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## The Hopeless Group

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A group that remains together for many years often demonstrates the fusion of the many individual members' discontents, frustrations, and complaints into one massive group resistance, evidenced by a pervasive, all-encompassing feeling of hopelessness. The members to be described here have been in individual therapy with me for many years and continued their individual therapy throughtout the course of group analysis. The group consists of four men and three women. Of the seven, five suffered traumatic lives of emotional, cultural, and financial deprivation. On can be considered as having been provided with a family that was stable but had basic emotional attitudes which interfered with the development of a healthy gender identification.

In view of the clearly demonstrable gains that all members of the group made during the years of their individual and group psychotherapy, why, one might ask, was the group dominated by pervasive feelings of despair and hopelessness? In the past, one member of another would feel hopeless, disappointed, or frustrated. However, the feelings in the group eventually coalesced into one total group resistance. My feelings mirrored those of the group. I felt unappreciated, discouraged, and eager to terminate the group, and I fantasied a group of gratifying and gratified members who were able to ennoy being together and sharing the satisfactions of a harmonious and cohesive, albeit symbolic, family. But this wish of mine had also given way to feelings of hopelessness. I felt inadequate, incompetent, and wondered whether I lacked the ability, talent, or training required to be an effective group analyst.

I sought relief by complaining to my friends, family, and colleagues,

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sharing with them my feelings of incompetence in putting together a group of seven starved infants. I also lost sight of the beneficial therapeutic effect of treatment. The situation had become unbearable and intolerable. I silently analyzed my countertransference over many weeks during the group meetings and came to the conclusion that my resistance was related to fury at being unrecognized and unappreciated. That I should be willing to continue to serve as a target for a group's total sense of despair and rage seemed quite unreasonable to me emotionally, even though intellectually I understood the necessity for it.

Such is the power of emotional induction that my many years of traning and consultation, both as an individual and group analyst, were swept away. I felt helpless and hopless and resigned to the idea that nothing would ever change, the time came when I could endure these feelings no longer and gave serious consideration to terminating the group, the group's status quo resistance and my status quo counterresistance had to be resolved. I report the group session in which this process of resolution began to occur.

The session was the culmination of several sessions devoted to a missing member, Henry, who had successfully avoided the analyst's and the group's efforts to resolve his resistance to verbally expressing his hostility. His first efforts at dominating the group were made through a concentration on his financial crises. When this did not produce the illegitimate wishes for being "bailed out" by group members, he presented as his final solution a carefully planned suicide. When neither the therapist nor the group members acceded to this emotional blackmail—instead exploring thoroughly whether he wished their help in accomplishing this, how he planned to do it, who would be the beneficiary, would it really resolve his problem, along with converying a general concern with helping him to overcome the obstacles to acheiving healthier goals—he withdrew into silence. Apparently we were not successful in helping him to follow the group agreement, that is, to tell his life story in an emotionally significant way and to help others to do the same. The unexpressed frustration and rage in being unable to force the group to give him the unlimited sympathy, approval, concrete assistance, and primary attention he had received from his doting mother resulted in his claiming to have suffered a milk heart attack, which necessitated his absence for a month. (The heart attack was never confirmed.) Finally he had become successful, dominating the group through his absence and "illness," as he never had during his

presence. Concern, sympathy, guilt, massive anger, and envy emerged in the group. Everyone

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refognized the secondary-gain elements of his "illness." By the fourth week his absence had been emotionally absorbed. I experienced the unexpressed but implicit disappointment of the group. At the net group session, the members entered and symbolically expressed their dissatisfaction by sitting in different chairs. They wonderred aloud whether things would improve if they changed chairs. In this session, they arranged themselves alternately, male and female, whereas characteristically the women would sit on one side and the men on the other. Henry was not mentioned.

Fanny, who had been brutalized and tyrannized by a sadistic father, announces to the groups that she will be absent the following week since she must attend a bussiness meeting with her husband. As is typical of her, she projects her own feelings onto him, ascribing feelings of hopelessness about performuing successfully in the company with which he has been loyally associated for many years, and tells of her attempts to encourage and support him. She is told by Stephen, the newest member of the group, abandoned by his father and raised by a distatorial and controlling mother, that her attitude will be devastating to her husband. All members get into a hostile interchange and bicker over the role of loyalty in staying in a company. Fanny responds by saying how much she wants her husband to have the "sweet smell of success." She feels that she does not push her husband enough and is disturbed by the fact that her husband will not express his disappointment with his boss. Group members raise questions as to whether Fanny, her husband, or his boss will be more disappointed.

I make my first intervention by asking the group who they felt was the most disappointed member in the room. A heated and lively discussion follows. There is some agreement and some disagreement. No one member receives a consensus, but Sam, whose life was marred by one tragedy after another, coming from a home in which being held by the ankles and thrust out of the fifth-floor window by his father who had silently crept up behind him was considered a big joke, feels certain that he is the most disappointed group member. Fanny competes with him for this position. Felice, and unwanted female child who was programmed from bith for an identification with male attitudes, values, and aspirations refers to her disappointment with my having raised with her, in her individual session, the question of whether I could cure her after so many years, and reports that it is her feeling to "give it up." Sam then talks about being with the group for many years and not getting anyplace. He complains that he sits in the room like a dummy and doesn't talk, and for him

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the group is just a weekly occurrence. Fanny responds with her hopelessness. Carl, who was the son of an alcoholic father and a mother who constantly warned him to stay away from girls, reports that he keeps waiting for something. "We know what we have to do to get cured, but we can't do it. I am waiting for a magic wand." Felice feels that she does something that hinders her own treatment. Carl feels that group members are just trying to avoid guilt over their wishes to behave improperly. Stephen feels the group members know the answers, but cannot do it. Carl says, "Let's facr it. We're waiting and we're disappointd." Stephen wants to know whether they don't want to do it, or whether they can't do it. Sam says, "I don't want to do it. I could, but I won't. I'm angry at myself." Carl understands Sam's feelings and reports his feeling that group members are just sitting there and spinning their wheels. Dora, who was raised in a series of foster homes, echoes those feelings. As is evident, all members are engaging in self-attack.

At this point, I make my second intervention by describning the terrible situation in which this group finds itself and asking whether this disappointing group should come to an end. Carl responds by answering that he had already decided this would be his last year, anyway. Sam taunts him by reminding him of his having made the same statement in previous years. This time Carl does not get baited and repeats that he knows what he has to do, that he has been here long enough, and that he needs a rest. As far as his marriage goes, it will either have to stay the way it is or he will have to get out, since he feels there is nothing further the group can do for him. Sam then reports that he is just waiting for a new woman to enter his life. Fanny says she is still waiting for her husband to become successful. Felice talks about leaving the group. Only Dora becomes visibly upset; reminding the group she had been reassured no one would be thrown out, but also complaining that she is in a bad relationship which she will not give up, even though she knows it is not good for her. Fanny and Felice agree they have both reached the saturation point. Fanny feels there is nothing she can bring to the group, whe no longer wishes to burden them, the group is not interested in her repeating herself, and she engages in further self-reproach.

At this time, I make my third intervention. I announce with a great deal of genuine feeling that it is obvious I cannot cure this group, that I have failed them all, and that I am giving serious consideration to terminating the group. I tell them it has taken me a long time to realize I cannot cure them. All along I had had the conviction

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that I could do so, but now was able to acknowledge the fact that I am defeated. This is followed by a stunned silence.

Carl turns and asks me how I feel. "Terrible and hopeless," I say. Fanny responds by saying, "I don't believe her." Sam says, "This is a trick. I'm not convinced." Fanny then says, "I'm getting angry, I do believe her." Felice says, "I feel relieved." Carl says, "She says she can't help. She's really only saying that we have to do it." Fanny turns to me and asks why I can't help them. I respond by telling them I am too inadequate. Fanny says she is angry that this is "bullshit." Felice responds by saying, "Well, it doesn't surprise me. I am critical of my own ability, but I have become very critical of hers, too." Carl denies anger and begins to talk of his many accomplishments. Dora agrees with this, but attributes it to his individual therapy, stating that these achievements are only peripheral since he hasn't solved his marital problem. Carl conveys his hopelessness about his marriage, but reports how much less frightened he is about losing control of his feelings and how much better he functions in general. Fanny and Felice begin to talk of some of their accomplishments. Fanny reports that coming to the group is an emotional feeding and may be she is getting something here and doesn't know it.

I reiterate that I have failed the group and ask for their recommendations about this terrible situation. I point out that they have been coming regularly, that they have been a very loyal group, that they have done their job. I have only asked them to come and talk, to help others to talk, and to take their fair share of the time. They all agree that they have been doing that. I begin to ask them for their suggestions. Dora says she is not willing to change the group therapist but is willing to change the group. She recommends that I create a new group. She then goes on to criticize me for having made such a bad selection. Fanny then complains and attacks me for having given her a recommendation that she work individually with a male analyst and talks of how betrayed she feels by me. She talks with great bitterness, turning to me and saying that perhaps I should just shoot them all, just like in the Holocaust, since I don't know what else to do with them. Dora responds by saying, "Why not shoot her?" Felice asks me to tell her of one person whom I have cured. Carl agrees with that and announces that he has never met anyone who has been cured through analysis. Fanny talks then about new books that have come out, attacking therapy as ineffectual and often damaging.

In a very sad tone, I repeat my feelings of hopelessness and investigate with each of them what they think might be done about the

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situation. I go around the room, and they give their various comments. A general consensus of my inadequacy emerges. For a while I am ignored, as the members become actively engaged with each other in determining my fate and that of the group. Some feel that in view of my inadequacy they should leave, but others feel that they should stay and try to help me. Those who feel too inadequate to help me suggest the possibility of bringing in some new, healthier members who might be able to do so. Carl expresses anger at those group members who are willing to spend money to help me. Fanny, always the pacifier, becomes more demanding in her insistence that members work toward being more constructive and therapeutic to me. Stephen becomes furious at the entire group for their indecisiveness. The group responds by turning on him. Felice, fully enraged and always the spokesperson for the expression of aggression, wants to know why I am being let off the hook and allowing Stephen to become the scapegoat for my failure.

The group appears startled and turns away from Stephen. They apologize to him and begin attacking me. They are vituperative. They accuse me of being an amateur, of using them as an experimental group, of not being qualified, of being responsible for all their frustrations. Their rage mounts as I agree with them and confirm their evaluation of my incompetence. I begin to make my closing remark-that this is indeed a terrible situation; that I am inadequate; that I can't help them; that they don't seem to be able to help me. Fanny and Carl take turns in describing their disappointment, frustration, and anger with me, but Carl now joins Felice, taking the lead in encouraging dissident members to devote their efforts to helping me. They are animated and in good spirits when they leave.

In the following few sessions, much productive work is done. Group members utilize their time to tell me and

each other of their wants, and they become aware of having been dominated by their wish to have me gratify them by breaking group rules. Their hunger and their yearning for sexual and aggressive contact with me and each other become expressed.

It seems to be with a mixture of resignation and relief that they respond to being told they are not supposed to get what they want from each other or from me; they are supposed to get what they want from each other or from me; they are supposed to be frustrated and to continue to come to talk and tell me the story of their lives. I give them the interpretation that they must give up the search for restitution for their past deprevations, and that the purpose of treatment is to correct the damaging effects of their various traumas, not to have it "made up to them."

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"There are many reasons for maintaining the hopeless resistance. Among these are: wanting the object to change and feeling hopeless about influencing the object; wanting to keep feelings in check to prevent destriuctive action against the object; wanting to torture the object; paradoxically as a way of maintaining secret hopes" (Miller, 1985).

In the group described here, constant longing for formier infantile functioning induced great rage and hopelessness in the therapist. It came as a surprise to realize that patients have longings for a past that they have worked so hard to leave. It appeared that once the "blackmailer" was no longer available to act out the group members' own destructive impulses, a pronounced regression occurred. It seemed that the aim of the group resistance was to so discourage the therapist that she would "give up" and they could remain vindictive infants for the rest of their lives.

The group leaves for the summer break in a state of positive transference to each other and to me. The hopelessness resistance seems resolved. I wonder if this will be a permanent resolution. I think that it may not be, and I groan inwardly to myself at the thought of what may still lie ahead. However, I also feel a glow of quiet satisfaction that I did not permit either my patients or myself to act on our treatment-destructive impluses.

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