The authors view resistance generally as healthy and a sign of a more or less intact ego. A brief review of the psychoanalytic literature and the group therapy literature presents resistance as a mechanism that closes off aspects of the internal and external world seen as potentially dangerous. Patient resistances are identified as coming from cultural values, fear of strangers, fear of regression, and resentment toward the therapist. Clinical vignettes of group patients and group interaction are presented. Finally, resistance of therapists and indications of such resistance are also explored.

The word resistance often has a pejorative connotation among therapists. When resistance appears in treatment, they feel frustrated in their therapeutic work and stymied by the inability of patients to accept clarifying interpretations. Although the classical position has been that every resistance must be confronted and interpreted, all resistances are not the same. There are some forms of resistance that do not get resolved in this manner. What has not been recognized is that the resistance may be a deeply ingrained way of coping, which has an adaptive value to the person and which provides self-continuity. In group therapy particularly, where the individual is exposed to more pressures than in individual therapy, it is not possible nor advisable for the therapist always to interpret such behaviors. More often than not, character resistances in particular serve to anchor the individual's identity and an attack on them by an interpretation only increases opposition.

While the literature has been replete with suggesting interventions concerning transferences and defenses, few recent papers specifically focus on resistance. Much of the group therapy literature at the present time, still resonating to Kohut's writings, has concerned itself with the concepts of self and selfobjects in therapy groups. Attention has been given to the therapist maintaining an empathic stance vis-à-vis group patients, which implies that therapists are not dealing with neurotic patients in group therapy but rather with disorders of the self. These group therapists further suggest in their writings that an em-
pathic listening stance might facilitate the therapy more than confrontations and interpretations would. It seems to us that certain resistances, such as character resistances, are intimately related to the self-concept. They contain values, attitudes, and identifications which serve to protect the continuity of the self. While one may not have to accept Kohut's theory in toto, it is quite likely that if therapists were more empathic to resistance manifestations, treatment would be facilitated. It is from this point of view that this paper has been written.

HISTORICAL OVERVIEW

Psychoanalysis

In 1923, Freud stated that resistance occurred when a patient became blocked in his free associations. Exploring this, he surmised that the analysand was unwilling to talk about hostile or erotic thoughts and affects concerning the analyst. Subsequently, he (1926) classified five types of resistance: ego resistance, superego resistance, id resistance, secondary gain, and transference resistance.

Greenson, in 1967, presented an overview of recognizing resistance, interpreting it to the analysand, and the process of working through. While Freud viewed resistance mostly as a fear of analytic interpretations, Greenson stated that resistance was not an artifact of psychoanalysis but rather a repetition of past events.

Present-day theorists emphasize the intimate relationship that exists between resistance, transference and object relationships. They state that the patient “resists” experiencing painful affect that is accompanied by the wish for some kind of human relationship. Indeed, Loewald (1980) says that the phenomena of transference and resistance make clear the inextricable relationship between subject and object. In a similar vein, Dorpat (1981) states that affects are central to the development of human relationships and that resistance is a self-imposed barrier against experiencing such affects toward the self and others.

Classical analysts (Abraham, 1919; Fenichel, 1954; Freud, 1908) became aware of what may be called “character resistances,” i.e., deeply ingrained traits used by the person automatically (unconsciously) in his or her dealings with the world. Reich (1933) states that no neurosis can be cured without character analysis. Recently, Schafer (1983) expressed the opinion that such character traits are self-maintained limitations on how life is to be lived. These resistances represent a “closed world” and interfere with the empathic attitude of the analyst. Such barriers are set up for (a) the maintenance of masochistic object ties and (b) the maintenance of the integrity of the self.

While an intimate relationship exists between defense and resistance, for the purpose of our discussion we define defenses as those mechanisms that ward off internal psychic embarrassment, while resistances are expressed in the external world within the context of object relationships.

Group Psychotherapy

Individual Resistances. Because group psychotherapy is an interaction modality emphasizing communication, it offers a rich laboratory to study and explore resistances, especially character resistances. Slavson (1964) believed that the function of resistance is to oppose any change that would disturb the psychic equilibrium. Resistance on the part of one group member, he believed, would