

The Therapy of Hopelessness

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The Deceit of Hope

Hope can masquerade as the mother of dreams — what could be, should be, might be — but never is. It springs eternal when the world seems to be flooded with gray and death. The rainbow of hope can become a pledge to emotional bankruptcy.

Hope does inspire calm, but in its promise of happiness, it may compromise reality and wisdom. How does hope meet with failure, insignificance and fear? Hope tries to enlarge every person, the rich and the poor, the happy and the miserable, the success and the failure. Hope can be the last emotion to pass away and seem to be the only thing that man can hold onto. Coming from despair, it can't be thrown away even though it be a deceit. It can make an emotional hell less unpleasant, more purposeful, and worth living in. In despair over some problem, there may be nothing left but a glimmer of hope, even though it be a dream. If one were to awake from this dream, hope might be seen as a relatively inexpensive and universal "cure" for problems. In reality it would more likely be an illusion, promising freedom to a prisoner, health to the sick, love to the unlovable, and wealth to the poor. It can save the despairing from emotional or real death, so hope must and will continue. No one can live in blackness without sunshine. Even in death there is hope.

If hope keeps us from death and torment, it

does little about time and eternity toward which we keep moving. If hope only puts off the inevitable, then the death of hope is final, disappointing and fearsome. If one must hope to live, he must learn to live with frustration since hope can be feeble. An expectation of good to come in the future can twist judgment and give energy to the pursuer, promising the impossible, deceiving. Hope can take us into a fantasy of the future despite the history of the present and the past. It is both a necessary delusion and a necessity. It is elusive, promising strength and giving weakness. It is universal and therefore difficult to challenge. It promises eternity and death, certainty and unsureness, a window to the sun, happiness without joy, honesty with deceit, the present at the expense of the future — a pleasant companion but not a reliable one.

Hope inspires action and effort, the death of starvation, the love of happiness, but not life. It allows the distancer to wait forever for that which is outside of him to come, even in his paralysis of movement. It saves from death and lets people die. It is the last stand of desperation, the false promise of deceit. It is deep in the bones of people, emotional and not feeling or reactive. It is neither reasonable nor unreasonable. It simply is.

Hope in Clinical Practice

Clinically, the idea of hope runs into trouble. As long as there is hope, the pursuer will continue the obstinate, relentless chase of the distancer and the distancer will wait to be filled by the pursuer.

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As long as there is hope, parents will try to control their older adolescents and these children will run from them. As long as there is hope, people will pursue alcohol, drugs, and sexual liaisons. Over time, people eventually get tired. The highs and excitements pall, are harder to find and come at longer intervals. The blackness and depth of the lows linger on. As time passes, the people get tired and their emptiness begins to catch up with them. Sooner or later before death, it catches all of us. "I will never get what I want. I can't get it. It will never come to me." It becomes clear that people do not get what they want even though it be reasonable (and usually it is reasonable.) Many situations, perhaps all—are hopeless the way they are presented. Yet, almost everything in our culture and in our growing up heads us toward hope, toward success, toward the streets paved with gold. The mere mention of hopelessness is so counter-culture that it is heard as sarcasm, a manipulation, a paradox, a reversal or that the person who espouses it is either sick, depressed or dying! It surely scares the hell out of people. Faith, Hopelessness and Charity, the new religion.

The Process of Hopelessness

Children grow up thinking and believing that "there is something out there, outside of me, that will fill me up and complete me." It may be a career, a person who will love me unconditionally, someone who will hear me, a place where I will fit in, a situation that will satisfy my expectations which are all reasonable, an object such as money or food, somewhere that will make me feel better, an excitement without end. If I just put enough effort into it, learn the pathway, I can get it or it will come to me. These expectations come from culture and the extended family, especially from the parent one felt closer to. If one felt closer to mother around money or food, then the level of expectation of future life would be determined by that relationship with regard to both money and food. This would have nothing to do with a biological link to mother but simply to the intense emotionality flowing between mother and son. In another family the same process might occur between father and son. If one felt lovable and beloved by his father, the expectation of being loved in the nuclear family would have its roots and definition in the relationship with father. The hollow, gnawing feeling of

being unloved and unlovable, the emptiness inside self, would have its roots in the more distant relationship in the extended family. What could have been and never was. This is important to recognize clinically since people will often concretize the problem in the nuclear family when the roots spread over the generations of the extended family. For example, marriage never causes a problem. It only serves as a testing ground that elicits potential difficulties in each self, difficulties which were there before the marriage. It is the hope that this X-factor outside of self exists and can be attained which raises expectations, increasing feeling reactivity and poorer differentiation of self.

It is important to make a distinction between feelings and emotions. Feelings are reactions to stimuli, reactions to people or objects, or to something outside ourselves. They are generally in awareness and are the coin of ordinary conversation, and unfortunately, of much therapy. They include anger, anxiety, depression, fear and a sense of tension, or relief. They come and go, are inconsistent and have no sense of time. They rise and fall, move us toward or away from others and provide instability and unpredictability. They send us actively pursuing something outside of ourselves or waiting for something to come to us. The fuel of feeling movement is hope.

Emotions lie in the depth of one's being, penetrate beyond the superficial and obvious and are always there though usually out of awareness. They are the baggage we carry around with us, the way we see ourselves, the inner book that is written about us, the passions, agitations and sensitivities that we would have even if we did not know important others. They are the impressions that I would have about me even if I did not know you.

This baggage is universal and almost built into our bones. It connects the psyche with the physical. It is present in all people and only the details and the intensity vary. These are the feelings of emptiness. They are timeless and always present, usually out of awareness. They are profound, exquisitely uncomfortable and the gold that allows self to stabilize. People develop emotional problems not because of these emotions, but because they run away from them. I picture them in my mind as a stake driven through my body, anchoring me in place, decreasing feeling reactivity, allowing me to be sensitive to others

but not determined by them; allowing me to define and stand for that which I believe in.

Emotions are invaluable and the emotional tragedy of humanity is that people run from them. That is, they run until emptiness catches up with them, as it inevitably does. Hopelessness is the fuel of emptiness. It makes us face it. As expectations of others are lowered, profound hopelessness fuels our discovery of the unread book inside ourselves. So, we protect our children from their emptiness and give them hope, even though it will not work. Hope is an essential part of the process of emotional fusion. It promises oneness, support and life everlasting. Hopelessness promises inner death to fantasy, unrealistic expectations, what could be and should be. Hopelessness differentiates self. It only differentiates self if one stays connected with the family while he goes through the process.

Hopelessness Clinically

People approach therapy full of panic and desperation. They have exhausted their ordinary routine of solutions before they enter therapy — as the last hope. If one observes them carefully, it is clear that they look to the therapist for hope, always to some extent, to accomplish the impossible. The hope is that a new insight, the magic of therapy, a different therapeutic approach, a new book, any or all of these, will help them attain their goal. The public statements and mystique of psychiatry only fuels these dreams. And hope continues to fuel their dysfunction. Such therapy can give temporary connectedness to the lonely, importance to the insignificant, clarity to the confused, help to the helpless, a place to those who don't belong, a smile to the sad, concern for those who feel uncared about and solace to those who feel shame. It can promise success where there has been failure and life to those surrounded by death. It is amazing how many people go through life half dead and they don't even know it. They pay their bills, sleep and work but lack enthusiasm — salt and pepper in their life.

But what does hope deliver? For those who continue to pursue that X-factor outside them, *e.g.* a spouse, a child, a solution, the goal becomes more elusive as manipulations fail. Husband stays out later and later, and son gets into more trouble. To those who distance and wait for the X-factor to come to them, time passes and their half-dead life continues, dripping with ever greater sweeps

of loneliness. To those who stand still, life continues to pass by their helplessness. Over the years, with or without therapy, false hope begins to fade and hopelessness gradually takes its place. Over time, it is difficult to fool oneself with an abstract theory, a manipulation, or replacements such as overwork, or substitution.

As hope fades, people will say, "I feel low and hollow inside. No one cares about me. There seems to be no purpose in living." Then hope will appear again through the question: "Why should I stay married, etc. if this is all it is going to be? Why stay connected if marriage is so empty?" There is still hope that there is something out there beyond self that will solve the problem. Hope fuels divorce and disenchantment. So hope dies slowly and reluctantly. At this point friends and relatives will tend to inspire hope and fill emptiness, out of the best of motives. It is almost as if they can't allow others to be empty or *they* will become empty. People closer to the scene, those involved directly in the problem, and often those in the nuclear family in contact every day with the problem, will often be unable to deal with the hope or the hopelessness. They will tend to feel blamed, guilty or responsible for the state of affairs and will fuse angrily or eventually distance from that person. Since it is critical for one to stay connected during this period of intense hopelessness, one must pick a friend who will simply listen and not try to reassure or solve problems or give advice. At this point, there is a magic in simply listening. The therapist can be very useful by being available over the phone and can often accomplish much in a few seconds by reinforcing the structure and the process. One can also get connected with objects such as books or brooms. One takes increasing doses of hopelessness over time, much like one takes increasing doses of what one is allergic to over time. If done too rapidly, hopelessness deteriorates into despair. When it becomes intolerable, one must have a connectedness ladder available to get out of the black pits. Otherwise, despair will ensue.

One must learn to survive without hope, and to get so comfortably uncomfortable with hopelessness that he can sit and read that inner book about himself. He must be able to learn from that dreary state of existence. As time goes on, one emotes increasingly to himself, "All I have

is me and that is not much. How can I *survive* without hope? How long will this last?" This is an emotion, not a fact. If he can begin to say, "O.K. let's get on with the show," he is in business. If he sees that nothing exists inside or outside himself, he may be suicidal. If he continues to hope outside himself, he is depressed. This intense focus on self takes one's attention off relationship. Expectations of others approach zero. This cannot be done gracefully and one is often seen as indifferent, distant, depressed or selfish. During this time, it is necessary to stick to routine, to the ordinary daily schedule, to do for self and others what one would ordinarily do. This is similar to holding on to a strap in the subway to keep from being thrown about the car. It minimizes reactivity during a period of intense emotions and provides some structure. At times, one goes through life like a robot. As the focus shifts to self, hope and expectations die. Relationships tend to distance, become calmer and eventually relationships take care of themselves. It is important for the therapist to remember to let people have that hopelessness and not fill in with hope.

Contraindications

Hopelessness is profound, difficult to explain and makes no sense to others except in retrospect. Not all can endure it. It should be approached slowly and carefully at all times. It should be avoided or only hinted at when there is a history of previous depressions or psychosis, especially those requiring medication or hospitalization. The process is incompatible with ongoing medication therapy. Medication is used to dull feelings and emotions or to make people feel better. It stimulates hope. This process should be used with extreme caution where they have been frequent attempts at therapy which were ineffective, or where genuine suicide attempts have been made.

One also goes very slow or stops altogether with the onset of paralyzing indecisiveness, profound confusion and despair. Remember that a person who has a tremendous push outward, who talks only about the other, has an equally tremendous emptiness inside. They are directly proportional to each other. To them hopelessness may be overwhelming. So one should not try to force hopelessness. Let it evolve, focus on it, and do not give hope. The ability of a person to stay connected with other people or objects as he goes through this *process serves* as a barometer, as a

standard for telling whether he is surviving or getting in over his head. If disconnectedness occurs, manifested by withdrawal, spending the day in bed, or paralysis, the therapist can decrease the frequency of visits to lessen the intensity, shift the focus to others in the family, or take the heat off that person by talking about structural relationships within the family. It will soon become clear that every family and person has its own rhythm, flat, spiking periods of excitement followed by deep black lows, rapid or slow. Early on, depression is a relatively constant companion of hopelessness and one must allow long periods of time for people to become empty and hopeless without feeling depressed, for self to move from half dead to alive. It is probably true that the therapist must experience all of these emotions and the process in his own life, in order to help others.

Results and Purposes

Many people question the purposes and results of such an exploration into the swampland of hopelessness. At a very simple level, the purpose is to explore something which is present in all human beings as they try to change themselves. It is an inevitable part of the process which appears sooner or later. It is there and has to be dealt with. At another level, the purpose is to defuel the push and pull that exists in any emotional system, the emotional economy of supply and demand whereby people act as if emotionality is not infinite and must be limited to a certain number of people. "You love your mother or me but not both of us." The purpose is to defuel pursuit and distance, other-focusing and self-centeredness. There is an effort to introduce reality in place of fantasy and separate out the possible from the impossible. As one gives up hope there is a sense of insignificance and aloneness. The hope outside of myself dies and I am all that I have. There is a sense of inner death which is reported as "being worse than real death." There is an interlude of "nothingness," insignificance and blackness while the human being, stripped of hope, lives in a vacuum for varying periods of time before the empty space is filled. It would be nice if fantasy hope could be replaced by reality hope promptly, but that is not what happens in the process of change. This interlude, this empty space will ultimately provide room for a different kind of hope. There is a realiza-

tion that it is not the depth of emptiness and hopelessness that kills, but the running away from it — fueled by hope.

The emptiness becomes a different kind, not so frantic and scattered. One knows what one has to do and this provides structure. Things are more peaceful and less desperate. One can accept failure, as we all fail. The universality of these feelings takes some of the sting out of them and there is an increasing belief in the spiritual-moral forces at work in life. Personal responsibility for self becomes more than a catch word and one is overwhelmed by a deep sense of how difficult it is for self to define and live up to what one believes in — a task for many lifetimes. One no longer has the time or the desire to be responsible for others. There is a confusion over life and family and the purpose of it all. This is uncomfortable but an improvement since confusion is the beginning of knowledge. Confusion opens the mind to new viewpoints and attitudes. People get into trouble because they think they already know the purpose of life. It is a worthwhile question for everyone to ask even though the answer is not that clear. "I" questions and belief systems become smaller in number, clearer, and have more conviction. The gray, unsure areas of life increase. Unsureness and the unknown are no longer so threatening. All of this contributes to a sincere sense of humility — which is probably the rarest and most attractive characteristic of a human being and one that is conducive to connecting with others. There is a realization that life is 99 per cent baloney but the remaining one per cent is terribly important. With this realization, one can laugh at himself and at life. Having experienced an inner death and rebirth, physical death is, hopefully, not so awesome and fearful.

Despair, Hopelessness and Depression

Despair says that there is nothing outside me and nothing inside. There is simply nothing. It manifests itself clinically by a severe depression that tends toward or ends in suicide. It is a self fulfilling prophesy because there is no hope.

The opposite pole of that continuum is depression. Depression is often defined as anger turned inward, a useless abstraction since anger directed at self is the only useful form of anger. If one can get angry enough at himself, he may be able to change himself, to stop or start doing something differently.

Depression is often defined as hopelessness and helplessness and this definition is equally inadequate as one can see if he follows the movements of a depressed person. When one walks on a ward full of depressed people, he sees two forms of movement. Either the depressed person clutches at the doctor for something, or he is so withdrawn that those who care about him feel impelled to try to help him. In either case, the depressed person has hope. He hopes to get that indefinable something from outside himself by active pursuit, or to withdraw, create a sympathetic vacuum, and have it delivered to him. The depressed person still hopes for salvation from outside himself.

Hopelessness lies in the middle of these two extremes. It says that I feel there is nothing outside of me that will complete or fill my emptiness. All I have is me and that is not much. So the term "hopelessness" is a misnomer. As an abstract theory, there is some hope. It lies inside of me and there is not much of it. It is a feeling that there is nothing outside of my self that will make me feel better. It is an emotion. As a factual statement, it is untrue because the magic of connectedness does do something for self. But feelings and emotions are not subject to the standards of truth. They exist or do not exist. So even though hopelessness is a misnomer and untrue, the concept is therapeutically valid and useful. Overwhelmed by the feelings of helplessness, the patient will ask, "How long will this go on?" or "When will it be over, what can I do about it?" Clinically, if a time limit is put on hopelessness, if it is implied that something can be done about it, then the person will endure through it, will wait it out, will maintain hope in something outside himself, will go through the process as a manipulation or a sentence to be served. He will never experience the death of his insides, of his fantasies, hopes and daydreams. Therapy will deteriorate into the half-dead abstractions of psychoanalysis of the manipulations of short term, behavioral, paradoxical, reversal therapy. The process of "feeling like I am dying inside" will be avoided and there will be little empty space for the development of new attitudes, convictions and realities.

Fantasy fights for its existence and does not give up easily. Emotions change only by passing through the long, painful valley of sorrowful experience. It is impossible to pass through that

emotional valley gracefully. Those who report it with the emotion of relief or "feeling better," have not even looked at the pit. Others who say, "I have been there and worked it out" have only dipped their toe in the cold water and run. Positive feedback from others in the family when one is trying to change self is a clear systems sign that either no change or a very minor change is being effected. Change is always a very lonely job and the task of the therapist is to clearly identify and reinforce the lonely efforts at change, against the countercurrent of the family and culture. The therapist goes where the action is and in the process will often find out what it means to be unloved. In any twosome, the pursuer, out of tiredness, frustration or desperation, will be the first to pull back in any relationship. He can only do that when hope of attaining X from outside self dies. The distancer lives half dead and not knowing it, filled by the relentless push of the pursuer. As the therapist works on the pursuer, the one most ripe to introduce different movement, the pursuer will often turn on the therapist, challenging his approach, feeling picked on, and wishing that therapy was directed at the distancer. The poor therapist. Even he must be unloved. So hope in the therapist and the family causes fusion, lack of differentiation, the development of triangles and dysfunction, and the diminution of self.

Hope

Released from the hope that salvation, completion, and "feeling better" lie outside self, one gains a sense of freedom. There is no one person, neither spouse, child, mother, or father, who is necessary — who is needed. Then they can be wanted. The push, the demand and expectation can be removed from a relationship and connectedness becomes possible. There is relief in the ability to acknowledge and learn from failure since we all certainly fail. Released from the need for a particular connection with a particular per-

son, one can view those close to him with some objectivity, as friends rather than wife, husband or child. He can be a self and also be in a relationship system. The either/or phenomena disappears.

There is always a lingering sadness for the lost highs and dreams. "I still wish that ... but I guess no, the excitement is gone." There is always a missing piece. One can appreciate the beauty of sadness, that loss means there was connectedness there to lose. The death of hope in things outside self, the appreciation of the insignificance of self lead to humility and humor — the ability to laugh at oneself. William James said: "There is the strangest lightness about the heart when one's nothingness in a particular line is once accepted in good faith." Another realization is that people deserve and fit those who are close to them.

A genuine hope in self leads to the definition of what is possible and what is impossible since one can no longer try to change others. It defines what comes from self and what comes from others in a relationship. It asks the question "What is the purpose of any relationship if I don't expect anything from the other?" The process of answering and defining these issues gives one the tools to approach connectedness, intimacy and closeness in family and personal relationships. It is time for therapists to help real people to connect with other real people in their families and to drop the image of transference, artificial connectedness and insight without movement. The solution is not transference, but love. This kind of hope fuels differentiation and functional relationship systems.

Reference

1. "Emptiness," *The Best of The Family*, Compendium of papers published by the Center for Family Learning, 1979, p. 70.

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The Best of The Family