



Confronting aggressive scapegoating in group therapy and society

How group therapists and group process researchers missed the deception at the heart of the Stanford Prison Experiment

Delen van dit artikel zijn eerder dit jaar, op 13 mei, gepresenteerd op de Psychiatry Grand Rounds, de permanente-educatiebijeenkomsten in het Herrick Alta Bates Hospital in Berkeley, California. De auteur waarschuwt in dit artikel onder meer voor de gevolgen van het handelen van de Task Leader in de VS. Om betekenisverandering geheel uit te sluiten hebben we dit artikel onvertaald gelaten. Bill Roller zal spreken op het komende NVGP-congres en een workshopmiddag verzorgen.

Door **Bill Roller**

There is a psychological and sociological phenomenon that is rife in our political and social context today. Scapegoating is a process of social exclusion that begins with the projection of negative attributes and traits onto one person or class of persons with the intent of rejecting their right of membership in the group. Such projection arouses fears of rejection and annihilation in those who are scapegoated. It must be emphasized that scapegoating is always a group phenomenon.

The term scapegoat also has a specific meaning in the context of small group behavior, as defined by Ariadne P. Beck of the Chicago Study Group. Beck defines the Scapegoat as a Leadership Role in group process, an enduring figure always present in a group who helps define the boundaries of inclusion and exclusion (Beck, 1997). This is a normative process. However, when the scapegoat comes under aggressive attack, the therapist or task leader must address the issue directly, stopping the aggression to prevent damage to both the scapegoat and the group as a whole.

The phase of group development when scapegoating appears is often a time of group conflict. Many clinicians choose to avoid group therapy entirely rather than face the intensity of group conflict that can emerge at this time. The leader of task groups faces this phenomenon as well (Beck, 2014). Before proceeding to the relevance of this fact to the Stanford Prison Experiment, I'll introduce a case study from my clinical practice by way of example.

A case study

Jedediah was a 55-year-old evangelical Christian who was a member of a time limited group that met in my Berkeley office across two years. One goal of this group was to create a secure space for feelings to be expressed without the judgment of others. The group was in the early phases of development – a time during which the inclusion or exclusion of members was the issue – when the November 2016 presidential election occurred. Our group met the following week, at which time seven members of the group expressed their feelings of horror at the election of Trump. In contrast with others, Jedediah announced that he had cast his vote for Trump and felt good about it. His statement tested the norm that members up to that point had been following: that differences in the group would be respected as a part of group process. Then, one member began to attack Jedediah with statements like, 'Don't you know how dangerous he is?' and 'How could you not see how vile he is!' Other members remained silent. At this point, I stopped the process and asked each

member to reflect on how he or she was contributing to the group phenomenon we were all witnessing.

This is a technique that is necessary to confront the aggressive scapegoating of a member by the entire group. No member can remain silent and each must give voice to their feelings.

Unchallenged, aggressive scapegoating will eventually cause the dissolution of a group

After each member shared how they were participating in the group conflict, either actively or passively, Jedediah felt secure enough to explain to us why he had voted as he did. He said: 'As an evangelical Christian, I'm afraid that Christians in the United States will become a minority and will be persecuted like the Jews have been in the past.'

I watched the stunned reaction by members of our group – including myself – to his admission. The group responded with extraordinary maturity. They did not accuse him of suffering from a paranoid delusion. Rather, they showed compassion for a man who feared annihilation. At the same time, we understood that he was telling us: 'I'm afraid that you will annihilate me in this group.' The group did not know until later that he had been ignored and functionally annihilated by his family of origin since a very young age. This began a deep process of investigating the family of origin issues

for each person in the group – and led to a high degree of group cohesion and sociocentric bonding among members, a kind of bonding that leads to group cohesion.

Ethical obligation

Clinicians must not wait until they formulate a coherent theory to support an intervention to prevent harm. They must confront aggressive scapegoating directly and immediately. Unchallenged, aggressive scapegoating will eventually cause the dissolution of a group – owing to a lack of trust in the leader and each other, leading to Melanie Klein’s paranoid-schizoid position where members are guarded and look at each other with suspicion (Kibel, 1993).

As I noted earlier, Ariadne Beck has extensively researched the phenomena of Leadership Roles in her study of group process and group therapy. She has identified and defined the characteristics of Task Leader and Scapegoat Leader. The Task Leader acts as guide to the task of the group and influences the development of group norms. The Scapegoat Leader helps clarify the group norms and helps define issues of inclusion and exclusion in the group. The Scapegoat Leader is often the recipient of the negative projections of other group members. The role of Task Leader, or leaders, in group therapy is usually occupied by the therapist or co-therapists. Serving in that role, the Task leaders must defend the Scapegoat leader against aggressive attacks. This is an ethical obligation to prevent harm to the Scapegoat leader and the group as a whole.

The Stanford Prison Experiment

The obligation to protect extends beyond clinical practice to the realm of the social sciences. Philip Zimbardo failed to meet this obligation as warden or Task Leader (Principal Investigator) in the Stanford Prison Experiment. In that experiment, students were assigned to roles of either prisoners or guards and placed in a simulated environment of a jail. When guards began abusing prisoners, Zimbardo did not intervene to protect them. In addition, contrary to what we reported in our recent IJGP article (Roller and Zimbardo, 2017), new evidence shows that Stanford Prison Experiment investigators did verbally coach subjects serving in the role of guards to scapegoat subjects in the role of prisoners, contrary to the claims made by those same investigators (Resnick, 2018). The abuse of prisoners did not emerge spontaneously as a result of the guards’ identity with and conformity to abusive roles in an oppressive system. The guards were instructed to do so.

In short, the situational context of the subjects was not as stated by those in charge of the experiment. The guards were never free of being influenced by the Task Leader. That influence was both explicit and *implicit*. In 2014, Philip Zimbardo and I collaborated in a social psychology experiment with a group of volunteer participants whose group process we recorded in a video called *Group dynamics and the New Heroism: The ethical alternative to the Stanford Prison Experiment*. In the video, Zimbardo speaks of his participation in the Stanford Prison Experiment and openly admits that ‘In my role as warden,

I implicitly encouraged the process of scape-goating by not stopping abuses by guards who humiliated selected prisoners openly and often' (*Group dynamics and the New Heroism*, 2014).

Implicit and nonverbal

From the perspective of group dynamics and group process research, the implicit and nonverbal communication to participants by the leader of the experiment is a powerful means of influencing behavior – in some ways no less potent than explicit and verbal communication. The phenomenon of the Task Leader implicitly and nonverbally giving instructions to group members is a common and effective way to control group behavior. This was never considered as a factor by the principal investigators of the

Giving implicitly and nonverbally instructions is a common and effective way to control group behavior

Stanford Prison Experiment. Neither group process theory nor systems theory was ever applied by those who interpreted the outcome of the experiment. This is not surprising when one realizes that communication between clinical group process practitioners and social psychologists rarely if ever occur on a regular basis. The collaboration of Philip Zimbardo and myself was an extraordinary event in this regard.

Why are implicit and nonverbal messages by task leaders so effective in controlling the behavior of task group members? First, they are open-ended and allow the participants to imagine they are acting on the basis of their own free will. Second, the effects can be 'plausibly denied' – as the CIA code avows – if task leaders are later called to account for the destructive outcome which their leadership produced. Innuendo and indirect communication can be extremely adroit in managing group behavior – while at the same time allowing task leaders to avoid responsibility for the consequences of their leadership.

As the Stanford Prison Experiment comes under wider scrutiny – those who do the retrospective research must assess how the social psychology community and the community of group therapy clinicians could have missed for so long Zimbardo's key role as warden influencing the guards. In light of these revelations, researchers must now revise how the Stanford Prison Experiment has been interpreted and taught since 1971.

Task Leader

Most interpretations by social psychologists miss the significance of how much the Task Leader influences the norms of behavior in a group. To repeat: it was not the situational context of the prison nor the role assignments that determined the behavior of the guards. It was the influence of the Task Leader. Of course, as Kurt Lewin stated, the social context is always a factor in shaping human behavior (Lewin, 1951). In the case of the Stanford Prison Experiment, the task leadership – also a

part of the social context – became the determining factor in its outcome. The Task Leader’s impact is crucial in setting and reinforcing the norms of group behavior. This was demonstrated in the 2014 Berkeley Civic Courage and Heroism

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Experiment cited above. In that experiment, as Task Leader I implicitly and explicitly advocated norms to resist aggressive scapegoating by all participants in the experimental group. The desire to attack the scapegoat was still present, especially in one participant, Craig, who felt it most intensely. However, all participants adhered to the agreed upon norms reinforced by the Task Leader, and were able to complete the task set by the group.

The Stanford Prison Experiment is still relevant to group clinicians as an object lesson in how fame and notoriety have come to eclipse intellectual rigor and expertise in our time.

The Stanford Prison Experiment was never peer reviewed nor closely examined by group clinicians and the group process research community. The investigators went straight to the *New York Times* and national broadcast television. In this way, an ill-conceived and aborted social experiment

became a celebrated news item. Along the way, our scientific community gradually relinquished its ethical obligation to pursue the truth behind the extravagant claims. No critique of the Stanford Prison Experiment ever appeared in the *International Journal of Group Therapy* until 2008 (Roller, 2008). This was both an intellectual and ethical failure on the part of our scientific community. It was left to the public relations people and the media to inflate its reputation. Why did it take almost fifty years to uncover the errors and deceptions of this grandly celebrated experiment?

Scapegoater-in-chief

In the current political climate of our nation, the politics of fear and gratuitous aggressive scapegoating have become the norm. The Task Leader in the White House has become the Scapegoater-in-chief. This affects the norms of behavior for the country at large but also affects the patients we work with in our practice. In the group therapy case study above, I demonstrate how the fantasies of exclusion and annihilation are awakened in our patients. As clinicians, we can be alert to the emergence of these phenomena in our treatment room – or we can deny their importance and reinforce our patients’ fantasies and feelings. I believe the ethical choice is to confront aggressive scapegoating whenever we see it.

Institutions in a democratic society are also vulnerable and susceptible to aggressive scapegoating. Once again, the Task Leader sets the norm – either inflaming the scapegoating and exclusion process or striving for inclusion and social acceptance as cardinal principles of good government.

Those political leaders who explicitly call for exclusionary policies are destructive and dangerous to the body politic.

Finally, I want to briefly address the most extreme and horrific form of scapegoating – torture. Torture not only denies human rights to its victims, but it rejects them outright as a member of the human species, the human family. The failure of our government to hold accountable those at the highest levels of the CIA, the Pentagon, and the U.S. military who have practiced and condoned torture establishes a new norm and sends a clear message to other governments and nations worldwide. ‘If you commit torture, we will not hold you accountable. You will have a free hand and we will not sanction you even when committing the most egregious atrocities.’ The torture and murder of American journalist, Jamal Khashoggi, without his Saudi killers being held accountable or the Saudi Arabian kingdom being sanctioned, appears to be a prodrome or forerunner of crimes to come. Gina Haspel, formerly in charge of the CIA torture program in Thailand, has now been appointed Director of the CIA and cannot be expected to curb torture by proxy in nations allied to the U.S. As U.S. citizens, we must be cognizant of the cautionary words of the Yale psychiatrist, Robert J. Lifton, when he described how the good German citizens of the Third Reich were ‘gradually socialized’ to torture, assassinations and mass murder over time (Lifton). This must not be our fate. Applying principles of small group process to the larger society is always a huge stretch.¹

However, it seems clear that U.S. citizens, like members of a small group, must voice their dissent and not be silent in the presence of aggressive scapegoating. If the nominal Task Leader of our country will not act responsibly and reject wholesale scapegoating of large segments of the population, then we, the people must not be silent. We must take that responsibility into our own hands and act in the name of our national democratic and humanitarian values.

Bill Roller is oprichter en directeur van de Berkeley Group Therapy Education Foundation. Hij gaf jarenlang samen met zijn vrouw Vivian Nelson groepstherapie en schreef met haar het boek The art of co-therapy: How therapists work together.

¹ Based on the concept of Isomorphy: that beneath the diverse content of apparently different processes, there lies a similar structure.

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A two-hour abridged edition of the six-hour video series of the same name with commentary by Philip Zimbardo and Bill Roller. Produced by the Berkeley Group Therapy Education Foundation, Copyright 2015. Distributed by Alexander Street Press, Alexandria, Virginia. See www.berkeleygrouptherapyinstitute.com to stream video.

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