

Displaying resistance by a group

Manifestowanie oporu przez grupę

Wioletta Tuszyńska-Bogucka* A-F, Iwona Gryniuk-Toruń* A-F

*Institute of Psychology, UMCS Lublin

Abstract

Anyone working with other people in the field of therapy, psychological support or education, must have come across the phenomenon of resistance - paradoxical phenomenon inherently emerging in the course of therapy or many support activities. There are various psychological approaches that define it in slightly different terms, from inner force counteracting client's change (psychoanalysis), integrity mechanisms (gestalt), "defence armour", etc.

In order to understand properly the phenomenon of resistance, authors make reviews of the concept of resistance in resources, nature and signs of group resistance views and handling group resistance. The conclusion is that resistance is a complex and multifaceted phenomenon. Extensive understanding of this phenomenon is a primary task of any individual willing to professionally deal with establishing supportive relations.

Key words: group processes, resistance, psychological support

Streszczenie

Każdy, kto pracuje z innymi ludźmi, zarówno w terapii, udzielaniu wsparcia psychologicznego, jak i oddziaływaniach edukacyjnych może napotkać zjawisko oporu – paradoksalny fenomen, bardzo często pojawiający się w trakcie leczenia czy innych działaniach wspierających. Różne podejścia psychologiczne podchodzą doń odmiennie, od traktowania go jako wewnętrznej siły do przeciwdziałania zmianom (psychoanaliza), mechanizmu integralnościowego (gestalt), aż do innego mechanizmu obronnego.

Wobec bogactwa znaczeń, niniejszy tekst dokonuje przeglądu najważniejszych stanowisk dotyczących źródeł, natury oraz przejawów oporu a także pracy w przypadku jego wystąpienia w grupie. Jego konkluzją jest stwierdzenie, iż aczkolwiek natura zjawiska oporu jest niezwykle złożona i wieloaspektowa, to w celu doskonalenia warsztatu pracy konieczne są próby, przybliżające rozumienie tego zjawiska, istotnego z punktu widzenia możliwości nawiązania skutecznej, pomocowej relacji z grupą.

słowa kluczowe: procesy grupowe, opór, pomoc psychologiczna

Introduction and aim

Any group, irrespective of its nature, purpose or specificity displays different phenomena, behaviours and typical stages of development. While working with any type of support or educational groups, one cannot avoid a situation in which group members display reluctance and resistance, whether individually or as a group. It is common knowledge to all professionals that group resistance is a natural phenomenon. It happens very often however, that people find it difficult to comprehend messages communicated by a group reflecting considerable intensification of this phenomenon, and subsequently to handle the situation. Early identified resistance may considerably affect understanding of the group processes and specificity of its members; unnoticed and disregarded, it may have significant impact on the quality of group work and extent of provided support or education. Knowledge and awareness of this issue, the ability to early diagnose communicated messages as well as understanding grounds for their emergence and acceptance of inevitability of this phenomenon will be of great help to any specialist working with a group.

The concept of resistance

Anyone working with other people in the field of therapy, psychological support or education must have come across the phenomenon of resistance. It is the

central notion of therapy and any support activities, whether on professional (psychotherapy centres, psychological and pedagogical counselling centres) or paraprofessional (school, kids shelter, local community club) level.

Resistance is a paradoxical phenomenon inherently emerging in the course of therapy or many support activities, when a person seeking help to work through his/her difficulties, begins to oppose the process in a variety of ways, to prevent implementation of change [1]. In the beginning, S. Freud identified resistance as a distraction to self-development. Over time, he noticed that it is not something to be defeated through the therapist's authority and persuasion. When he discovered that resistance works in the subconscious, he found that its emergence, diagnosis and interpretation are of significant importance to further work and he made it a corner-stone of psychoanalysis, understanding of which enables provision of professional psychological support [2].

In order to better understand the phenomenon of resistance, one needs to accept the fact that it constitutes a natural reaction to existential pain each human wishes to escape as much as the physical pain. Pursuing pleasure and making one's life easy and untroubled, at least theoretically, is in the human nature. Unpleasant emotions or difficult situations are usually isolated, dissociated from and hidden in the unconscious spheres of our behaviour. This is a defence mechanism protecting us against disappointment and suffering.

When used frequently and in circumstances significant for human existence, it may become a trained method of reacting to all and even the slightest problems. In protecting ourselves against the real world, intensified resistance prevents us at the same time from optimum functioning and leading fully harmonious lives [3].

In the course of therapy and other psychological influences, people use those hidden areas particularly strongly, and the therapist or psychologist becomes the "enemy", as it is with him/her and with the process of change that the client identifies entire suffering, which appears while disclosing those painful moments [4].

On the other hand, the reactance theory [5, 6, 7] pays attention to natural motivation to counteract pressure, resist persuasion and fight for the lost freedom, inherent in all humans. In line with this approach, the stronger the experienced pressure, the more powerful any type of resistance shall be. Therefore, if support begins to be perceived as intervention, pressure and deprivation of liberty or freedom of choice, the supported individual is bound to react with a mixture of frustration, fear, helplessness and desire to defend himself/herself and take revenge. This theory tries to explain numerous behaviours including interpersonal ones, paying attention to the fact that reactance may be a personal trait. According to this approach, clients will react with resistance, detecting pressure or compulsion in any action of the therapist, as they behave in the same manner in their daily lives, making resistance their *modus vivendi*.

Colloquially, resistance means conscious or intended objecting to something or someone; various psychological approaches define it in slightly different terms, focusing on somewhat disparate aspects of the phenomenon:

- in psychoanalysis – resistance is defined as an inner force counteracting client's change; it operates in the unconscious, working through the ego and functioning as the ego [8]. Resistance means repeating characteristic defences from the past; if it is comprehended, then client's behaviour might be understood to a considerable extent. What is more, resistance is a highly significant feature of a therapeutic relation and the fundamental element of the therapeutic process. Understanding resistance, by grasping its repeatable pattern, becomes the major objective of psychoanalysis [1];
- gestalt representatives – identify resistance and defences with human "self" and they assume that these comprise balance and integrity mechanisms. Destruction or elimination of resistance is destructive for the "self". In this approach, the objective is to support a client in his conscious acceptance of his/her forms of resistance and assist him/her in understanding of this aspect of his/her own "self" [8];
- L. Lowen referring to W. Reich, emphasizes the fundamental meaning of resistance for proper functioning of a human, and he identifies it with a character referred to as "defence armour" [2]. It is an acquired and trained method of reacting to difficulties. Defences

should not be eliminated, but their use should be revealed to the client. Resistance is understood as something natural and inevitable in any therapy [8];

- J. Enright treats resistance somewhat different; while it is usually ascribed to the client, he draws attention to the fact that it is basically the therapist's problem, stemming from his/her rigidity and the lack of understanding for the person he/she wishes to support. The therapist's role is to check whether all conscious and unconscious aspects of the therapy are transparent for the client and whether he understands it in exactly the same way as the therapist does. Lack of understanding of the problem, assuming full responsibility for its emergence and searching for help, lack of faith in the possibility of change, lack of confidence in the therapist or competitive motives for action all constitute basic sources of resistance which should be reduced to the minimum already during the first conversation with the person willing to receive support [9];
- in family therapy – there is no uniform approach. Some therapists avoid confronting resistance, by working mainly with highly motivated individuals and consciously ignoring the resisting persons. Others even assume emergence of family resistance against disturbing the established (and not always healthy) balance. Resistance is used in therapeutic operations as the basis for developing circular questions and paradoxical strategies. In case of a family, resistance is manifested in a similar way as in a group, in accumulated and intensified form [10];
- G. Egan [11] representing humanistic approach, draws attention to two similar phenomena – reluctance and resistance. The former means client's hesitation to work at subsequent stages of the support and development process, which involve: a lot of effort, reluctance to reveal details concerning one's difficulties, change of conduct, analysis of past failures – all this evokes more or less intense reluctance, depending on the type and nature of the disorder, level of suffering and intensity of insight. The latter means withdrawal of the client as a result of pressure, when he believes (this is often a subjective feeling and it may result from misinterpretation, however it is worth to consider also the realistic dimension of this situation) that his standards, values and principles (whether of group or personal nature) are violated by the supporting person. Reluctance is often passive, but resistance is always active.

In order to understand properly the phenomenon of resistance (irrespective of a theoretical approach), attention should be paid to the fact that:

- resistance is a natural and normal reaction on the way to one's development,
- resistance is essential for self-defence and the process of recovery,

- it is always a valuable source of information about the patient and his manner of functioning,
- resistance always involves change, which is consciously wished for but unconsciously feared by everyone,
- resistance is a feature of an interaction with the supporting person, it allows to test the power of this interaction and consequently, it becomes one of the major curative factors of the treatment, the main element of the therapeutic process,
- resistance may be manifested in a variety of ways – there is no such behaviour that cannot be used as resistance, provided that it is intense enough. Manifestations of resistance may e.g. include intellectualization, arriving late to therapeutic sessions, manipulation, showing disrespect, seducing, forgetting, conscious lies, as well as "overwhelming thankfulness" for the therapist and officiousness in reporting on experienced difficulties [3, 12].

Nature and signs of group resistance

Resistance may be manifested either by individuals or by groups. A group is a certain unique whole, forming something distinct from the sum of its members, owing to unconscious forces and the feeling of unity [13, 14]. Establishment of such a whole is possible because certain phenomena existing outside individual's awareness may emerge only after they are reinforced by the group. By experiencing psychological sense of community, group members become capable of projecting their unconscious and non-acceptable behaviours on the actually existing group. Some behaviours are brought forward only in the group and thanks to the group [4, 15]. The group considerably reinforces unconscious personal processes; also, it provides support in their displaying and change.

Basic theories of group understanding emphasize significance of resistance. According to Freud, resistance, as it is the case with analysis, is the basis for understanding unrealized needs and urges; S. Foulkes, continuator of psychoanalytical approach stressed that resistance is reinforced in a group as it is intensified by the presence of other people. Any group as a whole develops its own defence methods addressed at specific participants, the therapist and therapeutic process itself. Likewise, W. Bion's basic assumption theory emphasizes the meaning of group unconsciousness and directing of its symptoms to satisfaction of primitive fantasies. The group unconsciously unites in performance of this goal. D. Whitaker and M. Lieberman's group focal conflict theory assumes that through resistance and conflict, a group discloses and resolves specific conflicts between participants step by step. Resistance analysis in the group's "here and now" according to assumptions of I. Yalom also enables participants to experience self-cognition, and the therapist is allowed to work on disturbed interpersonal perception of specific clients [8, 16].

Resistance in the group may be expressed in a verbal or non-verbal manner, in as many different ways

as represented by abundance of human behaviours. Traditionally, resistance refers to stages of group development and it is automatically associated with the differentiation stage. It should be stressed however, that it is exactly at this stage that resistance is the most expected and awaited. At this stage, resistance is a proof of proper group development and it is a positive manifestation of processes running within the group [14].

However, it should be pointed that resistance may be expressed in other, less obvious manners. Considering the literature and personal therapeutic experience, authors will try to present group activities, which are most often classified as manifestation of group resistance. The following group behaviours may be construed as reluctance and resistance:

- *fixation of the group on one of the development stages* – when the group gets fixed at one of the stages (irrespective of the stage) and fails to progress further. Proper group dynamics is the evidence of efficacious work of individual members and the entire team [14, 16, 17]. If the entire group is fixed at a given stage, it is the most conspicuous indication of resistance, unconscious reluctance and difficulty, both on the part of group participants and the therapist;
- *fixation on the first stage* referred to as the forming stage, usually means strong resistance and it may be manifested in excessive reliance on the therapist, failure to get involved in a group dialogue or reluctance to make an effort to get distinguished from other participants of the group. Groups with the highest level of disorder fail to go beyond this stage, as it were avoiding to take up the risk of confrontation and progressing further [14];
- paradoxically, a very *mild and protective differentiation stage* will most probably be the sign of resistance. This especially occurs in groups where participants are aware of the fact that such a stage is bound to occur (e.g. in groups of professionals). Such a group wishes to pass over this phase, for they know that this is necessary, however this is a sign of resistance to the therapist and to the group process itself. At this stage, resistance is manifested by directing an attack at one of the participants (scapegoat) and not at the therapist [13]. This very often happens in groups of adolescents, where direct confrontation with the leader is especially difficult due to age and position problems [15];
- highly *superficial and cursory "working through" the problems in the collaboration stage* comprising the third stage of group development; forcing all participants to open and reveal to a similar extent will also constitute an apparent sign of resistance at this stage. In this manner, the group communicates that it is still not ready and is interested in supporting and further development of its particular participants only seemingly [13];
- *resistance in the final stage* is most often displayed through reluctance to complete the

work, raising significant topics that cannot be accomplished, returning to behaviours characteristic of previous stages and actual escape from parting [14, 17];

- *generalization of behaviours in the group* – when a group functions as “one body” for a long time, presenting the same thoughts, opinions, needs, observations and interpretations. A group shows resistance by displaying uniform and unnatural behaviours. Although this gives the feeling of power and unity, for most of the time, it fails to contribute to growth of its particular members. Group-based, unconscious behaviours usually point to regression and they manifest the unfulfilled, deeply hidden desires or fears of specific persons [1, 3];
- *intensified acting out* by group participants. Such behaviours constitute a typical defence mechanism and they denote situations in which a person subjected to therapy based on visualization of difficulties, begins to express it in action and is unable to control it. For the most part, these include impulsive, rapid behaviours designed to defuse tension and not understand it [2]. In groups of adolescents authors have worked with, this was most often manifested in leaving the room in a rapid manner, raising one’s voice, ostentatious throwing of tantrums, walking around the room, outbursts of laughter (going silly), conversations about getting drunk or high, etc.;
- *group tolerance of apparent signs of resistance* manifested by particular members of the group. This happens when the group fails to notice, purposefully or unconsciously, important resistance messages communicated by specific individuals. This may take the form of passing over something in silence or tolerating notorious late arrivals to group meetings. In this manner, the group gets unconsciously involved in personal resistance of specific individuals and, as it were, reinforces their behaviour [4];
- *forming of an anti-group and second circulation of information* - this is a sign of intensified and maintained counteracting against the setting and initial arrangements. An anti-group using the second circulation of information (usually beyond the therapist) is a significant manifestation of resistance and lack of therapeutic skills of the leader who failed to notice signs of this phenomenon in the right time. Existence of an “underground group life” not discussed officially, may ruin all work performed to that time and lead to dissolution of the group as such [3, 15];
- *silent group or group reaching a deadlock* – a sign which is quite difficult to identify, requiring extensive knowledge, experience and therapist’s intuition. These behaviours are often a natural stage in group development. Only the so-called clinical intuition, analysis of the therapist’s countertransference and supervision may unequivocally identify resistance in this group’s behaviour [3, 4];

- *leaving of a high number of participants from the group* - usually elimination of 20% of participants in the initial stage I. Yalom [14] finds it natural. Leaving of participants at subsequent stages, leaving the group by a larger number of participants or acted out leaving is usually translated into therapist’s failure to receive important messages in the earlier period, and it is often a manifestation of misunderstanding and strong resistance;
- *typical group behaviours*, i.e.: passivity (waiting for the therapist’s action), continuous conflicts, establishing one-to-one relationships (between group members or between a member and the therapist), exclusion of the rest of members from access to information, formation of apparent sub-groups, superficial relations, extended moments of silence, arriving late, absence, outstanding payments, getting together after group meetings and establishing close, intimate contacts, persecuting and stalking the therapist, focusing on one participant, disregarding others, intensification of primitive defence mechanisms of the group etc. [4, 13, 14, 15].

Handling group resistance

Review of psychological literature devoted to group work [13, 14, 16, 17] and the practical experience have shown that the phenomenon of resistance is something one needs to accept and learn to live with if he/she wants to work in this profession. The ability to read and interpret early signs of emerging resistance, largely becomes a requirement in the therapeutic and supporting work. Something that initially may appear as a difficulty and enormous inconvenience at work, over time should become useful and appreciated as an important indicator for evaluating actions taken. There is no doubt that any specialist working in this area has to develop their own method of “intent listening” to client’s resistance, however in conclusion of this paper, we shall allow ourselves to provide a handful of hints regarding handling resistance in group work. This is surely an inexhaustible list of actions that should be taken to avoid a serious mistake, i.e. disregarding client’s resistance.

Major hints regarding handling resistance in the group, are designed to minimize negative effects thereof, for both specific individuals and the group itself. While working with any group, one should:

1. accept resistance as a natural phenomenon emerging in a group; extensive theoretical knowledge and experience as well as supervision meetings may be of considerable help,
2. not ignore and respect client’s resistance, not fight with the client but learn to read and understand him/her, as any sign of resistance is the proof of the client’s vital force, whereas for the therapist it may serve as a source of invaluable information about the client and his/her work,
3. already before the first meeting with the group, ensure minimization of resistance of specific clients. A therapist should consider

that during preliminary interviews and qualifying participants. Each participant should be provided with exhaustive information about specificity of working in a group and with a chance to verbalize his/her doubts and fears related to starting a therapy. Strategy of five-stage inspection of fundamental sources of resistance developed by J. Enright may be of invaluable help. A therapist is obliged to make sure that [18]:

- stage I – the client is ready to assume the role of a person receiving support,
 - stage II – it is clear to the client what is the actual purpose of actions taken,
 - stage III – condition expected by the client may be reached,
 - stage IV – a given therapist and group support meet client's expectations,
 - stage V – if there exist any competitive motives that might hinder achievement of the intended goal,
4. carefully track, for the entire duration of the group work, conscious and unconscious processes in the group. Very often, the most important thing may be hard to grasp at a first glance. It is worth to pay attention to both verbal and non-verbal signs, that is not only to what the group says but especially to what the group does. Supervision of the group and analysis of group's background with the co-leader may be of considerable help. It is also very useful to introduce an observer into the group (if the use of a one-way mirror is not possible). A person not involved in direct interaction may notice much more than individuals directly involved in group processes,
 5. accept that resistance is not always a process emerging in the client or the group; at times, it may serve as defence mechanism against real pressure, rigidity of thinking and interpretation errors as well as therapist's inapt interventions,
 6. always keep a fresh look on the group process and efficiency of one's own actions. This is possible, when in one's work one remembers about curative factors of group treatment described by I. Yalom [14, 17]. They include:
 - instillation of hope,
 - universality,
 - imparting of information,
 - altruism,
 - corrective recapitulation of primary family grouping,
 - development of socializing techniques,
 - interpersonal learning,
 - imitative behaviour,
 - cohesiveness,
 - opportunity for expression of strong affect (catharsis),
 - existential factors.

Failure to implement any of these factors, directly translates into the fact that group participants do not fully use the curative potential of group therapy. Quick identification of negligence in any area presented above

may enable apt intervention and triggering of all curative factors.

Conclusion

Resistance is a complex and multifaceted phenomenon. Extensive understanding of this phenomenon is a primary task of any individual willing to professionally deal with establishing supportive relations. Resistance may be displayed in a great variety of ways and only flexibility, readiness and great insight into another human will enable us to notice first signs of this phenomenon. In group-work, an additional complication may be the fact that resistance is a means of displaying both, individual or group reluctance. In both cases, ignorance or failure to read signs thereof at an early stage may come as a considerable hindrance to the support process. It is also very important not to restrict the meaning of resistance only to the therapeutic and supporting processes. Wherever we are establishing a new relationship, in which one party using its knowledge and experience will try to influence the quality of life of the other party, we may be faced with resistance. The ability to read and understand it, as well as the ability to react in a non-destructive manner, becomes a highly significant skill, not only in case of psychological support, but also in the broadly understood education and any educational influences.

References

1. Thoma H., Kachele H. Podręcznik terapii psychoanalitycznej. Warszawa; Pracownia Testów Psychologicznych PTP: 1996.
2. Moore B.E., Fine B.D. Słownik psychoanalizy. Warszawa; Santorski&Co: 1990.
3. Kottler J. A. Opór w psychoterapii. Jak pracować z trudnym klientem?. Gdańsk; GWP: 2003.
4. Porter K. Podstawowe założenia dotyczące technik stosowanych w psychoterapii grupowej. W: Bernard H.S., MacKenzie K.R. red. Podstawy psychoterapii grupowej. Gdańsk; GWP: 2003, s. 107-128.
5. Brehm J.W. Responses to loss of freedom: A theory of psychological reactance. Morristown, NJ; General Learning Press: 1972.
6. Brehm S.S., Brehm J.W. Psychological Reactance: A theory of freedom and control. San Diego, CA; Academic Press: 1981.
7. Crawford M.T., McConnell A.R., Lewis A.C., & Sherman S. J. Reactance, compliance, and anticipated regret. J Exp Soc Psychol, 2002; 38: 56-63.
8. Grzesiuk L. Psychoterapia. Warszawa; PWN: 1994.
9. Hańbowski W. Opór podczas wywiadu wstępnego. Dialog, 2002; 1-2: 12-30.
10. Grzesiuk L. Zjawisko oporu w terapii rodzin. Nowiny Psychologiczne, 1987; 1: 24-39.
11. Egan G. The skilled helper: A problem-management and opportunity-development approach to helping. Pacific Grove, CA; Brooks/Cole: 2003.
12. Kelly A. E., Nauta, M. M. Reactance and thought suppression. Personal Soc Psychol Bull, 1997; 23: 1123-1132.
13. Agazarian Y. The invisible group. An integrational theory of group-as-a-whole. Group Analysis, 1989; 22(4): 23-45.
14. Yalom I.D. The theory and practice of group psychotherapy, Fourth Edition, 1995. New York; Basic Books: 1995.
15. Gita P., Starowicz K. Psychoterapia młodzieży w wieku gimnazjalnym. Psychoterapia, 2002; 3(122): 37-57.
16. Hobby M. Współczesna psychoterapia grupowa. Psychoterapia, 1998; 4(107): 17-25.

17. Tryjarska B. Psychoterapia grupowa. W: Grzesiuk L. ed. Psychoterapia. Warszawa: PWN, 1994. pp. 211-245.
18. Marcus E. Pomaganie bez oporu wg J.Enrighta. W: Santorski J. ed. ABC Pomocy psychologicznej. Warszawa; Wyd. Santorski&Co: 1993, s. 27-57.

The author's address:

Instytut psychologii UMCS Lublin
Plac Litewski 5
20-004 Lublin

Corresponding author:

Wioletta Tuszyńska-Bogucka
wioletta.tuszynska.bogucka@wp.pl