

NOTES ON "The Diagnosis And Treatment Of Narcissistic Disturbances
In Group Analysis"

By: Reuven Bar-Levav, M.D.

Drs. Ciani et.al. claim that, "Judging from scientific data from all over the world, the problem of narcissism appears to be on the increase," and indeed it "appears" to be so, "due to a refinement of analytical techniques" (and understanding). It is unreasonable to assume, however, that data being observed changes merely because the tools of observation or the skills of the observers have improved in quality. If an actual change in the prevalence of various psychopathological entities has indeed occurred it is probably a reflection of malignant influences on the philosophies of child rearing in Western societies of the last fifty years.

We in the West live in an age of greater permissiveness and as a result, modes of existence and behavior that would have been unacceptable at earlier times have now become legitimized as proper variants of life styles. What was simply defined in the past as self indulgent irresponsibility or as narcissistic acting-out, is now often monetarily and otherwise supported by parents, government and public institutions, with the rationale that social injustices are thus corrected. The central importance of the work ethic that has been a cornerstone of the Judeo-Christian civilization has been eroded, and with it major changes in the sexual, social and economic mores have taken place.

Pathologic narcissism used to be, like other illnesses, a condition one would strive to avoid or at least to overcome. Its very existence was usually denied, since it was regarded as shameful. No more. Nowadays even gross expressions of pathologic narcissism are tolerated and often re-defined as proper expressions of one's "entitlement". Narcissism is the only frame of reference into which many of the irrational and senseless claims against others that are now commonly made can be properly fit.

Narcissism is a natural condition of infants, just as normal autism is typical of even earlier phases of development. It always existed with the same prevalence. But when basic concepts of democracy and psychology are misinterpreted and misused to justify living according to the pleasure, rather than the reality, principle, the pathologic form of narcissism continues to persist in adult living. This is one tragic price of the "Me" generation which condoned self indulgence and unreality in the name of not being controlled by others.

A hidden assumption of Drs. Ciani et.al., which is unfortunately shared by many others is that group psychotherapy is inferior to individual analysis or individual psychotherapy. Although the authors' case histories confirm their own earlier assumptions "that group analysis may be considered the best treatment in the most archaic narcissistic disturbances," (p. 182) they, nonetheless, also state, two pages earlier, that Grazia was "unable to undertake the estimated cost of individual therapy, (and therefore) accepted the idea of a group", (p. 180) as if group therapy is a second-best alternative for those too poor to afford the best. The same prejudice against group psychotherapy is also found in Dr. Wallbridge's article on counter-transference. He mentions (p. 193) that "since Mr. J. was getting some money from the sale of the marital home, he could afford individual analysis". Only when "she declined to take him on, he stayed with the group." This old prejudice based on incomplete understanding of the unique attributes of therapy groups is found even among psychotherapists who made important contributions to the field of group psychotherapy, such as Slavson himself. The point of Drs. Ciani et.al. that the group is the modality of choice for the treatment of narcissistic disturbances corresponds to a similar conclusion

reached by this writer in reference to the treatment of the hysterical character. (1) The time has probably arrived to acknowledge without hesitation that properly conducted psychotherapy groups offer some advantages not available in the dyadic setting. The group is a primary, not a secondary, therapeutic modality. Personally I hold that combined individual and group therapy is always a requirement for the working-through of basic characteristics of the personality, but this deserves a separate discussion.

As to Grazia, both her diagnosis and her treatment appear not to have been sufficiently based on her presenting signs and symptoms, and decisions regarding her were made, instead, to fit the authors' theoretical model. As I read her case history I expected her early and unfortunate leaving of therapy long before I learned that it actually occurred. In an article on the group-as-a-whole published recently, (2) I stressed that the working-through of pathologic narcissism requires that we first re-activate powerfully the symbiotic yearnings that had been given up and replaced by the depressive position. This, I claimed, is hardly possible in the classical group-as-a-whole model, where challenges to narcissistic character traits begin too early, before a real relationship of sufficient strength has a chance to develop. When we diagnose and design therapy to fit into a procrustean bed that meets the specifications of a pre-conceived theoretical model, whether it fits the patient or not, we must expect tragedy to result.

Grazia's mother was, most probably, very disturbed in terms of female identification and limited in her ability to mother any child. When the second child came, the fragile balance with which she held herself together till then gave way and, although she was treated only for a phobic symptom, we are told that it only "centered on fear of illness with depressive-anxious

overtones". Her ability to ever physically hold Grazia firmly and lovingly and provide her with a basic sense of security is widely open to question. Grazia's own anxiety, somatic manifestations and global rage which were directed at the father and brother (safer targets than Mother?) included "violent verbal and physical attacks involving all members of the family". These and the other reported findings are strongly suggestive of very early pathologic damage. She was very scared, in panic, hurting, seeking reassurance through clinging behavior, binding anxiety through phobic-obsessive symptoms, fearing loss of control.

Grazia needed, first of all, to be brought into a safe relationship in which she would have the experience of being emotionally held, as the authors recognize in their erudite conclusion. She, too, needed "an intensely empathic, mirroring experience," (p. 182) not re-parenting, but probably proper parenting for the first time. This, by the way, requires much more frequent contacts with patients than what was the case here, where patients met not even once weekly (18 sessions in one year!). Grazia's desperate attempts to create a preferential relationship with the therapists was not understood as an expression of her extreme panic. The therapists, "following their initial decision, kept sending back to the group all Grazia's requests, so much so that she began to feel her expectations thwarted and complained about feeling abandoned by the therapists. She felt they were distant and began to attack and reject them" (p. 180). Although too early, it would have been reassuring to Grazia if, following Kernberg's formulations, they would, at the very least, have provided her with opportunities to verbally express her narcissistic rage in the group. Instead, the therapists allowed Grazia to be "met with outright rejection on the part of the other group members" (p. 181). She was being scapegoated. The group members "saw Grazia as a highly disturbing element and put themselves as a group in alliance with the therapists." Although the authors then say that Grazia "unexpectedly (sic!)

stopped the treatment and did not return," it should have been expected. After all, later on the same page the authors themselves say that "feeling her self-cohesion threatened, her only recourse was to flee." (p. 181).

Drs. Ciani et.al. display sensitivity and a great deal of understanding in their article, and it is inconceivable that they do not understand or that they would be inattentive to such basic points, both when the incidents occurred and again later-on, when they wrote the article. Most probably it is also not a case of gross counter-transference distortion, which is very unlikely in such a collective effort. What happened then? The only probable explanation is that the authors were blinded from the obvious by their close adherence to the wrong theoretical model.

Ideally, no patient should ever leave therapy before termination, even if in practice we cannot always reach everyone. But, whenever a patient leaves prematurely, it behooves the therapists to ask themselves what, if anything, they might have done wrong and what, if anything, could have been done differently. The patient's true ability to tolerate therapeutic interventions should, obviously, never be exceeded, even as narcissism must be impinged upon again and again. The dosage, timing and form of challenges that cause narcissistic injury must be most carefully measured to fit the integrative capacity of the healthy part of the patient's ego, a capacity which increases over time with good psychotherapy. To exceed the real tolerance (which should not be confused with the usual and expected complaints about inability to tolerate more anxiety) means to drive the patient out and to deprive him of the benefits of the curative process. All too often we excuse our errors by claiming that the patient was not analyzable anyway. But most people who seek psychotherapy on an out-patient basis, if they are neither alcoholics or drug addicts nor gross actors-out in other

forms, have a sufficiently large island of healthy ego to tolerate at least a modified form of the process.

Grazia, with all her pathology, clearly appears to have been capable of benefitting from good psychotherapy. But having been so terribly isolated, rejected and misunderstood, both by the group members and by her therapists, this last recourse became unavailable to her. When we give more weight to a theoretical model than to actual clinical observations we are bound to abuse and harm patients, even if we do so with the purest of intentions.

REFERENCES

1. Bar-Levav, R. "The Psychotherapy of the Hysterical Character in a Group". GROUP AND FAMILY THERAPY, 1981, Ed. L. Wolberg and M. Aronson, Brunner/Mazel, Inc., New York, 1981.
2. Bar-Levav, R. "The Group-As-A-Whole Approach: A Critical Evaluation". GROUP AND FAMILY THERAPY, 1980, Ed. L. Wolberg and M. Aronson, Brunner/Mazel, Inc., New York, 1980.