CHAPTER 3

Modifications of Resistance
One of the premises of this chapter can be illustrated by the following vignette from a session of an adult therapy group.

Mark, age 29, had repeatedly complained about his parents, girlfriend, employer, and the teachers in his graduate school (where he was not doing the assigned papers). Norma, a 43-year-old-divorced woman who had consistently supported Mark in the group, addressed him with intensity.

"Mark, I've been with you here for two years and I've usually felt very sympathetic towards you, but I've just realized how you misuse this group. You come here to complain about all the injustice in the world, but you're not doing anything else—you haven't got your sights set on anything higher. Your complaints are your whole life. You're just going nowhere, man. If I'm in this group ten years from now, I'm afraid I'll still hear you complaining about the same old things, and you'll probably be exactly where you are now."
The resistances of individual members that emerge in groups are essentially the same—and are as diverse and far-flung—as those that arise in individual therapy. Some are brought into sharper focus and are more visible in the group setting: monopolization, instigation of dissension, the need to scapegoat or be scapegoated, the need to eliminate siblings, and the need to exhibit oneself. The resistances in the two therapeutic settings are similar in nature, but the group endows them with special qualities. One of the unique dimensions that resistance takes on in the group setting is that members deal with one another’s defenses and resistances. Bry (1951), in one of the early papers on resistance in groups, noted this aspect. "The first and most striking thing in the handling of resistance is that frequently resistance does not have to be handled at all, at least not by the group therapist. The group itself is remarkably effective in dealing with this phenomenon" (p. 112).

Slavson (1964) addressed this unique quality of the group: "Analytic groups facilitate the acquisition of insights because patients come to grips with resistances, especially defenses and character rigidities, much earlier and in much more telling ways due to the reactions of fellow members than do individual therapy patients" (p. 163). Slavson states that there are inherent solvents of resistance in group therapy and that identification, universalization, and mutual support have the effect of overcoming an individual's defensive resistances.

Several vignettes of actual group-therapy situations illustrate this peer engagement of resistance:

In the early sessions of a group, Mrs. A. continually advised others on their revealed problems without having made any reference to her own emotional state or difficulties. In the group’s fourth meeting, when Mrs. A. again enacted her advisory role, another member turned to her to ask, "Mrs. A., are you the Virgin Mary here? What brought you to this group?"

Another example is taken from a mothers’ group:

Mrs. A. had repeatedly expressed great concern and helplessness in the group about her son’s behavior difficulties that kept him constantly embroiled with school authorities. She described his idea of bringing a teacher a “present” of an artificial piece of feces. Mrs. A. exclaimed to Mrs. K.: “And he knows you like the ideal!” Mrs. K. reacted with denial, but Mrs. S. continued: “If the corners of your mouth turned up into that smile in front of your son like they're turned up now, he knows that you liked the idea.” Mrs. K. grinned and acknowledged that it had been hard for her to keep a straight face. This exchange provided the first opening into Mrs. K's deep need to express her own rebellion through her son.

Frank had come under increasing group scrutiny for his emerging pattern of expressing considerable hostility in an indirect fashion. The group’s recognition of this previously concealed aspect of his personality caused growing discomfort in Frank. When he was again faced with everyone but himself perceiving one of his remarks as hostile, Frank withdrew into a sullen and aggrieved silence. Later in the session, he announced that he needed a “rest from the group.”

Sid asked sympathetically, “Are we wearing you out?” Frank felt understood by this and spoke of his inability to tolerate the feelings of being constantly misunderstood.

Ina told Frank that he had arrived at a crucial point in his treatment and she couldn’t believe he would jeopardize his treatment at this point.

Rachel told Frank, “You’re angry. Good. So what’s the big deal? We all get angry here and then work it out.”

Phil addressed Frank, “You’ve been asserting yourself lately and so you’ve made a few mistakes, but what is this nonsense about no one understanding you? The problem is that we are understanding you. Isn’t that what you’re here for?”

Ina asked, “Frank, do you want to leave here and go back to being the little nice boy that you were a year ago?”

Frank expressed appreciation for the group’s help in
preventing him from acting on his feelings and indicated he could not continue to work with the group without threatening to leave whenever he had painful feelings. Frank subsequently told his individual therapist that he was “thrilled” by the group’s recognition of the gains he had achieved and by the members’ concern for him.

The significance of the above illustrations is that the therapist is not alone in his therapeutic task. He has powerful allies if he is prepared to utilize them and can recognize and accept the fact that other patients may be more effective than he in dealing with certain resistances. Interpretations, observations, and comments directed by the therapist to a group member are frequently perceived as narcissistic injuries; the same comments coming from another group member can be much less toxic and even palatable.

One member’s deviousness was focused on by his fellow group members, who told him there was something quite sneaky about the way he related to the group. In an individual session following the group meeting, the patient described reacting with thoughtful self-appraisal to the group’s observations and told the therapist, “If you had told me I was a sneak, I would have felt humiliated, and I probably would not have come back. Somehow, coming from them, it didn’t hurt and made me think.” When the therapist investigated this difference in response to the source of the character analysis, the patient explained, “If you had done it, I’d have felt that my father was out to shame me in front of the whole family.”

Thus, the therapist can enlist the assistance of group members in dealing with one another’s resistances. Frequently the therapeutic outcome will rest upon his skill in eliciting the members’ cooperation in a consistent and planned manner.

The second major characteristic of resistance in the group setting is the trend of group members to function in an organized way, on both conscious and unconscious levels, in relation to the group therapist. This tendency to develop similar libidinal and aggressive strivings, and to behave toward the therapist on the basis of these shared feelings, was recognized by Freud in his 1921 essay on group psychology. This tendency produces group resistance: the sharing of the same resistance pattern by all or a majority of group members.

Some group resistances are readily identifiable—a silent group, a scapegoating group, a group mired in chitchat, or one that remains fixed in one emotional area, (such as a focus on members giving one another advice on their reality situations). A typical classic group resistance is that of not sharing time democratically, shutting out quieter members, or permitting monopolization. Another common group resistance is that of focusing only on the therapist, with the members ignoring one another or consistently minimizing one another’s contributions. The reverse—consistently ignoring the therapist—would also constitute a shared resistance.

Some groups may demonstrate a total absorption in their own personal problems, with little or no interest in the difficulties of the others. Again, the opposite may also appear—members plunging in to help one another, avoiding attention to and work on their own problems. Some groups develop a pattern of verbally assaulting one another; others banish all negative feelings and function as mutual-admiration societies. In one group, the expression of sexual feelings may be conspicuously absent; in another, talk of sex for purposes of titillation may be rampant. Some groups may show signs of resistance by straggling in late to sessions, having extragroup social and sexual contacts, or passing out candy, gum, or food to one another in sessions.

The foregoing manifestations of group resistance are all readily identifiable. There are others, however, that can frequently go undetected. Ormont (1968) noted that group resistance that is expressed as mutual hatred or love directed toward the therapist is relatively simple to recognize. What is more frequently encountered, and often unrecognized, is a type of resistive phenomena that functions to avoid adherence to the terms of the group agreement. This resistance is opera-
tive whenever the group ignores, tolerates, or subtly or overtly encourages a violation of or departure from the therapeutic contract by one or more of its members. “The deviant member expresses the resistance overtly, the condoning members covertly. The deviant member is allowed to continue on his aberrant way unchallenged because he nakedly plays out the veiled attitudes of the rest of the members” (pp. 1–2).

In his book, Ormont gives the example of the group’s prolonged use of a witty actor, whose jokes and flippant remarks provided a shield against painful examination of their feelings. Other examples of this less obvious form of group resistance would be group tolerance, acceptance, or encouragement of a member’s lateness, absence, nonpayment of fees, monopolization, or silence.

Ormont’s definition of group resistance focuses on a crucial element in the recognition and identification of resistance, namely, the contract. It is the contract that provides the setting and backdrop for the resistance and the field within which it operates.

A variety of group modalities have evolved to meet the needs of varying patient and client groups: guidance groups for patients; homogenous groups of addicts, alcoholics, spouses of alcoholics; groups for the terminally ill; and many others. In each of these, the contract may be different. One group may encourage the bringing of refreshments to sessions. Another, like Alcoholics Anonymous, may see outside contacts among group members as vital adjuncts to the group task. Another may use physical contact among members to achieve therapeutic goals.

The essentials of an analytic contract involve the following:

1. Each member telling, in an emotionally significant manner, the story of his life, including the dimensions of past, present, and plans for the future.
2. Each member taking his share of the total talking time and helping his fellow members do the same.
3. Discussing plans for major life changes before arriving at decisions or acting upon them.

4. Refraining from acting out. This includes such behavior as breaking the confidentiality of the group, indulging in orally gratifying acts during group sessions, engaging in physical rather than verbal communication with fellow members, and engaging in extragroup relationships with other members.

The knowledgeable group therapist does not expect members to be able to live up to the terms of the contract; he expects, and is prepared for, deviations. He is alert to the inevitability of individual, subgroup, and group resistance, and to the probability of a deviant member being the instrument of, and the spokesman for, the resistance of the group when his deviation goes unchallenged or unquestioned.

If unaware of the factor of group gratification and sibling support for the nonconforming member, the group therapist may find himself engaged in a generally futile attempt to deal with an apparent individual resistance, when actually a powerful group resistance is operating.

ILLUSTRATIONS OF GROUP RESISTANCE

In a fathers’ group in a child-guidance clinic, Ralph, a flamboyant private detective, consistently regaled his fellow members with lurid tales of crimes, adultery, and violence. His son had been brought to the clinic because of conduct problems in school that featured hyperactivity and the incitement of other students to misconduct.

The therapist sought to deal with Ralph’s group behavior as an individual resistance by asking the group members if they saw any connection between Ralph’s functioning in the group and his son’s excited and instigative school behavior. This question seemed to fall on emotionally deaf ears; the therapist met a barrage of support for Ralph.

“Look, his job is the most important part of his life—why shouldn’t he talk about it here?”
"If it helps him relax to talk about these things here, then by all means he should keep right on. The way I see it is this will help him be a better father—so go to it, Ralph!"

"Come on, Doc, we're all interested in each other here and we show it by our interest in each other's families, our problems, our jobs. So what's all the fuss about?"

"Can't you take it if we're not talking about our kids every single minute? What's your problem?"

"We're here to learn, aren't we? Well, I learn a lot from Ralph about the seamy side of the world that our kids are going into, things that are important for us as fathers to know."

Feeling helpless and defeated, the therapist retreated into passivity. The resistance continued unabated as Ralph resumed enlivening the group with his stories. The process of resolution was set into motion at the subsequent session when the therapist, armed with the recognition that a full-blown common resistance was operating, opened the meeting by asking, "How would you all like Ralph to excite you today?" Over several sessions, repeated interventions addressed to the whole group's gratification through Ralph's stimulating behavior led to dissolution of the resistance.

A serious group resistance in another fathers' group was marked by the fathers' need to remain hopeless in their relations with their children, in their marriages, and in their unsatisfying jobs. This constellation of feeling despair was accompanied by a readiness to expel any member who felt helped or who spoke of deriving satisfaction from some major life area. Any deviation from this underlying group code came under sharp attack. This treatment-destructive resistance was approached by the therapist repeatedly asking what feelings were safe in the group and what feelings were taboo. Several members subsequently recalled bleak and dreary childhoods dominated by depressed, defeated, and hopeless parental figures.

The group's range of acceptable feelings became progressively wider as the therapist conveyed their entitlement to a broad spectrum of emotions.

One therapist had the unhappy experience of a session beginning with one of the woman members, Wanda, taking her chair and refusing to give it up. She said to the group, "Why can't he sit somewhere else?" The male group members, all of whom had had tyrannical fathers, gave quick evidence of their support for this acting-in behavior. One of them laughed excitedly and exclaimed, "This is fun." Another disparaged the therapist's attempt to explore the feelings Wanda was enacting by asking him, "What are you making such a big deal about?" At the time, the therapist was too upset to explore the group's stake in this oedipal-level id resistance.

Another group developed a continuing pattern of socializing outside in subgroups of two. Members called each other for comfort, met for lunch, hugged and kissed each other, and seemed on the verge of having sex. When the therapist pointed out that this was not cooperative behavior, members argued that they had no pleasure in their lives outside the group and that giving up these extragroup contacts would leave them totally alone and deprived. They spoke repeatedly of feeling close to each other, and each one felt an intense wish to be close to one other member. This group was showing that its members would all rather have sex than put up with the frustration of analysis. The resistance continued because, in addition to the members' gratification through this pattern, the group therapist was a vicarious participant. His own wishes for closeness, arising from his experiences in a large family, prevented him from taking the indicated firm stand in the face of this group's defiance.

The following vignette features a resistive pattern of group
members acting in such a way as to be able to blame the group for not being interested or understanding.

Audrey would convey that she wanted to be left alone, but she expected the group to magically know when she did want interest. When the group missed a cue, she accused them of disinterest and sat in sullen silence.

Myra adopted a superior, critical attitude toward others in the group. When this evoked negative responses, she told the group they were a lousy bunch of ingrates who did not appreciate her superior ability to size them up.

Andrea waited for interest in her to be shown, but then only talked about her various somatic symptoms. When the other members inevitably got bored, she accused them of blatant and insulting disinterest.

Resolution involved repeated interventions to individual members, as well as to the group, along the lines of, “How do you plan on not getting what you want today so that you can decide this is a lousy group?”

Another group tolerantly witnessed a male member kissing a female member at the end of each session, a departure from the contract, which emphasized that feelings were to be expressed in words only. The situation led to a sexual relationship outside the group and the breaking off of treatment by the two lovers. Subsequent investigation of the group’s reluctance to scrutinize this subgroup resistance revealed that the members had been attaining vicarious sexual gratification from the budding relationship—a group resistance had been operating.

One group expressed its need to defy the therapist by its tacit approval of a member who insisted on smoking, chewing gum, taking his shoes off, and putting his feet up on the coffee table.

MODIFICATIONS OF RESISTANCE

THERAPEUTIC APPROACHES TO GROUP RESISTANCE

The identification and conceptualization of these group forces and the development of therapeutic approaches to deal with them were studied and developed by such prominent figures as Redl, Bion, Spotnitz, Ezriel, and Foulkes.

Redl (1948) was one of the first to identify psychological defenses of the whole group against treatment and change that reached “far beyond the scope of individual resistive behavior.”

Bion (1948–1951) found groups to be dominated by certain massive emotional states that result in behavior incompatible with their primary tasks. He specified common motivational elements in groups, in the form of three basic emotional states that relate to the group leader. These “basic assumptions,” which can be viewed as a classification of major sources of resistance in the group setting, are dependency, flight-fight, and pairing. Bion addressed his interpretations of the “basic assumptions” to the entire group rather than to an individual member on the basis that the effects would be inclusive since each individual shared in the common group assumption and would find the interpretations relevant to some degree.

Ezriel (1950, 1952) sought out group-based phenomena, directing his attention to conflicts that are engendered in members by their unconscious feelings, impulses, and fantasies toward the leader and one another. Each member attempts to manipulate the others and the leader into assuming assigned roles; each wants the group to correspond to his fantasy. Although each member pursues his own private goals and ends (resistances), the impact of these pushes and pulls on other members and the therapist, providing the basis for common group tensions that reflect the unconscious fantasies of all the group members. Ezriel seeks to understand the common group tension and each individual’s contribution to it. He thus uses total-group and individual interpretations.

A total-group approach of group analysis was evolved by Foulkes (1946, 1957), who presented a concept of the group as
a mental matrix comprising all the interactions of individual group members that merge into a unified structure. Foulkes (1957) advances the principle that "every event even though apparently confined to one or two participants, in fact involves the group as a whole. Such events are part of a gestalt configuration, of which they constitute the foreground whereas the background is manifested in the rest of the group" (p. 43). The group is seen as having the equivalent of the psychoanalytic states of consciousness and unconsciousness and as showing in its behavior the equivalent of the defense mechanisms. Thus, isolation occurs in a group when an individual is assigned characteristics that are shunned in a phobic way by the others. Foulkes states:

The group associates, responds and reacts as a whole. The group avails itself now of one speaker, now of another, but it is always the transpersonal network which is sensitized and gives utterance, or responds. In this sense we can postulate the existence of a group "mind." [1957, p. 51]

Foulkes (1957) declares that group analysis recognizes the basic psychoanalytic concepts of transference, unconscious mind, defense mechanisms, resistance, and all the individual dynamics known from psychoanalysis. "None of these are lost or devalued because people sit around in a circle. All these basic ingredients are simply modified by their operation in a group situation" (p. 34). Foulkes contends that the therapist will avail himself of the "new therapeutic weapons" available to him in the group setting. Thus, "interpretations in the group are not individually based but group based. They take regard of, and are directed towards, that group, even if addressed to an individual, and they are continually, like any other communication, of a multi-dimensional, multi-personal effect" (p. 35).

Whitaker and Lieberman (1964) share the view of Bion, Ezriel, and Foulkes that wishes and fears of group members evolve into group-shared unconscious conflicts and themes. They postulate the conflict as being between a disturbing motive (impulse) and a reactive motive. The group's efforts to resolve the conflict result in the group solution. Whitaker and Lieberman identify group themes as a series of focal conflicts centering around a single disturbing motive. These are similar to Bion's basic assumptions, in that they are described as dealing with dependency, aggression, and sex.

Johnson (1963) also espoused an approach geared to the group. In this model, the therapist avoids making interpretations to individual members and seeks to elicit group responses only. Members are encouraged to make their own interpretations to one another. Individual contacts between therapist and group members are discouraged, and those that do occur are brought to the attention of the group. In addition, the group therapist does not have group members as individual patients.

The conceptual and technical approach to the whole group is exemplified in a statement by Bion (1948–1951), who indicates that he used to be seduced into directing interventions to individual members, as in individual analysis. In allowing himself to make individual interventions, the therapist is not only conveying an interest in doing individual therapy in the group setting, but is being influenced by basic-assumption dependency, thus reinforcing the idea that the group consists of a doctor surrounded by dependent patients.

**CONFLICT OVER TOTAL-GROUP CONCEPTS**

Group-oriented therapists accord a central theoretical and methodological emphasis to total-group concepts. The theories of those emphasizing total-group phenomena are by no means uniform, but they are convinced that the psychotherapeutic group is a unique interpersonal setting. They are convinced that the therapist's understanding and interpretation of group-as-a-whole phenomena furthers the development of all individual members. They maintain that membership in a group evokes shared conflicts and motivations, and they claim that the therapist, by addressing such shared group concerns, may effectively treat each member of the group. In perceiving the
group as a unit, these writers tend to ascribe to it such person-based concepts as "group ego" (Mann), "group super-ego" (Semrad and Arsenian), "group tension" (Ezriel), "group resistance" (Spotnitz), and "group focal conflict" (Whitaker and Lieberman).

The emergence of these approaches touched off a long-standing controversy in the field of group psychotherapy. On one side were those who saw group therapy as the application of individual-therapy principles and practices to the group setting. In the other camp were those who were concerned with the utilization of group-specific forces and processes that facilitated treatment.

In the lead article of the first issue of the *International Journal of Group Psychotherapy*, Slavson (1951) drew attention to the conflict: "The placing of primary focus on treatment of the group as a unitary entity, rather than on individual patients, is a development which may prove to be a major crisis" (p. 12). These views, Slavson noted, are reflected in such terms as "group emotion," "group symptom," "group resistance," and "group formation." He seriously questioned whether personality problems "can be rectified by the treatment of groups as groups rather than correcting the imbalance of psychic forces in the individual" (p. 12).

In another paper, Slavson (1957) forcefully disputed the idea of common forces in the group: "Each patient seeks to achieve his own aim as an individual for his own individual ends and not for the benefit of the group as a unit or for the sake of a common group aim" (p. 133).

Wolf (1949–1950) cautioned against approaches to group-wide phenomena: "The therapist must be careful not to generalize too broadly from one member to another. A collective interpretation tends to obscure specific differences that vary with each individual and helps the therapist to avoid deeper and more refined interpretation" (p. 147).

McCormick (1957), like Slavson, saw group and individual therapy as utilizing the same processes and sharing the same focus on the individual. Referring to the view holding that the group is the central focus of treatment as the "group dynamics" approach, McCormick asserted that it fell outside the realm of classical psychotherapy by virtue of its group orientation: "Having a different orientation with respect to the dynamics of the therapeutic process, group dynamics practitioners do not recognize the identity of process in individual therapy and in group therapy" (p. 107). They are treating groups essentially, and not individual disturbances and illnesses.

Wolf and Schwartz (1971) emphatically renounced the groupwide orientation, arguing that by directing interventions to the group, the therapist is leading them "toward a uniformity of pathology and away from the wholesome reality of human diversity" (p. 48).

In this same paper, Schwartz and Wolf offer varied explanations for the behavior and motivations of the group-oriented therapists: "A blind but misconceived faith in democracy in which equality is confused with sameness" (p. 142); "the therapist's wish to avoid involvement in the multiplicity of individual problems" (p. 142). They continue:

An attempt to find a short-cut in group therapy and evade the necessity for detailed, specific, and differentiated analysis of the individual and his problems. Some therapists inappropriately look to this or that patient to be an auxiliary therapist. The group psychodynamicist may be looking to the group itself as an auxiliary therapist, hoping that somehow group activity will therapeutize the individual, without any particular exploration of his unconscious pathology. [p. 142]

The same authors also speculate that an interest in the group as an entity may be a defensive reaction to the analyst's doubts about group therapy. "How better to vindicate group processes than by simply asserting their absolute superiority to individual psychodynamics and thereby gaining unchallengeable certainty. Let us be less defensive rather than more group dynamic" (Wolf and Schwartz 1971, p. 143).

Yalom (1970) attested to the existence of the controversy: "Among various schools of group therapy, the issue of total
group interpretations versus interpretations involving a smaller unit or a single member is a highly controversial one; indeed some group therapists make only total group interpretations while others never or rarely do” (p. 129). Yalom then goes on to seriously question the degree of emphasis placed upon concern with the concept of the group. He attributes responsibility to psychoanalysts who brought their terminology with them when they entered the field of group therapy: Concepts such as “group ego” and “group superego” were formulated, with the group seemingly regarded as an autonomous entity.

Yalom decrines the tendency to anthropomorphize the group and suggests that it offers conceptual pitfalls. “How do we know what is the dominant group culture, common group tension, or group mind? How many of the group members must be involved before we conclude it is the ‘group’ speaking?” (p. 130).

Parloff (1968), in a review of significant trends in the field, recognized the continuing existence of the controversy involving the dynamic interaction between two contrasting beliefs regarding the role of the group in the treatment of the individual. These are: (1) the application of the theory and practice of individual treatment in the group setting; and (2) “the identification, development and utilization of forces and processes indigenous to groups to facilitate treatment” (p. 496).

Rosenthal (1978) empirically validated the presence of individual and group orientations among group therapists in the New York metropolitan area. He found that those therapists identified as individual-oriented tended to direct their interventions to the resistances of individual members, whereas group-oriented therapists tended to deal with the common resistances and themes in the group.

HANDLING INDIVIDUAL AND GROUP RESISTANCE

An additional dimension to understanding and managing resistance in group therapy is the therapist’s orientation and readiness to recognize and deal primarily with individual resistance or group resistance.

The current approach to dealing with resistance in groups recognizes that individual and group resistance are present throughout the life of the group and that each requires attention. This view also takes into account the dynamic interplay of individual and group in the development and maintenance of resistive operations. A member who persists in lateness or thwarts efforts to seriously explore members’ problems may be expressing the covert defiance of the whole group. The group’s tolerance and tacit approval of behavior that deviates from their working agreement are an indication that the misbehaving member is the spokesman for the group’s resistance.

Individual and group resistance can be simultaneously operative and dynamically interconnected. A majority of members, or a whole group, may be enacting the same resistance, or one or several members may enact a resistance for the group. In the earlier stages of group formation, a variety of individual resistances is usually present. At times the therapist may address both the individual and the group-shared aspects of the resistance. Where a member has maintained silence and has been ignored by the group, the therapist may ask, “How come you are all neglecting Frank, and why is he cooperating in this neglect?”

However, the system of priorities dictates that where a choice is available, the therapist chooses to deal with group resistance first, since he is then treating all the members. In the area of technique, an approach intended for the whole group may give the appearance of an individually oriented intervention when it is directed to the individual who symbolizes or represents the group’s resistance.

Individual and group manifestations of resistance appear and disappear in the course of group psychotherapy. The analytic group therapist deals with all resistance, since it is resistance resolution that achieves ameliorative change. When given the opportunity, the therapist seeks to resolve group resistance first, so that maturation can be facilitated in several individuals simultaneously. At the same time, in studying and
preparing to deal with a group resistance, the group therapist attempts to understand and reconstruct for himself the origins and function of this particular aspect of resistance in the life history and psychic economy of each member.

CHAPTER 4

Resistance in Group Psychotherapy