CLASS # 3B

RESOLVING RESISTANCE IN GROUP PSYCHOTHERAPY BY LESLIE ROSENTHAL (1987) JASON ARONSON INC.

CHAPTER 7

Selection and Screening

At a time of widespread use of group psychotherapy, those involved in its teaching and supervision are aware of a continuing lack of understanding of the group's therapeutic potential and limitations. Patients who could do much better in a group languish in stalemated individual treatment. Others struggle to keep themselves afloat in a group setting where they are beyond their developmental depth (Freedman and Sweet 1954, Slavson 1955).

A prime candidate for group therapy is the patient who does not feel entitled to his/her own aggression and/or sexuality. The presence and example of other members, who are freer in the expression of these major feeling constellations, can have an activating and freeing impact upon those who restrict and suppress their aggressive and libidinal impulses.

One new group member witnessed an angry exchange between the group therapist and another member who, with strong affect, called the therapist "a damn liar!" The therapist retorted emphatically, "It's about time you found

out what a liar I can be." The member muttered, "At least you admit it." The new member exclaimed in wonder, "I've been in analysis for seven years, and I have never spoken to my analyst like that." A third member commented, "Well, perhaps it's about time you did."

Mrs. W. was strongly defended against her negative feelings toward her parents. In the intake interview at the child-guidance clinic, when asked what her parents were like, she could only respond concretely that her father was a tailor and her mother a housewife. In view of her emotional constriction, she was referred to a group. In one of Mrs. W.'s early sessions, another member, Mrs. S., complained bitterly about her own mother and concluded her indictment with a vehement, "I hate her!" Sessions later, Mrs. W. reported that this incident had affected her profoundly. She had been shocked to hear such a naked expression of anger and, along with considerable anxiety, felt as if a great weight had been lifted from her.

There are individuals who are emotionally illiterate in their blatant ignorance of the language of feeling. They cannot or dare not feel angry, jealous, rebellious, hurt, insulted, annoyed, peeved, sad, affectionate, loving, or joyous, nor do they recognize these feelings in others. They do feel threatened and inadequate when attempts are made to directly elicit these feelings from them. In group psychotherapy, these constricted personalities can remain in relative comfort on the emotional periphery of the group and benefit from vicarious catharsis and derivative insight until they are ready to participate more directly. In individual therapy the same constriction, lack of spontaneity, and continuous use of denial frequently results in therapeutic impasse and mutual frustration for patient and therapist. Groups activate, stimulate, and catalyze; they offer ongoing exposure to the emotional facts of life without the necessity for direct focus on egos and the invasive or toxic effects of such contact.

There are others who, for varied reasons, cannot assimilate the undiluted confines of the one-to-one treatment setting.

Some have been rendered too guarded and suspicious by pathological primary relationships. For these, the group setting's diluted relation to the parent-authority figure effects a much safer therapeutic environment. One woman, who remained strongly ill at ease and unspontaneous with her individual therapist, reacted with immediate interest when a group was casually broached to her. Asked why she felt so positively about a group, she responded, "I guess because groups have chaperones." She then revealed a previously withheld history of childhood sexual molestation.

Another category of patient for whom group therapy is indicated embraces those with pressing needs to engage in conflict with authority. Such individuals frequently devote their energies to defeating the "parent"-therapist. In the group setting, they encounter the palatable authority of their peers, who can exert much more therapeutic leverage on them than the therapist.

Characterologically ingrained patterns, when exposed to the emotional flux and fluidity of the group situation, are loosened and rendered accessible. In the group substitute family, the adaptational patterns the individual developed in his first family are repeatedly enacted and reenacted, perceived, recognized, and resonated to by fellow members. Aggressiveness, submissiveness, withdrawal, domination, diffidence, compliance, instigation, seduction, and provocation are repeated, lived out, held up to the mirror of the group, and impinged upon. Through the *emotional* learning inherent in these encounters, new patterns of adaptation and feeling are forged.

In evaluating a patient's suitability for group therapy, several determining factors are weighed. These relate primarily to the individual's nuclear problem, his experience in his primary relations, and the basic ego strengths established in these crucial early interactions. Referral to a group involves certain realities: the presence of sibling substitutes, with whom the therapist and time must be shared; direct exposure to the needs, impulses, and feelings of other patients; the ever-present possibility of encountering hostility from other patients. One woman, who was placed in a group while in the

midst of a severe marital crisis, attended two sessions in which she functioned primarily as a highly sympathetic listener. She then called the therapist to announce her decision to withdraw from the group, tearfully explaining, "I just can't take it – their stories and problems just rip me apart. I think about them all week and then I have no energy left to deal with my own life – it's too much for me!"

> A driven executive had expressed interest in group treatment because it was less expensive than individual therapy. However, in the consultation interview with the group therapist he signaled his unreadiness for a group by noting his intense frustration at coming up subway stairs and having the people ahead of him prevent him from bounding up three steps at a time. When asked how he might feel about listening to the problems and life stories of seven or eight others in a group, he conceded, "I just don't have the patience for that kind of thing – I'm just not built that way."

Unlike the individual therapist, the group therapist is unable to exert full control over the degree and kind of emotional stimulation to which any one member will be exposed. The group setting can thus never offer the same degree of protection and security attained in individual treatment.

These conditions suggest that certain minimal ego strengths and superego development are requisite to the capacity to assimilate a group psychotherapeutic experience. The individual should have attained some satisfaction in his first group-of-two with the mother, which would have developed some desire for object relations and group acceptance. When minimal gratifications on the earliest levels have been lacking in an individual's life history, a group placement may be equivalent to demanding that a 1- or 2-year-old adjust to nursery school. Spotnitz has noted that problems rooted in the preverbal period in the life of the individual patient are more effectively dealt with in the individual setting, since the group tends to inhibit the recall and presentation of those deeply *personal* problems of the oral and anal type.

The principle that group psychotherapy cannot be universally applied is illustrated in the following vignettes.

> In the third meeting of the group, Ray began talking the moment his fellow members assembled. His words flowing swiftly, Ray described the hurt, resentful, and suspicious feelings aroused in him by a variety of interactions during the week with colleagues, superiors, friends, his girlfriend, and her parents. He likened each current situation to a similar experience in childhood, painting a detailed picture of lifelong deprivation, hurt, and resentment.
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> The other group members, who had been listening, alert and involved with Ray's presentation, began to succumb to the verbal inundation. Several moved restlessly in their seats, one yawned repeatedly, another stared at the ceiling, several sent appealing looks to the therapist, and one shrugged in apparent hopelessness. Ray, completely unaware of the overt behavior of the others, continued unabated, his words directed to no one in particular and his whole being involved in producing and hearing his own speech.
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> After almost one half hour of uninterrupted monologue, the group therapist intervened by asking, "How do you think the group is responding to you right now, Ray?" Ray reacted as if he had been shocked into wakefulness from a pleasant dream. He threw the therapist a murderous look, cast a fleeting glance of disinterest at his fellow members, complained that he was far from finished, and withdrew into a depressed, sullen silence.

Ray was obviously not emotionally old enough to share time and the therapist with a group. Like a hungry infant, he could only suck up all of the available "food" in the group. In a subsequent individual session he recalled stealing food from the plates of his siblings throughout his childhood.

The following vignette illustrates the destructive impact on a group of a member unable to control sadistic impulses.

Sylvia opened the session with the resentful statement that she wasn't understood by anyone in her fight with Don in the previous meeting. She expressed disappointment in Rita for never supporting her in fights with "the men" and told Jim that she had "only contempt" for him because of his neutral stand in the conflict. Without looking at Don, she said her stomach had turned when she saw him in the waiting room, adding that she had been hoping he'd left the group. When Don sought to discuss his feelings about the last session's conflict, Sylvia said venomously, "You're not worth talking to here." Then turning to Rita, she inquired, "How is your dog?"

Myra, the newest member, shared her feelings around her strained relationship with her husband. With obvious gratification, Sylvia urged Myra to leave her husband and, with gusto, offered suggestions such as, "Throw the food in his face," "Tell him to get the hell out and never come back except to babysit when you're with your lover." Myra, initially amused with Sylvia's responses, then tried to explain that she was not interested in war but in bettering the relationship. At this, Sylvia bristled and said with sarcasm, "Well, excuse me!" She then proceeded to ignore Myra.

When the therapist emphatically brought to her attention that she was acting on her feelings and that was not appropriate behavior, Sylvia retorted accusingly, "Why are you always picking on me? What about the big baby [Don]—why don't you ever tell him to behave?"

Sylvia is obviously too primitive to abide by the requirements of group psychotherapy. Her craving for excitement in aggression and her need to immediately gratify her sadistic impulses would keep any group in a constant state of tension and would pose a serious threat to the egos of her targets.

Horner (1975) wrote a significant paper on the unsuitability of such narcissistic personality disorders (as delineated by Kohut) for group treatment: "A critical aspect of this disorder is the incapacity to experience others as people in their own right.

It is assumed that their needs, feelings and motivations are the same as those of the self, and failure to keep in perfect harmony is experienced as an assault" (p. 302). Horner says that for these individuals, others exist only to gratify and to validate them. When others fail to meet these entitlement expectations, their reaction is that of the enraged infant whose bottle has been abruptly withdrawn. Horner observes that the outcome for such patients in group therapy, in her experience, "has been nonproductive for the patient at best and destructive for both patient and group at worst" (p. 304).

The deviant in the group may frequently be a valuable catalyst and spokesman for the repressed feelings of the more controlled and conforming members. However, groups have only a finite tolerance for difference, and the therapist must make a judgment as to the degree of deviancy that a given group can tolerate without treatment-destructive effects upon the group or the deviant. Shea (1954) noted that "there are definite limitations to this method [group]. It is contraindicated in patients with too limited a capacity to function with other human beings, in patients with problems too specialized for group identification or in patients with character makeups too brittle to permit relatively indelicate handling" (p. 257).

Group therapy as a preliminary form of therapeutic conditioning has been found helpful for children whose previous relations with significant adults have been so negative that they are unable to relate to an adult within the emotionally close quarters of the one-to-one setting. The group, with its diluted relationship to the therapist, supports their contemporary needs for emotional distance and can function as an antechamber to subsequent individual treatment.

Group therapy may also serve to wean a patient from an extended period of individual treatment, and as a testing and/or integration of treatment gains.

There is increasing use of concurrent individual and group treatment in private psychiatric and psychoanalytic practice. Individual therapists have reported that the addition of group therapy frequently activates and enriches the patient's individual therapeutic motivation and production. Fried (1955) has

noted that "the benefits of combined therapy are due to the cross-fertilization between individual and group treatment. Each form of treatment enables the patient to take better advantage of the other form of treatment" (p. 194). Emphasizing the efficacy of this approach with passive-narcissistic patients, Fried points out: "The group makes the observation that behind a façade of cooperation and charm the narcissistic patient hides the fact that he has little or no true interest in others" (p. 199). Group censure, Fried observes, helps in resolving the serious technical problem that the treatment of these patients presents, namely that they experience their narcissism as ego-syntonic. "Through group pressure, narcissism is eroded into something that is ego-alien, and anxiety associated with a higher level of development is mobilized" (p. 200). The individual sessions in turn enable the patient to assimilate and withstand the anxiety activated in the group.

THE SCREENING INTERVIEW

Some group therapists draw their group members from their individual patients and thus are familiar with their major resistances, defenses, and ego resources prior to their entry into group therapy. Other therapists may have had no contact with an individual referred to them and must use a screening interview or interviews, as well as information available from the referral source (if any), to evaluate potential group members. These interviews are used to obtain information upon which to base a determination as to suitability for group therapy.

Two criteria are involved: How will the group affect the individual, and how will the individual affect the group? The therapist will seek predictive clues to the major resistances a future group member will utilize, and he will be especially alert to any indicators of treatment-destructive patterns, such as a history of leaving relationships, jobs, engagements, or marriages. In this initial encounter, a process of mutual appraisal occurs. The group therapist examines the candidate on various

levels that have as their common denominator an effort to predict what role the patient may play in the group—what assets and deficits he may bring to the group, and how these will fit into the group culture. On the basis of his own dynamics and needs in the group situation, the therapist will also seek to assess and predict how the patient will feel and behave toward him in the group situation. Will he make the therapist feel comfortable or uncomfortable? Will he be ally, opponent, competitor, or neutral? The group therapist may inquire about the individual's problems and his ideas of how the group may help him. The therapist will also seek to determine if there are preconceived ideas of how the group will work, the expected duration of the group experience, and what the individual expects of the group therapist.

The candidate is concurrently making his own assessment and evaluation of the group therapist. He's seeking primarily to determine if the therapist is interested in him, if he is wanted by the therapist, and, most crucially, if the therapist will be a good parent to him in the presence of the group (family). Thus, he also assays the therapist's feelings, role, attitude, and behavior toward him in the group situation.

The prospective group member may express his anxiety, feelings of inadequacy, and unconscious testing of the group therapist by such statements as: "I'm not very good in groups. I don't talk much. It's not easy for me to speak up, so I don't know if the group is such a good idea for me."

An appropriate response to such a declaration of inability to give to the group might be, "It has been our experience that many people who are quiet or do not say much in groups have gotten just as much out of the group, if not more, than those who are always talking." With this response, the group therapist transforms the proffered inadequacy into an asset, saying, in effect, "I do not feel bound to accept or to agree with your self-devaluation, and I want you in spite of it."

Conversely, a group candidate may present himself as superior to the group. One father, to whom membership in a guidance group was broached, explained that he had already had considerable group experience in the P.T.A. and as an

official in the Boy Scouts. The group leader replied, "In that case you should be very helpful to the group." The father beamed and promptly asked when the group would be meeting. In this situation, the group therapist showed himself not to be threatened by the candidate's competitiveness and interested in working with him (wanting him) despite it.

At times, a candidate may display marked indecision and ambivalence around the idea of entering a group. He may present almost equally balanced degrees of interest and avoidance, citing both potentially negative and positive features of the group experience. The group therapist may be tempted to respond to one of the ambivalent poles either by assuring the client that the group is worth trying or by suggesting that it might be better to forget it for a while. An alternative response to this blatant indecisiveness is for the therapist to simply reflect that there seem to be good reasons both for and against the group experience. A frequent response by candidates to such a reflection of their ambivalent feelings is, "Well, I guess I really can't say what will happen until I get in it and actually see for myself."

There are individuals whose life histories have produced feelings of worthlessness that cause them to see themselves as undeserving of any consideration, respect, or acceptance. When met with complete acceptance, they experience strong discomfort and suspect that any giving or considerate person will change his attitude toward them as soon as he finds out what they are really like. Such a person may resist acceptance into a group on the basis that he does not deem himself worthy of participating with others.

A comment by the group therapist to the effect that, "I don't know how the group experience will work out for you, Mr. X., because I don't know whether you'll be helpful to the group or find the group helpful to you," can be useful in overcoming this particular resistance. Implied in the group therapist's statement is that Mr. X. has an obligation to be helpful to others (guilt-relieving). It also raises the possibility that Mr. X., despite his damaged self-concept, may be of value to others (mildly ego strengthening). Concurrently, the statement enables Mr. X., if he so wishes, to maintain the fantasy that the group will expel him when it discovers what he is really like.

Some individuals enact self-defeating patterns that are traceable to their need for vengeful aggression against their parents. The child's most potent weapon against the parent lies in not growing up to be a healthy human being; he thus assaults his own ego in order to counterattack his parents. Such attitudes are frequently transferred to and enacted with subsequent authority figures who serve as parental surrogates, such as teachers, employers, therapists.

In treatment, the aim and effect of this powerful resistive constellation is to deprive the therapist of any satisfaction, to defeat his efforts to bring about positive change in the client's functioning and personality. Efforts at handling and eventually overcoming this resistance can begin in the screening interview when the group therapist indicates that the candidate may have either an unsuccessful or successful experience in the group but that in either case, the group therapist, for his own learning experience, will be interested in understanding why such an outcome resulted.

This approach serves to inform the defeat-authority-by-defeating-yourself person that the group therapist's ego is not dependent upon the candidate's success or failure. The therapist views both prospects with equanimity and, in fact, stands to gain in either case (by learning the reason for the result). The patient encounters a strong parental figure who will not be defeated by manipulation, and the healthy components of his ego can then be mobilized in the presence of the therapist, who seems capable of dealing with self-defeating patterns of long standing.

Clients are at times referred for group therapy and come to the screening interview preceded by the warmest recommendations and most positive affirmations for a group experience. In the face of this "advance publicity," a group therapist may be tempted to view the screening as little more than an informal tête-à-tête with the client prior to the latter's assured entry into the group. The following may illustrate the need for alertness on the part of the group therapist to such underlying factors as

the client's feelings about his proposed group experience, the terms of the referral itself, and the referring person.

> Mrs. P. was referred by her daughter's therapist who, from time to time, had seen Mrs. P. herself. The therapist suggested that a group might be helpful, and Mrs. P. quickly agreed. In the screening interview, Mrs. P., from the outset, exhibited a markedly pervasive need to present the wishes and thoughts of the authority – the referring therapist – rather than her own. When asked about her own ideas about the group, she stated that the therapist had recommended the group and "after all, she's a professional and you're one – so you both know what I need." She presented the assumption that if she were told that a group would be helpful to her, it inevitably must be so.
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> The group therapist, however, persisted in pointing out that he needed Mrs. P.'s help in evaluating whether or not she would be helpful to a group, or a group helpful to her. She again presented that she had no ideas of her own about this but was certain of the value of the professional recommendation that she enter a group. Although she still completely subordinated her own feelings, the group therapist began to detect a glow of gratification at his refusal to accept the submergence of Mrs. P.'s own ego.
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> Then, very timidly, she began to express some of her concerns that a group might not be for her, that she was fearful of a group, and that she probably would not be able to express herself as well as in the individual treatment situation. Then, apparently gathering more courage, Mrs. P. commented that her daughter had had a group and did not accomplish anything at all, but in individual treatment with the referring worker, was "doing beautifully."
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> The group therapist then commented, "Perhaps, like daughter, like mother." Mrs. P. glowed, laughed spontaneously for the first time in the interview, and then said in a heartfelt manner, "There are *many* things alike between mothers and daughters." She was then enabled to express more freely that she would "love" to be in individual treatment with her daughter's therapist. She was encouraged further to state that, even if she could not have this particular therapist individually, individual treatment with another therapist would be preferable to entering the group. The therapist then agreed that it seemed preferable for Mrs. P. to have individual treatment. She expressed gratitude that he had helped her to express her own wishes in this area.

Occasionally, a person is referred to group therapy on the basis of his individual therapist's negative countertransference feelings. Not infrequently the patient has induced feelings of helplessness, impotence, frustration, and rage in the therapist. These feelings may be acted on via a punitive expulsion of the patient from his "home" in individual treatment.

The patient usually senses the underlying motivation of the therapist, and his hurt and anger in the situation may often block a successful group adjustment. Alertness is indicated on the part of the group therapist to the nature of the referral and to the feelings of both the referral source and the candidate about the suggestion for group treatment. In the following vignette, an unresolved situation between the referring therapist and the candidate operated to influence the latter to present herself in the screening in a manner designed to ensure her rejection.

> Mrs. A. had called to request an appointment to discuss entering a group. She began the session by staring belligerently at the therapist and saying, "I hope you're not one of those passive ones." Within the next twenty minutes, Mrs. A. angered the therapist by her anti-Semitic remarks, her question as to whether the therapist's group was smart enough for her, and her general attitude of contempt.
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> The therapist was fully aware of his wish never to see Mrs. A. again, much less invite her into his group, but he did not understand the source of her provocative behavior. He therefore commented that each of them felt uncertain that the group would be helpful to her or her helpful

to the group, and asked whether she would be interested in another session to discuss it further. Mrs. A. was agreeable to this.

Mrs. A. began the next session by apologizing for her behavior at the previous meeting and recognized that she had been very unpleasant. The therapist said he had had the impression she was trying hard to get him to reject her, and he wondered why. Mrs. A. said she didn't know, but then recalled that she had initially wanted to go into group therapy with Dr. L. He had interviewed her, and Mrs. A. felt they had clicked. However, he did not have a group that met at a time she could attend. Dr. L. then referred her to the second group therapist, but added as she left the session, "If things don't work out with Dr. R., give me a call in September." Thus, Mrs. A. had been acting on Dr. L.'s underlying invitation to return to him rather than trying to reach an agreement with another group therapist.

The psychological validity of an individual's objections to participating in a group should not be minimized, for they are frequently rooted in early familial (group) experiences. Ormont (1957) has eloquently expressed this: "To ask a patient to venture into a group is often tantamount to asking him to return to his original family constellation with all its accompanying trauma, terror and personal tragedy; each objection is the scar tissue over an old wound" (p. 844). If the individual appears unready for a group experience, the group therapist may refer him back to individual treatment for further exploration of the anxieties and resistances involved. If the individual is not in treatment, the group therapist may hold a series of exploratory interviews, which may reveal the emotional core of the person's objections. In one person, a group may evoke memories of being exposed as inadequate and damaged in the family constellation; to another, it may portend a recapitulation of being emotionally burdened with the care of siblings.

The fruitfulness of exploring the feelings underlying the

stated request for group therapy is illustrated in the next two screening vignettes.

> Mrs. B., a 38-year-old school counselor, presented herself as cooperative, responsive, and knowledgeable about groups. She described the anticipated advantages of a group in providing "feedback" about the impact of her personality on others and how they perceived her emotionally. However, just beneath the surface of her intelligent amiability was a discernible layer of sadness and tension. This prompted the therapist to say that although she had given an accurate picture of what transpires in group therapy, he wondered what her feelings were about entering a group. Mrs. B.'s eyes flooded, and she said with deep hurt, "Well, my husband says I need to get into a group to get the hell kicked out of me." The therapist in turn asked, "Then why are you so cooperative with your husband's destructive wishes toward you?" Mrs. B. wept and was then able to express her own interest in individual treatment to deal with her lifelong pattern of submerging her own wishes and needs to those of others. Two years later, after achieving significant gains in individual analysis, Mrs. B. eagerly joined a group in combination with the continuing individual treatment.

In the following screening interview, the patient's expressed interest in a group operated in the service of his pathology.

> Mr. P., a 35-year-old attorney, presented the major complaint of overall absence of gratification in his life. He felt that participation in a group would stimulate his dulled emotions, basing this opinion on his past experience in encounter groups, which he had found "exciting and exhilarating." When asked about his current life situation, Mr. P. said he was married with two children, one an infant. He sadly reported the termination of an intense affair when the woman recently left the country. He did

not volunteer any information about his marriage, but when asked, indicated there was little communication with his wife. He added, with little apparent concern, that she was quite depressed and could barely care for the baby.

When asked if he were contemplating another affair, Mr. P.'s somber mood swiftly changed, and he spoke excitedly of a young woman in his office with whom he was conducting a developing flirtation. At several points in the session, he reiterated that the encounter group experiences had exhilarated him and given him "a high." At the close of the interview, the therapist suggested to Mr. P. that although a group would probably be quite exciting, it might be more to his advantage to work out his serious family problems in individual therapy. In effect, the therapist indicated that Mr. P. needed help more than he needed excitement. His craving for excitement (in affairs and in groups) enabled him to avoid feeling and dealing with his underlying depression and with the crisis in his family.

The screening session may be used to obtain predictive cues and valuable prescriptions for resolving the resistances the patient will enact in the group.

In her screening interview, Mrs. B. spoke admiringly of the friend who had referred her. Describing the friend as a wonderfully patient nursery school teacher, Mrs. B. reported how this friend had tolerated the aggression—even being spat upon—of a disturbed child for a whole year without even punishing him or sending him away from school. After this, Mrs. B. reported, this child had become a model student. The therapist took this as Mrs. B.'s communication of her own unconscious need to sorely tempt the therapist to expel her from the group. Forewarned and forearmed with this understanding, the group therapist was able to withstand Mrs. B.'s provocative attacks in the first year of her group treatment. She subsequently became a cooperative group member.

Mr. M. had had a considerable amount of individual analysis with several therapists. He presented a strong interest in joining a group, based upon a wish to experience the genuine emotional reactions of peers. Toward the close of the screening interview, he was asked how the group therapist might be of help to him in the group. Mr. M. seemed surprised and said he hadn't really thought much about that. He guessed that it was the therapist's job to provide the group and to keep it going.

The group therapist understood this response as a prescription for the amount of emotional contact Mr. M. wanted from him in the group—in this case, very little. Accordingly, when Mr. M. joined the group the therapist refrained from any investigation, exploration, clarification, confrontation, or interpretation with him. Mr. M. was allowed to interact with the group, and the therapist rarely addressed him, except to occasionally elicit his impression of another member.

After about three months, other members began to comment on the therapist's careful avoidance of direct contact with Mr. M. as compared with his freedom in interacting with and making contact with others. When another member asked Mr. M. what he thought of the situation, he gestured toward the therapist and said almost grudgingly, "He's not so dumb." Subsequently, Mr. M. told the group about his overwhelming father, who never permitted him any autonomy.

The processes of screening and selection of group members are obviously in close relation to the composition of particular groups. Since the group, and the interpersonal and interactive area it provides, is the instrument of treatment, its constitution, and especially its balance, require special attention.

Slavson (1955) has emphasized that " . . . a true psychotherapeutic group presupposes the planful choice of patients and grouping of them on the basis of clinical diagnosis and on the known or assumed effect they may have upon one another" (p. 4). Slavson (1955) has also stated, "One of the chief aims of

grouping is to achieve a permissible quantum of pathology and hostility density" (p. 7).

A group composed solely of shy, withdrawn, and essentially uncommunicative individuals would offer meager opportunity for stimulation among its members and would impose severe burdens on the therapist and the group itself. Similarly, a group inhabited exclusively by volatile, highly aggressive personalities could produce a chaotic environment as therapeutically unsound as the emotionally arid climate in the group of withdrawn patients. It is the admixture of different personalities and behavior patterns, with ample representation of the major feeling polarities of love and aggression, which offers a psychological arena rich in interstimulation and cross-fertilization potential.

The presence of instigators—those individuals who can act as spokesmen for major feeling constellations such as aggression or sexuality—is a *sine qua non* for successful group psychotherapy. One such member was Mrs. K., a young widow who became the group spokesman for pregenital sexuality. She pleasurably reported incidents of men seeking to molest her on the subway. She described one friend who leaves the door wide open when using the toilet and another who goes out without underwear. She talked animatedly of the sexual misbehavior of married women in her neighborhood. Under the impact of feelings activated by Mrs. K., other more inhibited members recalled childhood sexual traumata and were helped to realize their sexual impulses toward their siblings, their children, and one another. Mrs. K. thus rendered a vital instigative service to the other members in heightening their emotional perception of their own sexuality; they, in turn, exerted a gradually maturing influence upon her.

Experience has shown that inclusion of certain carefully selected borderline schizophrenic individuals in groups has proven highly beneficial to them and to the groups. Nagelberg and Rosenthal (1955) suggested that a borderline child whose pathology does not cause him to be perceived as markedly different from his peers, and thus too threatening to them, may well be included in the group.

> The collective group atmosphere created by the more normal individuals composing it would appear to exert a maturing influence upon the weaker ego structure of the borderline patient. In turn, he may contribute to the group by acting as an instigator in expressing for other group members their own, more deeply embedded anxieties around threatening situations and experiences in the [group] therapeutic settings. [p. 173]

This tolerance is specific to each group and its own unique configuration.

Group balance thus involves the presence of instigators who will stimulate the group without overloading its capacity to assimilate hostility and pathology. The combination of active and inactive, fearful and courageous, withdrawn and outgoing personalities is a vital factor in the creation of a feeling-laden, yet assimilable, current of interaction.

PREPARING THE GROUP FOR NEW MEMBERS

Related to the process of the selection and preparation of new members is the process of the preparation of the group for new members. Using the family as the basic paradigm, the addition of a new member is comparable to the arrival of a new baby in the family. As such, it is a group event of considerable consequence due to its evocation of past sibling trauma and rivalry in the lives of group members. The group therapist, as the parent surrogate, assumes responsibility for preparing the group for the newcomer and for helping the members express their feelings, anxieties, and fantasies about the coming event.

Reactions to the new member will depend largely upon the developmental level of the group and upon the life histories of its individual members. A group on the oral level will anticipate the new member as a rival for the available food and attention of the mother. One such group, when told by the therapist that there was someone interested in joining them, responded with the following plaintive comments.

"Gee, there's hardly enough time to talk as it is."
"I hope he's not a talker."
"This place is getting to be like Grand Central Station!"
"Since there will be less time for each of us, can't you lower the fee?"

A group on the anal level might react to the news of an expected addition with feelings of vindictiveness and threats of retaliation.

"Maybe it's time for me to leave—the new guy can have my seat."
"Don't expect to be paid on time from now on."
"You can bring somebody in, but we don't have to talk to them."

With a group on the oedipal level, reactions will cohere around feelings of sexual rivalry. The men may hope for an attractive woman; the women may anxiously ask the age of an expected female member, or they may, in turn, hope for an attractive male. Members of the opposite sex may react with feelings of sexual betrayal by the therapist. A group may seek to cajole, seduce, or pressure the therapist into rescinding his decision to add a member.

"We're all doing so well. Everybody is getting helped—we're really a good group now—why do you want to spoil it by changing the mix?"
"That's right. A good coach doesn't break up a winning combination."
"We'll all have to sit around now and waste precious time waiting for the new person to catch up."

At times, the group may seek to strike a bargain aimed at restricting the therapist's freedom of action with regard to new members: "All right, we'll accept this one, but will you promise that this is the last?

> One group spontaneously took a vote when the therapist announced a new member and then triumphantly confronted him with an obvious "majority against" decision. The therapist responded, "If this group were a workshop in democracy, I would have to abide by the majority opinion. However, since this is a therapy group based upon psychoanalytic principles, I do not feel bound by the vote." This response permitted the group members to therapeutically express their anger.
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> "This is a damn dictatorship!"
> "He always has to run the show."
> "It's a waste of time to talk to that phony—he pretends interest in our opinion and then does whatever he wants."

When the therapist facilitates the expression of all feelings about new members and at the same time remains firmly in charge of the procedure for adding to the group family, he is fulfilling his therapeutic responsibility. Neglecting to inform a group of the arrival of a new member may result in excessive additional hostility toward the newcomer and may represent countertransference resistance on the part of the therapist. Some therapists seek to reduce the initial anxiety of the new member by bringing in two new members at the same time. Experience has shown, however, that two new members do not necessarily relate to or support each other. In addition, a group encounters more difficulty in accommodating "twins" than it does a "single birth."