

## Breaking Into the Narcissistic Bubble



I have been practicing combined individual and group psychotherapy for 20 years, coming from a background in public health, in-patient adult psychiatry and outpatient treatment of children. Writing this article helped me even more than I had expected in the continual process of unraveling a few more tangled threads from my history and using myself to help others unravel more of theirs.

I grew up in a triad—just my mother, my father and myself. Consciously, at least, that group always seemed too small to me—not quite a real family. My childhood wish as I blew out the candles on many birthday cakes was for my mother to have a baby so that I would have a brother or sister. It didn't matter which. The closest I ever came to a sibling rivalry-type of confrontation at home was at age 9 when our previously docile dog bit me. He had been the apple of my mother's eye before I was born and he had apparently never forgiven me for displacing him!

My friends with siblings envied my situation and I envied theirs. They wanted their own room, they wanted not to have to share parents, toys and other resources, they wanted not to have to compete to be seen and heard. They believed that I "had it made." I, on the other hand, wanted another child at home to play with and talk to or even fight with before I went to sleep at night when the room was dark. My parents had each other's company downstairs and I was alone. Sometimes it seemed as though I had too many dolls and toys, that my mother and father doted on me too much, that I was too important to them. I liked getting into mischief at my friend Diane's house. She or her older sister would always have an ear out for a parent's approach and would announce, just in time, "Cheese it! The cops are coming!" Such things never happened in my house.

Out of necessity I became more independent, self-reliant and content with solitude than many children I knew who grew up with siblings. These qualities have served me well both as an adult and as a therapist using my "self" as the major tool in my work with patients. But growing up as an only child also left me with serious deficits in relating to others which were so much a part of me that I did not recognize them as interferences for a long time. Over the years, I have had to learn how to work with peers, how to reach for others and seek their help since living with others as a matter of course didn't come naturally to me. Early on as a social work intern, group therapy both scared and intrigued me,

although I did not know why. Now I think it was an expression of some recognition of my difficulty. I had grown up accustomed to crying alone in my room with the door shut and my privacy "respected" by well-meaning parents. With this background, even my individual therapy was difficult since exposure was unfamiliar and felt dangerous. Many painful personal struggles were required before I could trust others enough to reveal areas of weakness and self-doubt and not just muddle through on my own as best I could. Some of these issues might have been joined much sooner and more effectively had I been a patient in a properly functioning group with a sensitive but firm therapist.

Fortunately my self-image as a "loner" was not all-encompassing and I did not want to do psychotherapy all alone. This led me to seek out others and for over 20 years I have been part of a group practice in which we see all patients both individually and in groups and where at least two of us are co-therapists in every group session. All of our patients begin therapy with individual sessions only, adding a group as soon as space in an appropriate ongoing group becomes available and the patient has formed a solid therapeutic alliance; in most cases this occurs within two to three months. Patients usually do not want to join a group, as such exposure is understandably frightening. But they are usually willing to take the step recommended and pushed by a trusted therapist. Seeing others like them using the group to help themselves is almost always experienced as reassuring within the first two sessions.

The therapists in our practice meet regularly to evaluate each patient's therapy. In a separate, weekly group supervision session and in an annual two-week retreat we scrutinize ourselves and help each other with personal distortions and blind spots (Shultz & Stoeffler, 1986). Painful as this can sometimes be, our use of group process for ourselves is now a special treat for the only child left in me!

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My friend Liz was an only child, too. We met in our late 20s at an inner-city clinic where she was a dentist and I a social worker. Fiercely independent (there weren't many female dentists in those days and she was *too* proud of her achievement), she was a hard worker and a perfectionist. Her insistence on people always doing their best sometimes made her difficult to be with. She had few friends. People found her strange because she was very troubled about the deterioration of values in this country and tended to flaunt her ideas for repairing society's ills. She was extremely bright and had a tendency to express her narcissistic wishes to be seen by puffing herself up. But I admired her courage and also saw through her defenses to the frightened and sensitive child underneath.

She confided in me and told me about her bouts of deep depression that her therapy of many years seemed unable to touch, even though she liked, respected and sometimes idealized her therapist. Although disappointed in him, she was not angry at him. I referred her to the best therapist I knew at the time, one I thought could confront her self-absorption and hopefully touch her underlying rage. She hated her mother and was deeply hurt by her. "She thinks only of

herself," Liz told me many times. "She's never been satisfied with me and has always been critical. I've never been good enough for her." She swore she would never have children for fear of being a mother like hers was.

Liz was able to get more involved with the new therapist but, like the previous one, he worked only individually. She was deeply disappointed that no one seemed able to relieve her terrible despair. Her anger was still turned inward and she tortured herself silently. Twenty-five years ago, at age 30, Liz killed herself. Ironically, her mother's first words on learning of her daughter's death were, "How could she do this to me!"

I still miss my friend sometimes. When not plagued by her depression she had a *joie de vivre* I have not found in people often enough. And she could hear me on an uncommonly sensitive level and talk to me about myself in a straightforward and non-threatening way.

Liz's therapists were conscientious and I don't fault either of them. She was not easy to be with. She was almost fired from several jobs because of her need to test people and their limits. Our relationship almost ended several times because she could be impossibly challenging and demanding. Even knowing what I know today about therapy, if she were my patient I could not treat her alone.

She would have hated being in a therapy group of any kind, even one in which character confrontation was not the aim. She would not have wanted to share her therapist or her therapist's time in sessions. Other patients, less bright than she, would have bored her and her provocative testing would often have exasperated them. Letting others into her private world of despair would have felt dangerous and shameful. But having to face all these issues in the company of sensitive peer-sibs fighting their own internal demons might have saved her life. Having to face the spoiled little girl inside the adult woman, the little girl who would not always be able to have her own way, might have brought to the fore the sensitive, competent adult. And living in a relationship with a competent and committed but nonexclusive therapist whose real-ness was unavoidably apparent in the group would have been invaluable. It might have allowed her to bring her internalized nonaccepting mother openly into her therapy in the person of a therapist at whom she could safely rage and complain (Bar-Levav, 1988; Tor-raco, 1993).

It has been my experience that such a relationship is possible only when a patient is seen in a group as well as individually. For any child, with or without siblings, the mother is needed as the life-giver and sustainer, the provider of nurturance, the care-taker. Remnants of our original total dependency on her remain in the body and it often feels too dangerous to experience and repeatedly express intense anger and rage at her—or at the therapist who represents her—when therapist and patient are *always alone together*. There *is* safety in numbers. The presence of others provides a real buffer, a screen against which reality-testing can take place. The presence of a co-therapist further enhances the process, allowing the patient to experience an extra measure of safety with one therapist while the other becomes a temporary target for expressions of intense emotion. Fellow patients as well as one or both therapists can be helpful allies in observing

distortions and sorting out reality from transference. Conversely, the individual setting can be structured to provide a quieter, less stimulating atmosphere in which the character confrontations which have taken place in the group can be observed, examined, and slowly integrated (Shultz, 1991). Group therapy alone without individual sessions deprives the patient of this much-needed respite. Regular individual sessions also provide the setting for an intimate, exclusive relationship and the sense of a safe "lap" which accepts and welcomes the patient.

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Anger frightened me. It had frightened my parents, too, so open expressions of it were avoided in my house. Without siblings who would inevitably argue with me and with each other, I grew up shielded from this normal and objectively safe emotion. I avoided my own anger and sought to avoid or please others so they wouldn't be angry at me. This "good-girl" character structure, born of fear, is extremely difficult to confront successfully in individual sessions only. Even a very sharp therapist can be fooled by an expert "pleaser" and miss the anger and fear underneath.

I saw my analyst three or four times a week for several years without ever feeling angry or even momentarily annoyed at him. Although he helped me a great deal in other areas, he never asked me about that, just invited me to explore my emerging anger at others. It even began to occur to me that I always crossed my ankles in the same direction as I lay on the couch and I wondered why he never addressed that. One day he seemed unusually distant and just plain "off" in several interpretations. I suddenly sat up, turned toward him, and yelled a few angry words in his direction. To my dismay I saw him, a man who moved very little during sessions, draw back with wide eyes and raised hands. "Wait a minute, here," he said in an alarmed voice. "Let's not get out of control!"

My body, too, knows the scared startle triggered by a patient's suddenly hurling loud sounds in my direction. To make it safe for everyone, I work with a clear contract, spelled out early and often reiterated in both individual and group sessions, in which feelings and actions are always to remain separate. Any verbal or vocal expressions of emotion are welcome but no behavioral expressions. So even when my body occasionally jumps when caught off-guard, I know that I am not in any real danger. My patients and I have an opportunity in group sessions that my analyst never had: to witness others in intense expressions of anger or pain and to see that no harm comes to anyone and that once the intensity of the moment has passed, the experience can be examined and put into proper perspective.

Psychoanalysis unfortunately does not allow for such a progression. My analyst had no way of knowing that I was not out of control, even though my feet never left the couch. We had never talked about how, or even whether, expressions of strong feelings, blocked for a lifetime, could take place. In his model there was no room. Although I talked about the incident many times, he never addressed this issue or his own behavior and he never questioned my disappointment in him or my subsequent plan to leave treatment, which I did about six months later.

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Obviously, not all group experiences are beneficial. I recall one in particular. In my search for therapy experiences for myself that included groups, I had discovered bioenergetic work. One of my most intense group involvements occurred during a two-week workshop in which we met daily in the same small group. Two women developed intense negative transferences to each other as the sister of whom each had been intensely jealous. They avoided each other and even refused to make eye contact. In an attempt to help each woman move beyond her resistance to emerging from her narcissistic pout, the therapist suggested that they face each other at arm's length in the center of the group and express their feelings in words. As they did so the words became angrier, the volume louder, the glares vicious. Suddenly one screamed, "I hate you, you bitch!" and slapped her "sister's" face hard. With no hesitation the other quickly followed suit and within seconds the two were scuffling on the floor, scratching, biting, screaming, pulling each other's hair. Group members quickly stepped in and physically separated them but the loss of boundaries and judgment had frightened everyone in the room. The incident was never adequately worked through; none of us felt safe enough after that to speak openly.

A well-intentioned therapeutic intervention had turned into a double acting-out of momentary psychotic transferences. Not only was it potentially physically dangerous but no therapy can occur when feelings are acted out rather than experienced under the watchful eye of the observing ego. A non-acting contract is essential in this work if we are to make room for strong feelings. The only other alternative is to squelch them.

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Clearly my initial interest in group psychotherapy was overdetermined by my background since my particular sensitivity to the advantages and limitations of both the individual and the group setting began long ago. Personal experience in and of itself or personal comfort with a particular way of conducting therapy are not sufficient bases on which to make patient-care decisions. However, group and individual therapy not only complement each other when utilized together but they also "magnify each other's strengths so that the resulting mixture is even more than simply the sum of its parts" (Porter, 1993, p. 312). My clinical experience has made it clear to me that using both modalities in a purposefully designed and structured setting increases the opportunities we can make available to our patients in their difficult struggles.

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It is possible to have a strong self-love without any self-satisfaction, rather with a self-discontent which is the more intense because one's own little core of egoistic sensibility is a supreme care.

—George Eliot, in *Daniel Deronda* (1876)

Self-love is often rather arrogant than blind; it does not hide our faults from ourselves, but persuades us that they escape the notice of others.

—Samuel Johnson (1751)

Narcissus does not fall in love with his reflection because it is beautiful, but because it is *his*. If it were his beauty that enthralled him, he would be set free in a few years by its fading.

—W. H. Auden, in *The Dyer's Hand* (1962)