

# Finding Their Voice: Group Therapy for Adolescents With Learning Disabilities

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*In this article, Faye Mishna describes observations from group therapy involving adolescents with learning disabilities that lasted over 17 weekly sessions. She describes the interpersonal psychodynamic group and provides her observations of the process.*

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*Abstract.* A qualitative study was utilized to articulate the therapeutic elements and describe the ways they were operative in psychodynamic group therapy for adolescents with learning disabilities (LD) and related psychosocial problems. Four boys and 4 girls diagnosed with LD were interviewed upon completion of group therapy to obtain their perspectives of the group. Two important trends emerged. First, the important elements were identified, described, and grouped into 3 categories. Second, a phenomenon was identified, through which the therapeutic elements were operative by means of an interpersonal process. This interpersonal process was labelled mutual recognition, described as the adolescents realizing that they saw themselves in the others and that the others saw themselves in the participants. The therapeutic elements were trust, connection, and group process. These categories contributed to, and were influenced by, mutual recognition. The implications for clinical practice and research are discussed.

The literature suggests that children and adolescents with learning disabilities (LD) are at risk to experience psychosocial difficulties, including problems with peers. They are inclined to suffer from depression, anxiety, and poor motivation (Heath, 1992a, 1992b; Perlmutter, 1986). Individuals with LD exhibit inadequate interpersonal skills often resulting in social rejection (McIntosh, Vaughn, & Zaragoza, 1991; W. L. Stone & La Greca, 1990). They may display external locus of control (Grolnick & Ryan, 1990; Pickar, 1986)

and grasp nonverbal communication less accurately than youth without LD (Holder & Kirkpatrick, 1991; Jackson, Enright, & Murcock, 1987). Children and adolescents with LD are prone to having low self-esteem (Butler & Marinov-Glassman, 1994; Vaughn, Haager, Hogan, & Kouzekanani, 1992).

The possible benefits of group therapy for adolescents are outlined in the literature (MacLennan & Felsenfeld, 1968; Scheidlinger & Aronson, 1991). Group therapy helps peers assist and confront one another and provides a miniature real-life situation (Berkowitz & Sugar, 1986) from which to learn about and modify behavior. Groups improve socialization skills, decrease the adolescents' sense of isolation, and build self-esteem through acceptance and helping others. Berkowitz and Sugar stated that there are few contraindications for an adolescent taking part in group therapy. Meta-analyses of treatment outcome research provides evidence that psychotherapy, including group therapy, is beneficial for children, adolescents, and adults (for an extensive review, see Bednar & Kaul, 1994; Weisz, Weiss, Han, Granger, & Morton, 1995).

Although modifications are required due to their cognitive deficits and discrepancies, adolescents with LD and psychosocial problems fit the criteria for group therapy (Rutan & Stone, 1984). Some literature suggests that group therapy can benefit children and adolescents with LD (Berg & Wages, 1982; Brown & Papagno, 1991; Coché & Fisher, 1989; Mishna, 1996; Mishna, Kaiman, Little, & Tarshis, 1994; Omizo & Omizo, 1986; Pickar, 1988). In these articles, the authors identify the need to address the youth's communication difficulties due to their learning disabilities.

Berg and Wages (1982) identified the group's approximation to real life as particularly important for

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students with LD. Pickar (1988) underscored the profound impact of years of frustration and failure on the adolescent with LD and wrote that the group provides an optimal environment where the adolescents' "difficulties can be exposed, confronted, and worked on, with the group leader attempting to minimize the anxiety that might typically result from fear of ridicule or rejection" (pp. 765–766). Rosenthal (1992) stated that group therapy can, "through peer interaction, consensual validation, and behavioral reinforcement—contribute significantly to the learning disabled's self-development through social awareness, competence, and self-validation in the world" (p. 221).

Bednar and Kaul (1994) maintained that more research is needed to describe and clarify the group's central phenomena. The purpose of this study was to identify and articulate the therapeutic elements in psychodynamic group therapy for adolescents with LD and related psychosocial problems. There is a growing literature on curative factors in adult group therapy (Colijn, Hoencamp, Snijder, Van Der Spek, & Duivenvoorden, 1991; MacKenzie, 1987), based on Yalom's (1975) 11-factor inventory. However, there are few such studies on group therapy with adolescents (Chase & Kelly, 1993; Corder, Whiteside, & Haizlip, 1981).

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Due to the scarce group therapy literature on adolescents with LD, a foundation was sought by obtaining the participants' perspectives on the elements operative in the group and the impact of these factors on the participants. A qualitative research design was therefore utilized in this study. The objectives of obtaining the participants' subjective experiences, through an open-ended inquiry, were to identify the therapeutic elements and to describe the ways these elements were operative.

Through assertions made in qualitative analysis, hypotheses can be generated to guide subsequent quantitatively focused studies (Moon, Dillon, & Sprenkle, 1990). This study forms the basis of hypotheses regarding the group's effect on the adolescents. This then can lead to the identification of factors, which can be tested both quantitatively and qualitatively in future research.

## DESCRIPTION OF GROUP THERAPY IN THIS STUDY

The group therapy in this study took place in a social service agency that serves children and adolescents with LD and psychosocial problems. Clients receive a range of services including individual, family, and group therapy. The groups typically consist of adolescents of the same sex, as these adolescents are struggling and needing help to be with, and relate with, same-sex peers. Previous attempts to mix boys and girls indicated that the presence of both sexes raised the adolescents' anxiety to overwhelming levels. The groups in the study ran for 17 weekly sessions, 1½ hr in length. One group consisted of six boys, co-led by a woman and a man, and the second group was composed of eight girls, co-led by two women.

The group therapy model in this study is described as interpersonal psychodynamic group therapy. According to the interpersonal perspective of group theory (Yalom, 1975), the prime therapeutic factor in group therapy occurs through the interactions that take place in the group, among the members, in the "here and now." It is thought that through repeated episodes within the group, the members learn about their maladaptive interpersonal responses and perceptions, which repeatedly evoke negative and unwanted reactions from others. Insight and transference are seen as facets of interpersonal learning but are considered to be less therapeutic than the "corrective emotional experience" of the actual interchanges among the members in the group, including feedback to one another (Rutan & Stone, 1984).

Mishna et al. (1994) and Mishna (1996) explained that in addition, in the group therapy model in this study, leaders use techniques to accommodate the teenagers' learning disabilities. Techniques to foster the group process include clarifying verbal and nonverbal messages, monitoring discussions to ensure that members follow the conversations, and facilitating interactions in which group members talk to and acknowledge one another.

This group therapy model is organized by the principles of self psychology. An accurate appreciation of the individual's subjective experiences is fundamental to self psychology theory. The concepts of self and selfobject stem from the study of a person's subjective state (Kohut, 1959/1978). The self can be understood as "that psychological structure which makes its presence evident by providing one with a healthy sense of self, of self-esteem and well-being" (Wolf, 1988, p. 27). Selfobjects are those experiences that "evoke, maintain, and give cohesion to the self" (Wolf, 1988, p. 63) and are the central tenet of self psychology. There are considered to be numerous selfobject needs, such as those

for mirroring, idealizing, alterego, adversarial, merger, and efficacy experiences (Wolf, 1988). Individuals whose experience has been that their selfobject needs are thwarted form fixed self-defense strategies, which are a focus of the therapeutic work. Rosenthal (1992) traced the various ways in which learning disabilities may contribute to the thwarting of selfobject needs throughout development, which can lead to low self-esteem and other problems of the self.

The leaders' interventions and understanding of the interactions within the group are guided by the assumption that selfobject experiences are needed for self-development. Due to this population's inadequate social skills, the groups frequently deal with "silly" or "inappropriate behaviors," which are exacerbated by the adolescents' learning disabilities (Mishna et al., 1994). Peculiar and distancing behaviors, such as a group member spinning in circles or covering his head with a jacket, are viewed as the group member self-regulating in anticipation, or in the face of, selfobject failure or absence. Rather than directly teach "appropriate" behavior, the leaders try to understand and interpret the adolescent's behavior in relation to his or her feelings and interactions within the group. The leaders facilitate group members to express their needs and to support and challenge one another. Through this process, the group provides the members with "holding" (containment) and with experiences that foster mutual regulation. This holding and mutual regulation gradually decreases the need for intense self-regulating behaviors such as those noted and, eventually, promotes understanding. Group members gain understanding of their own and others' behaviors in relation to the interpersonal context of the group, which provoked the behaviors. Members come to recognize that their negative effects on the group, as on individuals outside of the group, are a complication of their own and other group members' self-protectiveness. As they gain understanding, group members are more able to self-regulate and to feel empathy.

In the first group session the leaders identify that all of the group members have learning disabilities and related social/emotional problems. They review the group's purpose, which is to help the group members deal with their problems and review the rules, such as confidentiality and no violence. The leaders assume a role in which they encourage the members to raise issues, and they facilitate interaction. It is the group members who make decisions regarding matters such as where they sit and what they discuss. Interactions within the group are used by the leaders to explore their meaning for the members, as well as the ways the members respond and deal with each other (W. N. Stone, 1992). A group member might raise an issue or

initiate conversation. If the members do not initiate, the leaders facilitate discussion. The nature of this facilitation varies according to each group. For example, the leaders might comment on the silence, ask if members have issues to discuss, or refer to an issue from the previous week. Each group session concludes with a "wrap-up," in which the group members and leaders comment on their responses to the particular group session.

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A brief example from the boys' group is presented to illustrate how issues may be raised. After the members had been sitting silently for a few minutes at the start of a session in the group's middle phase, a leader asked if anybody had something to talk about. As nobody did, the members deliberated how to proceed. One boy asked if anyone could think of a topic, to which another boy suggested that they each share their "private hell." This led to the members sharing poignant personal experiences. When a group member expressed his experiences, the leaders encouraged the others to respond. They facilitated the process through questioning other group members' experience of similar situations. As most of the boys' "private hells" related to being rejected and humiliated by peers, the boys spontaneously devised a group "revenge" fantasy of retaliation against the bullies in their lives.

An example from the middle phase of the girls' group illustrates how conflict may be handled. One member raised the issue of feeling rejected by friends. Despite the other members' responsiveness to her, the girl said the same thing over and over. She did not appear to notice that, after a while, the others became restless and stopped paying attention. Eventually, a leader commented on what was occurring. With the leaders' prompting, a member told the girl that it was "boring" when she went over the same thing. With the leaders' facilitation, the group members and this girl expressed their reactions to each other and listened to the others' viewpoints. Although never explicitly pointed out, this girl made the connection that her talking may have contributed to her rejection by friends. During the study interview, she said that during the incident "I wanted to

quit, but I didn't cause I wanted to be helped." She felt that the feedback helped her to change: "Um, it did help me because if I ask my friends the same question or I talk about the same thing a lot, and they may not want to tell me to stop talking about it, because maybe they're tired of it but they don't, you know, want to hurt my feelings by telling me."

The participants particularly liked the fact that the group talked about what everybody wanted to discuss, without predetermined topics, and several participants proudly pronounced that they had raised issues or topics. Some participants were initially uncomfortable with the leaders' roles, but they came to appreciate and enjoy being responsible for the group. For example, a girl explained that "they said that it was our group. They had to just give ideas to get us talking more. I didn't always like it at first because it was only the kids talking and the counsellors asked questions here and there. I liked it after a while, because it is our group and we were there to help ourselves and help others."

## METHOD

### Research Participants

Participants consisted of four boys and four girls between 13 and 17 years of age. As reported by the group members themselves, their families, and school personnel, these group members had all experienced chronic social difficulties; had been teased, rejected, or ignored by peers; and tended to be dependent on their parents. The group members described themselves, and were described by their parents and teachers, as having poor self-esteem and being isolated to varying degrees. For example, two group members depicted themselves as follows: "I was feeling lonely in a sense, that I couldn't understand practically anybody for whatever reasons," and "Well, I was having trouble at school making friends. Well, not really making friends, but keeping them. And I didn't know what I was doing wrong."

All participants attended special education classes at school and met the following criteria for learning disabilities classification: Full Scale Wechsler Intelligence Scale for Children-Revised scores (Wechsler, 1974) in the average range (80-120) and at least a 2-year delay in one or more academic areas. According to Kaufman (1979), a discrepancy between subscales that is 15 points or more is clinically significant and precludes use of the Full Scale IQ. In the cases of a boy and a girl for whom there were discrepancies of 15 points or more between Verbal and Performance IQ, the higher scale (over 85) was used. The mean IQ for the boys was 89.5 ( $SD = 7.23$ ). The mean IQ for the girls was 87.25 ( $SD = 2.87$ ).

Eight group members were asked to participate in the research. In selecting participants, an attempt was made to vary the participants according to their apparent involvement in the group: Some members attended regularly and participated actively, whereas others had missed sessions and did not participate consistently. The objectives were to select participants who could talk about their experience in the group, even if with difficulty due to their learning disabilities, and to obtain as wide as possible a range of positive and negative responses to the group in order to enrich the material about the group and facilitate comparisons among participants. Of the six boys in the group, four were asked to participate. Of the two not asked, one was extremely reluctant to be involved in the group, and one was very similar to another participant. A key factor in choosing the four girls was the leaders' impression that these girls varied in their responses to the group.

Consent was obtained from the adolescents and their parents. Letters and consent forms were mailed to group members. The letter emphasized that refusal to participate would not affect service at the agency. All of the adolescents and their parents agreed to participate.

### Procedure

The researcher conducted one semistructured interview with each participant, lasting approximately 1½ hr. All of the interviews took place within 2 weeks after the groups ended and consisted of three sections.

In Section 1, participants were asked to talk about their understanding and experience of having learning disabilities and about the reasons they came to the group sessions. In Section 2, participants were asked an open-ended question about their experience of being in the group. Section 3 consisted of areas considered important by the researcher, including roles in the group, sense of self, trust, and relating to others. After reviewing each audio-tape, the researcher added questions to Section 3, based on participants' responses, which is standard in qualitative research (Moon et al., 1990). At the end of the interview, participants were asked four questions about their understanding of the study's purpose and their comfort to express views. Responses suggested that the participants understood the purpose and felt free to express themselves. The audio-taped interviews were transcribed by a professional typist.

### Data Analysis

The coding system used for qualitative data analysis was intended to (a) represent participants' reflections of the group, (b) identify participants' insights and reflec-

tions arrived at in the study interview and those that they were aware of in the group, and (c) identify the researcher's observations. The Ethnograph software program, Version 3.0 (Seidel, Kjolseth, & Seymour, 1988), a software package that aids coding in qualitative research, was used.

The goal of the categorization system was to develop categories about the participants' group experiences and to reduce these categories to overriding themes. This consisted of a step-by-step process in which (a) characteristics or properties were identified for specific segments of text, labelled meaning units (Tesch, 1990); (b) constant comparisons were made among the properties, with those considered similar grouped together; and (c) properties were grouped in clusters that formed categories. A category is a classification of concepts, discovered when concepts are compared and appear to relate to a similar phenomenon. A category is "a higher order, more abstract concept" (Strauss & Corbin, 1990, p. 61).

The analysis resulted in 70 categories, which were reorganized three times. This involved reviewing the categories and their properties during every round of collapsing in order to group similar ones. The original categories were listed and became the properties of the category that encompassed them in order to trace the final categories to the original themes. The last round of reorganization produced three main categories. It appeared that they could neither subsume the others nor be combined and maintain their distinct meanings.

Examination of these categories led to identification of a core category. A core category is "the central phenomenon around which all the other categories are integrated" (Strauss & Corbin, 1990, p. 116). In this study, the core category is mutual recognition.

## RESULTS

The results are presented as follows: A summary of the findings is depicted (see Figure 1). The therapeutic factors, identified by the participants and grouped according to themes, are presented. This consists of an overview of the core category and summaries of the three subcategories. The gender differences that emerged are briefly presented.

### Overview of Mutual Recognition

Analysis of the interviews revealed an intricate connection between individual participants and the other group members. To grasp the group's effects, it was necessary both to name the elements identified by the participants and to capture the elements' interaction and effect on the participants. This phenomenon of interconnectedness forms the core category: mutual recognition. The term *mutual recognition* conveys how the group was operative for the participants, through a process in which participants recognized themselves in others and others in themselves.

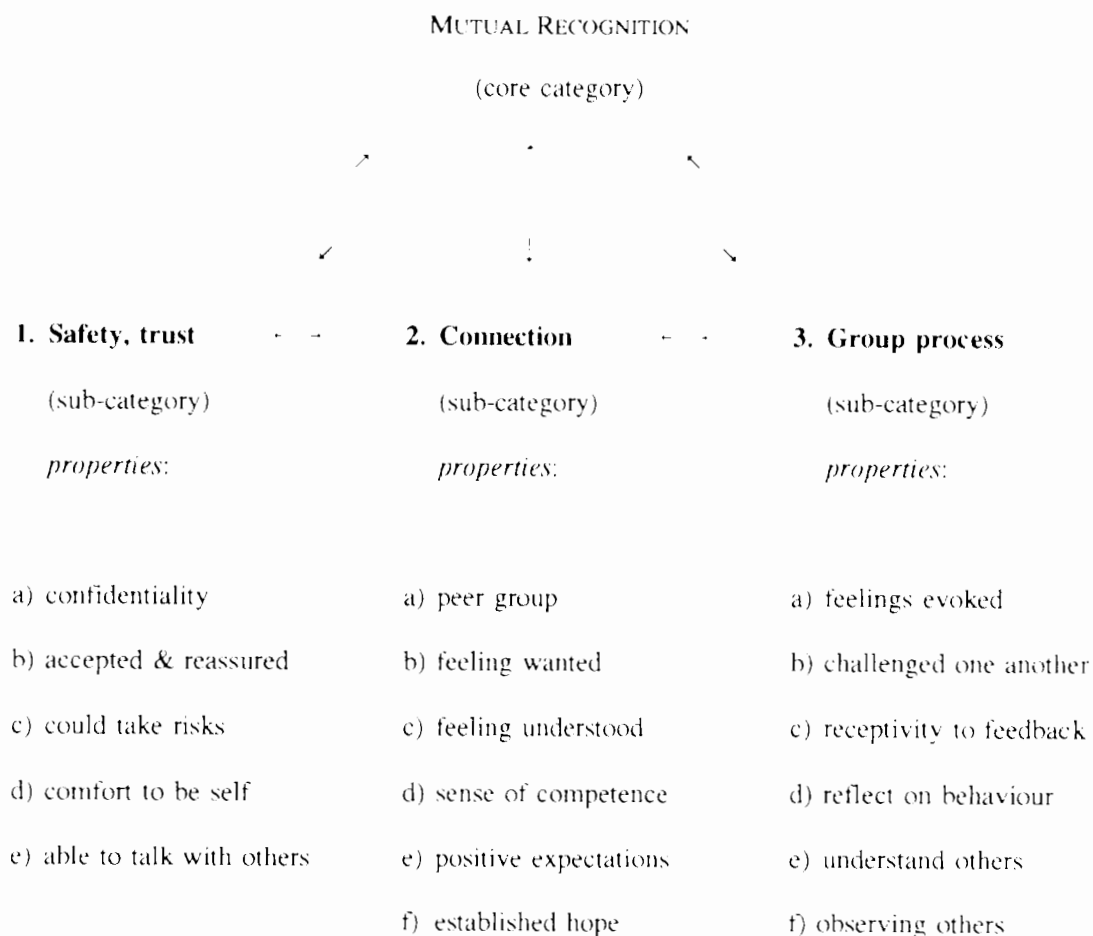


FIGURE 1 A summary of the findings.

In this study, mutual recognition can be described as an adolescent realizing that he could see himself in the others while realizing that the others could see themselves in the participant or "subject." This recognition, in turn, entailed awareness of the others as both separate from and similar to themselves.

Mutual recognition was evident for seven participants. They moved back and forth between references to themselves and the other group members and indicated recognition of (a) themselves and the others as "subjects," (b) their own and other members' behaviors and affective states, and (c) the ways that they and the other group members influenced one another. The participants did not demonstrate equal evidence of mutual recognition.

Mutual recognition is composed of three subcategories which were essential to the participants' experiences in the group: (a) safety and trust among the members; (b) sense of connection, shared common feelings, and experiences with the other group members; and (c) group process. The subcategories were interdependent and interacted to contribute to mutual recognition and, in turn, were influenced by mutual recognition.

### **Summary of the Three Subcategories of Mutual Recognition**

*Safety and trust among the members.* The participants all described being teased, ignored, or rejected by peers. One boy said that "the hardest thing is hearing, well this is one of them, you know, I don't know if it's the hardest. Hearing like people say that you're dumb and stupid because you're in a Special Ed. class." A girl described being

teased a lot by other people quite a lot. Yah, and it affects um maybe my whole life and everything. Um, they say that I'm not pretty and that I'm bad at math, and I failed a grade. Um well they've done it for so long, well it used to really make me feel like that was true.

All of the participants trusted the group and contrasted feeling safe in the group with feeling threatened outside of the group. For example, one boy explained that he could say things to the group that he wouldn't say to others:

I can say anything to them and they understand about it, and don't criticize right on the spot or whatever. That's really a good thing I can do with them, but I can't do it with other people that don't have learning disabilities.

Confidentiality emerged as a fundamental criterion for the establishment of safety. One girl explained that

"in the group, at the beginning I never trusted them or nothing, but towards the end, it helped me because I told them something, but they never told nobody. And it helped me because to trust people again." The participants were pleased that others, as well as themselves, could trust the group. For example, one girl stated that "it made me feel glad that they felt trustworthy of the group to open up these problems. Happy." Participants indicated surprise that others would actually keep their secrets and not "back-stab" them.

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As participants talked about, recognized, and emphasized the effect of safety on themselves and the others, mutual recognition was evident. When other group members were reassured and accepted by the group after taking risks, the participants responded in various ways, indicative of mutual recognition. They were glad that others could speak about important issues and felt proud and better about themselves to have created an environment that allowed others to take risks. It was important that they identified with the member who took a risk and thought that they might also be accepted should they take a risk. Conversely, when participants felt reassured after sharing personal issues, they understood that through identification with themselves, others could also benefit. Safety and trust made it possible for participants to connect with one another and for other therapeutic elements to emerge.

*Sense of connection, shared feelings, and experiences with other group members.*

Participants highlighted the advantages of being with others whom they felt were similar to themselves. They described their relief and the positive effect of associating with other adolescents who also had learning disabilities and related concerns, demonstrated by the following quotes: "I learned really the biggie is that I'm not alone, and there's more people in the world that are like me"; "They had related things like me. All of us in the group did have a disability. So I think it was easier to talk to people like me, that have a disability. And I told them that I don't really feel good about myself, myself because people at school put me down a lot. And

they came up with that they get teased too. Well I felt really relief, because it made me feel that there are more girls like me, that have the same disabilities and feel the same?"; and "I thought, teenagers my age wouldn't like that type of show. I found out that they do. I felt hey, I don't really have to feel like a little nerd watching this show."

Participants described an "opening up" to their own and others' inner states, an effect of feeling more acceptable and accepted. They talked about accessing different feelings and "trying on" new ways of relating. Participants judged some of the changes as positive and found others painful. One girl described herself becoming less defensive as a result of feeling acceptable to the others. She explained that she did not like people because she expected that they would not like her. When she began to feel that the other group members liked her, she thought "okay and so I'll talk to this person more, then this person and, whatever."

This group marked the first time that some participants recalled feeling compassion for others. Analysis of the interviews suggests that this appeared to correspond with the participants' feeling that others were compassionate toward them. It also seemed to develop in conjunction with their greater self-acceptance and awareness and increased understanding of others' behaviors. For example, as one participant observed and "studied" others, he imagined being in their position, which furthered his ability to feel for and empathize with others. He explained that the group "made me actually feel sorry for other people. Uh, which is a trait I couldn't normally do before, but now I can do." This boy judged this new trait to be "a bad thing, cause if you feel sorry for other people you feel lousy. Feeling sorry for someone makes you feel bad in the sense that you're sad about what they're going through." This participant had described attending the group because of his inability to understand or relate to "practically anybody." Despite his discomfort, the previous quote demonstrates his growing ability to relate to and feel connected with others.

Participants reported that they became friendlier, more sociable, and less vulnerable. For example, knowing "that other people have the same problems I do" allowed one boy to feel that he could go out into the world without being as afraid of what people would say. The experience of being with others who were similar helped them to feel "not alone," "less odd," and "not the only one." As one participant said, the group "gave me a chance to ventilate my good qualities on other people, like my sense of humor and all that. Well it made me feel better as a matter of fact." Participants felt helped and helpful.

All the participants experienced a sense of connection with other group members, but differed in how they

were affected by the connection. For some participants, being with others who were similar brought relief. For others, it seemed that the connection and support triggered painful feelings and issues. Participants differed in their awareness of the processes that were occurring for them in the group.

*Group process.* Seven participants gave comprehensive, coherent, and consistent narratives of their experiences and talked about issues and conflicts in the group. The boys raised issues related to a silent group member and members who "tuned out," and the girls talked about a dominating group member. The range of emotions that emerged in the group was striking because of the real-life situation and issues that occurred. It was these emotions, both positive and painful, that seemed to motivate participants to venture further into the group process.

The participants described the conflicts/issues in group as difficult. At the same time, the participants' narratives indicated that through these conflicts/issues, the participants gained awareness and understanding of themselves and others. One boy who was annoyed at a silent member described himself as "really, really nervous, I was really nervous" about expressing this, for fear that the others would stop liking him. Instead, he found that "some guys in the group felt the same way and, I think they just needed someone to say it because they felt shy. I think myself that I felt good cause it was an achievement to say that." This boy felt that as a result of the conflict he gained understanding of the silent member:

It felt good because um, we wanted his input, but maybe he wasn't like ready to share. I understood him, it helped me to understand him because he's different and, that's the way he wants to handle talking about his problems.

Most participants raised the same conflicts that had occurred, which indicates the significance the conflicts had for them. It was through these conflicts that the participants learned about themselves and others. They learned that as well as being similar, others were different from them. Participants varied in their responses to the confrontations. In some instances, participants did not consciously experience the benefit from the conflict until they had the opportunity to contemplate the interchange during the study interview; in other instances, the participants expressed the issue to the researcher, but not to the group.

During the study interview, participants often gained new understanding of the significance that these issues had for them. Specifically, they showed awareness of how their problems and those of others reciprocally

influenced each other within the interchanges. Further, they understood that these interchanges stimulated them to change.

### Gender Differences

The suggestion of gender differences emerged during analysis of the interviews. The female participants expressed more apparent insecurity and concern about the other group members' responses to them than did the male participants. This contrast is all the more pronounced as the boys' and girls' accounts included comparable descriptions of feeling accepted and reassured by the group, in contrast to feeling rejected by peers outside the group. A focus for three girls was the state of their relationships with the other group members, which they continually monitored. The boys appeared to focus on the state of the relationships in the group only when incidents arose among them. For example, a girl who was worried throughout the group session about others' responses to her declared that "it seemed like they listened and like they had a response, and uh it made me think like that I'm not a boring person sort of, like I can talk about something and they don't find me boring." However, this same girl remained concerned about the others' responses to her and said that "like I wasn't sure all the time if they really liked me, but I couldn't exactly come out and say 'do you like me' or something; it's kinda hard." In contrast, a male participant expressed having worried about what the other group members thought of him, but his concern appeared to be circumscribed. It emerged just before he took risks in the group and subsided once he felt reassured and accepted by the others. For example, he was afraid that the others would laugh at him due to his particular problem, but felt reassured by their reactions when he divulged his difficulty. Because this research did not set out to study gender issues, this difference must be viewed tentatively, as the findings emerged through the data analysis. Despite this caveat, it is of interest to note that the gender differences correspond to those discussed in the literature, in which adolescent girls with LD are found to be at greater risk to experience problems with peers (Kistner & Gatlin, 1989; Scranton & Ryckman, 1979). These findings indicate the need for further systematic research regarding differences between girls and boys with LD to determine whether they reflect more significant social problems for the girls.

### Changes the Participants Felt They Made

Because this was not an outcome study, the changes are identified by the participants from their viewpoint. The

participants' perceptions were that as a result of the group, they made changes that extended outside of the group. They reported feeling better about themselves and more able to understand and relate to others. For example, one boy felt that the group "gave me more confidence about myself and how I can affect other people I meet throughout the course of my life. I see myself as being more friendly toward other people, when I normally wouldn't even think about it." Another example relates to a girl who found she became more aware of others' needs. She explained that previously,

I just thought of myself at a situation, never about what the other person thought of. Um, if I was talking, and the other person wanted to say something I wouldn't let them. I'd only be thinking about what I thought and, talking more about it.

She felt that group helped her to "think of what the other person is feeling, and thinking, instead of just taking into consideration my feelings."

## DISCUSSION

Analysis of the participants' narratives suggests that adolescents with LD regard psychodynamic group therapy as beneficial. Due to the small sample size, this study's results must be viewed as tentative and cannot be generalized to other adolescents with LD. However, two important trends emerged. First, the therapeutic elements that were identified are consistent with established group theory and curative factors (Bednar & Kaul, 1994; Yalom, 1975). Second, analysis of the interviews identified a unique phenomenon termed *mutual recognition*, which addressed central issues typically experienced by adolescents with LD.

Qualitative analysis identified and described several key variables common to group therapeutic interventions within the general group therapy literature (Bednar & Kaul, 1994; Yalom, 1975). Each of the categories uncovered in this study encompasses curative factors that are comparable to those that have been delineated (Bednar & Kaul, 1994; Yalom, 1975): Category 1, safety and trust incorporates cohesiveness, catharsis related to expressing feelings, and identification; Category 2, shared common feelings and experiences consist of universality, cohesiveness, altruism, and hope; and Category 3, group process is composed of interpersonal learning input and output, self-understanding, catharsis related to expressing negative or positive feelings toward another group member or leader, development of socializing techniques, and identification.

From a psychodynamic perspective, group psychotherapy is viewed as a unique intervention in large part due to the opportunity for a variety of role relationships to emerge and be worked through, such as relationships

with other members, with the leaders, and with the group as a whole (Bacal, 1992; Roberts & Pines, 1992; Yalom, 1975). The study participants indicated that they were engaged with individual group members, leaders, and the group as a whole.

In a study to determine if successful group therapy patients could recall a critical incident that seemed to be a turning point, Yalom (1975) found that "almost invariably, the incident involved some other group member, rarely the therapist, and was highly emotionally laden" (p. 26). Similarly, the participants in this study concentrated on their relationships with the other group members. The finding that incidents related mainly to other group members was of particular import to the participants, as these adolescents tended to relate to adults rather than peers outside the group. The sense of connectedness in the group may have fostered participants' abilities to talk with and focus on other group members.

In addition to describing the important therapeutic factors in the group, analysis of the participants' narratives rendered a description of the ways in which the therapeutic factors interacted and were operative within the group process. The intrinsically relational manner in which the therapeutic factors were found to be operative was labelled *mutual recognition*.

In the burgeoning research on infants, mutual recognition is one of the many terms that has been used to capture the nature of infant-mother/caregiver interactions (Beebe, Jaffe, & Lachmann, 1992; Benjamin, 1988; Stern, 1985). Benjamin (1988) described *recognition* as:

that response from the other which makes meaningful the feelings, intentions, and actions of the self. It allows the self to realize its agency and authorship in a tangible way. But such recognition can only come from an other whom we, in turn, recognize as a person in his or her own right. (p. 12)

In this study, the term *mutual recognition* was identified as it captures phenomenologically the participants' experiences with the other group members.

Analysis of the participants' narratives suggests that through the phenomenon of mutual recognition, the participants felt they benefited from group therapy in domains in which adolescents with LD typically have difficulty. That is, from the participants' perspectives, group therapy enhanced their self-esteem, sense of competence, awareness and understanding of self and others, and ability to relate to peers.

### Implications for Therapy and Research

This study identified and described key variables in the group, which are consistent with psychodynamic group

therapy and which address the needs of the adolescents with LD. The participants' descriptors of perceived change across several domains (i.e., self-esteem, anxiety, social competence, perceived self-worth) will need to be validated using standardized measures, multiple perspectives, and pre-post follow-up designs. Future research will need to look more specifically at process variables, such as group leader roles, curative factors, and follow-up assessments.

Yalom (1975) considered self-reflection essential for group therapy to be therapeutic. Consistent with Yalom's view, the participants' narratives indicated increased self-awareness. Some of the participants expressed gaining awareness of themselves and other group members during the study interview. This indicates that a follow-up interview with adolescents once group therapy ends may be beneficial. This would allow them to reflect on the group and to better understand and integrate their experiences and their learning.

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