



RESOLVING RESISTANCE

IN GROUP PSYCHOTHERAPY

Leslie Rosenthal

Resolving Resistance in Group Psychotherapy

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Resolving Resistance in Group Psychotherapy

Foreword

Group psychotherapy is part of the psychiatric revolution initiated in 1880 by the psychotherapeutic treatment of Anna O., and it subsequently developed into the system of psychoanalysis organized by Freud and was responsible for great contributions toward the successful handling of the psychoneuroses. With the expansion of the psychotherapeutic armamentarium came increasing demand for psychotherapeutic treatment of larger segments of the population. As described by Dr. Rosenthal in this book, group therapy was discovered, initiated, and has been applied to this ever-widening population. It has proven to be in itself a successful form of psychotherapy. Dr. Rosenthal has been associated with its development for more than a quarter of a century. In this volume he has summarized and integrated the concepts and the experiences he has learned and worked with as a student, teacher, and psychotherapist.

A scientific form of psychotherapy requires a theory and a method of application. The discovery of the concept of resistance has been clearly described. Freud recognized resistance and recommended intelligence as the best method against it.

How intelligence, via interpretation, was applied to overcome resistance has been reported by many authors. In the first chapter of this book, Dr. Rosenthal outlines the newer methods of dealing with resistance, such as: ego reinforcement, mirroring, the use of resistance as a means of communication, and the principle of resolving resistance rather than overcoming it.

How the concept of resistance was applied to the field of group psychotherapy makes a fascinating story. In turn, its recognition and application led to the discovery of counterresistance. The group situation facilitated the handling of resistance and counterresistance and made it possible not only to treat behavior disorders and psychoneuroses but also character disorders, psychosomatic disorders, pre- and postpsychotic states, and the psychoses themselves. It became clear that the emotional state of the therapist was a limiting factor in the successful treatment of these patients. The advent of group psychotherapy, group analysis, individual psychotherapy, individual psychoanalysis, and combined treatment with all these modalities aided the treatment of all patients with psychologically reversible conditions. In addition, the emotional problems and the counterresistances were greatly assisted by the group therapeutic process. Problems encountered in successful treatment were relatively easily resolved, and all individuals involved in the therapeutic process were opened to and yielded to the therapeutic resolution of emotional factors upholding resistance.

The recognition that the group process can help emotional maturation led to the formulation of increasingly specific methods for dealing with therapeutic situations. The differences of opinion about the value of treating individuals as individuals and treating groups as groups developed. Eventually it became clear that specific situations required specific interventions. The problem of the depths of transference and its significance for therapeutic achievement came into focus. Many illustrations have been presented to indicate that all forms of transference occur in groups, as well as in individual treatment, and the success of its management depends on all persons involved.

The therapeutic process came into more detailed study. Many experiences with patients led to the realization that patients and groups function on many different levels. Each level requires a specific theoretical understanding, a specific intellectual and emotional intervention. With the realization that the treatment of individuals was greatly aided by the group therapeutic process, it became important to develop concepts and treatment methods to help the group as a whole. Thus it came to be recognized that not only was the group a place where individuals could be helped but that many people could be helped simultaneously, with great economic and maturational value. It has been observed that there are many different methods of dealing with group members at the same time. Problems of aggression, hostility, and anger can be managed by the way groups are selected, screened, and introduced into the group situation. For the benefit of beginning group therapists, careful selection of patients becomes important. In addition, the use of a co-therapist would be of considerable value. There are many factors that can influence problems of group management. These factors can be controlled to either demobilize or mobilize intense emotional experiences in the group situation.

The experience of psychotherapy has the unexpected effect that the administrator of the therapeutic instrument becomes emotionally involved in the therapeutic process. Many therapists conducting individual and group treatment discover, to their surprise, that they are deeply involved in the process. At first this involvement was regarded as undesirable. Later it came to be recognized that the involvement carried a message that had to be deciphered for therapeutic results. The message had two aspects. On the one hand it might reveal emotional experiences patients may have had with their parents. On the other hand it might reveal previously unknown aspects of the emotional history of the group therapist. Whichever aspect is operating, it is the task of the therapist to recognize both aspects and not let them interfere with his contribution to the therapeutic process.

The book's voluminous bibliography attests to the author's

scholarship, and its well-integrated chapter introductions give testimony to Dr. Rosenthal's mastery of the field of individual and group psychotherapy. By making this book available to students and practitioners in the field of mental health, he has provided an incalculable service. He has laid the foundation for the understanding of the evolution of the field of psychotherapy and has made it possible to continue to participate in the development of the various psychotherapeutic methods, that is, individual therapy, individual psychoanalysis, group therapy, and group psychoanalysis. With the help of the foundation that Dr. Rosenthal has provided us, we can look forward to many new developments. We are beginning to understand forces that make for creative emotional evolution. We are beginning to see that there are advantages and disadvantages in the use of all the psychotherapeutic instruments available. As yet the devastating power of large groups and the channeling of this power into socially constructive forces require much further human endeavor.

Hyman Spotnitz, M.D., Med. Sc.D.

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The Center for Modern Psychoanalytic Studies has for the last 17 years provided a professional home, a sense of belonging and affiliation, and the opportunity to share these ideas with students and colleagues.

Dr. Leslie Rosenthal

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CHAPTER 1

**Resistance in
Individual
Psychotherapy**

A strange and disturbing phenomenon is inevitably encountered by all who work in the field of psychotherapy for reparative change and the alleviation of pain and suffering: A force in the patient emerges to encounter, block, and vitiate the therapeutic endeavors. This universally experienced therapeutic event is called *resistance*; which Dr. William Menninger (1958) defined succinctly as "the trend of forces within the individual which oppose the process of ameliorative change."

The ubiquitous nature of resistance was described by Freud (1912): "Every step of the treatment is accompanied by resistance; every single thought, every mental act of the patient's, must pay toll to the resistance and represents a compromise between the forces urging toward cure and those gathered to oppose it" (p. 210).

Focusing on the centrality of resistance, Menninger identified it as one of Freud's greatest discoveries.

Greenson (1967) also attested to the singular importance of resistance and noted that Freud's discovery of the importance

of analyzing resistance ushered in the beginning of psychoanalysis.

The concept of resistance is of basic significance for psychoanalytic technique and its ramifications touch upon every important technical issue. Resistance opposes the analytic procedure, the analyst and the patient's reasonable ego. Resistance defends the neurosis, the old, the familiar, and the infantile from exposure and change. [pp. 75-76]

THE DISCOVERY OF RESISTANCE

From 1880 to 1882 Joseph Breuer, a Viennese physician, treated a young girl suffering from hysteria and obtained considerable improvement in her symptoms. Breuer treated his young patient, Anna O., by placing her under hypnosis and eliciting memories of the circumstances under which her symptoms had arisen. In the course of this so-called "cathartic method," he discovered the girl's symptoms disappeared when she recalled and verbally expressed the precipitating events and her repressed feelings. The patient herself designated this treatment "the talking cure."

Breuer communicated his experiences and theories to his younger friend and colleague, Sigmund Freud, who was then struggling to find an effective treatment for the problem of neurosis. From Breuer, Freud learned an essential fact about hysteria: The release of repressed emotion (abreaction) and making conscious what had been unconscious have demonstrable therapeutic results. At the time of this exposure to Breuer's treatment of Anna O., Freud's only treatment tools were electrotherapy and hypnosis. Freud urged Breuer to continue with his exploration into this form of treatment of hysteria, but the latter, a successful general practitioner, had no desire to delve more deeply into the problems of neurosis. Breuer finally agreed to publish his findings in conjunction with Freud, who had begun to use the cathartic method in his