ABSTRACT: This paper discusses the mobilization of group resources in facing death. It delineates the evolvement of group process when patients and therapist learned of the oldest member's terminal illness. It deals with the group's commitment to his request for help in dealing with his last life crisis by being actively with him through his hospitalization and last rites; the commitment to death with dignity; the group's responses to the therapist as role model in dealing with death and seeing a facet of her which had not been evident to them within the confines of the office; the working through of the patients' and therapist's feelings of loss of loved ones particularly the father; and the countertransference resistance which resulted and its effect on group process.

Group therapy is a second chance to have needs met appropriately in a new family, where each person, including the therapist, gives according to his ability, for the perpetuation of a group milieu which will enhance the maturational processes and mutual growth of the members including the therapist. This paper will discuss the mobilization of group resources in facing death. It will attempt to delineate how the patients and therapist reacted when they learned of the oldest group member's awareness of his terminal illness and the group's response and commitment to his request for help in dealing with his last life crisis.

Introduction

Although the literature deals with the sudden death of a patient in group, as by suicide (Mullen & Rosenbaum, 1962, p. 248), or accident (Cohen, 1976), there is little regarding the dying patient in group. Usually if a patient is terminally ill he will drop out and contact is discontinued. The patient's leaving facilitates denial and/or avoidance as the members do not have to deal with death directly. Therefore when Jim (pseudonym—as with all names) became aware of his terminal illness there was a renewal of the group contract, i.e., the maintenance of an open communication system so that feelings could be dealt with openly and directly (Ormont, 1969, p. 420). If group therapy is a second chance
for each person to free the ego from the many repressive forces and archaic mechanisms developed from birth, then the therapist has a responsibility to the group members to help them deal with all crises including death. In other words it was felt that this could provide a corrective experience which would help all to be better prepared for future crises involving the death of loved ones or their own death.

The Group

The group was in existence since November of 1964. Jim, aged 52, and Clara, in her late 40's, had been in the group since its inception. Clara’s parents died in a concentration camp and her brother shortly after. The rest of the group members had followed in the late 60’s and now formed a cohesive group.

Carl, a young man whose family was scattered throughout the country and Celia, a woman in her late 30’s who came from an intact family, both had trouble with separation. They had a strong and close relationship with Jim.

Rachel, in her early 40’s and an only child, had never gotten over the loss of her father through a sudden heart attack when she was 14, and the recent loss of her husband in the same way when her own and only daughter was also 14.

Amy, in her late 20’s, lived at home and was the quiet member of the group. She had cerebral palsy and as a child had been hospitalized repeatedly.

Sam, in his early 40’s, had lost his father when in the army at age 18, and did not get back for the funeral.

Becky, in her 20’s, had been in and out of therapy. She was the newest member and left soon after she learned of the illness.

Jim’s age and status made him the father of the group and most of the members were dependent on him. He arranged this because it was his way of taking care of his own dependency needs, which he could not deal with directly. He had an unhappy and frustrating marital relationship but he had started doing much more for himself.

The therapist’s father had died of lung cancer when he was 47.

The Illness

During the winter of 1972 Jim started to have stomach distress and swelling of the legs. The therapist became concerned that he might be beginning to somaticize his repressed rage over his deprivation. He had surgery for an intestinal obstruction and returned to work and the group feeling much better. Early in 1973 he started to talk of general malaise and nausea. As he discussed his illness he said he was fearful but wanted