

MOTHER-SON ENMESHMENT AND ITS IMPLICATIONS FOR THE  
EMANCIPATION-INDIVIDUATION PROCESS:  
A CASE STUDY STUDY

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#### ABSTRACT

This case study reports on a patient who was undergoing psychotherapy for an Adjustment Disorder with Mixed Emotional Features. The aim of the study had two aspects. First the study sought to establish to what degree was enmeshment between the patient and his mother responsible for his maladaptive behaviour. The second aspect was to establish the extent to which the patient responded to psychotherapy.

The patient was a 20 year old male university student. He was experiencing a number of problems including difficulty in interpersonal relations, deteriorating academic performance, depression, anxiety and uncertainty about career choice and about the future.

The history revealed that the patient had very close and enmeshed relations with his mother. The mother was a very domineering person and had great influence on her son. On the other hand his father was weak and emotionally unavailable. The patient had never been away from home until after he graduated from High School and decided to join the army. It was then his problem began to manifest. He left the army and registered at university. However, the problems continued and even increased in intensity.

It was hypothesized that as a result of enmeshment with his mother and the fact that his mother was a domineering personality, he never had the opportunity to learn social skills that would have enabled him to

emancipate himself from his mother. Thus when he moved out of home to be on his own, first in the army and later at university, he could not cope. He lost self-confidence, became passive, indecisive and dependent.

Psychotherapy was successful in helping him gain insight into the genesis of his problem. This insight resulted in the patient's efforts towards individuation.

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## SECTION 1

### 1. INTRODUCTION

The case that is reported in this study is that of Sipho, a young man who was suffering from an Adjustment Disorder. This disorder refers to Maladaptive behaviour that is consequent to an identifiable stressful event or circumstance (Kaplan and Sadock, 1985, p.476). A more detailed account of this disorder will be given later (3.3.7). After the initial assessment of the patient the therapist concluded that central to the dynamics of Sipho's problem were the two phenomena of enmeshment and emancipation or individuation. These two phenomena have often been implicated in the etiology of mental disorder in some people. Minuchin (1978), for example, has referred to a connection between psychosomatic disorders and enmeshed relations. Blos (1967), on the other hand, has indicated that the failure of individuation has often led to ego disturbances.

The study sought to respond to two related research questions based on the assumptions about the psychodynamics of the patient's maladaptive behaviour mentioned above. The first question is: To what degree was enmeshment with his mother responsible for his pathology? The second question is: To what extent then, has this patient with enmeshment-related problems responded to psychotherapy?

It is necessary, as the first step that these two questions be placed in

their proper contexts. This will be achieved by a brief discussion of enmeshment and emancipation.

## 1.1 REVIEW OF THE LITERATURE

### 1.1.1 The nature of enmeshment

Enmeshment refers to a form of family interaction that is characterized by extreme proximity and intensity. In a family system there may be sub-systems which may necessitate the maintenance of boundaries that keep the sub-systems separate from one another. The boundaries of a sub-system define the roles of the individual members of the family system. For example, the boundaries of the parental sub-system may be defined when the father tells the children in the family that nobody else has a right to punish the children except him and their mother. This injunction makes it clear where the boundaries are for the children's sub-system in respect of the maintenance of discipline in the family system. To emphasize the importance of maintaining boundaries, Minuchin (1974) points out that the development of interpersonal skills is promoted in a family relationship where the family sub-systems do not interfere with one another. What Minuchin means is that if a child, for instance, is going to succeed in acquiring social skills like negotiating with his/her peers, there must be minimal interference from parents. Furthermore, for the family to function effectively, it is important that boundaries must be clear and well-defined whilst at the same time allowing contact between the members of the family system. This implies that whilst children, as a sub-system, must know what is within their sphere of activity, they also need to

maintain contact with the members of the parental sub-system.

However, in the event of enmeshed families, the boundaries between the sub-systems are blurred. This is an abnormal development which threatens the effectiveness of the family's functioning. Members of such a family system become close and each member becomes concerned with the affairs of each individual member.

Foudraine (1974) refers to interdependent relationships which destroy a person's opportunity for growth and development of autonomy. An enmeshed family may lose adaptability, that is,

The ability of the family system to change its power structure, role relationships and relationship rule in response to situational and developmental stress (Olsen, Sprenkle and Russel, 1982, p.51).

The resources of the members of the family are depleted as a result of the fact that each member is intimately concerned not only with his/her own affairs but with the affairs of the entire family. Consequently such a family is unable to adapt and change under stressful circumstances. As Minuchin (1974) puts it, "The behaviour of one member immediately affects others and stress in an individual member reverberates strongly across boundaries" (p. 55).

The characteristic features of an enmeshed relationship are very much similar to those of a symbiotic relationship. It is thus important to discuss this concept in order to clarify the way it is understood in this study. Mahler (1979) has pointed out that the term 'symbiosis' originated

from biology. It is a term used to describe a close functional association of two organisms to their mutual advantage. In developmental psychology, symbiosis refers to a kind of relationship in which an infant (though very slightly aware of the object that satisfies his/her needs)

Behaves and functions as though he and his mother were an omnipotent system - a dual unity within one common boundary...it does not describe, as the biological concept of symbiosis does, what actually happens between the two separate individuals. It was chosen to describe the state of undifferentiation, of fusion with mother in which the 'I' is not yet differentiated from the 'not I' (p. 77).

The view taken in this study is that whilst there is fusion and blurring of boundaries in both enmeshment and symbiosis, the two are not synonymous. There is an implied difference in the level of cognitive functioning in children who are in an enmeshed relationship and those in a symbiotic relationship. One will talk of enmeshed relationship when both partners have reached a level of cognitive functioning to have a sense of self-identity, even though in practice they may not be acting as such. Symbiosis occurs during infancy. A symbiotic relationship implies a duality, that is, two people are involved (mother and infant). Enmeshment on the other hand occurs later and can involve two or more people. Symbiosis is not necessarily a pathological state. It is a natural development for a child to pass through this phase. It is supposed to occur early in the post-uterine life of the child. It is a transitional phase between the mother-dependent intra-uterine and the post-natal life of the child. This period of symbiotic relationship is actually regarded as being of great importance for the eventual individuation of the child. It represents some form of birth, a psychological birth of the child, the

beginning "of the self-alone experience" (Bergman and Ellman, 1985, p.241). As it were, out of the experience of the symbiotic relationship with the mother, the child learns to be aware of his/her own separateness. The symbiotic relationship reaches pathological levels when it continues to show beyond the appropriate age, which is round about the third year of life.

Fusion is another concept dealing with relationships that must be attended to. It also shares similar characteristic features with enmeshment. The term "fusion" is used to describe the person's "state of embeddedness in, of undifferentiation within the relational context" (Karpel, 1976, p. 67). Fusion is a form of symbiotic relationship which conveys the sense that one person cannot live without the other, where the two have no independent existence as it were. The individual's emotional security is dependent on the person with whom the individual is fused. Klugman (1976) points out that when people are fused, any change in one is a threat to the other. Karpel states:

Because partners see the other as essential for their survival and because the boundary between self and other is so indistinct, object loss, that is, loss of the other, is tantamount to ego-loss, and is, in fact experienced in just this way (1976, p.71).

It would seem, therefore, that fusion refers to a pathological symbiosis, that is when symbiosis occurs outside its normal age parameters.

The opposite of enmeshment is disengagement, which refers to a family system where the boundaries are too rigid with the consequence that communication across the sub-systems is difficult. Minuchin

conceptualizes these two patterns, enmeshment and disengagement, as two extreme poles of a continuum. On the one extreme pole of the continuum are families that are closely-knit and enmeshed. On the other extreme pole are families where there is no cohesion. Members are characterized by extreme individuality. This is the pole that refers to the so-called disengaged families.

Families clustering around these two extreme poles are the dysfunctional families. The majority of families will be found mid-way along this continuum. These are the normally functioning families, close but not enmeshed, allowing members some measure of individuality at the same time. It is important to note that enmeshed and/or disengaged family functioning does not operate on an all-or-none principle. There are families that may manifest these two preferences, albeit at different levels. For instance, when the children are still young there may be enmeshment with the mother, whilst the father may be disengaged and be seen to be existing on the periphery of his children's lives. However, the same parent-child subsystem may tend to move towards the disengaged position, the older the children become. As indicated earlier, preference for an extreme position on either of the two poles is indicative of pathology. If the preference is for enmeshment the consequences are that the child's attempts at individuating may be undermined. Other negative consequences of enmeshment include lack of motivation to seek autonomy, lack of motivation to explore and the retardation of the child's development of cognitive and affective skills.

As indicated above, enmeshed relationships frequently occur in the context

of a family. Thus the following discussion will focus briefly on the family sub-systems in order to highlight features in them that are commonly found in enmeshed families.

#### 1.1.1.2 Family sub-systems

##### 1.1.1.2.1 The spouse sub-system in an enmeshed family

This sub-system refers to the entity that is formed by the husband-wife dyad. For the purposes of the present study only the issue of relationships within this dyad will be addressed. In terms of the Western cultural practice the ideal pattern of relationship in the spouse sub-system is complementarity and accommodation where the spouses accept each other for what they are. No member of this sub-system is expected to impose his/her own standards and will on the other spouse. However, a pattern that may be a diminution of enmeshment is where the other spouse establishes a "dependent-protector transactional pattern in which the dependent member remains dependent so as to protect the partner's feelings of being the protector" (Minuchin, 1974, p. 56).

##### 1.1.1.2.2 The parental sub-system in enmeshed family

The consideration of this sub-system has relevance for this study. This sub-system refers to interactional patterns of the husband-wife dyad when the spouses perform their duty of bringing up their children. If the family system is to function properly, boundaries must be drawn which allow the child access to both parents while excluding him/her (the child) from the spouse function. As indicated earlier (1.1.1.2.1), in an enmeshed

family, this pattern of interacting may not occur. Instead one of the spouses may collude with the child and exclude the other spouse. Reference to the parental sub-system raises the issue of the influence that parents may have on the development of their children's personalities. However, the discussion of this will be limited to the impact on the children's personalities of fatherless families, mother-dominated families and families with ego-damaging mothers.

#### 1.1.1.2.2.1 Father-absent parental sub-system

The number of fatherless families is increasing world-wide. The absence of fathers is due to a number of factors including unmarried mothers, marital separation, divorce and death. A notion held by many researchers is that the absence of a father has a negative impact on the psycho-social development of the child (Borduin and Henggeler, 1982). Supporters of this notion state that father-absence is linked with suicide, schizophrenia, alcoholism and homosexuality. However, it is important to note that the above view is not without dissent. There are other researchers who have found very little relationship between the absence of a father and difficulties in the psycho-social development of children (ibid.).

Seligman (1986) identified two types of father-absence. On the one hand there is the physically missing father, something which may occur as a result of factors stated above like divorce, death or an unmarried mother. On the other hand there is symbolical father-absence which occurs where, though the father may be physically present, he may be experienced as

"unavailable" by the family. It is also possible to speculate about a third category of father-absence, where the father is emotionally attached to his family but, as a result of some commitment, cannot be with his family in a physical sense. Examples of this category would include a father who is on a long-term work contract at a place where he is not allowed to be with his family, a soldier on duty during the war, a father in exile or in long-term imprisonment.

The symbolical absence of the father is one of the factors that appears to have played a role in the pathology of the patient. Two possible explanations for the "unavailability" or symbolical absence of the father may be suggested. One is what Minuchin (1978) referred to as triangulation. Another possible explanation is when the father has excluded himself. This would be the case in the event of the father's chronic and debilitating alcoholism, father's weakness of character or any unresolved psychological problems that the father may be having which interfere with him, thus making it difficult for him to function effectively as a father.

Martin (cited in Borduin and Henggeler, 1982) has identified two dimensions in the mother-child interaction when the father is absent. These are autonomy vs control and warmth vs hostility. As regards the dimension of autonomy vs control, it has been established that father-absent children experience relatively severe and more authoritarian control than children whose fathers are present. However, within this category the variable of family socio-economic class will determine the degree of the rigidity of control. Lower class mothers tend to be more rigid than middle class mothers. Regarding the dimension of warmth vs hostility, a significant

number of variables come into play. For example, in the case of divorce, the mother's attitude towards her husband would have an impact on the mother's interaction with her children. Generally, positive feelings about her former husband are linked with positive family interaction.

There are different interactional patterns within the fatherless families. In a divorced family, for instance, an observer may see a steady decline of relations from a point of relative stability to one of open conflict, culminating in separation and divorce. Even then, Borduin and Henggeler (1982) have revealed that parental conflict reaches its peak about a year after the divorce. The long period of instability in the family makes the task of locating the point at which the father actually became absent difficult. The period of the father's physical absence, whatever the cause, becomes a stressful period for the mother. She has to assume full responsibility as guardian of the family. In some cases there may be a threat of financial difficulties. Some husbandless mothers may tend to feel "trapped" and may, as a result resent the added responsibility. The lack of emotional support often leads to loneliness. It is not surprising that a number of them develop emotional problems and their emotional instability may affect their children. The literature suggests that fatherless families appear to function more effectively where there has been outright separation as in the case of death or divorce than where the father is symbolically absent (Borduin and Henggeler, 1982).

It is, however, important to note that not all father-absent families succumb to the pressures of father-absent status. Other factors may come in to play which help some families to remain well-integrated and

functioning effectively despite pressures concomitant with father-absent status. Borduin and Henggeler (1982) have suggested that in some cases father-absence manifests itself in abnormalities of sex-role development. This tends to be particularly detrimental to the male child especially as regards his perception and evaluation of himself as a male (sex role orientation) and his preference of sex-related behaviour and activity (sex-role preference and adoption). Peer relations are also known to be affected by father-absence. An index of a child's psycho-social adjustment is his/her ability to relate effectively to peers. Not only may poor relations with peers contribute to the child's psycho-social difficulties, but they may also have resulted from poor psycho-social development. What the general understanding seems to be is that father-absence may impede peer relations, something that is likely to increase the likelihood of the child's and (later) adult's psychopathology.

#### 1.1.1.2.2 Mother-dominant parental sub-system

Dominance refers to the "interpersonal power, control and influence that family members exert over one another in problem solving or decision-making situations" (Henggeler, Urey and Borduin, 1982, p. 109). Maternal dominance is known to be linked to the etiology of such psychopathologies as schizophrenia and delinquency (ibid). There is a strong connection between the father's symbolical absence and the dominance of the mother in the family. Parental dominance has also been linked with the failure of the process of individuation in children. Seligman (1986) has indicated that it is common to find that people who have difficulties in individuating have never had the support of their parents in their attempts

to become independent.

#### 1.1.1.2.2.3 Ego-damaging mothers

Other than dominance some mothers' ways of being may be a threat to the development of the child's personality. Ego-damaging mothers are experienced by their children as having specific personality traits.

They may be withdrawn, self-absorbed, or efficient but affectionless...anxiously over-solicitous and over-protective, rigidly controlling, domineering and intrusive or else seductive and castrating, puritanical and guilt-breeding (Seligman, 1986, p. 73).

In whatever way such an ego-damaging mother is experienced, if she is unconscious of her disastrous way of relating, the child will find it difficult to emancipate himself/herself from her.

#### 1.1.1.3 Summary

The focus of the discussion above was on the concept of enmeshment and how enmeshed parent-child relationship has a restrictive effect on the psychological development of the child. The discussion has shown that enmeshment is a dysfunctional way of relating. For example, it has shown (1.1.1.2.1) that if the enmeshment is between one parent and a child (e.g. mother-son) the excluded parent may unconsciously maintain the status quo by assuming a subservient position to the other spouse. The discussion has furthermore demonstrated the very powerful role that a mother plays in the development of the child (1.1.1.2.2.1). It has also shown how detrimental the mother may be to her own children should she, herself have

pathological behaviour patterns.

After this discussion of enmeshment, the focus will now shift to another aspect of the patient's psycho-dynamics, emancipation or individuation.

### 1.1.2 EMANCIPATION-INDIVIDUATION

#### 1.1.2.1 The nature of emancipation

The use of the term "emancipation" is not limited to one context only. It is popularly used in a political context where it means "The act or process of setting or making free...deliverance from any onerous and controlling power or influence" (Gove, 1961, p. 738). Hanks (1986, p.498) defines emancipation as "the act of freeing or state of being freed - liberation". However, this term is used in the context of human development too. Here it refers to a gradual process whereby a developing person weans himself/herself of dependence on parents. Another term that is used to describe this process is "individuation".

Individuation refers to the process by which a person becomes increasingly differentiated from a past or present relational context...(it) involves the subtle but crucial phenomenological shift by which a person comes to see himself as separate and distinct within the relational context in which she or he has been embedded. It is the increasing definition of an "I" within a "we" (Karpel, 1976, p. 66).

According to Blos (1967) individuation implies that the growing person takes increasing responsibility for what he does and what he is instead of making such a task the responsibility of his/her parents or caretakers.

Implicit in the writings of Mahler (1979) and Bergman and Ellmans (1985) is the notion that the process of individuation is operative only during the first three years of a person's life. On the other hand literature on human development (e.g. Ausubel, 1964) locates the process of emancipation within the developmental stage of adolescence. However, a close scrutiny of the developmental process in human beings will reveal that the distancing of the child from the parents does not suddenly come about at adolescence. From the moment the umbilical cord is severed the central issue of development is the struggle to establish one's own identity, which, even though not complete, reaches a significant milestone at adolescence. The need in the developing person for physical, social and psychological separateness is markedly intense during this stage of development.

It was Bloss (1967) who made popular the notion that individuation is not limited to infancy and early childhood. He referred to adolescence as being a "second individuation". He conceptualized the process of the child's emancipation from parental dependence as having two peak periods. The first peak occurs during the second and third year of the child's life. This he called the "first individuation". The process of individuation at this stage is signified by lessened separation anxiety in the child. The second individuation peak occurs at adolescence when the primary feature of individuation "becomes...the shedding of family dependencies, the loosening of infantile object ties in order to become a member of society at large...the adult world" (Blos, 1967, p.163). Supporting Blos's view of a second individuation peak, Esman (1980) has pointed out that there are very

distinct behavioural similarities in the individuation process of early childhood as described by Mahler, and that of adolescence. This assertion by Esman requires further elucidation.

The process of individuation during early childhood as conceptualized by Mahler (1979) has four sub-phases. The first sub-phase is referred to as the phase of differentiation or hatching out. This occurs round about age 5 months to age 11 months. It is characterized by a lessening of the child's physical dependence on the mother. It is initiated by the child's learning to crawl and to stand and a general tendency to turn to the outside world for pleasure and stimulation. The mother's proximity is, however, considered important for maintaining the child's feeling of security.

The second sub-phase is called the practising sub-phase. It stretches from the end of the previous phase to about age 15 months. The child has become proficient in moving around on his/her own. The child can now become oblivious of the mother for some length of time whilst he/she is exploring the environment.

The third sub-phase is called the phase of rapprochement. It extends up to age 22 months. This sub-phase is characterized by marked fear of object-loss. The child runs around, collects improvised toys to come and offer them to the mother and or may demand that mother participate in his/her games.

The fourth sub-phase is characterized by unfolding of cognitive functions leading to an awareness of self and a realization that he/she is different

and a separate person from the mother. Thus the child can hold in his/her mind the representation of the mother when she is not there. This serves to decrease the child's separation anxiety.

Esman (1980) compares the development outlined above with some developments that take place during adolescence. To start with, there will be a 'hatching out' sub-phase during adolescence also. Developments during this phase are almost similar to those taking place during the early childhood 'hatching out'. The adolescent begins to distance himself/herself from the erstwhile infantile objects. As a consequence of his/her newly acquired muscular strength and higher cognitive functioning the adolescent begins to show some measure of independent and self-assertive behaviours. During the adolescent practising phase the adolescent appears to enjoy testing out his abilities and freedom. As was the case with the earlier individuation, parental support is of great importance. Like the child entering the third sub-phase, of the rapprochement "we see the early and mid-adolescent turning back for security and support to parents from whom he is ostensibly...seeking to remove himself" (Esman, 1980, p.286). The late adolescent has experiences that are also similar to the fourth sub-phase of earlier individuation. Both are characterized by a non-conflictual separation from parents.

The notion that the early beginnings of human life are characterized by the child's dependence on the caretaker has been referred to by many researchers in Developmental Psychology. Winnicott captured this view very well when he stated that a baby cannot exist alone - it is always "a baby and someone" (Davis and Wallbridge, 1983, p. 45). A baby is always

part of a relationship. The dependence on the caretaker is made imperative from the very beginning by the child's physical helplessness. However, with increasing age, physical and psychological maturation must take place. Among the changes taking place is a change from a state of absolute dependence on the caretaker to that of independence. Referring to the importance of this gradual development of self-reliance as a crucial feature in the attainment of adulthood, Kay (1972) states:

What is universal in childhood is separation from the nurturing person and the fear of losing love. What is universal in adolescence is the necessity of permanently relinquishing the original tie to the precious source of psychic life and development (p. 59).

Successful individuation or emancipation is not merely a function of interpersonal relationships in a group. Broad cultural influences also play a very powerful role in the process. The rite of circumcision among the South African Blacks, for instance, serves to set a definite boundary between childhood and adulthood. On the other hand in the West and other societies world-wide that are influenced by Western cultural practices, it does occur that the mental set for being individuated is acquired relatively earlier than the adult status. This may be due to certain economic and socio-cultural factors that may delay the attainment of the adult social status. One reason for this is that dependence on parents continues much longer than was the case before. Young people stay longer at college or university in pursuance of higher educational qualifications. An unemancipated individual is inevitably handicapped in the quest for social recognition as an adult. It is equally important to realize that failure to recognize that a person has attained adulthood delays the completion of emancipation (Ausubel, 1977). Blos (1967) has alluded to

the notion that should individuation not be achieved, psychopathology manifesting itself in difficulty in finding extra-familial love objects and in ego-disturbances like lack of purpose, procrastination and moodiness should be expected.

This shift of the young person from dependent relationships to independence and responsibility does require some re-organization of authority-structuring within the family. This modification of authority-structuring does lead to some crises in some families. The process of individuation-  
emancipation may be as difficult for parents as it is for the adolescent. For example, alarmed at the child who now has, overnight become an 'adult' and wants to move out of home, some parents may, unwittingly, smother the adolescent with too much love with the hope of keeping him/her within the family fold. Such parents may do this unaware of the damage they are doing to the young person's search for autonomy. The adolescent, on the other hand may experience a soul-gnawing conflict: 'to leave or not to leave'. The adolescent may vacillate between striving for independence and the need for parental guidance and support. Rodick and Henggeler (1982) have referred to this state of affairs as a paradox that lies at the heart of individuation or emancipation. "To successfully separate from the parents the adolescent needs parental support" (p. 45). There are, therefore, ample indications that the time when an adolescent begins to disengage from parents is fraught with emotional stress. Jacobson (1965, p. 161) refers to this period as "a saddening farewell to childhood" and elsewhere as "one of the most significant, but also one of the most painful psychic achievements" (p. 171). One of the aspects of the individuation process is to consider possible consequences when this parental support for

individuating adolescents is not forthcoming. It is clear that success or failure of individuation will be found in the context of the family system. It is thus necessary that the discussion shifts to family interaction to identify those family transactions that may either inhibit or facilitate individuation.

#### 1.1.2.2 Family transactions and the Individuation-emancipation Process

Despite the significance of the individuation-emancipation process in human development, there appears to be scant literature on the subject, especially research that attempts to relate parent-adolescent interaction to the outcome of the individuation struggle. In the following brief discussion of parent-child relations some factors that are known to have some impact on the individuation process will be outlined.

##### 1.1.2.2.1 Parent-adolescent Conflict and Individuation

An interesting point of view is raised by Rodick and Henggeler (1982) regarding the fact that conflict is a facilitating factor in individuation. A common understanding is that conflict is a repugnant state of affairs which must be avoided. On the contrary, these authors regard conflict as a necessary development in the process of individuation. When an adolescent is in conflict with the parents he/she is at loggerheads with people who have been his/her main source of support to date. Thus, the authors argue, conflict with parents at this stage of development reflects "the adolescent's ability to act without parental support...(and)is a necessary step toward the adolescent's eventual attainment of equal status with the family" (p.46).

Despite what these authors think about conflict and individuation, it would be a mistake to assume that the acquisition of independence by an adolescent should automatically lead to strained relations between the parents and their adolescent children. There are instances when individuation is successfully negotiated without the positive family relations being ruptured. There is evidence in many families of greater ability to reach a group agreement. When conflict occurs it does not prevent the families from accomplishing tasks they have set themselves. It is equally true that in the case of dysfunctional families conflict has an incapacitating influence.

#### 1.1.2.2.2 Parental dominance and individuation

Parental dominance is another factor that may affect the outcome of the individuation process. This factor is also of particular relevance to the present study. One aspect of the adolescent's pursuit of autonomy is the fact that some how, he/her has to challenge the parent's control over him/her. Patterns of parental dominance have been identified (Ausubel, 1964; Rodick and Henggeler, 1982). Some of these patterns will be dealt with briefly below.

##### 1.1.2.2.2.1 The disorganized pattern of parental dominance

This pattern of dominance occurs when the family is disorganized, especially the parental dyad. In such a case the adolescent may come to assume the leadership role. The weight of responsibility devolving on him/her may cause stress that, depending on the adolescent's ego-strength,

may bring the adolescent to the door of a therapist.

#### 1.1.2.2.2.2 The autocratic pattern of parental dominance

This emerges when parents are extremely autocratic with the consequence that the adolescent is held in perpetual sub-ordination by the parents and is never given an opportunity to emerge as a person in his/her own right.

#### 1.1.2.2.2.3 The collusive pattern of parental dominance

The third pattern of parental dominance is when one parent colludes with the adolescent and both assume dominance over the other parent. This is a trend that is common in enmeshed families.

#### 1.1.2.2.3 Emotional warmth and individuation

The notion that emotional warmth is an important dimension in parent-child relations is frequently mentioned in literature on child upbringing. Emotional warmth is a key factor in successful individuation. In the absence of parental love the adolescent may experience stress as he/she may feel "forced to choose between independence and parental love" (Rodick and Henggeler, 1982, p. 48). Such a state of affairs feeds the ambivalence that the adolescent may be experiencing, a double-bind situation where the acquisition of independence would be seen to imply alienation and loss of parental love. At the same time opting for parental love would mean perpetual subservience and the obliteration of self. Both extremes of the affect-continuum predict difficulties for the adolescent.

In the loving family the adolescent might feel that the desire for autonomy comprises a betrayal of the family unit. In the case of little positive affect the adolescent might perceive outright rejection (Rodick and Henggeler, 1982, p. 48).

#### 1.1.2.2.4 Over-protection

The over-protected child throughout his/her life is deprived of the opportunity to develop the social skills that promote self-reliance and independence. Over-protective parents unwittingly shield their children from experience with mature roles, choice-making decisions and/or frustration of any kind. Over-protective parents, by their actions also tend to reward the behaviour of the child that makes him/her dependent on them. The child may thus be deprived of the experience and skills needed in social situations and the consequent pathological behaviour will be related to the absence of these social skills.

#### 1.1.2.2.5 Laissez-faire discipline

Some parents may adopt a laissez-faire attitude towards the discipline of their children. The home environment tends to be undemanding, indulgent and unrestrictive. This retards the development of certain essential personality traits like frustration tolerance, ability to set realistic goals and an ability for self-criticism. Personality traits like these play an important role in the maturational process. Where they have not been acquired the individuation is hindered.

#### 1.1.2.2.6 Under-appreciation

The under appreciated child is one who has received minimal or no parental approval. He/she is the child who grows up discouraged and as a result has never learnt to tackle anything with enthusiasm as he is not expecting any reward. Likewise the task of individuation is never tackled with enthusiasm and consequently if he/she does individuate he/she is very likely to "terminate at a sub-adult level" (Ausubel, 1977, p. 219).

#### 1.1.2.2.7 Over-valued child

The over-valued child may also fail in the process of individuation. During pre-adolescence the parents may tend to over-appreciate certain qualities in the child. However, during adolescence, they may be shocked by the child's exploration and experimentation and may react with attempts to regain control. This may result in resentment in the adolescent and he/she

deliberately chooses failure as an instrument for revenge upon parents, adopting an attitude of obstinate perverseness...repudiating the entire process of adult maturation...choosing goals and standards of behaviour which are diametrically opposite to those advocated by the parents (Ausubel, 1977, p. 219).

#### 1.1.2.2.8 Parental rejection

Rejected children also experience difficulties in individuating. Unlike the over-valued child, the rejected child is not likely to choose failure as a way of punishing the parents. The child would want to prove the

parents wrong in their assessment of him as being 'no good'. There would be a strong need to distance or rid himself/herself of parental authority, a stance that usually results in extreme parent-child conflict. Whilst they tend to have a strong need for autonomy, they are unable to assert themselves in interpersonal relations. Their rejection leads to failure to master the skills for self-assertion because of their sense of unworthiness engendered by the parental negative evaluation. Fear of rejection in later life makes them withdraw from social interaction and conflict situations.

#### 1.1.2.3 Summary

Thus far the discussion has attempted to demonstrate that individuation is a significant aspect in the developmental transition from childhood to adulthood. Factors that facilitate and those that retard this process are embedded in the family.

The discussion has also attempted to show how, albeit unwittingly, the parents may hinder their children's development into fully-functioning and effective adults. One of the objectives of this study is to show how this process of individuation was undermined by the patient's enmeshed relations with his mother.

The discussion now will shift to a consideration of the research methodology, an issue that will be dealt with in the following section.

## SECTION 2

### RESEARCH METHOD

The focus of this chapter is an attempt to provide a rationale for the choice of the case study as a research design. To achieve this objective a critical-theoretical evaluation of the case study will be done. Secondly, procedures followed in this case study will be outlined.

#### 2.1 THE NATURE OF A CASE STUDY DESIGN

The evolution of psychology as a science reveals that the earliest psychological data were collected from reports on individual patients. Barlow and Hersen (1984) state that the case study "was, with few exceptions, the sole methodology of clinical investigation through the first half of the 20th Century" (p. 9). However, interest in experimental and quantitative studies grew by leaps and bounds, a development that was accompanied by a marked decline in the use of case studies. One may speculate that this loss of appeal of case studies may have been due to attempts by researchers to want to apply the research methodologies of the natural sciences to psychological research so that psychology, as a discipline, could earn the status of being a science.

Barlow and Hersen (1984) also speculate that the reason may have been due to a growing emphasis on confidentiality about what happens in therapy.

### 2.1.1 The definition of a case study

A core idea in the understanding of a case study is that it is "the systematic presentation of information about...a single unit" (Ranyan, 1984, p. 121). A case study in psychotherapy would refer to an intensive investigation of an individual client or patient. It consists mainly of anecdotal accounts by the therapist and the inferences that he/she has drawn regarding the dynamics of the patient's problem and progress attained in the course of treatment. Kazdin (1982) defines a case study in clinical psychology as a methodological approach consisting of "uncontrolled reports in which one individual and his/her treatment are carefully reported and inferences drawn about the basis of therapeutic change" (p. 88).

There are other peripheral considerations about which views vary. There is, for instance, a notion that a case study is a particular research method or data collecting instrument. A contrary view is that a case study should not be regarded as a data-gathering instrument as such but rather "a form for organising and presenting information about a specific person and his/her specific circumstances, which may draw upon, a variety of specific techniques of data collection" (Ranyan, 1984, p. 127). This would imply that a case study, instead of being a research method, uses a variety of research techniques in collecting its data. The research techniques that may be used in a case study include interviews, natural observation, experiments, in fact, nearly if not all the methods that are used in gathering data. Some of the criticisms that have been levelled at the case study result from this erroneous tendency of confusing a case study with the research methods that it uses.

It is important that a case study be seen as different from a psychological report or a biography. A psychological report may be seen as a documented psychological information that is to be used to formulate clinical plans and decisions. A biography on the other hand, is interested in the entire life-history of the person. Bromley (1986) has defined a case study as a "reconstruction, based on the best evidence available, of part of the history of a person's life" (p. 163). As this definition suggests, a case study does not necessarily encompass the entirety of a person's life. As it is, the need for a case study comes about when there is difficulty in understanding a phenomenon relating to a unit or person. Thus a case study tends to be selective. It directs its focus to that issue or those issues that are relevant to the problem under investigation.

It should be clear from the above that the nature of the problem will determine to what extent the person's life is considered. The case study is an excellent means for examining the behaviour of a unit or single individual in great detail. It is particularly useful in a clinical setting owing to the fact that the focus of interest in any case is one person. The case study thus does take into consideration the unique attributes of the individual under investigation. However, when a researcher is interested in findings that are intended for use in formulating general laws, then the case study becomes limited in its usefulness. Case studies are used as source of descriptive information and as evidence either to support or invalidate a theory. When used as a source of descriptive information, a case study may provide an illustrative example for some form of behaviour, that is, it may provide a detailed account of unusual phenomena which may then be used to demonstrate the

application of a therapeutic technique. Because of its explorative nature it is possible to obtain information that could easily have been missed in controlled experimentation.

Case studies have been used in a variety of disciplines including Psychology, Sociology, Anthropology and Social Work. In psychology in particular, case studies have been used prominently in such sub-fields as Social Psychology, Developmental Psychology and Clinical Psychology. It is thus not surprising to find that there are various types of case studies. Even within the same sub-field there may be different types. The type of case study used is usually determined by the nature of the problem that is the focus of interest. As the present study is in the field of clinical psychology the following brief outline of the types of case studies will be those that pertain to this field.

#### 2.1.2 Case studies in clinical psychology

Case studies in clinical psychology are compiled with one of the three intentions: diagnosis, treatment (therapy) and assessment of therapy. These are then conveniently labelled as types of case studies.

##### 2.1.2.1 The diagnostic case study

In this type of case study the researcher concentrates on arriving at a diagnosis. Diagnostic practice has shown that to arrive at a diagnosis is a long process, beginning with the presenting problem including circumstances that may have precipitated it, relevant past history of the patient and psychometric assessment. This case study will end when a

diagnosis has been made.

#### 2.1.2.2 Intervention case study

This case study focuses attention to the therapy process after the diagnosis has been made. Locating treatment at this stage does not discount the fact that therapy may have been taking place even during the first phase, which is the interview about the presenting problem and history-taking. An intervention case study focuses on the treatment process. It may include the explication of the intervention strategy used, that is, whether the therapist used behaviour modification techniques or psychoanalysis. It may also concentrate on the processes that emerge in the interaction of the patient and the therapist - the defences that the patient used, transference and counter-transference issues and how these were resolved by the therapist.

#### 2.1.2.3 Therapy assessment case study

This type of study focuses on the effects of the intervention strategy in the patient. The particular intervention strategy employed is assessed in terms of its outcome. It may also be possible to compare the outcome of different strategies that have been used. It should be noted that the boundaries of these types of case studies are flexible. It is possible that one case study may include two or all three types outlined above. Light (cited in Ranyan, 1984) has broken down the issues for focus in clinical psychology into six categories, each category meriting its own case study, for example, an analytic case study in which the focus will be

on the analysis of dynamics, a diagnostic case study, focusing on differential diagnosis, neurological case study, therapeutic case study, an administrative case study which would deal with management issues and lastly a discharge case study which would deal with the preparation of a patient for re-entry into society after hospitalization.

### 2.1.3 Methods of data collection in case studies

It was pointed out earlier (2.1.1) that case studies employ a number of techniques for collecting data. These include observation, experimentation, interview and archival material. Each of these data collecting techniques has its own strong and weak points as well.

#### 2.1.3.1 Observation method

This refers to an unobtrusive observation of the therapy process by the researcher. The usefulness of the observation method lies in the fact that it creates an opportunity for identifying issues that may need subsequent experimentation. It is not an exaggeration to think that the observation technique opens the door to research. This technique is criticised because of the fact that data collected in this way cannot be taken as valid hence the need for further experimentation.

#### 2.1.3.2 Experimental method

In experimentation the researcher manipulates variables in therapy and then reports on the effect of such manipulation of variables. The experimental method has come to be regarded as 'the' scientific method

because of the possibility of establishing statistical significance of findings as well as the possibility of replicating the experiment. However, because of its rigidity there is always a great possibility of information loss.

#### 2.1.3.3 The interview

In this method the researcher uses the verbal exchange between the patient and the therapist. The weakest point of the interview method is the difficulty in obviating bias on the part of the researcher-therapist. On the other hand it is important to remember that therapy is a form of human relationship in which mutual trust needs to develop. The degree of self-disclosure is likely to be deeper and more profound in an interview than under objective experimental conditions. This consideration makes an interview a very valuable research method in clinical psychology.

#### 2.1.3.4 Archival material

In this method the researcher extracts the data for the case study from records. Information obtained from archival material, especially written records may be devoid of the human touch, because of the lack of the affective dimension. However, the fact that such material may be made available to other researchers enhances the validity and reliability of inferences made from it.

#### 2.1.4 EVALUATION OF THE CASE STUDY APPROACH

The use of the case study method has received a lot of criticism from researchers in social sciences. One of the significant criticisms is that its findings cannot be validly generalized to a large population. Research findings that can be generalized have a wide applicability in explaining and predicting behaviour. This means that from nomothetic research, findings do lead to the development of general rules. Researchers using the case study approach are aware of this and are aware that the case study is of limited use in this regard. However, the findings of a case study, whilst they may not be used to generate general laws tend to be qualitatively of more significance. General laws are not indispensable in psychotherapy. The therapist deals with an individual who is unique and reacts to the world in terms of his own perception of it. A therapist may use the insights gained from a case study as hypotheses or guidelines in conducting therapy with his/her own patient.

Another methodological issue for which the case study has been criticized is the retrospective method. Sometimes therapists do not make any notes during the session owing to the fact that note-taking may hinder the flow of communication with the patient. A possibility is thus created for errors of both omission and commission when the notes are made after the session. A view expressed by Ranyan (1984) in this regard needs some consideration. He said:

Limitations of the retrospective method are not adequate grounds for dismissal of the case study method, as the retrospective method is only one of the techniques which may, but need not, be used in the construction of case histories (p. 123).

There are researchers in psychology whose view is that psychology must employ the methods and technique of the natural sciences. Researchers of this persuasion reject case studies out of hand as a violation of the criterion of large sample investigations. Consequently the critics point out that evidence from case studies is not strong enough to be used to establish causal relationships. Furthermore, these critics hold the view that open mode observations are contrary to formalized observation procedures. However, the essence of what the attitude of researchers should be towards case studies was aptly stated by Kvale (198): "experimental-statistical methods have their definite place in psychological research, but not a monopoly of scientific status" (p. 174). In addition to this statement by Kvale, a point of view raised by Meltzoff and Kornreich (1970) needs to be taken into account. Dealing with the type of research questions that a researcher in psychotherapy usually asks, these authors refer to the "uniformity assumption myth", by which they mean that patients differ and so are therapists. Consequently data from quantitative studies may tend to falsify the picture. Paul (cited in Meltzoff and Kornreich, 1970) states that the legitimate research questions to ask in psychotherapy are: "What treatment by whom is most effective with this individual with that specific problem under which set of circumstances" (p. 14). This statement stresses, once more, the uniqueness of individuals, a consideration that is the top-priority of the case study approach. Writing on this issue Kvale states,

The intensive studies of individuals give the therapist a broad context for interpreting the meaning of the patient's behaviour. The therapist obtains a unique and penetrating knowledge of the relation of the patient's behaviour to his present life-situation and to his past history, which may again provide a

basis for understanding the more general conditions of human behaviour (1986, p. 157).

Kratochwill, Molt and Dodson (1984) also suggest that the case study is not affected by some of the ethical considerations and criticisms that have been levelled at the large-sample investigations conducted under experimental conditions. The use of patients as guinea pigs in controlled experimental settings has drawn a lot of criticism from some quarters.

What has emerged from the foregoing discussion is the realization that there are 'good' and 'bad' case studies. Ranyan (1984) has pointed out that an error that is made is to use inappropriate criteria in assessing case studies. The example is the criterion of reliability which is frankly appropriate only in experimental conditions. It is not reliability that typifies the value of case studies but the depth and richness of its data as well as its acceptance of the uniqueness of the patient and his/her circumstances. Polansky (cited in Ranyan, 1984) suggested that the criterion of evaluating case studies is their efficiency in promoting understanding. Validity can also be used as a criterion for evaluating case studies. However, for this criterion to be used it is important that a case study be judged in terms of the criterion of correspondence with other external information known about the patient.

Dailey (cited in Ranyan, 1984) has suggested that another criterion should be that particular case study's utility for making clinical decisions. This criterion fits well with the famous case studies known in literature on psychotherapy, "Anna O" and also "The Wolf Man" to cite two from Freud's work. Ranyan has listed the following criteria:

- a) A case study must provide insight into the patient.
- b) It must provide the reader with the feel for the person, making the reader feel like he has known or has met the person.
- c) It must help the reader understand the subjective life of the patient.
- d) It must illuminate the causes and the dynamics underlying the person's problem.

An encouraging development is that attempts are being made to improve the case study approach. By so doing efforts are made to counteract some of the obvious weaknesses for which it has been criticized. These attempts date back to Allport who prepared rules that must be observed in the preparation and evaluation of case studies. According to Ranyan (1984) Allport's attempt was followed by a number of other researchers including Lemert in 1951, Garraty in 1957 and Danzin in 1978. One of the guidelines in case study methodology was suggested by Horrowitz (Ranyan, 1984). He suggested what he called the "configurational analysis". This guide has three components:

- a) Conceptualisation of the behaviour and emotional experience of the person under study.
- b) Conceptualisation of the relationships of the person being studied and
- c) Congruence or incongruence between the person's ideas, emotions and control of thoughts and feelings.

Horowitz's Configurational Analysis has included suggestions about countering the criticism that case studies are not replicable, by using video-taped clinical material or having independent observers.

Another attempt to improve the status of the case study is the 'quasi-judicial methodology' suggested by Bromley (1986). He stated:

This quasi-judicial method is based on methods evolved in law for ascertaining the truth and conducting fair trial. The...method requires...that the main issue be stated clearly at the outset, that sufficient empirical data be available to support or refute claims, that evidence be admissible and relevant to those claims...and that conclusions which have important practical implications be supported by a greater weight of evidence (p. 163).

Ryan (1984) expressed the view that the use of judicial procedures in case studies would go a long way to soften criticism that a case study tends to be a one-sided account of the subject and that evidence presented is not viewed from a variety of points of view. The quasi-judicial approach would make it possible for the evidence, inferences and arguments to be subjected to critical examination by others.

## 2.2 PROCEDURES

Data from the therapy sessions were used in the present study. The once-weekly sessions were recorded by means of a tape-recorder. The first phase of the study is the case presentation. This comprises the statement of the presenting problem and an outline of the highlights of the patient's history, the diagnosis and the psycho-dynamic formulation. The second phase comprises the report on the process of therapy. The patient has

been in therapy for more than a year. Consequently a number of issues pertaining to his problem emerged during therapy. However, not all these issues will be considered. During this phase occasional reference will be made to the experiences of other therapists as found in literature.

### SECTION 3

#### CASE PRESENTATION

##### 3.1 IDENTIFYING DATA

Sipho was a 20 year old male university student. He had registered at the university for the first year Bachelor of Arts degree. He was advised by a colleague at university to seek help for his problem at the university's Psychology Clinic.

##### 3.2 PRESENTING PROBLEM

The presenting problem had four components. First, Sipho was experiencing difficulty in coping with his academic work at university. When he brought this issue up he stated:

I am trying to find my direction as to what I want to do...I've got the ability to pass but I think I need to work harder than most people to actually get it together. I don't actually know how to study - that's another problem as well - I get frustrated as well - and I just leave it.

When asked by the therapist to elaborate on his feelings of frustration, he added that he had difficulty in understanding some of the concepts in the courses he was doing. "I try to understand but I can't, I just get frustrated - things start flashing through my mind - worried about the future!"

He pointed out that he felt he had to work harder than other people because there were factors at home that might have an effect on his work. He was beginning to doubt whether he had made a wise decision in coming to university. He was plagued by frequent thoughts about whether the degree he had chosen was the right one, whether the degree would put him in good stead and enable him to compete effectively for jobs and whether he would be able to cope at all. It had become difficult for him to concentrate on his work. When reading, his mind would keep wandering about and when he was studying for a prolonged period, it would become difficult for him to absorb anything. He felt tired and at times he experienced headaches.

The second component of the presenting problem was his difficulty in engaging in social interaction with other students. Siphon was not staying in the university residences. He had found accommodation in a private house where he stayed with a relative. Siphon felt that he was unable to make friends. The only people that he learnt to interact with were his relative's friends. He felt that he had been put at a disadvantage by the fact that he was not staying in the hostels.

I find it difficult to socialize with people - I don't know why but - especially when I first got here - I found it difficult - you go to lectures and everybody would know everybody else because of the interaction of the students at the Res. (hostels) - I think it would have been really nice for me if I moved into Res. at the beginning because I find it very difficult.

It emerged that the patient specifically found it difficult to join in the conversation of other students. He would become too self-conscious. He felt very unhappy and frustrated by his lack of social skills.

Therapist : It appears that you sense that the other students don't open up for you to come into their conversation?

Sipho : Yes, I do feel that - it is as though they have already formed their own cliques!

He had gone out of his way to accommodate and to maintain ties with his relative's friends and would join their conversations. However, the conversations were always at a superficial level. In a way he did not have anybody that he could call his friend on the university campus. The situation was getting more and more out of hand. "I feel isolated - rejected in a certain sense, even though 'rejection' seems such a strong word!"

His position was further complicated by the fact that, as a consequence to this feeling of rejection, he tended to avoid situations where he sensed that he might be rejected. For instance, he found it better for him to get late to a lecture so that he did not have to be there when the other students chattered just before a lecture began. What puzzled him was the fact that at school, both primary and senior school, he did not have these experiences, that is, the experience of not being socially accepted. He felt that he had become "one little person". He remembered at school that he was in fact quite popular. Peers came to him to be friends with him. He had thought of actively trying to initiate moves that would lead to friendships on the campus, but was scared of foisting himself on other

people's attention. Thus, he tended to be passive, preferring other people to initiate friendships with him. Asked how did he think he comes across to other students, he felt that some students probably thought that he was strange, distant and shy. In fact, he reported that there was a student who actually had said that about him. He agreed with this description of himself. However, he did know that there would be others who saw him as a friendly person.

The third component of Sipho's problem was a debilitating uncertainty about his future. This uncertainty was related, in the first place, to his academic performance. If, when he had finally managed to force himself to do some work, he encountered problems, then he would get frustrated to such an extent that in many circumstances he found himself abandoning the work. Typical recurring questions in his mind included: "What's going to happen in the future? What if I don't get the degree? Will I get a job with such a degree?"

Sipho : I think I just look too far into the future sometimes.

Therapist : It appears as if uncertainty about the future bothers you?

Sipho : Yes, certainly - I like stability - I like things being stable - I think that I lack a foundation for the future. It would be so much better if there was something concrete to build on - what is going

to happen in the future? What am I actually going to do to make a living? Where am I going to live?

Just before coming to university he had applied and was offered a job, which he had considered quite lucrative. But soon there developed some fear that if he took the job, he might be transferred from one town to the next every couple of years! Because of this fear he turned the job down saying: "I don't think I'm suited for that (being transferred around) at the moment!"

In addition, he did not take the job because the responsibilities of being an adult were equally uncertain and unattractive. "Joining the hum-drum of life - going off to work, getting married, having children and crap like that!" He was convinced that life for adults must be extremely boring and monotonous.

Closely related to his uncertainty about his future was the health of his parents, especially that of his mother. His mother had contracted cancer of the breast - "that is another pain that I have!" Anxiety about his mother's health had gotten to the point that when the telephone rang, he would panic. At times he was overwhelmed with the certainty that his mother was going to die very soon. It was quite clear that the possibility of his mother's death weighed heavily on his mind and was probably because of his enmeshed relationship with her.

In addition to his mother's ill-health, his father had been a psychiatric patient for the preceding seven years, diagnosed as Affective Disorder-Bipolar. Even though he was still holding on to his job, Siphon was

certain that he was going to be dismissed from his job very soon. At that time it was the mother who was the breadwinner in the family and in the event of her death, Sipho thought, the whole family structure would collapse.

Furthermore, he had moments when he felt depressed, when he felt 'down' and was overwhelmed by the feeling that there was no purpose in what he was doing at university. At these times he felt lethargic and consequently went to bed very early. This created a vicious circle with his academic work as he was unable to work when he was in such a state, and then depressed by his inability to get on with his studies. However, these episodes of depression did not last long.

He also manifested physical symptoms. He reported that his mouth felt as though he was lisping. He sometimes felt tongue-tied. When in this condition he was unable to speak properly. This occurred when he was upset or depressed and he had found a way of dealing with this symptom by "going jogging".

He placed the onset of his problems, a year ago at the time he had joined the army. "I think the army had quite an impact on my personality". Sipho believed that it was the experience in the army that changed him and initiated the difficulties that brought him to therapy. When he left the army, the stress abated somewhat. Then he came to university to study. The symptoms re-emerged with even more intensity than before.

The first eighteen years of his life up to the time he joined the army were

spent at home under the protection of the parents. He found the army "absolutely opposite the way" he was brought up. He could not handle the discipline of the army. One of the experiences that frustrated him was that at home he was used to expressing his feelings and views on issues that affected him. Army discipline was rigid and authoritarian and was not amenable to such practices as he was used to at home.

I could not get rid of my feelings (Sipho exclaimed) - I could not express myself - I could not say what I wanted, whereas at home I could - I could not express myself during the day, so what always happened was that I'd always talk in my sleep and next morning I'd wake up and I'd get a running commentary from the others as to what I said in my sleep!

He also had become an object of ridicule in the camp. He had become aware that his body-build was small and thus feared to retaliate: "If I stepped out of the line they'd simply beat me up!"

### 3.3 HISTORY

#### 3.3.1 The Parents

Sipho's father was a 54 year old salesman. His recollection of his relations with his father was rather confusing at the first glance. It shifted from a positive, well-meaning attitude to a spiteful and even hostile attitude towards him (the father). Up to the time Sipho was 13 years of age, he seemed to have been well content with his father. He remembered him to have been a "gentle and unassuming and a really amazing person!" He acknowledged his (the father's) faults even at that stage. His father was emotionally unavailable. "He was a closed book", Sipho

stated. But Siphó appeared not to hold these against his father.

The turning point occurred when Siphó was 13 years old. According to him, his father began to behave in a strange manner. He became extravagant, started drinking heavily, began "womanizing" and occasionally left home for days and even weeks on end sometimes. Siphó recalled his (Siphó's) disgust the day he found his father at three o'clock in the morning asleep in the sitting room, drunk. His extravagance plunged the family into financial difficulties.

The mother was 50 years old. She was a house-wife for the greater part of Siphó's childhood. However, she started her own small business when her husband became problematic. The impression that Siphó created about her is that she was a domineering person, "A decision-maker with a temper!" Siphó was very close to his mother. He remembered that he shared and confided his experiences in her. At one point he said of her: "She sometimes over-reacts, erratic and occasionally irrational". Siphó related well to his mother and actually preferred her to his father.

### 3.3.2 Siblings

There were four children in this family, including Siphó - two elder brothers and a younger sister. On the whole the relations among the siblings appeared to be cordial. However, during the course of therapy it emerged that Siphó had fallen under the influence of his immediate elder brother. He (Siphó) tended to conform to this brother's will and appeared to be greatly distressed whenever this brother criticised him. Relations

between Sipho and his sister appear to have been warmer than with the others. She was the only one among the siblings with whom Sipho could occasionally share confidences.

### 3.3.3 Personal History

#### 3.3.3.1 Birth and Infancy

Sipho was a planned child. He had been told, however, that his parents had wanted a baby girl. He has, however, not detected any overt disappointment that things did not go according to their (the parents') wish. Pregnancy was normal so also were his early milestones.

#### 3.3.3.2 Social and Psycho-sexual development

Sipho's early life seems to have been uneventful. He recalled that as a small child he had friends who were next door neighbours. Through primary school and senior school he had quite good friends and he has maintained some of these friendships to date.

His first serious hetero-sexual relationship was when he was in High School. In fact, he believed that he was popular among his peers, especially with girls. Thinking back to this stage he remarked one day: "I was not the class introvert!" It was only after he had left school, first to join the army and later at University that he began to experience problems in interpersonal relations.

### 3.3.3.3 Schooling

Sipho recalled being unwilling to go to school at the beginning of his school career. However, school entry was not traumatic. Though he never actually failed a class at school, he had a fluctuating performance from poor to above average, especially at primary school. Poor performance was attributed to the "bad crowd" with which he got mixed up. His performance at school tended to improve with age and by the time he was in standards 9 and 10 he was performing well above average. This steady rise in the standard of his academic performance came to a dead halt at university and he perceived his performance as having actually deteriorated.

### 3.3.4 Mental State Examination

Sipho was always neatly dressed in fashionable jeans and sport shirts. He is of medium height and build with a gangling gait and awkward looking body-build so characteristic of adolescents. The earrings that he wore could create an impression of a rebel youth. However, he was charming and had a warm and engaging smile. He spoke in a clear voice, but with a rapid tempo. Sometimes, when he was emotional he raised his voice almost to a shouting pitch. At the beginning of therapy he would speak at great length and with so many digressions that sometimes he lost track of what he was talking about. At such moments he would become irritated whenever the therapist interrupted him by asking a question or making a comment.

Sometimes he would create an impression of a person who was under great pressure to talk. However, Sipho was clearly an intelligent person and showed a lot of insight into his difficulties.

### 3.3.5 History of Psychiatric illness in the family

Sipho was coming for psychotherapy for the first time. His father had been diagnosed Affective Disorder-Bipolar and three years ago was committed to a psychiatric institution for a short while. The father's psychiatric problem caused Sipho a great deal of distress as he feared that he might have inherited the condition. His paternal grandfather committed suicide, a fact that re-inforced his fear that he could have inherited his father's psychiatric illness.

### 3.3.6 Diagnosis

AXIS I 309.28 Adjustment Disorder with Mixed Emotional Features  
AXIS II Dependent personality Traits  
AXIS III None  
AXIS IV Psycho-social Stressor: Being away from home and having to adjust to unfamiliar environment without support from mother  
AXIS V Highest level of Adaptive functioning past year: 4 - fair

### 3.3.7 Differential diagnosis

#### 3.3.7.1 300.02 Generalized Anxiety Disorder

Generalized Anxiety Disorder was considered as the diagnosis for Sipho's condition. However, his symptomatology and the situational nature of the symptoms did not meet the criteria for the diagnosis of Generalized Anxiety Disorder.

3.3.7.2 300.40 Dysthymic Disorder

This is another diagnosis that was considered as Sipho did report occasions when he felt depressed. However, again the symptoms of depression did not fully meet the criteria for a Dysthymic Disorder.

3.3.7.2 V 62.89 Phase of Life Problem

This is a category of conditions not Attributable to Mental Disorder that are a focus of Attention or Treatment. This diagnosis is made when "a focus of attention or treatment is a problem associated with a particular developmental phase" (DSM III, 1985, p.3.33). However, the psychodynamics behind Sipho's behaviour excluded the possibility of this diagnosis.

A brief outline of the diagnosed disorder is indicated at this point. The DSM III (1985, p. 299) defines an Adjustment Disorder as a "Maladaptive reaction to an identifiable psycho-social stressor that occurs within three months after the onset of the stressor". Meyer (1983) distinguishes the Adjustment Disorder from Post-Traumatic Stress Disorder in that the latter is a response to a severe traumatic event that would have had negative consequences for most people. In the Adjustment Disorder, on the other hand, the stressor is usually within the normal range, that is to say, it is not severe and some people may not be adversely affected by it. Stressors that may lead to this disorder are varied and may involve

a developmental transition (such as marriage, divorce,

menopause) or they might be situational (such as changing schools, getting a new supervisor at work or having been socially rejected) (Sarason and Sarason, 1984, p.121).

Kaplan and Sadock (1985) point out that this disorder may be limited to one person or it may affect an entire group or community as is the case in racial or religious persecution. The Adjustment Disorder is also often associated with specific developmental phases like school beginning, leaving home, getting married or retirement. It manifests itself in a variety of ways including anxiety, depression, anger, aggression or fear (Kaplan and Sadock, 1985).

The DSM III has consequently identified a number of sub-types, viz: Adjustment Disorder with Depressed Mood, Adjustment Disorder with Anxious Mood, Adjustment Disorder with Disturbance of Conduct and Adjustment Disorder with Mixed Emotional Features to mention some of these sub-types.

### 3.3.8 Psycho-dynamic Formulation

Sipho was a 20 year old male university student. He is a third child in a family of four children, three sons and one daughter.

At an early age Sipho forged close emotional ties with his mother. Emotional closeness to his mother rather than to his father was facilitated and encouraged by the fact that Sipho experienced his father as emotionally unavailable. It would appear that his father's symbolical absence was due to the fact that he excluded himself from playing any meaningful role in the family on account of his own psychological problems (3.3.1). He was

described by his son as "a closed book" and rarely expressed his feelings. He (the father) was, in addition, weak and was completely overshadowed by his wife. The lack of balance in the power structure was found by Minuchin (1974) to be a common occurrence in enmeshed families. The tendency is for one spouse to assume a sub-servient position in order to give free reign to the other spouse's desire for dominance. This type of relationship obtained between Sipho's parents. Whilst the father was weak and dependent, his mother on the other hand was strong-willed, domineering and virtually the head of the family. Her power in the family was further augmented and re-inforced by the fact that due to her husband's uncertain income, she had become the breadwinner in the family.

Sipho's mother did much to set her children against their father. Sipho was won over by his mother and they became allies. None of the other children joined the mother against their father. His two elder brothers were old enough to be able to see through their mother's vituperative criticism of their father. His sister was too young to understand what was happening. It would appear that essentially his mother was an emotionally insecure person. She hid her weakness and her emotional insecurity behind the domineering attitude that she adopted towards the members of her family. Sipho is a very sensitive person. He might have unconsciously picked up his mother's emotional needs and responded to her accordingly. His perceptiveness and sensitivity to his mother's feelings drew her closer to him.

Matters became worse when his father became a psychiatric patient. During his manic episodes his father would leave home for prolonged periods, sometimes days or even weeks. It was at this point that Sipho's mother



alienated herself from her husband. Even before the onset of his psychiatric problem, the father had failed in his son's view to play the role of the father. "He never played rugby with us - he never took us fishing" Siphso remarked one day. Even when he was well, Siphso recalled that his father used to be engrossed in his work most of the time.

Disappointed at her husband, the mother turned to her son for emotional support. The two (mother and son) colluded with each other and relegated the father to a back-bencher status with little or no influence in the family.

Siphso on the other hand, also disappointed at his father's behaviour, turned to his mother for emotional support. Thus an enmeshed relationship between Siphso and his mother developed. The mother turned to her son whenever she wanted to share things with a member of the family. The son was elevated to the position of "husband". He remembered how he enjoyed doing bits and odds in the house that would have been done by his father: locking up the gates at the end of the day and checking that doors were securely locked before going to bed.

Siphso became dependent on his mother for advice and guidance. Whilst going about "normally" with his activities as a child he drew a lot of support from mother. The source of energy for him was outside, it came from the mother. He never learnt to develop the necessary skills and internal ego strength to become an individuated person.

Everything seemed to go on well until the time he had to leave home to go,

first to the army and later to university. For the first time, he was away from home and from his mother, his source of ego-strength. Without her support his ego gravitated towards collapse. He lost self-confidence. This loss manifested itself in his difficulty in engaging in social interaction. He developed a feeling of inferiority and began to perceive himself as somebody who had very little or nothing worthwhile to contribute by way of opinion. Without his mother's guidance he found it difficult to make decisions about his future and about his career. Concomitant with this was a loss of interest in his academic work, hence his difficulty in getting down to work on his tasks. In addition his mother had contracted cancer of the breast. Siphos was haunted by a premonition that his relationship with his mother was going to end soon. In his mind the loss of the object was tantamount to loss or death of the ego. He was troubled by the foreboding that his mother was going to die of cancer and he was going to be alone in the world, if not he was going to become a psychiatric patient like his father was.

In concluding this psychodynamic formulation it must be stated that the therapist regarded Siphos as a person who was struggling with a basic adolescent issue, namely, individuation or emancipation. This was no surprise as issues pertaining to adolescence are known to persist for much longer than the conventional age limits of adolescence. Jacobson (1965) has referred to a possibility of such adolescent issues surviving even up to age 30 years.

The central cause of Siphos's problem of individuating was identified as resulting from his enmeshed relationship with his mother. Enmeshment restricted Siphos's personal growth. He became dependent, lacking in self-

confidence, undecisive and passive, hence his problem to adjust to new situations.

#### 3.4 SUMMARY

The material in this chapter focused on the first research question which is: To what degree was enmeshment with his mother responsible for Siphos pathology. This was accomplished by not only outlining the clinical picture (3.2) but also by tracing the genesis of his problem (3.3.8). The discussion in the following chapter is going to focus on psychotherapy.

## SECTION 4

### PSYCHOTHERAPY

The focus of this chapter is the second research question. To what extent has the patient responded to psychotherapy? As stated earlier (2.2) only a few of the issues that emerged during psychotherapy will be discussed. This will be done in order to prevent the discussion from becoming unwieldy. Much use will be made of the material from the interviews with the patient.

In a nutshell, the goal of psychotherapy was to help the patient to gain insight into the restrictive effect that his enmeshed relations with his mother had on his personal growth. Specifically, how enmeshment undermined his individuation or emancipation. Siphon needed to disengage himself from his infantile love object (his mother) and to strike his own path as an individual. In this connection Jacobson pointed out that an adolescent needs to prepare "himself to leave home (to) reach out for adult sex, love and responsibility for personal and social relations of a new and different type" (1965, p. 61). The importance of the ultimate need for a growing individual to separate himself/herself from the parents was also highlighted by Searles (1979). He pointed out that the theme that permeates the whole process of identity formation consists in the growing individual's efforts to demarcate himself as an individual. Anna Freud (1974), Searles (1979) and Jacobson (1965) have indicated that it is never an easy task to extricate a patient from an enmeshed or symbiotic

relationship.

Therapy with Sipho consistently interpreted any process that was indicative of his enmeshed relationship with his mother. However, the fact that these behaviours re-emerged in various guises, betrays the extent to which his attempts at individuation were also a threat to his own sense of identity.

Blos (1967) suggested that for the process of individuation to proceed smoothly, it is essential that the adolescent must first "renew the ego's contact with infantile drives and infantile ego positions". This statement raises that view of psychotherapy that encourages regression. Blos stated: "the task of psychic restructuring by regression represents the most formidable psychic work of adolescence" (1967, p. 71). This view stresses the fact that it is via regression that the task of the adolescent individuation can be fulfilled. The material to be quoted later from the interviews will demonstrate how Sipho was helped to get in touch with his infantile feelings, especially as regards his father.

Another strategy in dealing with fused relationships is suggested by Searle (cited in Karpel, 1976). He emphasizes the importance of patient-therapist relationship. The kernel of Searle's thoughts is that positive transference could be used in the service of the patient's ego.

Reference must be made to the types of defense mechanisms that are commonly used by adolescent patients in general. Implicit in Anna Freud's research (Freud, 1974) is the view that the adolescent becomes aware of his/her attachment to the infantile object (the mother). Probably because he/she

senses that he/she is expected to be fully individuated, such an attachment to the mother becomes a source of anxiety for the adolescent. A number of defense mechanisms against anxiety may be adopted. These include displacement in which the adolescent withdraws his/her libido from the parents and look for love objects elsewhere. There is also reversal of affect in which the ego defends itself by turning emotions felt into their opposites, for example, love for the parents may turn to hate. In withdrawal, the libido is withdrawn from the parents and is directed within. The adolescent's ego and super-ego are cathected resulting in fantasies of grandeur and other narcissistic traits. Another common defense mechanism is regression whereby the adolescent goes back to child-like methods of relating, such as poor contact with reality, fusion of boundaries and many other symptoms that are clearly psychotic.

The issues that emerged in the process of psychotherapy which have been selected for discussion in this study are: mother-son enmeshment, the father's role in Siphos psychopathology, mother-dominance, lack of self-confidence and Siphos struggle to individuate.

#### 4.1 Mother-son enmeshment

The blurring of boundaries between mother and son, the intrusiveness of the mother in her son's life was exposed early in therapy. Siphos discussed his love-life with his mother. His mother had reached a stage where she could either give or withdraw approval of her son's girl friends. At one stage Siphos had decided to visit his girl friend in Ciskei. When his mother got to know about his plans "she just got into one of her moods".

She complained that Siphó had changed drastically towards her, implying that Siphó did not love her any more. In therapy Siphó alluded to the strong feelings that he had for his girl friend, Nomhle. He revealed that he so wished to tell his mother about his feelings.

Siphó : But I can't - and this week-end my mother was in a passion and I felt I can't tell her about these - these feelings.

Therapist: You thought that your mother would disapprove?

Siphó : Yes, yes sure - when I realized these feelings, I wanted to tell her but I soon realized that I shouldn't.

Therapist: You felt that she's one person you are close to and you needed to share with her?

Siphó : I was very close to her - I'm still close to her (long pause) but I find myself having to avoid the issue - apparently she never liked Nomhle!

This was an intrusive behaviour on the part of Siphó's mother. This was not the only instance in which she concerned herself with her son's relations with female peers. Siphó recalled in one session that his mother had never approved of any of his girl friends. Later in therapy the issue of enmeshed mother-son relations emerged once more. What was recognised as movement in therapy was the fact that Siphó's soul-searching about his relations with his mother showed that he was feeling the need to

understand it. As pointed out earlier (3.3.8), Siphó explained his attachment to his mother in terms of the fact that at the time his mother began to set her children against their father, he (Siphó) was young and was thus easily influenced. The family was divided into two camps. Siphó's two elder brothers were on their father's side and he on his mother's side. Siphó was thus drawn closer and closer onto his mother. In one of the sessions Siphó stated: "Yes, we did a lot of things together, you know! She managed to keep things together, she really did!"

The close relationship with the mother continued to the exclusion of the other members of the family. His mother made it a point to inform him (Siphó) about her plans. In another session Siphó revealed, for example, that his mother was getting into a new business venture and she had phoned him to sound his opinion. None of the other members of the family, including her husband and the two elder brothers were consulted about this venture.

To get Siphó in touch with his earlier experiences in one of the sessions, the therapist remarked about the fact that he seemed to be having very little to say about his childhood. The therapist asked whether it was possible that, reticence about his childhood was due to the fact that it was a period of his life he would not really want to remember. At first he became evasive about this. "I thought about this" he said. "I thought about my childhood - but my mother tells me that I was a very happy child - out going". Then later he confessed that he was worried by the fact that his memory of his childhood was as poor as it was. He said he would like to know more about this phase of his life. He recalled,

however, that his mother had control over him and at times he experienced this control "as such a torment!" He recalled that the relationship with his mother was at first very "mother-to-son and not friend-to-friend". He remembered that he started relating to his mother as if to a friend at the time his father left home. He exclaimed:

I'm still unhappy with - I'm still depressed about that relationship - the way my mother was relating to me when my father left home - because that is not - I believe, natural - I don't think it was normal, the way she was relating to me - I think she needed somebody and she was using me as an emotional crutch - we became such intimately good friends!

Just as much as Siphos mother was affected by what was happening to her son, Siphos, so also was Siphos concerned about what was happening to his mother. He told the therapist how easily influenced he was by his mother's mood. When his mother phoned and happened to be in a happy mood, that elation would rub on to him and he would feel happy. This was equally the case when she was depressed.

Siphos talked about how he experienced a sense of foreboding whenever a telephone rang. This uncanny expectation of impending bad news was an old experience for him. He recalled that during his childhood his mother would be "neurotic" (sic) when his father did not come home on time. Siphos, himself suggested that probably because his mother had been such a dominant influence in his life, he might have learnt this sense of unease from her. He exclaimed:

That is where I learnt this type of thing - from her!  
I could remember him (his father) meant to be at home at six o'clock and my mother would start getting

paranoid (sic) - and he would not be at home till like eight or eight thirty - that one and a half hours would be absolute trauma to me!

When it was his mother who had gone out and would not come home on time, Sipho's anxiety would rise to a near panic. Sipho remarked: "If she were to die that would entail collapse of the family!"

At this point he narrated two dreams. It was at a party in a three-tier-house, like in an oriental architecture. The biggest tier was the bottom one. They were enjoying themselves dancing. A friend of his from Port St Johns had visited. All of a sudden the top tier collapsed. It crushed the mother of Sipho's friend and many other people. Three days later he had another dream. The second dream seemed to continue from the scenario of the first dream. He had gone to Port St Johns to pay condolences to his friend, whose mother was crushed to death in the first dream.

Therapist : There is a theme of death in both of your dreams?

Sipho : Yes - possibly a connection there, because he is a fairly close friend of mine.

Therapist : Any association to your own life?

Sipho : I think possibly there - the death of my mother!

Therapist : Can you elaborate on the emotions you felt in the first dream.

Sipho : All I could say is that I remember there being absolute chaos - people crushed under bits of concrete - I remember there being one section of the house being - I can also remember that my mother and I were together, inside the toilet and it was the toilet section of the house that wasn't crushed - (long pause) I don't know what my mother was doing in that party! - (pause).

Therapist : I'm just thinking that you are in a building, and the building collapses. What does that mean to you?

Sipho : I don't know - it could mean the collapse of my present life - an emotional collapse.

Therapist : Is there a cause for such a possibility?

Sipho : No, I don't think so.

This brief exchange reminded Sipho of yet another dream in which he was being rejected by Nomhle, his girl friend. She was in the company of other girls and they were all laughing at him.

Therapist : What do you think about the fact that in the dream, at the time the building collapsed you were in the toilet and your mother was there with you?

Sipho : (Long pause) Two alternatives (pause) Nomhle and my mother (long pause). That is strange!

Therapist : As if to say when your world and Nomhle collapses you still have your mother?

Sipho : I don't know what to make of this type of thing - it seems very reasonable, the way you interpret it, does not surprise me - it makes sense.

Therapist : I have a feeling that though it makes sense, however, it does not click with you!

Sipho : I don't know - it seems feasible and it seems very logical - I don't know if - its for sure, - its possible - getting things into order - it brings structure to things and it possibly proves in a sense that....

In supervision, attention was drawn to the dream material. There was a possibility of a strong sexual theme where Sipho was in the toilet with his mother. The three tiered-building is also suggestive of Oedipal issues. The top tier that collapsed may, in that context, be symbolic of his father. A thought occurred that it could have been a death wish!

It is necessary to digress at this point to allude to an issue that the therapist had felt earlier. Sipho needed to learn to get angry when there was need to be, instead of bottling up his emotions. It was apparent that

he did not only become "one little person" in his relations with his peers but also in the face of his domineering mother. At this juncture in therapy it was clear that Siphohad come to realize the crippling effect that his enmeshed relationship with his mother had on his life. The growing edge for him was to become an individual in his own right and the mother needed to realise that too. Siphohad needed to tell himself this. In therapy there had been a few instances when there were some indications of irritation in Siphohad. The first time, it was with the therapist. It had become clear to the therapist that Siphohad wanted therapy to provide answers and solutions to his problems. This was what his mother had been doing for him. The therapist was expected to take the place of his mother. When the therapist refused to accede to this expectation, Siphohad got frustrated but he did not express this openly. He merely gave a hint of his irritation.

With his mother too, he appeared to have felt the need to express anger. However, everytime he bottled up his emotions. His prediliction to want to please, even at the cost of his own feelings always got the upper hand.

Then in another session, he was talking about his on-and-off relationship with Nomhle. Suddenly he said:

Siphohad : I almost felt suicidal last night - but not in the sense - I was lying on my bed and I felt I needed somebody - I was feeling really lonely - I needed to make somebody realize how I feel.

Therapist : It sounds like there is an empty space inside you -  
profound loneliness sometimes?

Sipho : Yes - and it needs to be filled - and it was then I  
thought what would it be like if I committed  
suicide?

Then suddenly, as if to undo this, he told the therapist that he had gained  
control over himself and that he would never commit suicide. The  
therapist, however, pursued the issue of suicide.

Therapist : What would that suicide have meant to you?

Sipho : It would have meant drawing attention to myself,  
wanting attention for myself, wanting people to  
understand - feeling sorry for myself in a way.

Therapist : I sense anger in you - is it at Nomhle?

Sipho : I felt anger - but not at Nomhle, but at the way  
things are. I felt angry that things aren't like  
they could have been!

Therapist : For whom would the suicide be meant? Who did you  
want to feel the pain?

Sipho : Nomhle - my paprents!

Therapist : Your parents? Can you say more about that?

Sipho : Possibly not my parents but my mother - I don't know why though - Nomhle and my mother - just to draw attention to myself!

Therapist : Do you feel perhaps that your mother does not care enough?

Sipho : No, I don't think my mother has not cared enough for me.

Therapist : Are you perhaps feeling guilty about the fact that you are now not as close to her as you used to be?

Sipho : I don't think that - I think there is an element of guilt in a sense - although I feel that I'm happy it has happened (i.e. distancing himself from his mother - he continued charged with emotions). I realize that I can't relate to her in the same way - I can't give her what she wants out of me! I can see when she phones, she wants something out of me! I don't think I should give her that thing!

Therapist : What sort of thing do you think she wants from you?

Sipho : Things like emotional support that she has had from

me in the past - I get scared when she gets close - she suggested that we go to Durban on holiday and I can't go and stay with her! I find it difficult enough to live with her at home!

Therapist : Why do you get scared by her proximity?

Sipho : I suppose it is the notion of getting close and then comes a break!

The therapist noted the incongruity between the vehemence and emotion with which Sipho declared his refusal to give his mother "that thing" and the nature of the "thing" when he revealed it - the fact that it was the emotional support and the fear of getting close and then parting again. The therapist sensed that when it came to the point of revealing what he thought his mother wanted from him, he panicked and evaded the issue. At first a sexual fantasy was considered as the "thing" referred to by Sipho. However, an interpretation of this possibility seemed not acceptable to him. The therapist was also mindful of a notion implicit in the views expressed by Blos (1967) and Mahler (1979) regarding the individuation process. It was revealed that during rapprochement in early childhood, one may notice the ambivalence that the child shows. He wants to explore and put into practice his/her newly acquired abilities. But at the same time constantly looks back to woo the mother in order to retain her support.

This ambivalence is also evident during the second individuation (at adolescence). The adolescent would want to test out his freedom, but at

the same time still requires parental support. Esman (1980, p.286) adds "Such closeness to the parent may evoke fears of regressive engulfment", something which makes the adolescent to redouble his/her efforts to assert his/her autonomy. Siphó responded positively to this interpretation.

Supervision also drew the attention of the therapist to a transference issue of parting. Only one session remained before Siphó went away for a five weeks holiday. This raised the possibility that the patient's anger outbursts were about the impending separation from the therapist. If this were the case, it would have indicated the possibility that the patient had shifted his dependence on his mother from her to the therapist. However, an opportunity to follow this line of reasoning did not occur again.

Earlier (3.3.8) reference was made to the role Siphó's father played in his (Siphó's) life. The discussion will now shift to this issued as it was intricately bound up with the etiology of Siphó's condition.

#### 4.2 The role of the father

One of the assumptions that the therapist had was that the mother-son enmeshment was facilitated by the ineffectiveness of Siphó's father in his family. It was speculated (3.3.8) that his ineffectiveness was due to at least two factors. First it was attributed to the collusion between mother and son which tended to exclude him. This led to his eventual emasculation and almost complete dominance by his wife. The second factor was his inherent ego-weakness which made it possible for his wife to be regarded as the authority figure in the family. What has emerged from

literature is that the weakness of the father and his emotional unavailability tends to have, as its consequences, a number of psycho-social problems for a child.

Lamb (1976) has mentioned the following: unsuccessful individuation, problems with sex-role adoption, poor ego formation, academic underachievement and poor interpersonal relations. Biller (1976) adds low self-esteem, high level anxiety, insecurity and maladaptive behaviours. A brief reference must be made to the concept of identification as it is very central to personality development. Identification is a developmental process whereby a child attributes to himself/herself the characteristics of another person. According to the Freudian view, identification is a product of the Oedipal crisis. The three to five year old boy begins to perceive the father as a competitor for his (the boy's) mother's affections. This results in a fear that his father will punish him by castrating him. In his fantasy the boy acquires his father's characteristics and thus becomes 'as strong as him' - the so called identification with the aggressor. Whiting (cited in Biller, 1971) holds the view that the child engages in many activities of the envied parent not because he fears punishment by the father but because of admiration. According to the learning theory, a boy identifies with the father because he (the father) happens to become a source of re-inforcement. There are other theories of identification not mentioned above. All these theories have one central notion that is relevant to the current study and that is if the father is absent or unavailable, or if the mother is more dominant than the father then there is greater likelihood that boys in that family may experience the psycho-social problems outlined above.

The factor of the emotional unavailability of Sipho's father was raised very early in therapy. The discussion was about Sipho's problem with decision making. He had just remarked about how important it was for him to please his mother.

Sipho : She is extremely affectionate and she is incredibly loving - it was lovely to please her!

Therapist : And you were frightened of not being loved by her?

Sipho : That's right - you see, that was the only love really - because my father - he wasn't really at home. I didn't see much of my father - his job was too demanding!

Therapist : When you say your father was never at home do you mean physically not being there?

Sipho : Both physically and psychologically - he was never really there - during the week and on week-ends.

Therapist : In a sense at home there was no man for you - a man is missing in you.

Sipho : My father is missing.

Therapist : And the father is the potent man that you actually

require inside you to be able to take decisions?

Sipho : I do require something in me to be able to decide.

Therapist : What do you imagine that "thing" is?

Sipho : I don't know - an ability to be able to decide and to stick to the decision.

The suspicion was that Sipho had not introjected an image of a strong and powerful father because there was none. If the father had had a strong ego it probably would have reduced, somewhat, his wife's dominance. As regards this issue, the goal of therapy was to enable Sipho to come to terms with his past which would lead, among other things, to an unconditional acceptance of his father. However, this would have to occur with a full realization on his part that the onus was on him to step out of the morass caused by his father's weakness and subservience to his wife. Sipho was appalled by his father's weakness and the manner in which he allowed himself to be bullied by her. The first step in therapy was to prize open his feelings about his father, making him conscious of his attitude towards him and to express his feelings about it.

In another session Sipho related (almost with pride) how he surprised himself the previous week-end by standing up against his mother in an argument that he felt his mother was wrong. His mother became angry and she stormed out of the room.

Sipho : My father said "this is terrible" and yet he has been

keeping out when we started discussing - he was just sitting like that - I can't live like that! I can't live in that type of situation. I have been doing everything, you know - to please her in a way - just keeping the peace and not bothering to argue a point because she can never, never be argued (sic) - she can never be found wrong! She will tell you that, that cream wall is black! - and so my father said to me: "do as the Romans do in Rome!" I just got incredibly angry and I said to him: "Yes, that is the whole thing! - that's what we have been doing all these years - all of us 'doing as the Romans do in Rome' at our house!" (sic).

Therapist : What do you think your father meant by that remark?

Sipho : Do everything, conform, so that you can keep the peace! I told him I'm not prepared to do that!

Therapist : Is this how your father behaves towards your mother?

Sipho : Yes, that is how he behaves towards my mother - you know, he said to me 'now you have upset your mother and now the rest of the evening is going to be incredibly unpleasant' and all the rest of it! She is illogical and he often just agrees with her, just so as to keep the peace! He doesn't argue because

when she gets into an argument, she can't stand being argued with because she hates being proven wrong!

One of the issues that was bothering Siphso was the possibility that he might have "inherited" a lot of his father's personality traits including his proclivity to become manic. Siphso, however, had kept this latter concern as a secret agenda for therapy. That is to say he hoped that the therapist would give him an answer as to whether it was possible for him to have inherited the disorder from his father. The therapist probed his attitude towards his father much further.

Therapist : Talking about your father, how would you like your father to have been like?

Siphso : At the moment I really wish that he was independent of my mother - he has become so dependent on her, financially. Like last year when he left home, I first felt that, that was shit - breaking up the family! But then I also thought 'Oh its great, its wonderful, he must stay and become independent!' That did not last long, he came back!

Therapist : Do you feel like he came home whimpering?

Siphso : I wouldn't say so. He did not express any feeling. I think it was a financial move that made him come back - I often go home and I wish he had more interests - (long pause) he is a lot like me - I

don't have many, like set interests - I just travel on! He never reads a book - all he does is work! When he comes home, he almost, in a way, receives orders from my mother - he takes no interest in anything - he is just there!

Therapist : Are you like that too?

Sipho : I'm very similar to that - I mean, as a little boy he never took us fishing! He never took us to the sea! His interests were moulded by mother. I think he leads a very depressing life at the moment. I come home and I almost feel sorry for him!

Mention must be made of the patient's sometimes ambivalent attitude towards his father. Later in therapy, his dream of a collapsing building was re-introduced. The therapist raised the possibility that it could be about his father's circumstances. Sipho agreed that such a possibility existed.

Sipho : If I think back when he (his father) left - that time when - I can't remember - this is very strange, because I really like my father! I can't remember feeling: 'God I really miss him! Why did he have to leave?' Which is strange because of the way I feel about him. I think there must have been quite a bit of some indoctrination there by my mother - trying to make us believe that my dad was evil - She

can't do that any more! We are thinking now - we are old people!

After this explosion, the therapist had the feeling that Sipho's realization above was the first faltering step in a long process of accepting back the father who was, long ago, ignominiously expelled by the mother-son alliance.

After this discussion of the role of Sipho's father in the pathological behaviour of his son, attention will now be focused on his (Sipho's) mother's dominance as an aspect of the dynamics behind Sipho's behaviour.

#### 4.3 Mother-dominance

The third nodal point in this almost classical Oedipal triad is the mother. On the one corner is the father: weak and ineffective. In another corner is the son, Sipho: insecure, confused and in search of himself. The third corner is occupied by the mother: a domineering matriach. The fact of the mother's dominance became apparent early in therapy, during history taking. This came about when Sipho revealed that his mother was disapproving of a girl he had fallen very much in love with. The therapist probed if it was his (Sipho's) practice to accept whatever his mother told him or asked him to do. Sipho's reply was that he has had very little chance of saying 'no' to his mother. He went on to say:

We used to discuss this, my sister and I and my brother. Whether to please my mother because of the way she is. She is so flagrantly erratic and irrational, we can't actually discuss things with her.

You can't try to get your point of view - she is not interested - she is uncontrollable - she wants to control!

Therapy aimed at getting Sipho to understand how such maternal dominance could be partly responsible for his difficulties. He needed to be emancipated from her. The therapist alluded to his closeness to his mother in one of the sessions.

Sipho : I want to say this now, I have always lived to please my mother!

Therapist : Are your brothers and sister also so concerned about pleasing her?

Sipho : No, they don't - I don't think they do. This is something I didn't realize before - I do now - to a certain extent - I do remember saying to my sister 'Why not do things to keep out of my mother's hair? Why not do things just to please her, seeing that she is like that? It is a terrible thing as children!

As the extract above shows, Sipho was the only child in the family who wished to submit to their mother's domineering attitude. He was overwhelmed by his mother's influence. In one of the sessions, later, he referred to his mother's dominance again.

Sipho : My mother is so strong and so dominant and that is possibly one of the reasons throughout my life that

I've been a follower - because of her being such a strong leader and such a dominantly strong leader - so I have been able to follow her in order to get correct guidance.

Therapist : It appears to me that it is the way you are now. You always want to be provided with structure and guidance and that is what your mother did!

Sipho : Yes, that is how I should be. I realize that is the type of situation I find myself in.

Therapist : And it sounds like you are saying it shouldn't be like that?

Sipho : Yes - yes, I realize I've got to go through a process of becoming myself!

Up to this point what has been done is to outline the genesis of Sipho's problem. At the same time reference has been made in each case to how therapy helped Sipho to deal with these issues. The discussion now is going to shift to an outline of behavioural patterns that were assumed to be related to the type of relationships found in the patient's family. The symptoms selected for consideration is Sipho's lack of self-confidence.

#### 4.4 Lack of self-confidence

It will be recalled that one of the components of the presenting problem was Sipho's difficulty in interpersonal relations. This difficulty crystalized in his desire to socialize with his peers, but restrained by a debilitating fear that he had nothing worthwhile to contribute. This fear fanned out into a suspicion that other people were deliberately keeping him out of their groups. It was speculated that at the core of his difficulty in interpersonal relations was a lack of self-confidence. A connection has been drawn in literature between parental dominance and lack of self-confidence in children. Parental dominance, especially if it is accompanied by parental over-protectiveness, denies a child the opportunity to sharpen his/her interpersonal skills.

The idea of a lack of self-confidence in Sipho emerged during therapy. One session he was talking about a girl who appeared to be forcing herself into his attention. He, however, had realized that he would not find emotional satisfaction in that relationship. This bothered him.

Sipho : Why do I not get satisfaction from certain people?  
Sub-consciously, all the time, every day, I'm telling myself 'I'm not going to do that or that. I'm not going to make myself a fool anymore!' But it is so frustrating - I find myself that I can't do anything that is in conflict with myself.

Therapist : It sounds like you have little or no confidence in yourself?

Sipho : Yes, that's my weakness.

Therapist : Can you tell me what does self-confidence mean to you?

Sipho : Why don't you get involved? Why are you not appreciated by others? Why are you not able to say something that people will think is worthwhile? You've got to have something to say for yourself, say something that will make people laugh, listen to your view - I'm so sensitive to what I have to say!

Sipho's lack of self-confidence was accentuated by his own negative attitude towards his body. "I don't like my body" he said one day. "I am thin. It seems to me other people don't find it attractive".

Further probing revealed that the fact that his body was thin and unattractive was a new realization on his part. When he was younger he was actually big in body build. It turned out that one of his girl friends had made a critical remark about his body, the previous day. "I don't like your body" she said, "I'm not attracted, I'm not attracted by it". A remark that hurt him very much. This revealed another aspect of Sipho's lack of self-confidence, his sensitivity to negative criticism. Whilst he experienced his body as thin and unattractive, the therapist did not share this impression, at least in as far as his physical appearance was concerned. For this reason his perception of his body was examined further.

Therapist : What do you associate thinness with?

Sipho : Not being masculine, not being a man!

Therapist : In a sense you feel like you are not a man?

Sipho : I don't feel like I am as manly as I should be - I don't feel like a man - I don't feel like a woman either! I feel if I were more of a man I'd be more assertive - I think I'd be quite a different person if I were bigger!

In another sense Sipho's negative attitude towards his body was not surprising, given the weakness of his ego. It should be expected that a weak ego would tend to diminish the stature of any thing of its own, in order to convince itself about its own weakness. Furthermore, concern about the appearance of one's body is one of the characteristic issues that most adolescents are struggling with.

Reference to lack of masculinity reiterates the Oedipal issue mentioned earlier (4.2), failure of introjective identification with the father. This served to put some parameters in speculating about the course that therapy could take. Thus far what had emerged was that the possibilities for growth required him not only to sort out his feelings towards his parents, but also to come to terms with his own past in order to find directions for the future. He speculated one day, that it could have been his experiences in the army that robbed him of a sense of

competence and self-confidence.

He found that the uncertainty and unpredictability of life in the army had a shattering impact on him. On a number of instances it emerged in the discussion that Siphon operated better and effectively where there was structure and some measure of predictability. He felt threatened by ignorance and uncertainty about what was going to happen. Thus to him, coming to university was a daunting experience. In one of the sessions he related how difficult it was for him to stand up in class and go up to the rostrum to collect his work from a lecturer. Later in therapy, the therapist asked if he still felt lonely at the lectures. He replied:

Siphon : It depends, you know - I have gained a lot of confidence - that situation is not so new to me any more! Its now faces that I see all the time - I'm alright! I no longer get that strange feeling just before the lecture any more. Its nice getting to talk to people. Also, another reason, possibly, that I've gained confidence. I've said to myself 'look, you are in the second year now - you know more about what's it about than the first years - you are more together than them' - yes, I voice my opinion and have got things to say!

Therapist : It looks to me your vulnerability is heightened when you are not certain about things?

Siphon : I feel more confident in that I can back up what I

have to say and argue my point.

The final issue to be raised is the patient's process of individuation or emancipation.

#### 4.5 The individuation-emancipation process: the final goal of therapy

The therapeutic foci, in all the issues raised in this study were, in the final analysis geared to facilitate the individuation process. More bluntly, to facilitate Sipho's emancipation from his entrapment by his mother.

The literature reviewed earlier (1.1) indicated that symbiotic relation between an infant and his/her mother is a normal occurrence. However, it is expected that with the increasing age of the child there must be a corresponding lessening of the child's dependence on the mother. This gradual disengagement from the mother enables the child to acquire adaptive skills that will enable the child to lead his/her own life as an individual.

It has been established that with Sipho, the enmeshed relationship with his mother never terminated. Consequently he was deprived of a chance to learn to be on his own without his mother's guidance. Thus at the first occasion for him to be away from his home base, he found it difficult to adjust to the new and unfamiliar conditions. The direction that was taken by therapy was naturally determined by the nature of the patient's difficulty. He needed to work through the issues that thwarted the

individuation process. Some of these issues have already been dealt with, for example, the emotional unavailability of the father (4.2) and the dominant influence of his mother (4.3).

At the end of one of the sessions, much earlier in therapy, the therapist was accompanying Siphon out of the office. He stopped at the door and said: "You said something - something about finding answers myself - what exactly did you mean?" The therapist recalled that at some point he had challenged Siphon's tendency to come to therapy with questions and problems that he wanted solved. This, it turned out was what his mother did for him. When he had a problem, he shared it with his mother who characteristically solved it for him. It was clear (as indicated earlier in 4.1) that Siphon was shifting his dependence on his mother from her to the therapist. It was then that the therapist pointed out to him that he had to learn to find out answers to his problems himself. He re-introduced the issue in the following session:

Siphon : Coming back to what you said last week, that I must sort out my problems myself - I was thinking about my mother - about how to break these bonds with my mother.

Therapist : Can you elaborate on that?

Siphon : Yes, how to go about breaking these bonds?

Therapist : What you appear to be saying is that you want to find

solutions as to how to break off the bonds with your mother?

Sipho : Its just that I'm asking because I don't know how to go about doing it - I thought of this business of going to Ciskei as well (to visit his girl friend) it has been bugging me - if I were to break these bonds it would be better - but I don't know how to go about doing it!

The importance of the dialogue above is that it revealed that the nexus of Sipho's problem was correctly located. However, at this point there was what the therapist sensed as the isolation defense mechanism, a lack of contact between the patient's intellectual understanding of the problem and the expected emotional impact of that understanding. Sipho's tendency to make statements that were considered insightful but without the corresponding emotional restructuring was noted.

It was revealed earlier (4.1) that Sipho had fallen in love with a girl. Later in therapy indications were noticed that he was beginning to disengage himself from his mother. However, it became clear later that what had happened was that he had shifted his emotional dependence from his mother to Nomhle, his girl friend. Changing positions like this was no growth at all. He needed to be conscious of the role that Nomhle was beginning to play in his life. One day he remarked:

Sipho : I often said to Nomhle, at times, when I'm feeling depressed, I feel much better with her - because she

is more like me.

Therapist : Or perhaps, because she is a mother to you?

Sipho : Well yes, its like I want to take her with me!

Therapist : Why is it like that?

Sipho : The problem is that I can't get a way of getting out of it - I know what is wrong with me - I know where I am at - but it is to get out, that is difficult!

Therapist : It seems to me that once again you want use the therapist and Nomhle for the same purpose you used your mother? You want other people to take decisions for you like your mother made decisions for you!

Disengaging oneself from an enmeshed relationship is no easy task. Indications that therapy had initiated movement in Sipho's individuation process came in the later sessions of psychotherapy. At one time he was talking about his interpersonal relations:

Sipho : But I'm feeling that I'm becoming more of my own person, more myself, more an individual and I have been able to make a stand and I've been able to decide what I feel about life, my private life, my

religion and I can actually make a stand as Sipho and I think, that in itself has made me - I mean I have changed a lot since the beginning of last year!

Therapist : What I'm sensing is that you find that now you are interacting with other students without the anxiety that you showed at the beginning.

Sipho : Yes, without needing a crutch!

In another session, much later, he narrated an incident that appeared to have made a deep impact on him. He was coming from a lecture and was walking to the library. On the way he met a girl who was a friend of his acquaintance. He found himself conversing comfortably with her. After parting with her he was surprised that he did not experience any of the difficulties he used to have in the company of other people, for example anxiety resulting from his anticipation that he would have nothing worthwhile to talk about. He said, excitedly

Sipho : In the past I would have ignored her - I would have just said 'hallo' to her - and yet this time we walked like good friends - and we had a really nice chat!

Therapist : It looks like you are pleased with yourself about this incident?

Sipho : Yes, I'm pleased with myself - Its just like getting

off my back and doing something - being involved in life!

Included in these small changes in Siphon was some turn-about in his academic performance. In one of the sessions Siphon was giving an account of his academic performance. Impressed with the number of papers in which he had done well, the therapist commented to the effect that he appeared to be coping well with his studies. He replied

Siphon : Yes, indeed - and I work hard - I have been working hard consistently and I have been feeling good actually. I can feel that I'm doing something - something constructive - its a good feeling!.

Siphon expanded on his realization that whereas the previous year he was not sure about the necessity and the direction of the courses he had chosen, now everything was falling into place. He was not regretting the fact that he did not drop out of the university.

Therapist : It looks like your current academic performance has given some perspective to your future too?

Siphon : It has, yes, for the first time I have been feeling keen to go out there and start - start making a life for myself and build a career - that fear of the future doesn't bug me as much as before!

Psychotherapy with Siphon was still in progress at the time this case study

was being formulated. There were still some pockets of unresolved issues. The limited time that the therapist had at his disposal would be the determining factor in deciding about terminating psychotherapy.

## SECTION 5

### CONCLUSIONS

Priority in the following discussion is given to conclusions that are directly related to the research questions. The primary objective of the study was to establish the role of enmeshment in the etiology of psychopathology, specifically the Adjustment Disorder that was diagnosed in the patient. This study (3.3.8 and 4.2) has confirmed the notion that an enmeshed relationship between the patient and his mother contributed to his adjustment difficulties. Sipho's case has served to strengthen the notion of the detrimental influence that enmeshed relations between parents and children could leave on the development of the children's personalities. Other than the issues selected for special attention in this study, Sipho showed other symptoms that were indicative of a restricted personality development. These included not only the lack of self-confidence and dependency feelings but also such traits as passiveness, ambivalence, procrastination, avoidance, guilt and indecisiveness. What could be a cause for concern is that it would appear that the line of demarcation between ordinary parental affection and concern for one's child and enmeshed relationships might not be obvious to many parents. Parental psychopathology that could facilitate the development of enmeshed relationships might be disguised by the apparently good parental intentions. This calls for vigilance by those who deal with families either in counselling or educational capacity.

One of the sociological changes, world wide, is the increase in the number

of single parent families. An issue that was addressed in this case study was that of missing fathers (4.2). Even though Sipho's father was physically present, he was emotionally or symbolically missing. Whilst there is no unanimity in literature about this factor, there is enough evidence to cause concern. Sipho's case tends to add support to the view that father-absence might have a detrimental effect on children, especially male children.

There is no doubt that Sipho responded well to psychotherapy. The strategy of the therapist was to enable the patient to gain insight into his problem. The report on the process of psychotherapy reveals that the strategy succeeded in effecting reconstructive changes in the behaviour of the patient. Psychotherapy succeeded not only in promoting non-conflictual separation from his mother but also empowered him (Sipho) to deal with his lack of self-confidence.

A remark must be made at this point about the conceptualization of treatment when the study was conceived. It will be recalled that an assumption was made earlier (3.3.8) to the effect that essentially, the concerns which brought Sipho to psychotherapy were in reality adolescent issues. This assumption determined, in a way, the conceptualization of the treatment. Thus at the beginning of psychotherapy, the therapist did not anticipate profound emotional issues. It was assumed that the presenting problem was due to the confusion and chaos that is frequently concomitant with the psycho-physical changes occurring at the adolescent stage of development. Consequently, the therapist's strategy was merely to help the patient make sense of his

experiences. The therapist was inclined to be more supportive, de-emphasizing interpretation. Therapy at that stage consisted of linking experiences with emotions, clarifying and labelling the patient's feelings. It was assumed that what the patient required was to understand both himself and his own world. The therapist was proven wrong. He had fallen into the trap of undermining the intensity of the patient's emotions. It was imperative that the strategy of a supportive therapy be changed. It was only when the therapist changed his stance and became aggressively interpretive that real movement began in psychotherapy.

It can thus be concluded that whilst supportive therapy has its own place in practice, one may at times do a patient disservice by it.

Mention must be made of some of the short comings of the study. From its conceptualization its scope had to be limited in the sense that not all the issues that emerged in therapy could be included. It was feared that if all the developments were included then the study would become cluttered and unwieldy. However, the exclusion of some of the issues has obviated the evolution of a fully rounded picture of the patient's psychopathology.

Secondly, concomitant with the selective treatment of the issues, was a problem associated with the presentation of these issues for discussion. It was decided that they should be dealt with individually and separately. This approach was preferred as it would lead to much more clarity. However, as it was necessary for each issue to be contextualized, repetitions became unavoidable. The notions of enmeshment, unavailable fathers and dominant mothers are relevant to many of the issues selected for consideration in this study. Consequently, repeated reference was

made to each of these, with a view to contextualize each of the issues being dealt with. It appeared that the advantages brought about by this strategy, in terms of clarity and continuity far outweighed the irritation caused by repetition.

There is no real need to refer to the general or "legitimate" weaknesses inherent in the case study as a means of research. These have been dealt with earlier (2.4). They include: subjectivity, lack of generalizability and impossibility of establishing causal relationships. However, in this context, one needs just to remember that it was stated that the benefit of case studies lies in the fact that from it one may generate hypotheses for further research. In this regard, researchers may want to assess more systematically issues like inability to acquire social skills as a function of enmeshed relations, the effect of the father's emotional unavailability on the identification process in male children, the effect of dominant mothers on their children. Some of these topics have been investigated before, however, changing socio-economic conditions require that available data be constantly up-dated.

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