

RESISTANCES IN THE FIRST SESSION OF PSYCHODRAMA PSYCHOTHERAPY GROUP WITH ADULTS

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SUMMARY

Resistance refers to all types of behaviour that oppose the exploration processes in the therapeutic process and inhibit work. Very common types of resistances, such as forgetting the time of session, being late, non-payment of sessions and such are found in every type of psychotherapy, including psychodrama psychotherapy. The attempt to break resistance in order to evoke changes could be dangerous as it represents the necessary defence mechanism and it is also a vital element of the person's functioning in therapy. In psychodrama, which is a type of action method of group psychotherapy, resistance can manifest through continuous verbalization of problems, in not wanting to act out the problem, the protagonist's typical non-verbal message or the most obvious manifestation: the absence of the protagonist. This paper will be on the typical resistance which the therapist has noticed during the first session of psychodrama psychotherapy, with a small group of adult clients. As the group was young and with undeveloped cohesiveness, resistance represented a certain balancing power for maintaining mental homeostasis of the group.

Key words: resistance - psychodrama psychotherapy - the first session of psychodrama psychotherapy

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INTRODUCTION

Resistance refers to everything that a person (the client, a member of the therapeutic group, etc.) opposes in their own comprehension of the unconscious content. It is any type of behaviour that is contrary to the process of exploration in the therapeutic process. Resistance is everything that prevents the therapeutic work and it opposes the expressing of free associations, memories, elaboration, interpreting and gaining insight. Although in our culture it has a certain negative connotation, the presence of resistance is still a desirable characteristic in the therapeutic environment. Typical and very frequent types of resistance are found in all kinds of psychotherapy: forgetting the time of session, arriving at the wrong time, being late, talking between individual group members during the session, intellectualisation, non-payment of sessions, etc. When analyzing one's therapeutic work, many psychotherapists find it difficult to distinguish between resistance and defence mechanisms. Apart from the resistance related to the conscious and the foreconscious parts of the ego, which are accessible through the objective part of ego of the person, the types of resistance that are often the most interesting to work with and the most difficult to solve are related to the unconscious part of the ego (from which defences emerge).

Even back in 1895 the father of psychoanalysis Sigmund Freud wondered why patients who come to psychotherapy seeking for help quickly show their own "counterwill" in relation to all attempts at treatment. Freud's view of the resistance over the years slowly changed. He began to realize that resistance is important for psychological survival of patients. Therefore in the 1920's he believed that resistance occurred when a person felt blocked in free associations, experiencing resistance such as fear of analytic interpretation. He

noted that people in therapy couldn't easily disclose information about their childhood, due to the attachment to painful memories. Thus, they could for example, "stick" to the illness, problems or conflicts they had for the benefit they'd gain in therapy, and such benefits were numerous: the therapist's care, the therapy procedure itself, the overall relationship which a person gets with the therapist, etc. That's why they wanted to stay in the therapeutic relationship, without analyzing the conflicts, as the latter would mean the imminent end of treatment, the feeling of loss and abandonment (dyadic) relationship with a therapist. They don't want to change their old habits and behaviour patterns or they're hesitant to change because they're uncertain about whether the change would be useful to them. Subconsciously they ask themselves whether these changes would bring more satisfaction than they get from the actual symptoms. This "repetition of compulsion," i.e., the tendency of person staying attached to old and familiar ways of overcoming difficulties, by avoiding the new and uncertain situations, is still today considered one type of resistance to change in the therapeutic process. Today's theorists emphasize the fact that there is a tight link between resistance, transference and the object, dyadic relation. They believe that the patient resists going through the affects that come from desire to establish a dyadic, human relationship with a person who is important to them. This phenomenon of recurrence of past dyadic relations is particularly evident in the first psychotherapeutic session through the client-therapist relationship, client-client, etc.

It is generally considered that group psychotherapy which emphasizes group, interpersonal and multi personal model of communication, offers a very productive laboratory for resistance research. The well known group psychotherapist Slavson also believed that resistance appeared in order to oppose any change that

interferes with mental balance. He also stated that the resistance of one member reinforces the resistance of other group members. On the other hand, it is known that with the identification process, mutual support and a sense of universality, all individual and group resistance can be overcome.

However, an attempt to overcome obstacles, or even break them in order to cause change, can be dangerous because resistance is a necessary, protective mechanism of the person in therapy. Resistance is their shield against exposure to painful, humiliating or frightening experience and it's sometimes used to protect relationships, commitment to certain ideas, for maintaining a sense of pride and autonomy, etc.

Although it is determined as a repetitive pattern of behaviour, resistance is a vital element for the functioning of the person in therapy.

In the psychodrama work, resistance is also a consequence of the transference. Although they're aware that the scene play in psychodrama is not real, the protagonist emotionally, in a fantasizing way, realizes desires and unconscious drives, and it is this experience that creates resistance. Thus, for instance, at the beginning of creating the "as if" scene, the protagonist tries to go beyond the game and enter the usual verbal relationship with the therapist.

Considering the fact that psychodrama is action group psychotherapy, meaning that as a means of expression apart from verbalization of thoughts and feelings, it applies movement and body language. The sole reliance on verbalization also represents one of the most common manifestations of resistance in this type of psychotherapy. The protagonist's nonverbal communication, which symbolizes resistance (such as body tension, the muscles of the body, interlocking the fingers, feeling a lack of voice power, etc.) can also be "dramatized" played out and included in psychodrama action, as well as in all other situations where resistance is not so dramatically expressed. The founder of psychodrama the Viennese physician Jakob Levy Moreno, considered that one of the fundamental tasks of psychodrama psychotherapy was to resolve the protagonist's resistance in action as well as the explicit portrayal of their series of defences. The aim is to increase awareness of the protagonist's use of defence, and enhance their responsibility to change past behaviour patterns.

Psychodrama requires that the person play a specific role from everyday life in the presence of therapist and other group members. In addition there is no given dramatic text, rather than, life situations occur as they're experienced by the protagonist (the group member who spontaneously plays out their problem in the "as if" scene). Moreno described psychodrama as a process in which life can be explored without fear of punishment, but with taking certain risks. In psychodrama the protagonist and other group members are encouraged through role playing and psychodrama action to complete all life situations which they hadn't or

couldn't do up until now. In their psychodrama, the protagonist explores their own history, present and examines the possible future. By bringing their life into a safe therapeutic environment (setting), with the help of therapists and group members, the protagonist plays out significant scenes in which this process is often very vivid, intense and full of different emotions. Emphasis is thereby put on concretisation of "as if" situation scenes, which means that such scenes from the past events take place on an "as if" stage as if it was happening here and now.

Regarding resistance in psychodrama work, Moreno used to say: "We do not tear down the protagonist's walls, rather we simply try some of the handles on many doors, and see which one opens."

In this paper, the first psychodrama psychotherapy will be shown, as well as the resistance of the group members that was reported during the 2 ½ hours of therapy duration.

SUBJECTS AND METHODS

The participants of this psychodrama therapeutic group are adults from age 21 to 50. A small group was formed consisting of only five members, which is considered a minimum number to start a psychodrama psychotherapy group. It is heterogeneous by gender (2 male and 3 female members), semi-open type and with no time limit. All group participants live in Zagreb, have a regular job, 3 of the members have a university degree and two of the people have a high school degree. As far as their family situation, the two youngest members of the group (Gregor, age 29, B.A and Srdjana, age 21, high school graduate) are single with no children, while the others are parents with a year-long experience of living in a marital community (Pavao, 35, high school graduate, divorced; Ksanta, 40, B.A, married, and Glorija 50, B.A, divorced). The names of group members have been changed to protect their privacy.

All the group members had already prior to entering this one, had personal experience of participating in other (individual or group) psychotherapeutic modalities in a continuous period of 6 months up to several years. In all group member cases, according to their anamnesis, it is evident that in that period there was no need for hospitalization and there wasn't any psychotic decompensation.

An important detail for greater comprehension of the group dynamics is the fact that two members from the group: Pavao and Glorija were members of the former psychodrama group which had ended half a year before the new group started. In this (old) group their attendance was quite irregular and they "went through" the last year of the group work, from which the last four months were spent on its closing. At that time they were told that a new psychodrama group would be formed and that they get in touch if they were interested in continuing the therapy.

Methods

Prior to the formation commencement of the new psychodrama group, for several months the psychologist had been arranging and conducting individual psychological testing (general socio-demographic questionnaire, a brief written statement about the motivation for joining the psychodrama group, Plutchik's Emotional Profile Index and the Incomplete Sentences Test) and individual interviews with interested parties who could possibly join the group.

The interested participants came to see the psychologist for signing-up and they were informed about how the group works and all other organizational terms. The psychologist tested them first and then proceeded with individual interviews. Their motivation for joining the group was assessed in this first interview. The possibility of the person to become a suitable member of the group work was increasing with the length of preparation phase for joining the group. Thus, the average time spent with each potential candidate was 2 to 3 direct (face to face) meetings. The same procedure was made with the old members: Gloria and Pavao. They also passed again, with multiple interviews to examine their motivation and gather new information from their lives since the termination of the old group up until the start of new.

In total, there were 11 interviewed candidates for admission to the group. Preliminary interviews prior to entering the group had more goals. Some of criteria for the entry were: the existence of intrinsic motivation, the absence of mere curiosity, the willingness to accept and submit certain risks in relation to others, the absence of psychotic decompensation and psychiatric hospitalization.

To the psychologist it was primarily important to establish a mutual so-called working alliance and trust, and to prepare the future members for a variety of interactions with the group to which they would soon be exposed.

The psychologist had informed every future member about the basic rules of group work. These rules were verbalized at the beginning of the first session. The rules referred to the dynamics of the meetings: the importance of attendance and being punctual, the venue, time and duration of each session (once a week, at the same time of the day, a no break continuous two and a half hour session, having sessions in the same place). Other norms of behaviour were also explained: about members leaving the group (each member has to inform about possible absence from session in advance), the breaks from group work sessions (the calendar is established in advance taking into account vacation, holidays, etc.) and the member conduct (benevolence towards oneself and others - which provides non-harming of themselves and others, physically and mentally; discretion - which means that all contents exposed should not be taken outside the group and couldn't be shared with anyone other than the psychologist and other members of the

group, "prohibiting" behaviour such as being late, drinking, chewing gum, eating, using cell phones, etc. which is considered to be obstructive to the group). The rules applied to both group members and the psychologist who was leading the group and this was clearly verbalized.

Prior to the start of the first session with the group members, the minimum of required sessions was individually agreed with each member: the first 8 sessions during the first two months of work groups. This sought to pre-set a minimum mandatory limit of attendance so that the group establish a better foundation for their development (pleasant and constructive environment, well-developed transference, an increase of trust, open communication, etc.) and to reduce resistance in the beginning of their work.

The final selection of participants in the psychodrama group was followed by a long-awaited first psychodrama session.

RESULTS AND DISCUSSION

Case Study of the First Psychodrama Session:

Four members attend the group: Srdjana (21), Ksanta (40), Pavao (35) and Gregor (29). The group session begins on time, the psychologist welcomes all those present and spontaneously they all introduce themselves to each other by standing up and shaking hands. The psychologist repeats organizational issues relevant to the group work and the style / way psychodrama functions. The group is visibly excited, members can't sit still, they watch and observe each other, constantly seeking the mirror answers by observing the psychologist's nonverbal reactions. The atmosphere is filled with curiosity and impatience. The fifth member, Glorija (50) arrives 7 minutes late and apologizes for it due to personal reasons. She was often late in the last group as well, but she was also outgoing enough to speak in front of the group and often volunteered to be the protagonist. Now in the new situation she behaves in a similar manner. From the very beginning she's been acting as the most "dedicated" member of the group. She presents herself to everyone and talks about her unattained partner relationship. This position of hers, even though it seems positive by the glimpse of it, reflects a certain need to control the entire situation in the group. By doing this, to some extent she prevents others from participating in the discussion. Glorija would react similarly in her last group. Occasionally she would place this role upon herself, which would distance her from interacting with the other group members, but at the same time it put her in special position in relation with the psychologist: seeking protection and a feeling of dependence on the psychologist as a group leader.

The psychologist recommends that all members present themselves once again and mention the reasons of being in the group. Just as in the old group, in this

new one, Glorija's reasons for entering the group caused the most warmth and worry from the other members but especially through Pavao's verbal response, who already knows her to some extent.

At this point Glorija and Pavao begin to talk in pairs, as if the rest of the group didn't exist. Although they don't have any common problem or similar reason to be in the group, they let the rest of the group "know" that they are a so called subgroup and they keep talking to each other, occasionally trying to involve the psychologist while the other three members only listen. The psychologist takes them back the present situation so that the others could also understand what is happening. Pavao and Glorija accept the intervention and the rest of the group joins the discussion. All 5 members try to find a common ground for why they joined the group. Gregor then verbally expresses his fear of feeling of exposure "When I first arrived to the group session today, I felt I was on my guard full of tension," The psychologist encourages him with words, "It is very difficult to be honest. In psychodrama we can try to deal with this challenge. "

However, the communication turns into social club small talk, the group begins to act uniformly, and all of them begin to talk about the triviality of everyday life. These forms of resistance act as their struggle with anxiety, fear of the unknown and fear of being disclosed. The psychologist uses the moment of silence to invite the group for an action warm-up after the introduction. The goal of warming-up (which the psychologist doesn't verbalize to the group) including the gradual awakening of spontaneity, which directs their attention and increases the emotional tension towards (real) individual problems. By joining this game, a greater ability of identifying oneself with others is achieved: the group rotates by moving to the next chair position and they all have to present themselves as the member who had been sitting on that chair previously. With this change of roles, the initial resistance is broken and "real" group work begins. The group in addition also remembers the names of others. After returning to their chairs, the psychologist invites the group to share their feelings. Without judging and giving advice to other members, they participate in the group work in first person and talk about how they felt in their first (another person's) role. This intervention contributes to higher quality of communication and the group learns some important details about each member from their personal lives. This gives a cue for a new warm-up psychodrama game involving the origin of their names. The group accepts the following warm-up as a form of extra introduction in dyadic and triadic way, shown in form of a short sketch about their transgenerational name issues. After that, they're reformed as a coherent group and in that moment the sharing of feelings follows. The psychologist estimates that it is time to ask whether the group has the need for someone to be the protagonist. No one reacts. Moreover, the group falls silent for a moment. As yet

there is no trust, cohesion and openness, the group quickly slides talking about trivial every day life matters. The conversation is very lively and they talk about the self-help books that some of the members had read. They discuss the text of the book. The group surprisingly quickly switches from one topic to another. After a few minutes the psychologist asks the group, "What is happening here?". Glorija immediately reacts angrily and says: "We are avoiding treatment. I'm come here to work, and for coffee I can go whenever I want. "

Gregor approvingly nods his head and comments at the same time: "Yes, but this situation is obviously still necessary for everyone." Ksanta replies "I am confident that we are lead by our therapist, but I think that we can not avoid therapy. This is why we're all here. "

Glorija acknowledges with disappointment that there's very little time left for the psychodrama action.

The psychologist (again) gives everyone the opportunity to reconsider whether they'd like to be a protagonist. The psychologist also trains the group and briefly explains that in this short time they may play out a small psychodrama "vignette." These are short sequences composed of only one scene. The psychologist says that even shorter forms of psychodrama action can be set up: for instance the group member can give a so-called statement as the shortest form of psychodrama game in which the protagonist refers to some important person or object in their life. The group is at this point silent again. This silence not only acts as a form of resistance, but also as a fruitful intrapsychic activity of all members. The psychologist then doubles the whole group: "We have a variety of needs; we question and observe each other, as it makes it easier to cope with fear." The group smiles and the majority show a non-verbal doubling confirmation nod. Ksanta looks at the wall clock. All of them with an apparent ambivalence await the end of the first session. The psychologist announces the completion of the first psychodrama session and the next meeting in a week.

CONCLUSION

Individual and group resistances from the case study of first psychodrama session working with adults suggests that this is a very important balancing force for maintaining the mental homeostasis of the group. This group is very young, new and undeveloped, and it was to be expected that due to the lack of cohesion, different components of resistance to the therapeutic process would occur: from the attempt to install a subgroup, talking about trivialities, focusing on external content to various forms of silence. However, one of the most significant manifestations of resistance in psychodrama psychotherapy is certainly the non-participating in role-plays and the absence of the protagonist. The psychologist – the leader of the group has a demanding assessment task of knowing when and how to intervene in order not to block the initial process and the

beginning of development of each group member. The way to intervene and reduce the initial resistance, the psychologist found in the initial forms of warm-ups which were much more pleasant for the group members, as opposed to confronting them directly. A well-known pediatrician and child psychoanalyst Donald W. Winnicott thought that every therapist should allow a person in therapy to have the so-called play-space. In this way the person is involved and shows willingness to accept the game and all the new roles as a fundamental aspect of the development of human life, and as such it continues throughout the life of the individual.

REFERENCES

1. Bion WR: *Iskustva u radu s grupama i drugi radovi*. Zagreb: Biblioteka Psiha, Naprijed, 1983.
2. Blatner A: *Acting In - Practical Applications of Psychodramatic Methods*. London: Free Association Books, 1997.
3. Klain E, Cividini-Stranić E, Urlić I, Moro Lj, Tocilj-Šimunković G & Josić D: *Grupna analiza – grupna analitička psihoterapija*. Zagreb: Medicinska naklada, 1998.
4. Mindoljević Drakulić A: *Mali rječnik psihodrame*. Zagreb: Hrvatsko psihodramsko društvo, 2007.

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