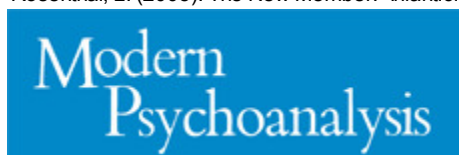


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## The New Member: "Infanticide" in Group Psychotherapy\*

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While the variety of responses of psychotherapy groups to new members is wide, this article addresses those that are treatment destructive, that is, murderous in that they are aimed at the elimination of a new sibling. A number of frequently encountered destructive response patterns to new members are illustrated and categorized. It is suggested that survival of the new member is best insured by adequate preparation of the group so that the nucleus of powerful feelings activated in this situation can be felt and expressed prior to the addition of the new member. A clinical example of appropriate preparation is offered, and the contributions of group therapists to new member casualties are noted.

Many years ago at the Jewish Board of Guardians, I supervised a play group of preschool-age children. At a session in which a new child appeared, Hannah, a hitherto quietly cooperative girl, began screeching in tones so shrill and strident that the other members and the therapist were compelled to cover their ears. When the therapist asked Hannah what her screaming was saying, she replied, "I hate new ones!" The emotional responses of adult psychotherapy groups to "new ones" are frequently quite similar and may constitute a spectrum of attitudes ranging from the merely inhospitable to the murderous.

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Interest in the group's response to new additions goes back to the early period of group therapy. **Slavson (1943)** noted that children who felt secure and gratified in their group accepted new members with much less hostility than those who were insecure in their own group membership. **Bach (1954)** suggested that an established group could be likened to a fairly calm lake and the introduction of a newcomer to the dropping of a stone into the water. **Papanek (1954)** suggested that the intensity of the group's attitude toward the new member may represent for many patients one of the strongest emotional experiences in any therapeutic situation. **Leopold (1961)** reviewed the extant literature on the new member and reported consensus that this significant event in the life of the group brings about a sharp increase in hostility and tension-provoking behavior. There was also consensus that the introduction of the new member replicated the arrival of a new sibling in the nuclear family.

**Kaplan and Roman (1961)** studied characteristic responses to new members and likened these reactions to children attempting to master intense anxiety through play. They observed the existence of an indoctrination process geared to the new member. "Overtly, the indoctrination could be as mild as an introduction to a social party with one of the group members playing host or as severe as a college hazing or courtroom prosecution" (p. 375). **Ormont and Stream (1978)** reported that the newcomer activates a complex interpersonal situation in which memories, affects, and fantasies related to siblings and other competitors are stimulated, and negative feelings toward parents are reawakened. The authors suggest that the expression of the multiple transferences generated by the new member's arrival depends on where the group is in its own development. Thus, therapists' recognition of and sensitivity to the group's emotional age enable them to explore the emotional significance of the new member's arrival and to resolve some of the conflict arising from its current maturational adaptation. They illustrate that a psychologically young group functioning on a preoedipal level would perceive a new member as a rival for the mother. A group on the oedipal level would experience a new member as a potential sexual rival or object.

### Treatment-Destructive Responses to New Members

While there is a wide variety of group responses to new members, this article will address those reactions that are treatment destructive. By this we mean responses that constitute a threat to the continued treatment of the new member or to the therapeutic viability of the group.

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**Yalom (1970)** observes that hostility to the newcomer is evident even if the group has beseeched the therapist to add to the group. He

notes that a content analysis of sessions in which a new member arrives reveals themes that "are hardly consistent with benevolent hospitality" (p. 250). The following are some frequently encountered responses to new members.

### **Excluding the New Member by Ignoring Him or Her**

This is frequently achieved by a nostalgic journey back into the history of the group in which former members are recalled and past dramatic events relived. In these reminiscences the group members effectively enact their wishes toward the new member.

### **Focusing on the New Member**

This may involve a barrage of questions and challenging inquiries designed to render the victim so uncomfortable that he or she will decide not to return—a blatantly treatment-destructive resistance. I have elsewhere detailed such a lethal response (**Rosenthal, 1987**). In a fathers group in a child guidance setting each new member was subjected to sharp interrogation about his treatment of his child. Responses that the group deemed defensive or denying were met with such scathing criticism that new members left after one or two painful sessions. It should be noted that this deadly pattern was upheld by the group therapist's inexperience in dealing with group resistance and more significantly by unconscious gratification of his own unresolved sibling hostility.

In an adult psychotherapy group a new member with an illness manifested by a pronounced limp was told in her second session by a male member, "I'd have never married my wife if she were crippled!" She returned for one more session to deliver a blast of anger at her assassin and then departed. The group's passive witnessing of this attack validated the impression that a murderous group resistance was at work. The process of addressing this was set into motion when the group therapist began a subsequent session asking, "If another new member were to arrive, how would you all like Sam to get rid of her?"

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### **Indirect Attack**

In this pattern the new member is not subjected to direct assault. Rather, the older members fight among themselves, bringing up old conflicts and simmering hurts. They thus create an atmosphere of such tension, aggression, and bitterness that the new member is divested of any hopes of support, understanding, or security of belonging in the new family.

### **Discrediting Approach**

With the advent of the new member the older members do not attack each other or the newcomer but instead discredit their own group and/or their therapist. To this end they cite previous group failures and defections and flaunt their own and each other's lack of improvement despite years of group therapy. The aim of this group defamation campaign is to convince the intruder that this is not the right group and that he or she would do well to look elsewhere for group treatment. This phenomenon was observed in a group therapy seminar that had been conducted quite successfully for some years on a combined experiential and didactic level. A highly esteemed member had recently left the group. Norma, the replacement for the departed Kay, arrived at the seminar several weeks after Kay's departure. In the first hour of the session the incumbent members had discussed the nature of the group. Dorothy, who in the past had displayed a tolerant skepticism of the experiential aspect of the group process, bitterly complained that the seminar was like a therapy group in which they were treated like children by the leader. She vehemently affirmed that she was not a child, that she did not need parenting, and that she got her personal therapy elsewhere. The newcomer quickly allied herself with Dorothy and strongly condemned the inappropriateness of the leader's approach. The other members, who in the past had expressed appreciation for the manner in which the seminar had been conducted, did little or nothing to counter the negative view of the group presented to the new member by Dorothy. Prior to the next meeting, Norma, the new member, called the leader to inform him of her decision to resign from the seminar. She doggedly resisted his invitation to share her feelings with the group and to help make it the kind of learning experience she needed. She repeated several times, "I'm just too uncomfortable." The group had accomplished its mission.

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### **Destructive Responses to New Members: Therapists' Contributions**

In the Old Testament, fraternal strife and fratricide can be understood as responses to the actions of parental figures. Three famous examples come to mind. The Lord's rejection of Cain's offering in favor of Abel's fuels a murderous confrontation and history's first fratricide. Isaac's mother conspires with him to cheat Esau of his birthright. Isaac then has to flee from Esau's rage. Jacob's blatant favoritism of Joseph, the son of his old age (the new member), resulted in Joseph's near murder by his brothers and then his sale into slavery by them.

The group therapist, too, can be led into unwitting connivance with or incitement of treatment-destructive behavior by his or her own subjective and induced countertransference. Issues other than those related to a patient's readiness to assimilate and benefit from a group experience may influence the therapist's judgment. One patient entered an ongoing group and presented himself as a superior person who devoted his life to humane causes. He adroitly sidestepped questions from other members about his problems and instead

began questioning them about their lives and their problems. In his fourth session he was accused by another member of being glib, evasive, and denying of his problems. He left the group after this session. The therapist subsequently acknowledged that he had sensed the patient's marked fragility but had felt a pressing need to quickly replace a departed member so as to maintain a group census of eight members. Another therapist reviewed the ill-fated introduction of a patient into a group after only two months of individual treatment, "I had a group that was down to three members and I desperately needed another body."

Not infrequently patients are referred to group therapy on the basis of the negative feelings their individual therapists have developed for them. Usually these patients have induced feelings of frustration, impotence, and helplessness in their therapists. These feelings may be acted on by a punitive expulsion of the patient from his or her home in individual treatment to the boarding school of the group. The patient invariably senses the underlying motivation involved in this placement and the resulting hurt, and anger will often preclude a positive adjustment to the group. More often than not, the patient provokes another rejection, this time by the group. It behooves the group therapist to be alert to the nature of the referral and the feelings of both the referring therapist and the candidate about the proposed group treatment. The same alertness to underlying motivation is called for when the group therapist is also the referring individual therapist.

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The threat potential to the new member is also heightened when he or she arrives at an unpropitious time in the contemporary state of the group's dynamics. **Yalom (1970)** states, "Generally a group which is in crisis or is actively engaged in internecine struggle, or has suddenly entered into a new phase of development, is an unfavorable group for the addition of new members" (p. 250). In one group, a new member arrived immediately after the death of a highly valued member. Frustrated in their need to go through the mourning process, the group's feelings of sadness and loss were turned into intense anger at the intruder.

A major influence shaping the responses of groups to new members is the degree and kind of preparation involved. When preparation is neglected, cursory, or negligible, the new member, rather than the therapist, may bear the brunt of feelings that should find initial and full expression before the arrival of the newcomer. Adequate preparation involves the group's knowing that a new member is on the horizon and also involves facilitating the verbalization of all the members' feelings around this significant group event. The following is an excerpt from the record of a conscientious effort at appropriate preparation of a group for a new member.

*Therapist: (Addressing the member who harbors the strongest feelings of sibling rivalry) Helen, I have some unpleasant news for you. There is someone who's interested in joining this group.*

*Helen: (With immediate resentment) Good! They can take my place. It's hard enough to talk as it is in this group.*

*Bill: What's the matter, Doc—are you hard up for money? (With strong sarcasm) Not taking enough trips?*

*Tom: (Gleefully joining the attack) If he used smaller chairs, he could squeeze in ten more.*

*Bill: (Warming to the situation) He could have two tiers of chairs, like bunk beds.*

*Helen: (Smoldering) Since we'll each have less time with another person here, shouldn't the fee be lowered?*

*Marion: Don't hold your breath! When was the last time he ordered a new magazine for the waiting room? (Then addressing therapist directly) If you're too cheap to lower the fee, how about extending the time of the group by a half hour? Wouldn't that be fair?*

*Therapist: (With the aim of facilitating the continued expression of negative feeling) It's about time all of you found out how unfair I can be!*

*Henry: (With sarcasm) Now tell us something we don't know. (A silence follows.)*

*Bill: (Appealing to reason) Look, I know this person has as much right to group therapy as the rest of us, but we're*

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*just beginning to function smoothly as a group. We listen to each other; we understand each other; we help each other. We're a good team now. You bring in a new member and all this good stuff gets put on hold while we wait for this person to catch up. Why ruin everything you've accomplished with us for just one person? At least, postpone it for six months or a year.*

*Marion: Don't waste your time, Bill. His Highness has made up his mind. He pretends to be interested in our feelings about this and then does whatever the hell he wants to do.*

This exchange is followed by some anxious and derisive speculation about the new member. "I bet he's a nonstop talker." "He probably wouldn't know a feeling if he tripped over it." "Maybe when he realizes how advanced we are, he'll quit." "Maybe his mother won't let him stay out this late at night." Then Helen says, "Look, I don't want to spend the whole session on this. I've got things to talk about."

The new member is not mentioned again until the middle of the next session when the members explore Helen's sullen and depressed demeanor. She then sadly recalls the shock of her younger sister's birth when she, Helen, was only 18 months old. "It was

paradise lost. I always felt my sister ruined my life." Other members recall displacements by siblings and betrayals by parents. An atmosphere of sadness envelops the group. In the next several sessions intermittent references are made to the new member and a developing curiosity about him is expressed. "How much individual treatment has he had?" "Is he a wiseguy?" Heien asks, "Is he good looking?" Bill says, "I hope not."

When the new member arrived five weeks after he was first broached to the group, he was received courteously by a group that had already expressed considerable feeling about him. The pressure to act on the painful feelings activated by the addition to the "family" were significantly diminished by the preparatory process.

While careful preparation of the group for the new member can significantly lessen the danger of destructive group reaction, it does not insure that resistant responses from the group will not emerge after the new member's arrival. Newcomers may be greeted with surface politeness and then subjected to prolonged indifference, exclusion, or delayed attack. A seemingly benevolent reception may mask powerful feelings that were not tapped prior to the advent of the new member. These negative feelings may erupt when the new addition reveals his or her character problems, insensitivity, or abrasiveness. An older

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woman who entered a group of adults in their mid-30s was afforded a smooth entry. Group members expressed sympathy for her recent widowhood and admiration of her efforts to pursue her artistic interests despite loneliness. For the next several months she maintained a guarded, observing role and skillfully deflected attempts from the group to involve her. When finally pressed for her feelings about the group, Charlotte indicated that while she found the sessions quite interesting, she had none of the serious problems manifested by her fellow members. This declaration of her emotional superiority unleashed an explosive group reaction against her that culminated in Charlotte's departure several sessions later. In the aftermath of this termination group members acknowledged that hostility toward her had been simmering since her entry, apparently charged by swiftly mobilized transferences toward the withholding, judgmental mother. In another group a young man entered several months after the group therapist's announcement of a new member on the horizon. He was met with considerable interest and was praised for his forthright sharing of his fear of intimacy, his need for emotional distance, and his basic wish to be left alone. Despite this obvious prescription for how he wished to be treated, the group persisted in bombarding him with emotional contacts that rendered him increasingly anxious and uncertain about the group's therapeutic potential for him. Another new member was deluged in his first session with multiple questions about his social life, family background, and relationship patterns despite having earlier requested that he be permitted to listen and orient himself to the group.

The foregoing vignettes highlight a major task of the group therapist—to regulate the amount of emotional stimulation to which any one member of the group is exposed. Alertness to this dynamic is of special importance in the presence of highly anxious new members whose ego boundaries may be overrun by excessive dosages of emotional contact and demands from the group. In the third vignette where the new member is faced with a fusillade of questions from the group, the indicated intervention to protect the new member from gross overstimulation would be, "Why is this group so determined to learn everything about Jim in one session? What's the rush?"

Hand in hand with the preparation of the group for the new member is the preparation of the latter for the unique stresses accompanying entrance into an ongoing group. **Yalom (1970)** offers helpful guidelines in this area. He alerts incoming patients to the feelings of exclusion and bewilderment they may experience upon entering an established group culture of which they have never been a part. Yalom

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also suggests alerting prospective new members to several other contingencies they may encounter in the group. New patients may be daunted by the honesty and emotional sophistication of an experienced group or they may fear contagion by exposure to patients they consider sicker than themselves.

Additionally, it is fruitful to investigate the candidate's characteristic responses when exposed to direct and indirect hostility. Those who reveal that they handle anger and hurt by withdrawal, emotional divorce, and flight are likely candidates for premature termination when confronted with highly ambivalent attitudes in the group. In a group-therapy screening interview I once asked a young writer what would happen if someone in the group were to tell him flatly, "I don't like you." The young man burst into tears. Obviously he lacked that degree of emotional insulation necessary to assimilate the vicissitudes of group membership.

The preceding discussion has dealt with the hazards encountered by new members entering long-term groups. In short-term group psychotherapy the defined life expectancy of the group appears to limit the intensity of members' transferences to the therapist and to the group as a whole. This in turn diminishes the intensity of feeling toward new members so that their arrival is not experienced with the same degree of threat and resentment as in long-term groups. Thus, preparation of the group can and must of necessity be briefer and is a less urgent issue. An exception to this occurs in sharply abbreviated groups of six sessions or less where the imminent demise of the group can accelerate the development of such strong group feeling that the entry of new members may be viewed as seriously disruptive of the group process.

**Grotjahn (1977)** notes that a variation of the dropout from groups is "the kick-out." He cites two instances of new members who were expelled from his groups. One activated powerful feelings toward the bad mother whom she represented to the group. The other

"offered himself to the group as a baby and maneuvered the group to behave as a rejecting mother" (p. 812). He states that the door should be left open so that every patient can feel free to return. Grotjahn concludes that premature termination is not to be taken as failure for the departed member, for the group, or for the group therapist. My own view of this is somewhat different—that it is the group therapist's task to resolve resistance, especially treatment- and group-destructive resistance, and that premature termination by a group member is a sign of incomplete preparation of that individual or group, unresolved group resistance, or powerful countertransference enactment in the group therapist (**Rosenthal, 1976**).

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