Psychotherapy


Reviewer rating: Excellent

Review by Nancy L Kocovski, MA; Zindel V Segal, PhD, C Psych
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Resistance, plainly spoken, refers to the problems encountered by patients when they attempt to address and master feelings and experiences that had been previously avoided or diminished. It has been central to psychoanalytic and dynamic accounts of treatment for well over a century, both as a means of gauging how the process of treatment is proceeding and as a target of treatment in its own right. More recently, cognitive therapists have considered this topic, partly as a result of finding that the simple application of appropriate interventions does not always turn out to be successful and partly through the expansion of cognitive-behavioural therapy (CBT) principles to patient groups with more complicated clinical pictures. Overcoming Resistance in Cognitive Therapy is therefore both timely and a welcome addition to the sparse CBT literature on this topic.

Leahy recognizes precedence when using terms such as resistance, transference, and countertransference from psychoanalytic and dynamic theory but recasts them within a multidimensional cognitive model of resistance that is informed by basic research in social cognition and cognitive science. The book is divided into 3 parts that detail the theoretical and conceptual foundations of resistance, along with its illustration across 7 domains of clinical practice.

In Part 1, Leahy describes psychoanalytic models of resistance, behavioural models of noncompliance, and then cognitive models of resistance (Ellis, Burns, and Beck). He also discusses resistance to the various procedural aspects of cognitive therapy and possible interventions. There are compelling clinical descriptions of the type of noncompliance that cognitive therapists usually discuss (for example, not getting homework done and not following the agenda). This may be familiar ground to some readers, but Leahy provides enough hints and commentary for the reader to appreciate how his model of resistance adds to these formulations.

The book really hits its stride in Part 2, wherein the author discusses each dimension of resistance in greater detail. A central theme presented in this section is a response to the clinical observation that “many patients in therapy actually struggle as much with themselves as with the therapist in maintaining a losing position” (p 284). What cognitive framework can we use to understand this? Starting from the premise that much of the “patient’s resistance in therapy can be understood in terms of processes that the patient believes protect him or her from further loss or harm” (p 285), Leahy discusses 7 cognitive and affective mechanisms that may bring this about.

Validation resistance (both within the therapy session and self-invalidation) points to the possibility that some patients require validation before they are ready for change. If these patients do not receive validation from the therapist, they may ruminate in session, devalue the therapist, or present in a more intense manner. Self-consistency, the focus of Chapter 5, is the second dimension of resistance discussed in the book. The basic concept is that individuals are generally motivated to maintain consistency in their beliefs and assumptions. Leahy discusses 5 aspects of consistency (cognitive, predictability, self-justification, interactive realities, and sunk-costs).

Much of the chapter focuses on sunk-costs. Leahy does an excellent job in describing sunk-cost theory and suggests numerous interventions that the clinician can attempt when sunk-cost is identified as the type of resistance in therapy. Chapter 6 discusses schematic resistance. Leahy recognizes that schemas (and interventions for schema modification) have been largely discussed in recent years. This chapter reviews the literature on schemas, applying it to resistance in therapy.

In Chapter 7, Leahy presents moral resistance—the idea that patients will not change if they perceive that change to a new belief is inconsistent with their personal morality, even if much evidence that supports the new belief exists. Leahy provides clinical illustrations from patients with obsessive-compulsive disorder. Chapter 8 describes victim resistance. Commonly held just beliefs (for example, bad things happen to bad people) can lead to resistance and may have to be addressed before change can take place. Twelve facets of the victim role are outlined, along with strategies for working with this type of resistance.

In Chapter 9, Leahy presents his Investment Model of Resistance and Depres- sion, which posits that individuals with depression focus on avoiding further loss at all costs. In addition, he peppers it with analogies to the stock market that help to convey his points. More structure and summary statements, however, might have been helpful in considering how all the information presented comes together to form the model. One study is presented as support for the model, but it is insufficient. Dr Leahy could have paid more attention to empirical support and to intervention strategies that follow from the model. Chapter 10 describes self-handicapping, the final dimension of resistance that has an interpersonal component.

In the next 2 chapters, Leahy returns to the broader literature on resistance to discuss countertransference, highlighting that patients in treatment respond to a person (that is, the therapist), not just to the cognitive therapy techniques. Leahy states that transference and
Aggression


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Public opinion, many experts, and many professional organizations agree that viewing violence on television causes aggressive behaviour in real life. The main purpose of this controversial book is to suggest that this is not necessarily so. The book succeeds in this mission.

The writing is unusual. Although ostensibly intended for a general audience, most of the text consists of rather technical, detailed analyses of several dozen individual studies that relate viewing television violence to aggressive attitudes or behaviours in viewers. Survey research, laboratory experiments, field experiments, longitudinal studies, and studies of desensitization are discussed in separate chapters. For most studies, Freedman reviews a summary of their methods and results and then arrives at his own interpretation of the data and conclusion. These interpretations and conclusions do not always agree with those provided by the authors. Freedman frequently concludes that what the authors thought was firm evidence supporting a causal relation between viewing violent television and aggression is in fact irrelevant or could even be interpreted to support the opposite point of view. There are substantial advantages to this detailed, systematic approach. Freedman clearly separates facts from his opinions and tries to justify his opinions in great detail. This makes the book transparent to the critical reader who has the interest, intelligence, and endurance required to read Freedman’s detailed arguments in their entirety. Fortunately, each of the chapters has a summary that is easy to read and will be useful to readers who do not have the time, expertise, or motivation to wade through the detailed analyses of individual studies.

Survey research and longitudinal studies found correlations between exposure to television violence and overt aggressive behaviour. It has been impossible, however, to demonstrate a causal relation between these 2 variables, and this is one of the principal points that Freedman makes in his book. The correlations could have been brought about by other variables, such as an underlying propensity for both television viewing and aggression. A family-based study reviewed by Freedman, for example, indicated that propensity for aggression and the tendency to enjoy violent movies are genetically determined but are not directly related to each other. Social factors, in a way analogous to the genetic ones, could affect both television viewing patterns and behavioural aggression by the viewers (without direct causal relation between viewing and aggression). Such factors include the family socio-economic status, level of parental supervision, and peer pressure.

Laboratory experiments are generally more powerful than are other studies in terms of establishing causal relations, and violent films did elicit more aggressive attitudes and behaviours than did other programs, under laboratory conditions. Freedman points out that this effect could have been due to violent films causing more arousal, thus nonspecifically enhancing all kinds of behaviours.

You cannot show one group a film of a prizefight and another group a film of canal boating and argue that the only difference between the two films is the amount of violence. (p 195)

Freedman has clearly mastered his subject and generally has shown commendable restraint in his scientific reasoning and in the wording of his conclusions. When he makes more general statements (for example in his introductory chapter) he seems to lose that restraint; his language becomes somewhat confrontational. Many readers will enjoy Freedman’s iconoclastic polemic, but some may see this as a lack of impartiality. Freedman acknowledges that the work on the book was supported by the Motion Picture Association of America.

On the whole, this is an excellent, thought-provoking book—a useful and much-needed contribution to the largely one-sided debate on television violence. Intensive debate about the contribution of media violence to aggressive behaviour is continuing (1–3). Although the authors of these recent papers would not agree with Freedman’s position, the appearance of these papers in a prestigious journal provides further evidence for the timeliness of Freedman’s book. The book is well produced, and the price is reasonable.

References