

Consultation Corner

Traumatic Losses and Primitive Responses: What's a Leader to Do?

Jennifer Harp, PhD

As group psychotherapists, we expect to be challenged by the ingenuity and resistances of our groups. We journey with our groups through good times and bad. However, even our readiness to enter into difficult times with our group members can be tested when extreme circumstances present themselves. And, such events are inevitable in a well-functioning group that explores beneath the surface of life's realities. Containment of such explorations can be daunting for the group leader, especially as primitive responses are unleashed.



Jennifer Harp, PhD

In this issue's consultation question, one such life event challenges the group leader to effectively contain primitive responses that arise from a seemingly positive group experience. That same life event is later coupled with group difficulty and despair. Dr. Dale Godby and Dr. Kathleen Ritter respond with wisdom and experience to our shaken group leader.

EDITORIAL QUESTION POSED:

Dear Consultation Corner,

I am currently in need of consultation regarding a difficult situation that I am encountering with the group I lead in my private practice. The group is made up of 8 members, four women and four men, and has been a relatively stable group for the past two years.

Several months ago, a woman in the group tentatively announced her long-awaited pregnancy to the group. The issue of pregnancy was particularly painful for her, as she had suffered several miscarriages in recent years. Group members initially celebrated the news but, over the next several weeks, accessed deeper, more painful feelings associated with the woman's pregnancy and its meaning for the group. At first, the woman immersed herself in the group's holding and care, but was later taken aback by the more primitive disclosures of hurt, anger, envy and covetousness that some members expressed in their reactions to her pregnancy. Conflict ensued as members formed various alliances around the issue and I encouraged deeper reflection on the meaning of the unfolding drama for various individuals and for the group.

After weeks of this meaningful and charged group work, the woman missed a session and, upon her return the following week, was withdrawn and stone-faced, refusing to disclose openly to the group. When members of the group began to engage her, she revealed that she had lost the pregnancy and then, as she became more verbal, proclaimed her belief that the group's "ugly feelings" towards her, coupled with the increasingly conflictual group environment, had possibly led to the demise of her pregnancy. The woman began to rage and cry and members watched in horror as she escalated,

rebuffing any attempts to re-engage her, and left the room. She has not returned to group, nor has she returned my phone calls.

Members liken the woman's abrupt departure to a sudden death, or suicide, and the group remains in a state of grief with members expressing feelings of confusion, guilt, hopelessness and anger. I share some of these feelings. Also, the theme of "a lost baby" is emerging in group fantasies and dreams. Given the depths of and murkiness of all that has been stirred, I would appreciate your thoughts on how to best proceed.

Signed,
Searching

RESPONSE #1:

Dear Searching,

First of all, welcome to the club. You have just experienced a unilateral premature termination. Anyone practicing group therapy for any length of time has them. They hurt! It isn't clear to me how long you have been running groups, but if you are relatively new at it, you'll have many more of this type of termination before you retire. Don't let it stop you from doing group. Maybe some day you will contribute to an understanding that will help us to decrease these types of terminations, but I don't think we will eliminate them any sooner than the oncologist eliminates cancer. They come with the territory.

Could your group have contained this patient? My first concern is a biological one. Was she in some form of postpartum psychosis in which she became paranoid? If this was the case, a medicine consultation could get her to a place where she could usefully return to group.

Psychologically, what could have been done? You could think about whether or not she was scapegoated. Did she carry anything for the group in the sense of projective identification? If so would an active use of subgrouping along the lines that Yvonne Agazarian suggests have helped to contain the scapegoating process. Was there anyone in her subgroup? Could you as her therapist have been more active in creating a subgroup for her in which other members may have felt hurt or angry by ways the group had acted toward them? This could have given her strength to work with the hurt, envy, and covetousness that were directed toward her. Was she scapegoated in her family and was she recreating this in the group?

Exploring postpartum issues and an active use of subgrouping may have prevented her departure, but it is important to remember some dropouts cannot be prevented and they in fact are an occasion for some very stimulating work for the other members. You can now explore subgrouping around bully, victim, bystander, and healer. We have all played these roles at sometime in our life. Where do the group members see themselves in relationship to these roles with the newly departed member? What balance of these roles have they

achieved outside of group? Are they happy with the role they usually play, with how it played out in relationship to the newly departed member? Do they want to change it in any way?

Helplessness will also be useful to explore in each of the members and in the therapist. Often in their families they have felt helpless. A father left them; a sister refuses to communicate. How and when to work for change and when to let go is useful for each member to explore.

It is important to keep track of the envy, anger, and conflict expressed by the group prior to the woman's departure. Did it contribute to her losing the baby? Did it indeed force her to leave the group? My concern would be that these painful feelings would become repressed in the group and have the potential for becoming more destructive than when they are expressed more openly. I would wonder with them as to whether they felt safe to express negative feelings now that they are so closely associated with an important member leaving. It is likely that for some of the group members this is a repetition of what happened in their families of origin.

Finally, I would review the past few terminations with the group. Hopefully, the group has a history of some good terminations that can be compared to the woman who left prematurely and group members can discuss what they would consider a good termination for each of them. I wouldn't be in a hurry to add a new member, but when you feel the time is right to add someone I would be aware of all the feelings that are likely to go with her taking on the place of someone who left the group in a tragic way. The integration of the next new member can be an important healing experience, especially for members who have a tragic loss in their backgrounds. And don't be shy about asking for more consultation or even forming a group in which you present your group failures to one another. It is what we can't do for our patients that is the hardest part, and having others to share this load can often make the difference between continuing on with your groups and giving up.

Dale Godby, PhD, ABPP
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RESPONSE #2:

Dear Searching,

Without having watched your group develop to this point, I can only speculate on its past and present dynamics. I am struck, however, by the intensity of reactions that the pregnancy stimulated. You didn't mention how many of the remaining seven members felt "hurt, anger, envy and covetousness", but obviously not all members felt this way since you made reference to "various alliances" forming around the issue. I have rarely seen a pregnancy generate reactions as extreme as you described, so I am assuming that additional process were operating in one or more members. Possibly some in your group are survivors of trauma or childhood wounding and/or might possess some Axis II characterological features. You did not provide individual descriptions of the nature of coalitions between and among the members so I am only guessing about this.

The loss of the pregnancy and the departure of the member occurred against a backdrop of considerable emotionality. It seems as if the

exodus reactivated (old) feelings in some members, possibly of betrayal, abandonment, or death; or even of abortion, miscarriage, divorce, or other losses. The passing of the baby stimulated deep material in some, while others may be reacting as much or more to the sudden leaving of one of their own.

Before you attempt to guide your members through this morass of reactivity, I suggest that you avail yourself of some professional consultation since you mentioned sharing some feelings of "confusion, guilt, hopelessness, and anger." If I were facilitating your group, I would need to explore what these reactions are activating in me. As therapists, we all experience countertransference with clients, and understanding my own emotions helps me not to contaminate members' material with my own unresolved issues. You need to remain objective and keep the broadest perspective possible as you help members navigate through their own emotions and unresolved losses, hopes, and dreams. They have before them yet another family that has disappointed them and the grieving for many appears profound.

As Irvin Yalom (2005) reminds us, you have considerable "grist of the mill" before you. The events of the recent past carry deep psychic representations for many members and you have the responsibility to assist members in understanding these and freeing themselves from the power of their pasts. Coalitions and alliances will have to be realigned in order for the cohesiveness of the group to be restored. Without this interconnectedness, the climate in your group will not be facilitative of the conditions essential for the emotional exploration that needs to transpire. Members must learn to trust each other again, to feel acceptance from other members, and to experience the support necessary to ask for and receive feedback. In many ways, this will be like "starting over" with your group, but far more difficult since much "scar tissue" has developed, both previously and as a result of this new trauma to the group.

You will have to work diligently to move your group through this transition. Therapeutic norms need to be restored and reshaped and this will require continual and tight structuring on your part. Careful norming is essential for the (re)creation of a cohesive and supportive climate, and also is necessary to avoid the emotional contagion (and projection and blame) that I suspect are occurring. This group may "get away from you" if you are not vigilant and it seems important to selectively choose when you are going to deepen the interaction and when to cut off, bridge, reframe, or move away from the emotionality.

Given the sequence and nature of interventions, as well as cautions noted above, I would need to use every psychodynamically and enactment-oriented approach at my disposal to reach the depth of the psychic representations. Many unresolved family of origin dynamics have been activated and it will be necessary to bring these "to life" so that they do not continue to operate beneath the surface and cause additional fragmentation, both in the internal worlds of members, but also in the group itself. Because your entity is so chaotic at this point, I would suggest that your sequence of interventions first begin with the group itself, possibly with process commentaries of your own immediate experience, and later to interventions directed at

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Consultation Corner: Response #2 **Member News**

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existing coalitions or alliances, and then toward individual members themselves.

Best wishes with a difficult task.

Kathleen Ritter, PhD
California State University
Bakersfield, CA

Reference

Yalom, I. D. (with Leszcz, M.). (2005). *The theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.

Listserv

Are you participating in Division 49's e-mail listserv? If not, then you've missed out on many interesting and potentially valuable messages about job opportunities (academic and non-academic), calls for papers in special journal issues, conference announcements, and so on. The listserv has also allowed members to consult with one another on issues of mutual concern, such as evaluations of various therapy techniques. Several hundred Division members are already on the listserv—if you want to join them, contact Steve Sobelman at steve@cantoncove.com.

From the TGP Editor:

Our Journal Editor, Dennis Kivlighan, is adding a Group Case Studies Section to our Journal, *Group Dynamics: Theory, Research, and Practice*. These case studies can be clinical or non-clinical (organizational, sports, naturally occurring groups). I would especially encourage group psychotherapists to contribute to this section as our Journal would be enhanced by more clinical articles. E-mail Dennis at dennisk@umd.edu, or feel free to contact me at abelfant@aol.com for any ideas or suggestions you might have.

Wendi Cross, PhD

Dr. Cross published a commentary "On research considerations" in the *International Journal of Group Psychotherapy*. Cross, W. (2005) On research: A commentary: *IJGP*, 55 (3), 455–463. Also, Dr. Cross was the 2005 recipient of the American Group Psychotherapy Association's award for Training in Group Psychotherapy.

Andy Horne, PhD

Dr. Horne, Past President of Division 49, has a new book and video/CD published by APA. The book, *Bully Prevention: Creating a Positive School Climate and Developing Social Competence* is co-authored with Pamela Opines. The video/CD is entitled *Bully-ing Prevention*.

Joseph C. Kobos, PhD, ABPP

Dr. Kobos, Division 49's Council Representative, received the Texas Psychological Association's 2005 Distinguished Lifetime Achievement Award in November 2005.

Call For Member News and New Member Introductions

All current Division 49 Members are encouraged to submit any professional news for our newsletter. This may include: professional organizational activities, elections to office, appointments, presentations, or publications. New members of Division 49 are asked to write an introductory description of themselves and their professional affiliation or position. Send your news or introduction along with a photo to abelfant@aol.com.