outcomes from this particular group later in the paper.

A theoretical overview

One hallmark of Kleinian theory was her suggestion of the movement back and forth of the human mind between what she called the paranoid–schizoid and the depressive positions. Klein (1946) saw the paranoid–schizoid state of mind as the original state of mind of very small babies who do not yet perceive themselves, others and the rest of the world as separate and distinct, but as fused and confused and in pieces and solely in relation to the baby's desperate and immediate survival needs. So for example, when the baby feels hungry this is felt as a terrible and frightening pain, an attack from the inside, which needs to be relieved from the outside by the mother's breast. If the baby has to wait for a feed too long, the absent breast can become bad and persecutory in the baby's mind and then needs to be split off from the good and nourishing breast, which eventually appears. Only gradually, given good enough mothering especially in terms of emotional containment of painful feelings, does the baby learn that the mother's body parts form a whole person and that the good, available mother and the frustrating absent mother are one and the same person – sometimes loved, sometimes hated. So the paranoid–schizoid position is a state of mind concerned with survival, with self-preservation and with

catastrophic fear – what Bion later came to call ‘nameless dread’ (Bion, 1967). Later in life, these primitive fears tend to be defended against by illusions of self-sufficiency, of not needing anyone and of needing to fight or flee from others in order to protect the self. Feelings of hatred and envy predominate in this beleaguered state of mind. Klein (1946) thought that the degree to which a baby was able to tolerate frustration and anxiety from the start of postnatal life was key to the successful resolution of these persecutory fears and that this was a constitutional factor.

The depressive position on the other hand is a state of mind where dependence on others is recognised, accepted and tolerated and where feelings of love and generosity predominate. The nature of anxiety in the depressive position is very different, fears are of the loss of a loved object, or of having hurt or damaged someone loved, with a wish to repair the damage done. As a result, others can be recognised as separate from the self and with their own needs, differences can be tolerated and creativity can arise, out of recognition that we are all struggling with good and bad, loving and hateful feelings at different times.

Kleinian psychoanalytic theory hypothesises that we all move back and forth between the two positions described throughout our human lifespan, depending on the external and internal pressures we are faced with at each period and moment of our lives. Mental illness within this theory would mean not to have ever reached the depressive position and to be trapped within paranoid–schizoid anxieties or to be precariously balanced between the two positions on a borderline, so as to defend against either a depressive or paranoid breakdown. Both situations in Kleinian theory are believed to be the result of a lack of emotional containment in early infantile life, which made the healthy movement between the two positions impossible. This lack of containment might be related to failures in parenting or actively abusive experiences, or an internal disposition where the destructive emotions of hatred and envy were stronger than those of love and gratitude – or indeed a combination of both. Klein stressed that although the splitting of the self and the object in the paranoid–schizoid position was carried out in phantasy, ‘the effect of this phantasy is a very real one, because it leads to feelings and relating (and later on, thought processes) being in fact cut off from one another’ (Klein, 1946: 6).

Klein’s thinking about the paranoid–schizoid and depressive positions and the movement between them has since then been developed and expanded by several other writers. Bion (1963) noted how difficult it could be to distinguish between the two positions as he observed at times, ‘a mixed state in which the patient is persecuted by feelings of depression, and depressed by feelings of persecution’ (Bion, 1963: 39). Rosenfeld (1964) described what he called a ‘narcissistic organisation’, which can become rigid within individuals in the grip of paranoid–schizoid anxieties, where the self and object become fused in order to deny separateness and dependence. Steiner (1993) developed this idea into his concept of ‘pathological organisations’ within the self, where the self is divided, but with the different parts operating as an internal gang, defending themselves against feelings of dependence on parental objects.

From the 1940s onwards, the psychoanalyst Wilfred Bion experimented with the therapeutic potential of group work, first in the context of an army hospital with shell-shocked soldiers during the Second World War. He concluded from his extensive observations that when faced with a developmental task, groups fell into a recurring number of primitive ‘basic assumptions’, which prevented psychological

progress being made by the individuals in the group. Bion saw the group leader's task as making the group aware of this process, so as to help them return to what he later called 'work group functioning', in the interest of emotional development (Bion, 1961).

Remarkably, Bion developed these ideas before his formal psychoanalytic training. In his later work running groups at the Tavistock Centre in the 1970s, Bion tried to integrate his ideas about group functioning with Kleinian theory, or to apply Kleinian theory in the group context. He posited that whenever a group of people met there were effectively two groups present in parallel: the work group wanting to achieve a developmental task in the service of psychological growth and development, alongside the basic assumption group opposed to and fiercely resisting any such development. Both modes of being had unconscious aspects, but basic assumption functioning was thought to be more primitive by Bion. He studied the interplay between basic assumption and work groups by applying strictly a technique of only observing and reflecting back this group process, withholding any additional leadership function or individual interpretations. The study of what happens in the group thus became the main task of the group. These groups have come to be known as experiential groups and are still being used as part of various trainings at the Tavistock Centre.

Group psychotherapy for both children and adults based on Kleinian theory and Bion's ideas about group functioning began to be offered at the Tavistock Clinic in the early 1970s, with the support of psychoanalyst and child psychotherapist Martha Harris. A group psychotherapy workshop was established there in 1985, as a forum for ongoing developments in thinking about the theory and practice of this treatment modality. Not much has been published about group therapy with latency-aged children to this day, with the exception of three important publications by child psychotherapists Reid (1999), Canham and Emmanuel (2000) and Canham (2002). Woods (1993) in the meantime had developed a slightly different children's group technique based on the theories of Foulkes (1964), which we will not have time to include in this paper.

The particular finding of Bion (1961) most relevant for the purposes of this paper is his theory that whenever a group meets there are two parallel groups present in potential, as it were: the 'work group' committed to developing, learning from experience and understanding the truth of internal and external situations, and the 'basic assumption group' resisting any such learning and development. The three basic assumptions which according to Bion are related to paranoid anxieties and issues of survival and which alternate in any group are as follows:

- (1) Dependence: the group leader will rescue us magically;
- (2) Pairing: a collusive couple will provide us with new hope and a promise of a new beginning and
- (3) Fight/Flight: we must fight or flee in order to survive.

In his 'Review' section of *Experiences in Groups* (1961), Bion interestingly observed that despite the powerful regressive pull of these deeply unconscious basic assumptions, the 'work group' usually proved to be stronger and meaningful progress could thus be made in the group. Bion attributed this to the developmental achievement of the individuals in the group being sufficiently in contact with reality to be motivated to understand the truth of their situation by learning from

experience. As far as we understand Bion, the work group also has its unconscious aspects and can be beset by anxieties, but these appear to be more of the depressive kind, that is, concerned with the loss and/or potential damage done to others or the self and with whether genuine psychic repair is possible. Our research question as to what helped the children to move from paranoid–schizoid to depressive functioning is directly related to this aspect of Bion's group theory.

Canham (2002) applied Rosenfeld and Steiner's concepts of pathological defensive organisations in the personality to what he observed in a children's group. He tried to track the shifts in functioning of this group between gang states of mind where hate fuelled processes of projection and fragmentation dominated, and more benign group states of mind where processes of introjection and integration came into play. He found that the emergence of depressive anxieties, connected with longing for and fear of loss of the love and care of the object, made the children more receptive and responsive to the group leaders' attempts to intervene in helpful ways in the group. Canham coined the terms 'group and gang states of mind' to describe the above dynamics. This to our minds also related back to Bion's distinction of work group and basic assumption group functioning. Our main research question was based on and intended as a follow-on from Canham's observations.

Research methodology

In carrying out the thematic analysis described, we followed the helpful and detailed guidance given in Braun and Clarke's paper, 'Using thematic analysis in psychology' (Braun and Clarke, 2006). The aim of that paper was to provide clear guidelines to researchers so that they can use thematic analysis in a deliberate and rigorous enough way to validate it as a qualitative research method in its own right. Braun and Clarke (2006: 78) observed that, 'through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data'. In addition, they recommended that clarity on process and practice of method was vital, that the theoretical framework and methods matched what the researcher wanted to know, and that the researchers acknowledged and recognised their decisions around these issues *as* decisions (2006: 80–1) in an effort at transparency. Our theoretical framework was Kleinian psychoanalytic theory, underpinned by Bion's theory of group functioning.

The group members

The children's names have been changed for reasons of confidentiality.

Poppy was the youngest member of the group, at age six. She presented with selective mutism, relationship difficulties both with her peers and at home as well as several long-term, painful physical medical conditions.

Marcus was the eldest member of our group at age 10. He had been referred to our service because of severely destructive behaviours including verbal and physical aggression towards his mother and siblings, in combination with suicidal thoughts.

Poppy and Marcus were the two children who dropped out of the group.

Tracey was seven years old on joining this group and this was her second year of group treatment. She was an only child who had never met her father.

Luca was eight years old at the time of the group. He had received intensive psychotherapy treatment for several years prior to attending the group. However, he continued to be very vulnerable and tended to be bullied at school.

Anthony was eight years old at the time of the group. He was referred to our service for aggressive and defiant behaviour at home and school, with a query as to the extent and impact of his learning difficulties/global delay.

Themes

Strikingly, the three remaining children formed very strong sibling-like bonds in the children's group after the disruptive event of two children leaving. They became fiercely protective of each other and the group as a containing space for their most difficult feelings. This group was characterised by exceptionally high levels of mental health disturbance in the children's parents and general family dysfunction. My co-leader for this group was a younger male psychotherapist who had extensive prior experience of group work.

The group leaders wrote detailed process notes of the 32 group sessions, which were read through in detail by our research assistant Edwin Fenn, with the aim of gradually identifying recurring key themes in order to help us distil a research question. Strikingly, most themes were related to the process of group functioning over time during each session and over the year. Initially identified themes included:

- The setting and its shifting symbolic significance;
- Finding a secure place in the group;
- Communicating through drawings;
- Processing and sharing painful experiences;
- Denying versus acknowledging the need for parents.

Through further discussion and re-reading of the session material, we then clustered and analysed the initial themes in more depth, generating a number of interesting questions:

- How does each child's attitude and behaviour in the group change over time?
- How do the children relate to each other at different times?
- How are the children affected by breaks, by the drop out of two group members during the first term and by their unique family circumstances?
- How do the children view and use the group leaders at different times?
- What do all of the above depend on – what leads the children towards destructive versus reparative, hostile versus friendly, persecuted versus trusting behaviour?

The central research question, which gradually emerged from the data, was 'What helped the children to move from paranoid-schizoid to depressive functioning in the process of each group session, as well as in the course of the whole year?' Alternative ways of phrasing this question in the light of the group theory we consulted were, 'What enabled the children to move from basic assumption mode to work group functioning?' (Bion, 1961), or 'What allowed them to shift from a gang to a group state of mind?' (Canham, 2002). In thematic analysis, the central research question is allowed to emerge from the material studied rather than being decided on at the

beginning. This paper will give a brief account of the gradual process of arriving at our research question and will then focus on speculating on possible answers to the question, illustrating and substantiating our ideas with extracts of clinical material.

Thematic analysis

The setting and its symbolic significance – finding a space in the group

The children's group took place once weekly in a large rectangular clinical room, with each of the 32 sessions lasting one hour. Their parents were seen by two colleagues in a parallel once-weekly parent group. At one end of the room, we had set up a large table with folders and drawing materials for each child, with five chairs grouped round it. In other areas of the room, there were dressing up clothes, blankets, cushions and soft toys, a box of Duplo[®], a doll's house with furniture, dolls and small animals and fences, a tea set, some small balls and various board games. The two group leaders sat at either end of the room, alternating places each week. This served as a concrete demonstration to the children that we were not fixed but flexible in the roles we assumed towards them. After gathering the children round the table at the beginning of the first session to show them their folders and agree on some basic ground rules – no hurting each other or breaking things; the group sessions were unstructured and non-directive.

Strikingly, throughout the year this group tended to begin each session gathered round the table drawing, mostly on the same seats they had chosen in their first group session. This seemed to represent a secure base for each of them from which, once they had settled in and felt safe enough to do so, they could go off and explore other areas of the room. Quite frequently, the group sessions would also end with the children gathered round or near the table, back at the communal base, carefully sorting out their folders.

Bion (1961) considered the group at the level of basic assumption functioning to be expressing psychotic anxieties related to the primitive primal scene at part object level. In children's groups, these phantasies often find concrete expression in their use of the room and the materials within it, as well as in their assumed relationships with each other and in relation to the group leaders. At the less primitive neurotic level, Canham and Emanuel (2000) discuss the expression of sibling rivalry and gender issues in mixed children's groups, as well as the central importance of what kind of parental couple the co-leaders are perceived to be by the children at various times – or indeed whether they are noticed and recognised as different from the children at all. Perhaps this could be construed as the work group level, where it becomes possible for the group to think collaboratively about what is happening, in the service of emotional development. The clinical extracts below from the early part of our group illustrate some of the shifting perceptions of the group space and each other within it that the children experienced and expressed at the time:

Tracey pointed to a picture on the group room wall of a circle of children [Figure 1] and said this could be our group. She then looked at the picture on the opposite wall of four women dancing and said two of them could be Poppy and herself. We talked about her taking possession of the room and everything in it as belonging to the group. We also commented that interestingly, one of the pictures included boys and girls, while the other only consisted of girls. The question as to whether it was possible for boys and girls to join together in a friendly way had become an important topic recently. (Session 11)

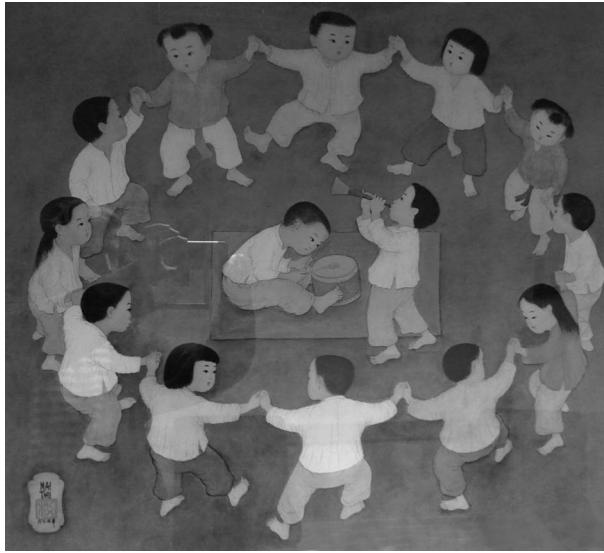


Figure 1. Circle of children.

In the conversation above, it became evident to the group leaders that quite apart from the prevailing conflict and distrust between boys and girls, the children at this point denied any difference between themselves as children and the group leaders as adults. Any need for parental figures was often entirely denied by all five children, as became increasingly evident:

Luca went over to the Duplo[®] house. Tracey asked him whether her girl (doll) could come in and he said, "Yes". The two children cooperated in building a swimming pool and further extensions to the house. However, the two group leaders felt excluded and found it difficult to make contact with the children. We commented that it felt as if they were looking after themselves and had no need of parents. Luca responded with, "You're not even in this game; you're invisible." (Session 20)

Once the children felt a bit safer and more settled in the rhythm of the group, the building of dens in various corners of the room became another way to express feelings of rivalry, secrecy, the wish for privacy but also creativity and cooperativeness. As well as that, the children experimented with taking up different positions in the room and in relation to each other and the group leaders. This occasionally led to highly emotionally charged dramatic enactments or conversations about their relationships towards each other (as siblings) and the group leaders, in their parental function.

A new cupboard had unexpectedly been placed in the corner of the group room. Tracey noted this straight away and made it clear that it felt like an unwelcome intrusion into their group space. Tracey pointed the cupboard out indignantly to Luca as he arrived and the two children wondered who had put it there and why. Their phantasy seemed to be that the group leaders had put the cupboard there to replace the children who had left the group with a piece of furniture, in an uncaring fashion – like bad parents. (Session 20)

Following on from the extract above, the children became intensely curious about what the cupboard contained. It was locked, and at one point, the group leaders had physically to intervene as the children attempted to break into the cupboard with

increasing violence. The group leaders interpreted this to have been an occasion where the shock of a new and unexpected object had catapulted the group into an extremely primitive state of mind where the room and later the cupboard became equated with the mother's body and attacked. The basis for the attack seemed to be a primitive fear of the group leaders' cruelty and stupidity, after they had failed to look after and 'lost' the two children who had dropped out of the group – it had been confirmed in Session 16 that they were not going to return. Once the children's fear and contempt of the group leaders in this context was verbalised, the children calmed and returned to work group functioning – expressed in worries about the well-being of and expressions of sadness about missing the other two children. They were also subsequently able to reveal that each of them in different ways felt lonely and not adequately cared about emotionally by their actual parents. It was very moving to witness the children's surprise and relief that they were not alone with these painful feelings and that they could be understood.

The children had talked about the previous session, which had been extremely difficult, with aggressive feelings erupting between them in a frightening way. Their fears and distress about our having lost two group members earlier in the year had also re-emerged and felt quite unmanageable. We commented that this week they seemed to express a wish that something different could happen here, that good things would not keep on getting lost or destroyed. Tracey responded by blocking the door with a box of toys saying this was it, we were all here now – this way nobody and nothing could get out and nobody and nothing else could get in. She agreed that she needed this place to feel stable and reliable in order to feel safe. (Session 27)

The remarkable aspect about the above extract was that Tracey was able to put her primitive anxieties into words immediately, to be thought about together. This was a striking feature of this group in the ending phase: even very regressed and primitive anxieties, as well as being acted out in play could be voiced and thought about almost instantly. It felt as if the children by this stage had learnt to step back from basic assumption mode even as they were in its grip, actively helping us in making sense of their behaviour. It was this observation when studying the process notes in detail which shaped our central research question as to what helped the group move from the paranoid–schizoid towards the depressive position both on a micro-level over the course of a single session, as well as on a macro-level over the course of the year.

Micro-movements from the paranoid–schizoid towards the depressive position

As stated above, over the course of the year the group leaders observed a remarkable ability in the three children who continued with the group for the whole year to turn situations of potential conflict and distress around by helping each other manage and overcome strong, negative feelings. There were only a few sessions in the year of a group session ending with one or more of the children still in a state of anger or distress, even if much of the session had been stormy and difficult. We want to illustrate this now with clinical extracts focusing on three universally important group themes:

(a) Processing the loss of two group members

The two extracts below describe the children's initial reaction and then their more thoughtful response later in the same session to our letting them know about Marcus

and Poppy not returning to the group. In this case, each child was able to express a particular aspect of their experience: Tracey was initially most in touch with her feelings of loss, Anthony was most able to put the children's angry feelings into words and Luca initiated the step towards generosity.

We asked them to pause for a moment as we had something important to talk to them about. They complied but Anthony in particular found this very hard and just wanted to get on and play so he did not have to think and listen. We told them that Marcus and Poppy were not going to come back to the group. Anthony and Luca were momentarily quiet in a stunned, shocked way, then went back to their game quite frantically. Tracey asked in disbelief, "What, not ever again?!" which we confirmed. Tracey began looking through Poppy's folder. A conversation followed about what should be done with the folders of those children who had now left the group. All the children initially suggested we should keep them to remember people by. Anthony then said we could chuck them in the bin and we talked about different feelings about the missing people, including anger with them for having left. Luca asked did we have their addresses? If so we could send them to them, so they'd be able to remember. The children considered writing letters to go with the folders for a moment but this generous impulse fizzled out, probably because of the children's anger with those who had left. (Session 16)

There then followed a chaotic interval where the children clearly descended into a gang state of mind, drowning out the group leaders' voices and rendering them quite impotent for a while in their attempts to try to restore calm and order in the group. Objects were hurled and there was a risk of injury. The group leaders had to resort to giving the children a warning that they would stop the group session unless they calmed down.

The boys went to demolish and then rebuild the Duplo[®] house. Luca said that the house had taken a year to build and now they had to rebuild it again. We linked this to the children's sense of having to rebuild the group after two people had left and after the recent break, and wanting to do this instantly. Anthony nodded and put a flag on the new house. (Session 16)

... there was a sudden flurry, with Anthony and Luca needing to do something quickly to the house before leaving at the end of the session. We commented on their wanting to make sure the house, standing for the group, was intact. "Yes, you make sure you keep our house safe", Anthony frowned. (Session 17)

(b) *Sharing painful family experiences*

Interestingly, the difficult experience of losing two group members appeared to strengthen the connections between the three remaining children, as they gradually moved towards accepting the new situation. They were then able to share some of their family experiences of loss and pain with each other in a sympathetic way. Playing families became the dominant theme in the end phase of the group.

Luca said the house (symbolic of the group) was no longer haunted – we linked this to the two people who had left, their ghosts now gone, maybe the smaller group was now accepting this was the new shape of the group and finding their places in it. (Session 19)

There was then a conversation about fathers; within it the group leaders spelled out that none of the children's fathers lived at home. This was met by looks of surprise and relief that they were not alone with their experience and might be able to understand each other. (Session 19)

Luca and Anthony had a tea party. Tracey joined in ... and talked about her quarter Irish family. They all talked of families with mothers but no fathers, of contact with uncles and grandfathers. Tracey said sadly that her granddad was dead. She then pretended to be a baby and Luca ended up looking after her. (Session 21)

(c) Acknowledging the need for parents

As group leaders, we often found ourselves commenting on the children's perceived inadequacy of the parents in their games, with the result that they had to fend for themselves or look after each other as best they could – fighting for survival in a gang like way. Correspondingly, the children often excluded the group leaders from their interactions or ignored them in a hostile way, as useless and ineffective. There was a shift in the final sessions to the children acknowledging their dependence and vulnerability more openly, and appealing to parent figures to meet their emotional as well as physical needs, and to contain their destructive impulses:

... Luca went to lie down to go to sleep and Tracey lay down next to him. Both pretended to sleep restlessly. Tracey suddenly shot up and screamed, saying she had had a nightmare that her house was full of fire. Luca said he couldn't sleep because he had drunk some coffee. The group leaders wondered what might help both of them to have a good night's sleep. Tracey muttered that she was lonely, and both children looked at us with big, longing eyes. (Session 26)

Anthony started drawing a tree with a squirrel's nest and a bird's nest, very different from his usual pictures of monsters and aliens. Tracey watched him with interest and they had a conversation about forests and how birds and squirrels learnt to find their own food when they grew up, taught by their parents. Anthony said they had to be well protected though while they were small, so as not to be eaten. Tracey added that the parents had to work hard to find enough food for them and help them grow. The group leaders made a link with the impending ending of the group and the children's sense that they had to grow up quickly and not need us any more, and might be a bit worried about that. Both managed to listen to this without their habitual defensiveness. (Session 29)

Specific outcomes: macro-movements towards the depressive position

(a) Feedback from parents, teachers and other CAMHS clinicians

According to their parents and teachers, the three children who attended the group all year made significant progress in their ability to form friendly and supportive relationships with peers and adults, and to express their feelings in words rather than in acting out behaviours. Anthony and Luca did not receive any further treatment at CAMHS following this group, while Tracey's name was placed on the waiting list for individual psychotherapy as a follow on treatment, due to the entrenched and chronic nature of her difficulties. Luca's development of inner strength, lessening of anxiety and improved ability to make friendships was evident to his mother, teachers and clinicians at the end of the group. The case of Luca was unique in that he had received four years of three-times-weekly intensive psychotherapy prior to joining the group. It emerged from conversations with Luca's former therapist that a far saner and more functioning aspect of his personality was enabled to come to the fore during the year of his group treatment, which had not been apparent during his individual treatment.

Anecdotally, children who have subsequently received individual therapeutic work in our service have all retained a vivid memory of their time in the children's

group, and a strong attachment to the room in which the group took place. In several cases, time limited 30 session individual psychotherapy following on from group psychotherapy has been very effective in achieving significant lasting improvement in a child's emotional state.

(b) *'Hopes for change' measure (see Appendix A)*

We obtained some quite finely nuanced information from our 'hopes for change' measure, which matched our overall clinical judgement of what had occurred over the year. For instance, Tracey revealed a painful awareness of her loneliness and vulnerability, both of which she felt she had been 'kind of' helped with in the group. Her mother admitted at the end that although she had felt greatly helped, she still lacked the confidence that she now would be able to cope without continued intensive support provided to both herself and her child. This indicated her need for consolidation of the as yet fragile progress they had both made. Related to our general point made in the outcomes section, Tracey's mother spontaneously admitted that the previous year she had scored the *SDQ* and *Parent Stress Index Questionnaires* very highly for continued worries and difficulties, thinking that otherwise the help she had found so crucial would be taken away from her again too soon. Tracey has since then further improved through 30 session individual psychotherapy treatment, no longer displaying significant behavioural difficulties either at home or school.

Luca, using the metaphor of 'wanting a little house', clearly indicated at the beginning of the group his need to find a safe place internally and externally, from where he could begin to explore the world and have the courage to relate to others. His accompanying drawing showed a hardly discernible stick figure representing himself. At the end of the group, he stated that "he had helped build a house for everyone", which had not been destroyed because it was "strong enough to withstand earthquakes". Strikingly, this was accompanied by a vivid and detailed drawing of himself as a solid, three-dimensional person.

As stated above, we would like to use the CORC approved *Goal Based Assessment* measure to evaluate future groups and if viable compare outcomes with other therapeutic modalities. However, based on the evocative pictorial evidence above, we would add the opportunity for latency-aged children of drawing pictures as well as using words to symbolise their goals. We hope to enlist the help of our art psychotherapist colleague in thinking more systematically about explicitly including children's drawings as evidence of their internal emotional development.

(c) *Practice-based evidence – the clinical material itself*

In the group described, the children jointly built a Duplo house, which over the year became the central symbol for the group, its condition evocatively echoing the shifts and changes in the children's states of mind between the paranoid-schizoid and depressive positions, or between hope and despair. The building of a safe house became a powerful metaphor, symbolising the protective therapeutic space as well as adequate parental care, which was something all of the children longed for and lacked to varying extents. Here is an extract from a session near the end of the group, documenting this aspect of the children's emotional experience better than any formal evaluation method could. Please note that the extract also illustrates how the

two children who dropped out at the end of the first term were fully kept in mind by the rest of the group throughout the year:

Anthony went to demolish the house and built a very high, precarious structure instead. We related this to the children's sense of precariousness as the group was nearing its end. Anthony put five little dolls behind the structure and then started bombarding it with balls, saying that the wall would fall on them. We related this to the children's worry and anger with us for stopping – did this mean we were being cruel and simply getting rid of them, destroying what we had built up here? We acknowledged that they must be wondering what would happen to them after the group finished. We explained that we would meet with their parents to review, and that they would receive further help here if they needed it. (Session 29)

A striking feature of this group was their oblique yet meaningful communication with each other through their drawings, which often felt less threatening to them than direct verbal conversation. Some children's drawings changed quite dramatically in style and content over the year, which seemed to be clearly related to increasing emotional integration and maturity, that is, a shift towards the depressive position. An art psychotherapist in our service helped us look at each child's pictures in depth and confirmed this hypothesis. Unfortunately, we are not able to reproduce any of the children's drawings here, for reasons of confidentiality.

Discussion

We hope that this account has conveyed a sense of the richness and also the unpredictability of the therapeutic encounters in a children's psychotherapy group. The particular themes and processes of each group depend not only on the group leaders and their technique but also on the dynamics between the children present, which will determine how they can help or hinder each others' emotional development through the year. We are very aware that our findings are based on the detailed, qualitative study in the form of a thematic analysis of only one particular therapeutic group. Whether these findings can be generalised remains uncertain. However, we wanted to offer our thoughts as a starting point, which may inspire others to continue experimenting with psychoanalytic children's groups, despite the undoubtedly emotionally demanding nature of this work. We wanted to harness the potential power of 'practice-based evidence' in this neglected area of clinical practice.

In summary, the most striking feature of the children's group described in this paper was the children's ready ability to move from even highly persecuted mental states back to more benign depressive position functioning even within a single session, by being receptive to each other's as well as the group leaders' help in understanding their feelings. Here is one more clinical example of this process, from near the end of the group:

Tracey had built a den under the table. When she returned from the toilet to find Anthony had entered it, she flew at him to drive him out – he left without much protest, quite shocked at the force of her rage. Tracey tried to snatch Anthony's blanket off him saying hers was horrible and scratchy. We had to physically intervene . . . we talked about Tracey feeling that all good things had been snatched away from her while she had been out of the room. She told us to shut up but calmed a bit and retreated under the table, curling up with the whole pile of cuddly animals . . . Luca suggested maybe Tracey's den should be a hospital.

We commented that perhaps he was thinking of a place where people get help with strong, overwhelming, difficult feelings? (Session 27)

Instances like this felt to the group leaders like a demonstration of the achievement Bion talked about in the Review section of *Experiences in Groups*: an ability for a group and the individuals in it to step back from very primitive and powerful anxieties which may erupt and to continue thinking and working together in the service of emotional development, even in the face of these anxieties. In our view, one thing that helped the children as well as the parents in their parallel parent group achieve this step was their being able to observe frighteningly primitive mental states *in another* and empathise with it at that relatively safe distance, before acknowledging such feelings in themselves.

Garland (2010: 21) talked about this in the recent *Groups Book*, defining the ability to make projective links with another as the basis of group life, both in the therapeutic sense and in everyday social life. She also made the basic yet fundamental point of the importance of a peer group being concretely present in group work, giving group members a sense of 'being in the same boat', and allowing for the possibility of their helping each other as well as being helped by the group leaders (2010: 31). A group also opens up the possibility of group members alternating between what Garland called the oedipal positions of protagonist, respondent and observer of interactions between others (2010: 44), which may help regulate the intensity of the situation at times. Garland concluded that group and individual psychoanalytic treatment were complementary methods, 'the best means we have of addressing therapeutically some of the difficulties inherent in the human condition, and in life itself'. Garland had in mind especially the problem of narcissistic self-preoccupation, and how to move towards an attitude of genuine love and concern for others. She was talking about psychoanalytic groups for adults, but in our view this can be applied equally to the therapeutic treatment of children, where the concrete presence of a quasi-parental couple in the shape of the group leaders and a group of 'therapy siblings' (Canham and Emanuel, 2000) may well be of great help to a child as yet unable to develop direct insight into their mental states, or take responsibility for their own actions. The opportunity to observe and try to make sense of the interactions of others in a safe setting, to respond to others, initiate contact and to be both helped and of help on occasion may prove very helpful in preparing the ground first, particularly for our most disturbed young patients and their parents.

Finally, although there was not time to include John Woods' slightly different technique of psychoanalytic children's group work in our reflections, we would like to end with his quote regarding the potential wider repercussions of clinic-based group work, which we have very much observed in our own workplace over the years of running children's groups:

When functioning well, a children's group can have a unifying and constructive influence on the whole staff of the clinic.

(Woods, 1993: 70)

This is certainly a side effect to be welcomed in these stressful times of funding constraints, which can so often lead to division and competition amongst staff teams.

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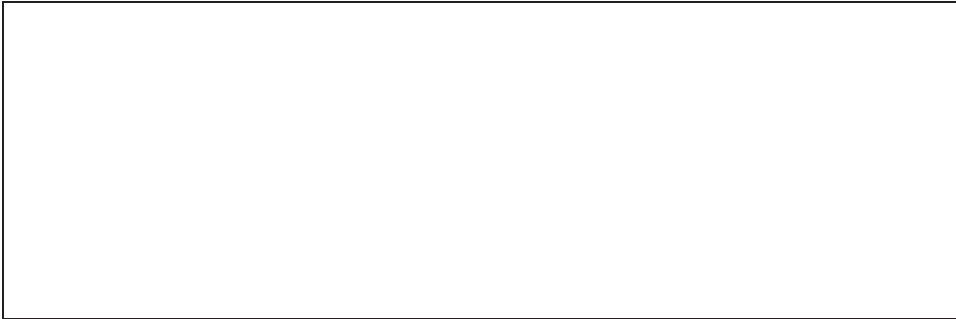
Appendix A: Child Psychotherapy Group Evaluation Form 1

(Please complete before the start of the group)

Can you think of up to three things you would like to change or achieve as a result of attending this group?

- _____
- _____
- _____

Space for drawing a picture:

**Appendix B: Child Psychotherapy Group Evaluation Form 2**

(Please complete after the end of the group)

Can you think of up to three things which the group has helped you with over the year?

- _____
- _____
- _____

Space for drawing a picture:

