This article combines theoretical material and the author's experience in a discussion of conflict and its management in group psychotherapy. The author emphasizes that conflict is an inevitable and important factor in group development. Particular emphasis is placed on the therapist's ability to manage group conflict and how this ability is communicated to the group members. Techniques that aid in the highlighting and resolution of conflict situations are discussed, accompanied by illustrations of group situations arising from the author's practice. Cited in the article is some of the literature discussing the sources and importance of conflicts in groups, conflict related to group development theory, transference and the role of the group leader in managing conflict, the group contract, and resistance.

CONFLICT MANAGEMENT IN GROUP PSYCHOTHERAPY

ROBERT UNGER
Boulder, Colorado

Although much has been written about group psychotherapy, the recognition and management of conflict in groups has received only occasional attention. Yet virtually all clients enter therapy because of conflict. Whether expressed internally, through interpersonal relationships, or with social, legal, familial, or other external systems, whether the client is aware or unconscious of it, conflict must be addressed by the therapist if the client is to gain maximum benefit from treatment.

This is particularly true for group therapy. Clients gathered together because of personal conflicts will inevitably experience conflict with each other as they interact with other group members. Conflicts with the therapist also will arise. It is therefore imperative that the group therapist know how to manage conflict situations and so assist clients in resolving their personal and interpersonal conflicts.

The inevitability of conflict in groups has been borne out repeatedly in my own clinical experience. When seeing clients in individual sessions after they have begun group therapy, I have found that most are eager to talk about the group, particularly their conflictive feelings about other group members. This phenomenon may occur after only a single group meeting and, as might be expected, is much unlike the neutral or positive behavior usually displayed in the group itself. These antagonisms often presage the type of conflicts that may arise among other group members. If the therapist does not help clients identify and tolerate such conflicts and negative feelings in their group experiences, it is likely that some clients may decide to discontinue group therapy.

DETERMINANTS OF GROUP CONFLICT

The literature does present a variety of ideas concerning the causes of conflict in group therapy. Mitchell and Mitchell (1984), Ormont (1984), and Yalom (1985) noted that conflict is inevitable in groups; conflict, they asserted, stems from members having to share the same space at the same time. Spotnitz (1968) concurs and adds:

> People have to share time and attention and divulge the intimate details of their lives to strangers. Patients crave attention, appreciation, admiration, and affection. They get reduced direction and lack of direction on how to proceed. Neglect provokes anger and despair. (p. 152)

As Foulkes and Anthony (1957) observed, "The living portrait of the group is most uniformly painted in terms of conflict, which is evident in manifest or latent forms in every group situation" (p. 118).

Many researchers agree on the importance of conflict in groups. Frank (1955) noted that therapists tend to accentuate positive emotions, such as warmth and caring, but that antagonism and conflict also can be an important stimulant to personality growth. Kormanski (1982) states that conflict and leadership are inseparable, and Yalom (1985) suggests that the absence of conflict indicates

impairment of the developmental sequence. According to Slavson (1979), members of a group are a biological threat to each other, but although groups are sources of considerable tension to their members, they also protect against danger and ensure survival.

The sources of conflict in groups are many. Yalom (1985) and Frank (1955) noted that conflict often arises from contempt of others, which is usually a projection of the patient's self-contempt. Yalom also listed transferences, mirror reactions, rivalry, differences in outlook based on differing life experiences, anger at members who have not accepted the group's norms, and disappointment with the therapist as additional sources of conflict. Foulkes and Anthony (1957) pointed out that inner pressures encourage individuality in therapy group members, which may be incompatible with the norms of the group, creating a situation of conflict. Rules and competition also cause conflict. Dugo and Beck (1984) stated that the basic rules of group structure and development are the source for intimacy and hostility issues. Bar-Levav (1977) proposed that clients in group therapy compete for the attention and love of the "good mother" therapist.

Initially, conflict usually is expressed in terms of a complaint. The complaint might be internally generated—as is the case with someone who is experiencing physical symptoms, depression, or difficulty with career or relationships—or it could be externally generated, as is the case with most court-referred or substance-abuse clients. In most instances other than crisis situations, the complaint will not be isolated but is part of a pattern of behavior or symptomatology that arises repeatedly in the client's life. These symptoms and behaviors will likely resurface during therapy, and the conflicts that initially brought the client into treatment will eventually manifest as conflicts with the therapist and group members. The cumulative effect of this, along with the other previously cited factors, is to create a situation in most groups in which there is great potential for conflict.

Most theories of group development identify a stage in groups when conflict is most likely to occur. Kormanski (1982) suggested that an initial stage of orientation and dependency is followed by a

of hostility is the greatest unifying agent among people in the
ordinary community. It is so also in treatment groups. (p. 372)

Slavson observed that good therapists encourage patients to express
hostility toward the therapist. Mitchell and Mitchell (1984) also
emphasized that such conflict with the group leader is important
and influential for developing the future course of the group.

Group therapy is often a largely disappointing and frustrating
experience for its members—and it is, after all, the therapist who
placed them in this situation. Conflicts related to these facts surface
early. I have had many clients express great interest in joining a
therapy group only to express disillusionment after the initial few
meetings. For some, the disillusionment is so strong that it causes
them to leave treatment. I have learned to prepare clients better for
the disappointing early experience they might have in group ther-
apy, so that they might remain in treatment. I often will tell them
that many clients are frustrated by group therapy and discuss the
reasons for this. Although such warnings may initially raise ambiv-
alence about entering the group, this preparation lessens clients'
inclinations to leave when negative experiences occur. I often
repeat these warnings in the beginning phases of the groups as well,
using any appropriate opportunity to mention negative reactions
that I have received from previous groups. The goal is to let group
members know that I am willing and able to discuss these experi-
ences as they arise in the group.

THE GROUP CONTRACT

If the therapist is to work constructively with conflict in the
group, it is important to have some general plan of action. Although
the specific character of each group will be unique, the therapist
should have an idea both of typical group developmental processes
and the importance of the emergence of conflict to the group's
growth. I have found that the expression of conflict can be promoted
through the establishment of a group contract. The contract is
similar to the rules of discipline and conduct given to a child by the

parent: Even though such rules often cause anger and resentment toward the parent, it is well known that when rules of conduct are properly and consistently applied, the child is more likely to develop a healthy identity and sense of self-discipline. The child who is provided with inconsistent or little structure pays for this immediate freedom with uncertainty and confusion about identity and behavior in later life. The same logic applies to direct or implied contracts between group members and therapists. Clients sometimes enter group therapy with the idea that they are free to behave and express themselves exactly as they wish. They are then quite disappointed—even angry or resentful—when presented with rules of conduct for the group.

There are many possible elements to a contract for a therapy group. Ormont (1968) suggested that members:

1) Tell the story of their lives where pertinent.
2) Understand others and communicate it.
3) Make no critical life decisions without discussion in the group.
4) Take a proportional part of the talking time.
5) Refrain from acting out—i.e., smoking, drinking, incurring debts, socializing outside of group, physical activity in the group. (p. 148)

Ormont goes on to note that deviations from the contract are expected. In fact, the way in which clients deviate from or resist the contract often tells a great deal about the way they deal with conflict in everyday life. Clients usually resent these limitations placed on their behavior but, particularly in the initial phases of the group, are unwilling to confront the therapist directly with their resentment. The tendency is for the clients either to bicker with each other or to band together (usually unconsciously) to be uncooperative.

I recently began a therapy group in which the members were being appropriately superficial in the first session. I was then asked by Pete about the rules of the group. I proceeded to recite a long litany of group rules somewhat akin to those suggested above. This resulted in a great deal of excited discussion and the expression of irritation and resentment. Joe talked about how he never followed others' rules and cited as an example the fact that he drives very

fast and runs red lights. This upset Katy because she thought that her son was in danger on the streets. As the discussion continued, Mary said to Pete, "Why did you have to ask that question?" Most of the members expressed irritation with some aspect of the contract.

Through this process the group members got to know a great deal about each other, and I got a helpful preview of some of the resistances and types of relationships that would emerge. In the second meeting there was already some defiance of the rules as well as some cohesiveness forming as a result of the previous week's discussion. Joe told Katy that he had thought of her son and had driven more slowly that week. The members were well along in the process of becoming a group.

The therapist should respond to the conflicts initiated by a contract by helping the group members express their feelings in words rather than acting them out indirectly. Ormont (1968) noted that when deviations from the contract are ignored collectively, a *group resistance* is occurring (p. 149). This represents the way the group members collectively act to defy or indirectly express their anger toward the therapist. Examples might be incidents in which clients are late, miss sessions, or act out in other ways without being confronted by fellow group members.

I have found that by responding to resistances to the contract at the group level, conflictive feelings are directed at the therapist, which helps the group to progress. After studying patterns of members' resistant behavior, I identify these patterns as issues for the whole group. For example, when a member consistently arrives late, I usually initiate exploration of the behavior by raising the possibility that the group is ignoring and thereby sanctioning this activity. The group may become angry at me for saddling them with the responsibility of monitoring the behavior of individual members. When the therapist questions why they are reluctant to take responsibility for the regulation of group behavior, members usually respond with reasons that reveal their resentment toward the therapist for imposing the contract. Exploration of fundamental

issues of compliance, defiance, and relationship to authority can then take place.

Conflicts that I find most useful frequently arise over the issue of shared talking time. Although as part of the contract I emphasize that members should share the talking equally over time, this virtually never happens; some members dominate talking time while others sit back and engage in little active participation. Generally, I am not as concerned with the content of what is discussed as I am with observing the developing patterns of communication between group members. When I point out deviations from the contract stipulation that talking time be shared, resentment often arises. Those who dominate do not like to help quieter members talk more, and the latter do not like the idea of having to bring the excessive talkers under control. As with other contract issues, members resent being made to feel responsible for the behavior of others, preferring the notion of getting what they can for themselves from the group experience. The result is resentment toward the therapist.

The phenomena that result from the imposition of a contract demonstrate one of the most valuable aspects of group therapy: its potential to treat the aggression that underlies narcissistic behavior. Individual psychotherapy can be painful and frustrating, but the client obtains the fundamental gratification of having the exclusive time and attention of the therapist. In group therapy, however, clients experience the painful reality of having to share time and attention with others at the expense of immediate personal attention. It usually takes some time for individuals to experience the more subtle and enduring gratification of working cooperatively with others. As Foulkes and Anthony (1957) noted, "Group . . . psychotherapy has been called a training for democracy" (p. 121).

When therapists demonstrate in various conflict situations the ability to tolerate and, in fact, welcome the anger and frustration of group members, they are free to engage in a more free-flowing emotional exchange in which a wide variety of feelings and reactions can be explored and resolved. My experience in ongoing

groups is that a rhythm is established between intimacy and con- flict. The therapist, rather than attempting to enforce an environment of warmth and comfort, instead tries to help the members deal with conflict and aggression. As conflicts are resolved, closeness and intimacy occur spontaneously. This state might endure for awhile, but because of the tremendous complexity of changing emotions in a group, homeostasis cannot be maintained, and new conflicts will arise as the cycle repeats itself. Progress of the group over time is not measured necessarily by reduction of conflict, but rather in the ability of the group to identify and resolve conflict situations efficiently.

SUMMARY

Conflict is an expected occurrence in any psychotherapeutic situation but given their uniqueness, is particularly inevitable in therapy groups. Difficulties can arise when conflict or aggression is not managed effectively in a group. The personal growth of members can be stifled, as they will quickly intuit the lack of safety in verbalizing conflictive feelings toward each other. The level of intimacy in the group can be affected, because resolution of conflict usually leads to greater intimacy being experienced and expressed by group members. If the members feel that the leader cannot tolerate or manage conflict, the unspoken task of protecting him or her at the expense of their own free expression can evolve.

The most important aspect of conflict management is the therapist's demonstration of the ability and willingness to tolerate feelings of conflict, anger, and aggression without either becoming defensive or attacking group members. This is accomplished both in the manner in which the group is structured and by the therapist's willingness to be the object of conflictive and aggressive emotions. Sharing one's innermost thoughts and feelings with a group of relative strangers is a difficult, demanding exercise for a client. By demonstrating comfort and skill in handling situations of conflict,

the therapist maximizes the potential for such expression and a resulting constructive group experience for members.

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Robert Unger has a B.S. from the University of California at Berkeley (1967), an M.S.W. from Hunter College School of Social Work (1976), and is a doctoral candidate in counseling and guidance from the University of Colorado. He is a former Assistant Director of the Bellevue Hospital Alcoholism Program and serves on the faculties of Naropa Institute and the Colorado Center for Modern Psychoanalytic Studies. His published articles include "Selection and Composition Criteria in Group Psychotherapy," "Sustaining Transference in the Treatment of Alcoholism," and "Treatment of Adolescent Alcoholism." He is currently in private practice specializing in group psychotherapy.