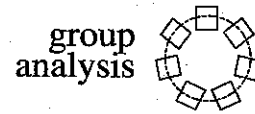


Article



## Death and the Dynamics of Group Life

*Fiona McDermott, Christine Hill, and Anne Morgan*

*This article reports qualitative analysis of data collected during psychoanalytically orientated group sessions after the death of members. This group, based in group analytic and existentialist theoretical perspectives, is for women with advanced breast cancer. We ask: how and why does the group keep going, even as its members leave it through death? Our interest in understanding the therapeutic factors generated by the co-therapists, group members, and the group as a whole is assisted by Winnicott (1956, 1960) and Bion's (1959) concepts of holding and containment. These concepts are used to examine the therapists' role—containers for creating a thinking space where unknowable and unthinkable thoughts can be transformed into something bearable and creative.*

*Keywords: group therapy, advanced breast cancer, death, SEGT, research*

### Introduction

The Thursday Girls is a long-term and continuing group for women with advanced breast cancer, which began in 1997. As the co-therapists for this group, we are interested in why and how this group continues, given that it is a group for women in the terminal stages of their illness who most often leave the group through death. The death of members is undoubtedly a challenging time in any group, yet for this group it is a frequent occurrence. Our experience has been that the death of members signals, in a paradoxical way, the life of the group.

### Research questions

To guide our research, we posed the following questions:

1. How does the group keep going after the death of a member?
2. What does death *mean* in this group?
3. Is this a group, which prepares its members for death? And if so;
4. What does 'preparing members for death' mean in the context of a group?

The group operates within the model known as Supportive Expressive Group Therapy (SEGT), incorporating psychoanalytic and existentialist perspectives.

SEGT originated with Yalom in the 1970s, out of a series of studies of group support (Spiegel et al., 1981; Spiegel and Spira, 1991). Serious illness is viewed as providing an opportunity for personal growth—only when the preciousness of life is recognized, and when death is faced as an inevitable possibility does an authenticity emerge that brings with it a capacity to live life truly and fully. This means that death, often a taboo subject, needs recognition and, by confronting this reality, life can be enriched even more.

Yalom's research revealed that through confrontation and talking about dying, fears were lessened. Knowledge empowered a sense of control rather than powerlessness; mutual support countered a sense of lonely isolation; sharing fears and concerns nurtured courage and confidence in the choices people made. Relationships improved, families felt supported, and a conviction emerged that quality of life was increased. This led to the creation of SEGT (see Kissane et al. 2004).

The purpose of SEGT is to:

1. Build bonds.
2. Express emotions.
3. Detoxify death and dying.
4. Redefine life's priorities.
5. Increase support of family and friends.
6. Improve doctor-patient relationship.
7. Improve coping skills.

The research base for SEGT has steadily increased since David Spiegel's work at Stanford University Medical School. In 1989

Spiegel studied 50 women with advanced breast cancer. He offered a group intervention—SEGT—to the experimental group. While improvements in quality of life and reduction in pain were reported, what was particularly surprising was the increase in survival time for participants—at least one year longer for those receiving SEGT.

There have been a number of studies attempting to replicate Spiegel's research (see for example Edmonds et al. 1999; Bordeleau et al. 2003). Completed trials have yielded mixed results. In ten published studies, patients in five of those studies recorded prolonged survival, suggesting that 'the jury is still out' with regard to SEGT's impact on survival time. However, improvement in quality of life for those receiving SEGT has continually been noted (Anderson, 2002; Lachman, 2002).

### The Study Group

This group began as part of the Melbourne leg of an international SEGT trial in 1997. Findings from the Melbourne study, for which the Thursday Girls was established, demonstrated improvement in quality of life and lessening of depression. However, significant increases in survival time were not found. (Kissane et al. 2004; Kissane et al. 2007).

The trial ended in 2003 but, at the request of the women in our group, we have continued to meet since then. This is an open group, with co-therapists, which meets weekly for one hour and a quarter. There are routinely eight to 10 participants, with another five or six members who might be absent due to treatment or other commitments. Their ages range from their 30s to their 70s. The group has no set agenda, discussing any and every issue that participants wish to raise. Meeting outside the group is encouraged in order to build a strong social supportive network. Referrals to the group come from health service providers, oncologists, breast surgeons, and sometimes self-referrals. When members are too ill to travel, the group may convene at their home or hospital rather than at the centrally located regular venue.

The co-therapists are trained psychoanalytically-oriented group psychotherapists. Monthly supervision is provided by a senior group therapist.

Very importantly, group members and therapists attend funerals. This 'rule' has grown from the group itself, rather than being part of the SEGT model. As we will discuss later, to us it is a rule that plays

a central part in the management of loss and grief and thus, to the group's 'going on'.

### Literature Review

Our search of the available literature revealed a paucity of published work on the topic of group therapy or group work with dying patients—indicative perhaps of the toughness of the topic, and an aversion from it.

We did discover a number of papers on the topic of death in the group and its effects on a group, and on group therapists written during the 1980s and early 1990s, but were unable to find more recent work. The 1980s and early 1990s was the period which witnessed the emergence of HIV Aids, and this may have been important in bringing the topic into awareness. It is also interesting to consider that in the last 30 years technological advances have spearheaded interest in the capacities of the human body in terms of body modifications; for example, organ transplants, and the development of medications and treatments responsible for increasing longevity (at least in Western liberal democracies). This parallels a focus in post-modern literature in sociology and cultural studies (and in popular culture), which celebrates the body as endlessly flexible, malleable, and able to live indefinitely (Cameron and McDermott 2007). It may be that these developments reinforce a tendency to deny death.

Gabriel (1991: 280) commented that research on the death of patients in group or individual therapy 'has not been a major area of examination'. In reviewing the available literature on this she notes that when a member dies: '... the usual response involves the absence of interest, curiosity or questions about the details surrounding the member's death ... denial ... prompted by group guilt ... Since the leader often shares the group's resistance, he or she denies the death as well' (Gabriel, 1991: 281).

Gabriel (1991) reviewed the recent (1970s and 1980s) literature on leaders' reactions, and commented:

Taken collectively the literature suggests that the major expressions of counter transference reactions experienced by group therapists confronting the death of group members include: maintenance of focus on the dead member/s; rejection of new members; absence of a response to death or members including silence; detachment and avoidance; acting out in the form of physically distancing from members and preoccupations about one's own health and death (1991: 283).

Gabriel (1991: 282) includes a quotation from Hyland et al. (1984) on the impact of the death on a core member of a cancer group who found that group leaders, regardless of their level of experience: '... participated in the conspiracy of silence around the issues of death and dying... When the topic did emerge it was almost always initiated by the members'.

Gabriel (1991) studied a supervision group for therapists working with HIV Aids patients. What becomes clear is that the therapists were not kept abreast of what was happening regarding members' health issues, and were sometimes unaware that a patient had died.

In our group, the structure demands that a loose social and supportive network be built amongst participants outside the group. Members always keep us in touch with what is happening regarding one another, especially when treatment or health deterioration may keep one or other from attending the group.

Butler et al. (2003) report on a study examining the course of distress for women with metastatic breast cancer (some of the study members were drawn from a SEGT) at three time points before death, to see whether their measures of distress and pain increased, and well-being decreased markedly before death. Their findings supported this hypothesis. They comment that whilst many studies of SEGT had shown improvement in such measures, SEGT '... was not sufficient to address the needs of these patients at the end stage of their illness even though the intervention did significantly reduce distress and pain for patients earlier in the course of their illness' (Butler et al. 2003: 424). However, the researchers also comment that, as the final assessment of the three interventions was done six months before death, '... we do not have data to assess extent of changes during that time, and therefore cannot draw conclusions about psychological distress in final few months of life' (Butler et al.: 424).

In contrast, our focus is on how the group-as-a-whole copes with the death, and manages to 'go on'. Our data is thus group, not individual data; we do not measure individual affect.

### Method

We transcribed sessions (notes taken turn-about by the therapists) immediately following the death and funeral of a group member. We chose a time period for data analysis, which ran from the end of the trial in 2003 until December 2007.

We chose this time period because both authors (McDermott and Hill) were co-therapists for the group, ensuring a degree of uniformity in group processes. This time period included some women who had commenced with the group during the trial period. All sessions were held at the same site.

Data was analysed qualitatively in order to discern:

1. Common themes.
2. Gaps/absences.
3. Contradictions.

Qualitative analysis was chosen in order to see the workings of the group-as-a-whole. We asked:

1. What seem to be factors that keep the group alive?
2. Does the group-as-a-whole change in the way it deals with death?
3. How do therapists work with the group?

We wanted to understand:

1. What happens to the group-as-a-whole?
2. What is talked about/not talked about?
3. What is experienced, i.e. how members process what is happening for them at this (recurring) point in the group's life.

In analyzing the data we sought to highlight preoccupations present in each group session, i.e. those snatches of conversation, which seemed to capture the essence of what was being talked about at various points during the session. We were looking for repetitions of these preoccupations across all sessions transcribed: these we have identified as themes.

### Limitations

There are some unavoidable gaps in the data: notes are taken during the session, and there are likely to be inconsistencies in regard to what each of us decided to record. In addition, the need to divide one's attention between therapeutic work and note taking, may mean that not everything that happened is recorded.

As we are the therapists for this group, we are very close to the data and likely to be biased in our interpretive work. However, some

balance may be achieved by the fact that we are analyzing our notes from past sessions (some more than five years ago), which were made for supervision, not research purposes.

We did not make comparisons with sessions, which did not follow a funeral. This would be a much larger project than there was scope for at that time. However, we assume that the group's capacity to work with the death of members reflects the 'health', or otherwise of the group—the extent to which supportive bonds, safety, understanding, and relationships amongst members would sustain critical periods in the group's life, notably the post-funeral period.

## Findings

### *Study Subjects*

Eleven women died in the study period of 2003–2007. In the table below we have noted the ages at which they died, and the year that they joined the group, indicating their length of stay in the group, prior to their deaths.

### *Thematic Analysis*

We identified eight themes, or preoccupations, and these are noted in the table below. We insert an 'x' to indicate the presence of a theme, and 'xx' to indicate that this theme was strongly present.

### Importance of Group

Recognition of the group as a source of emotional support is demonstrated in the quotations in Vignette 1.

Table 1

Name	Age	Joined	Funeral
Gina	63	1997	07/8/03
Bel	50	2003	04/5/04
Tanya	47	2003	23/9/04
Holly	53	2003	30/6/05
Ellen	49	2004	19/9/05
Sara	50	2000	11/2/06
Lucy	55	2006	04/8/06
Sharon	49	2003	03/5/07
Betty	59	2006	09/7/07
Pat	60	2007	09/9/07
Phyl	58	2006	06/9/07

Table 2

Themes	Sara	Sharon	Lucy	Ellen	Holly	Gina	Bel	Tanya	Betty	Pat	Phyl
Importance of group; group as emotional support		x	x	x	x	x	x	x	x		
Members reconnect/ importance of continuity, change, uncertainty	x	x	x	x	x	x	x	x	x	x	x
Funeral discussion	x	x	x	x	x	x	x	x	x		x
Impact of dead member (+/-)	xx	xx	xx		xx	xx	xx	x			
Ideas re own funeral/ death			x		x	x	x	xx			
Death & cancer						x	xx	xx		x	x
Own health concerns		x	x		x				x		x
Hope and going on	x	x								xx	x

### *Vignette 1: Importance of Group*

**Jane:** Thursday is my group day—people around me know it's very important to me.

**Cas:** When I'm in group, it doesn't hit me—don't realize till you think of what the alternatives are—where would I be without this group? Flailing around, being afraid (after Sharon's funeral).

**Norma:** People are capable of change. [Story of someone who was reformed after seeing the Salvation Army saying 'we love you'].

**Fiona:** Important support in this group.

**Cas:** You know what a difference a positive comment makes (after Betty's funeral).

**Norma:** If you're down, there is help around you (after Bel's funeral).

**Jen:** We need to feel that the group is a safe place to express feelings (after Ellen's funeral).

**Lee:** You can bitch about things here when the family don't want to hear (after Holly's funeral).

**Norma:** After Sara's funeral I took up the priest's offer of healing. Went to Mass and healing after. I told the priest I came for the whole group. Father told others I am part of the Thursday Girls, and a friend of Sara's (after Sara's funeral).

### **Members Reconnect: The Importance of Continuity, Change and Uncertainty**

This theme was evident in every post-funeral session, and is arguably the strongest theme. Sometimes the death was perceived as sudden, despite the knowledge of the nature of the symptoms. This sense of suddenness, despite the group being well aware of both the illness, and the person's journey, perhaps suggests the starkness of the reality of death. The sessions included occasions when reference was made to the group therapists and the impact of the death on them. The concern for the therapists may be seen as referring to the need to maintain continuity at a difficult and potentially frightening time for therapists and patients alike.

#### *Vignette 2: Members Reconnect: The Importance of Continuity, Change and Uncertainty*

**Various:** We don't want to plan, 'just do it'; why worry about what you leave your kids—they're just lucky: don't know how long you're going to live (after Gina's funeral).

**Jane:** The group is ongoing, but the members are not (after Sharon's funeral).

**Cas:** It's good to know that there are others out there (with breast cancer) (after Betty's funeral).

**Judy:** Let's go round and see what's happening with us (after Pat's funeral).

#### *Vignette 3: Perceived Suddenness of Death*

**Norma:** Tanya's funeral was a short service.

**Fiona:** Her death felt very sudden?

**Jo:** Yes, like Gina, and Bel also went very quickly (after Tanya's funeral).

**Sharon:** There was a diversity of people at the funeral; good to learn about the person at the funeral.

**Fiona:** A bit hard for you—you got on so well with Holly—a bit of a shock?

**Sharon:** Yes (after Holly's funeral).

#### *Vignette 4: Concern for Leaders*

**Jo:** Does the group need to have two leaders?

**Chris:** This is David Spiegel's model.

**Cas:** Leaders dealing with death all the time need support.

**Jane:** Two leaders gives the group continuity; they know you.

**Norma:** The humanitarian aspect is very important, not just the research (after Sharon's funeral).

**Bel:** What is it like for the leaders when there is the death of a member?

**Chris:** You are wondering if we have an emotional investment like members of the group, not just professionals. *The leaders are affected by what happens* (after Gina's funeral).

### **Funeral Discussion**

In all but one session, there was considerable discussion and expression of emotion about the funeral service which most had attended. This discussion was initiated by the group in each session, except one when it was left to the therapists to raise it. We considered that this may have been because the dead woman (Sara) had had a lengthy involvement with the group and the funeral service itself had been extremely sombre in character, leaving group members somewhat saddened, and needing leadership from the therapists to enable discussion to take place.

#### *Vignette 5: Funeral Discussion*

**Norma:** Sara's funeral was very moving; (there was) a copy of the book (Thursday Girls, 2004) and articles blown up with photos (after Sara's funeral).

**Jane:** (At Betty's funeral) we watched the doves fly—beautiful!

**Norma:** The card I bought for Betty's family had a dove on it (after Betty's funeral).

**Jo:** Tanya's funeral was very sad. Ben (her son) was very upset. The little girl looked as though she was attached to her father's side—didn't let go. It had just hit her (after Tanya's funeral).

### **Impact of Dead Member**

In more than half the post-funeral sessions, lengthy and detailed discussion occurred with reference to the member who had died. There

is recognition of the person's contribution, life, and personality. There did not seem to be a difference in post-funeral talk depending on the importance or longstanding attendance of the dead woman; rather the fact of the death of 'one of us' was more central. With more 'established' or longer term group members (Gina, Sharon, Sara), more group members might attend the funeral, but even when few (Pat, Phyl, Betty), or only one person attended the funeral (Ellen), there was a sense that 'the group' was personified by even one person.

### *Vignette 6: Impact of Dead Member*

**Jo:** Gina is all around me.

**Chris:** Gina identified so much with the group; she was here when you all joined.

**All:** Yes!

**Tanya:** I thought she would always be around.

**Bel:** Gina always bounced back. Her dog will miss her . . .

**Sara:** I miss Gina's empathizing; I can't do it like her.

**Tanya:** I'm not empathic either . . .

**Bel:** It was a hard enough day without Gina's death. I didn't know her long but she was very important.

**Tanya:** With Gina's death we are all flat.

**Fiona to Bel:** You thought of this by bringing in jasmine and lavender as a healing gift.

**Bel:** I've always been like that: on a spiritual journey (after Gina's funeral).

**Chris:** I wonder what you thought about the words said about Lucy?

**All:** We learned a lot that we didn't know; we didn't know her long enough.

**Cas:** I wonder if others in the group are interested in writing their stories so that we can get to know each other here.

**Jo:** Mine's already in the book.

**Fiona:** Perhaps Cas' suggestion is about (wanting) to get to know other people's lives. Lucy was here such a short time.

**Judy:** I'm fascinated by other people's stories; everyone has a story to tell; she was here such a short time. We talked about the friendships we were going to have; they didn't eventuate (after Lucy's funeral).

**Jane:** I'll never look at sunflowers again without thinking of her.

**Cas:** I saw her at four in the afternoon, the night she died; parents and brother were fabulous talking to her even though she was unconscious—hearing is the last thing to go—I told her the group loved her (after Sharon's funeral).

**Lee:** I just can't get my head around it, she was so lovely.

**Jo:** She didn't want anyone to see her in hospital. I took flowers from the group on Tuesday before she died. She was serene.

**Sharon:** Greg (Sara's son) was so serious; Sara would have been so proud. He is very musical. (Photos passed around of Sara's 50th birthday party after Sara's funeral)

**Vera:** I really felt for Tanya.

[Discussion of how hard Tanya fought, tried everything. Concern for her daughter (after Tanya's funeral).]

**Norma:** When I was at Bel's funeral, what I wanted to convey was the comfort that was with me; that will come to all of us—the healing power was there (after Bel's funeral).

**Lee:** Holly's contribution to the group was love and friendship, and (this was) conveyed in her sister's eulogy (after Holly's funeral).

### **Ideas Regarding Own Funeral and Death**

Having attended a member's funeral frequently led group members to contemplate their own funerals, and how they would plan them. This was often done with humour as well as sadness.

### *Vignette 7: Ideas Regarding Own Funeral and Death*

**Sharon:** My funeral's not going to be like Bel's send-off: dragged out (after Tanya's funeral).

**Bel:** This week I've started organizing my own funeral.

**Various:** Planning our own funerals. We're all thinking about this. [Much humour].

**Some:** Would like a memorial rather than a coffin there.

**Others:** Prefer a cremation.

**Sharon:** I feel a bit distant from this, but I have thought about it a bit, who should be notified. Later on I might get to the nitty gritty.

**Tanya:** I have written a letter to my daughter: the hardest thing to do (tears) (after Gina's funeral).

**Sharon:** Much shorter (than Bel's), and much less religion at my funeral (after Bel's funeral).

**Norma:** Didn't look like a chapel—thought I was looking at Henry VIII's four-poster bed, and when the curtains came down! I'm going to have my grandsons carry me out to 'Amazing Grace' (after Lucy's funeral).

**Sara:** I say to my son, don't wait till I die for a eulogy—I want to hear it now!

**Jo:** I want my funeral to be a celebration (Holly's funeral).

### Death and Cancer

In more than five post-funeral sessions, far from denying the possibility of death, the group focused on their anxieties about their cancer, and the inevitability of their own deaths.

#### *Vignette 8: Death and Cancer*

**Norma:** Bel's funeral; how we all deal differently with cancer. Bel saw cancer as her friend.

**Sara:** I think cancer is a part of my body; I can't reject it. I can say 'don't play up', but it's there, part of me.

**Chris:** If you see it as part of you, it gives you more control over it.

**Sara:** If God gave it to me some good must come of it.

**Sharon:** It's just a bloody nuisance, not a friend. Friends don't do that to you.

**Chris:** It hasn't stopped you doing things.

**Sharon:** It has stopped me to some extent, but I've found ways around it (after Bel's funeral).

**Bel:** How has the group helped people cope with death?

**Jo:** It has [example from first person who died]—acceptance: in group you can say words about death that you can't say in your family.

**Bel:** My husband is only coming to it now, he's a minister, said I don't think I have long; I'm less in control of the kitchen; awakening going on in our house.

**Jo:** My husband's also starting to realize.

**Chris:** Death is something confronting everyone.

**Bel:** You know you've got a chronic illness, and the disease will kill you. I felt I had crossed over the line of thought when I had the [stent] put in. Husbands are aware but not in their gut; death is a reality (after Gina's funeral).

**Norma:** Why do bad things happen to great people? I feel guilty when I'm still living, and other girls so young are dying (after Holly's funeral).

### Own Health Concerns

During many of the post-funeral sessions, group members expressed their anxieties about their own health and that of other members, with much discussion about health status, treatments, and disease progression.

Although this is usually a topic of conversation during the group, it perhaps has greater poignancy and urgency in the post-funeral session. Importantly, their own health vulnerabilities are not denied in the face of a member's death.

#### *Vignette 9: Own Health Concerns*

**Norma to Betty:** How are you?

**Betty:** I've had an infection but it's getting better. Feeling good if I can get here (after Lucy's funeral).

**Judy:** [Report on MRI of brain scan, result 'slightly better'—very confusing and inconclusive information].

**Fiona:** A bit reassuring?

**Judy:** Yes. I keep notes on side effects, yucky. [Bad day on the weekend but okay].

**Marie:** So far so good. No side effects from zeloda: doing juicing with potatoes, broccoli, carrots.

**Cas:** I had nausea from zeloda after 14 days.

**Angie:** I'm getting scared that the cancer is getting worse. Not sleeping well either (after Phyl's funeral).

**Laura to Sharon:** How are you going with ulcers?

**Sharon:** Gum disintegrating, bone coming through; pretty ornery, can't see surgeon for a long time.

**Laura:** I'm going to haematologist regarding platelets—possibility of Hep B.

**Jo:** Being a nurse you may have been exposed to it.

**Laura:** Doctor says I'm heading for bone marrow biopsy (after Holly's funeral).

### Hope and Going on

This theme appears slightly less frequently than other themes in post-funeral sessions, but its expression is very powerful in the choice of examples used, language, dreams, and metaphors. It is also very important to note that the attendance at these sessions numbered on average five women, which is typical for this group. Attendance can

be seen as a practical demonstration of the importance of the group, of reconnecting, of hope, and of resolve to 'go on'.

### *Vignette 10: Hope and Going on*

**Eliza:** It's good to catch up with colleagues: quality of life is good if you can get out and do things. I get depressed if I don't.

**Jane:** I'm doing embroidery; this is my time (in life) to do things (after Sharon's funeral).

**Lucy:** I went to the (shopping centre) yesterday, bought a DVD after treatment. Having another splurge this week: ballooning! (after Sara's funeral).

[Judy recounts dream in which she is having a baby.]

**Linda:** My dreams are very vivid and bizarre.

**Chris to Judy:** Maybe in the dream you are giving birth to something?

**Judy:** I would have liked another child.

**Norma:** [Recounts TV program showing pigeons used to carry messages during the war and returning battered, but then patched up, and taking off again.]

**Fiona:** There seem to be parallels between those pigeons and the women in this group: getting patched up and taking off again (laughter).

**Norma:** Story about someone who won first prize for a humorous story in which the person sang 'wish me goodbye and good luck' as a coffin was lowered (after Phyl's funeral).

**Jo:** You've got to do what you've always wanted to do

**Linda:** Quality of life is vital even if you're not good.

**Cas:** People say 'you look so well': it gives me a boost! I'm feeling alright, positive. I'm keeping on planning things, you have to have things in front of you [after Pat's funeral].

### **Absent Themes**

In reviewing our data, it became clear that certain themes which one might have expected to find in the post-funeral sessions did not emerge. Thus, we did not find evidence of expressions of despair, the meaningless of life, nihilism, hopelessness, or anger. It may be that such emotions were present, but denied, or resisted. However, as we have noted in these themes, members were aware of the reality of their life-threatened situations, constantly battling with pain, fear and

anxiety in relation to treatments and disease progressions, sadness at the losses being endured, and cognizant of the ultimate loss of their own lives. Indeed, we would propose that the content of the themes we have identified in the transcripts point to an openness and engagement with the ultimate questions of life and death, enabling the group to 'go on'.

It also became apparent that while we were looking to see if the group changed over time, in the way in which members dealt with death, there was a marked consistency with which the themes we have identified appeared in post-funeral sessions, i.e., there was no change. This suggests that the group, ongoing since 1997 had, by 2003, established a way of dealing with death, which had proved useful to the group, and provided a structure for 'keeping going'.

It is our view that the practice of attending funerals in particular, instils a capacity within the group to process deaths and losses; the work is done by the group-as-a-whole, rather than either members individually, or the therapists. While the looser boundaries which characterize this group and distinguish it from other psychoanalytically oriented groups (see McDermott and Hill, 2002) arguably makes the group more challenging for therapists, it also is the means whereby the group-as-a-whole deals with the death and loss collectively, and with minimal trauma and distress to both parties.

### **Discussion**

Whilst we have detached various segments (often from the same session) in order to illustrate a theme, it is important to recognize that many themes reoccur, as indicated by the thematic table, in most post-funeral sessions.

However, of greater significance we suggest that these eight themes express a primary pre-occupation with the body. We understand this pre-occupation in two ways: the group itself as a body: 'one body'; and each woman's individual body.

*The group as 'one body':* there is a powerful almost over-riding sense of members' identity with this group, a sense of themselves as part of this 'group body'. (Cas says 'where would I be without this group'; Norma says 'I am part of the Thursday Girls'). We can think of this identification with the 'group body' as similar to the infant's experience of, and identification with, the mother's body. Winnicott's (1960) notion of the mother's physiological holding and containing of the anxiety of the infant is helpful in understanding this phenomenon.



He writes of a need for a facilitating environment, of holding the infant, both physically, and in the mind, by a mother who is not perfect but 'good enough'. Sometimes the therapists come to exemplify this aspect of being a mother to the group, sometimes it is the women themselves in the group who do this; for example, the group circle is itself a physical (in time and space) container; at distressing moments the women offer each other occasional touching and massage.

Drawing on Bion's (1959) work we might also say that his concept of containment, developing from Melanie Klein's theory of projective identification, helps us to see the transformative function which the therapists provide: in knowing the minds of members, much as the mother knows the infant's mental spaces, they are able to hold and transform the women's mental experiences. Bion (see Winnicott, 1956) describes how a mother in a state of reverie is able to receive the infant's projections, and hold them in an accepting and non persecuting way. In so, doing the terrified infant experiences an external object, mother, who is not feeling as he/she feels. The mother's response to the infant from an empathic position, not terrified or pushing the feelings back into him/her but understanding them, changes the infant's own experience. The therapists know about the trauma and distress of the women's experiences, and they know about their impending death. As Jane says '*Two leaders gives the group continuity—they know you*'; witness too the discussions following funerals where the importance of having known the deceased member is a focus.

The therapists might be thought of as providing a sense of normalcy, as representing part of the 'normal human condition'. We take notes as evidence that what is being said is being taken in.

It is the therapists and the surviving members who represent and contain the memory of members. In this sense the group is also a 'memory body', continuing on because of the importance of remembering deceased members, and continually commemorating them (Jo says '*Gina is all around us*'). The therapists' note taking is a visible record, as are the many photos taken by members over the years. The group can go on as 'one body' because its memories keep it alive, and keep the deceased members within the 'memory circle' (Cass says '*I told her [when Sharon was unconscious and dying] the group loved her*'). This sense of 'going on' through remembering is well illustrated in the often fragmented and circling talk, moving from topic to topic, highlighting the 'everydayness' of life 'going on', which is characteristic of all post-funeral sessions.

The therapists' attendance at the funeral is vital to members in sustaining and containing the group; to enable a sense of having 'done everything' for the departed member, and being there (literally) until the end. This seems crucial to enabling the group to 'go on'. Talk in the post-funeral sessions is enabled on the basis of this shared experience; it is the focus of memories of past funerals, thus becoming a reference point in the group mind. As Jane says '*the group is ongoing but the members are not*'.

*Individual bodies*: our material bodies confirm both our own identity and sense of self, and what it is that we have in common with others (Cameron and McDermott, 2007). In the case of women in this group, their individual bodies are bodies under stress, traumatized, acknowledged as being in the process of destruction.

Their talk revolves around the care and treatment of their bodies (Betty says: '*I've had an infection but it's getting better*'), their current bodily identity (Sara says '*I think cancer is a part of my body—I can't reject it*'), the destruction of their bodies (Sharon says: '*My gum is disintegrating, bone coming through*'), the disposal of their bodies (Norma says: '*I'm going to have my sons carry me out to Amazing Grace*'). They seek out other women whose bodily experiences enable their own to be known and responded to. Perhaps this seeking out of others is related to the impact of their current trauma, which triggers memories of earlier (infantile) traumas reflected in vulnerability, powerlessness, dependency, and forges a desire for the holding and containment of the mother (the group, other women, the therapists). Their talk demonstrates a recognition of the common 'human condition' that all share, and it is this which matters. The women have never had the experience of being able to say what they want about themselves and their bodies: with bodily destruction and inevitable death, they are facing something for which there are few words. As Jo says: '*in group you can say words about death that you can't say in your family*'. Despite their heterogeneity and diversity, and the unlikelihood of them being together except for their shared disease, the bonds they forge are strong. It is bodies connecting with other bodies, which share the same profound bodily and psychic trauma.

### Conclusion

In reviewing the data we arrive at something of a paradox: this is a group which can be said to both *deny death* through going on and,

at the same time, to *face death as a part of life*. The group goes on despite and because of the inevitability of death. We see our role as therapists as being one of holding and containing, helping the women feel empowered to 'go on'. Simultaneously, by not denying death, we are assisting them to accept death, to detoxify the dying process, to enable it to be talked about, remembered, contained, and worked with in ways, which strengthens and builds emotional, and psychological capacity. The findings from all SEGT trials have likewise emphasized the point that whilst survival time may not necessarily be increased to a statistically significant level, quality of life is enhanced, and depression and anxiety lessened.

Our purpose in analyzing the data qualitatively has been in order to identify therapeutic factors in the work of the group-as-a-whole, and to answer our research questions.

The eight therapeutic factors we have identified in the data have directed us towards distilling two inter-dependent understandings and experiences of the body shared by group members, and reflected in both group processes, and individual responses (the group as one body; individual bodies). These understandings can be thought of as underpinning, or 'driving' the eight therapeutic factors, thereby enabling the group to 'go on'. Such understandings and experiences of the body emerge out of the way in which the group is structured, in particular the co-therapy model, the building of bonds within, and outside the group, the continuity of meetings, and the group 'rule' of attending members' funerals, in an environment where members are held and contained by one another, and by the therapists.

The eight themes or therapeutic factors we have identified shed light on why the group continues—the vital necessity of members to bond with, and share their journey with others similarly afflicted, to maintain a sense of hope and community. Their 'living on' in the minds of group members and therapists plays a part in this: they will not disappear and be forgotten: the memory of them, of their individual bodily struggles, will be kept alive by the group, the 'one body' which both carries them, and the memory of them, onwards.

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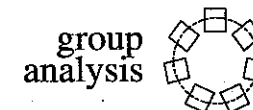
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**Fiona McDermott** teaches group work and research in the School of Nursing and Social Work at The University of Melbourne, Australia, and has written and published in both these areas. She combines her academic and research interests with practice as co-therapist of two psychoanalytically-oriented psychotherapy groups. *Address:* School of Nursing and Social Work, University of Melbourne, Victoria 3010, Australia. *Email:* fionamm@unimelb.edu.au

**Christine Hill** is a clinical psychologist working psychoanalytically with individuals and groups. She is also an Honorary Research Associate in the School of Psychology, Psychiatry and Psychological Medicine, Monash University, Melbourne, Australia. Christine is a past president of the Australian Association of Group Psychotherapists, and a member of the IPA College of Research Fellows. *Address:* School of Psychology, Psychiatry and Psychological Medicine, Monash University, Victoria 3168, Australia. *Email:* christine.hill@med.monash.edu.au

**Ann Morgan** is a senior group therapist and past president of the Australian Association of Group Psychotherapists. She was founder of the Infant Mental Health Service, Royal Childrens' Hospital, Melbourne, and is a Life Vice President of the Australian Association of Infant Mental Health (Victoria). *Address:* 4 George Street, Richmond, VIC 3121, Australia. *Email:* niallmorgan@bigpond.com

Article



## Group Helplessness and Rage

*Ernest Wolf*

*The problem of group violence is one of the most important issues facing society. Not only is this a crucial topic for our Americanized society, but we are confronted with events that are occurring all over the globe, on all continents, and in all countries. While it is obvious that the daily news pin-points the current 'hot' area of conflict, such as the Middle East, the Balkans, and certain regions of Africa, there seems to be no spot on earth that is safe from unreasoned violence. Individuals as well as groups are in danger of being destroyed. How are we to understand these phenomena?*

*Keywords:* helplessness, rage, narcissism, group, politics

### Introduction

I will attempt to bring two psychoanalytic perspectives to bear on these questions.

A classic Freudian view derives the anger that is being expressed in hostile actions to an instinctual drive of aggression, which is more or less modified by the ego. In addition to this basically biopsychological basis, Sigmund Freud also recognizes some strictly psychological factors, such as the common desire to turn a passive experience into an active one, and thereby assert some control over one's life and self. Freud also assigns a pivotal role to an innate self-destruction death instinct, which, however, has not been generally accepted by psychoanalysts. Along similar lines, Anna Freud stresses the mechanism of identification with the aggressor as a very common dynamism. As a consequence, children treated sadistically by their parents