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Self Psychological Approaches to Ruptures and Repairs in Group Psychotherapy

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ABSTRACT

In group psychotherapy, there will inevitably be empathic ruptures with individual members or the whole group. Self psychologists define ruptures as breaks in empathy regarding selfobject needs, and they address how ruptures can be repaired in very specific ways. Since exploring and working with empathic ruptures was basic to Kohut's theory, his ideas are very applicable to working with groups where there are multiple opportunities for empathic ruptures. A case example in which there is a major disruption between two group members and ultimately with the entire group is explored. The clinical material will demonstrate the usefulness of Kohut's understanding/explaining sequences, the importance of groupobjects, and the role of the group therapist when addressing empathic ruptures in group therapy.

Within self psychology, the idea of a rupture/repair sequence is basic to Kohut's original theorizing. His theory emerged from his clinical observations, leading to the development of his concept of empathic immersion. He maintained that disruptions in the transference led to a pattern of clinical exploration he came to describe as an

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understanding/explaining sequence or rupture/repair sequence. It was through this process that, in his language, internal structure was built. This led to healing and the opportunity for a better life (1984). In order to fully understand the application of these innovative ideas to group therapy, I will give an overview of his theory and its application by therapists to their group work. A clinical example will be offered.

A THEORETICAL OVERVIEW

Since the 1980s, Irene Harwood, Walter Stone, and others including myself, were the first to explore applying self psychological principles to group treatment. These contributions were significant, setting the stage for group therapists to explore and apply Kohut's theory to their group work. In giving an overview of Kohut's theory there is an acknowledgment that his theory has continued to evolve in the decades following his untimely death in 1981.

Self psychology has become more relational, reflecting the influences from within self psychology and intersubjectivity theory as well as from the community that defines themselves as relational psychoanalysts. It has been said that self psychology is a one-and-a-half person theory while relational theory is a two-person theory. Today, I believe most self psychologists would see themselves as embracing a two-person theory. That is, self psychologists see human relationships as inevitably co-created and embrace Intersubjectivity theory.

Intersubjectivity was originally described as an umbrella theory under which self psychology gradually grew into a two-person theory. My attempt to describe self psychology, however, is done from the perspective of Kohut's (1984) original theory that was the basis from which group therapists' originated an expanded version of self psychology designed to address a group of several members and one or two therapists. Kohut's emphasis was on developing a cohesive self, in which deficits were addressed and healed. His theory evolved out of his understanding of narcissism in which he embraced the idea of healthy narcissism as a normal developmental process. This shift in emphasis regarding the existence of healthy narcissism was itself revolutionary. Within classical psychoanalysis, narcissism had long

been regarded as unhealthy. Embedded in this theoretical shift was to the centrality of the self as opposed to internal structures.

Selfobject Needs

Central to his thinking was his revolutionary conception of the self-object, an original aspect of his theory. He formulated the idea of the selfobject as a central aspect of a parent/child relationship in which the infant/child experiences the parent as part of the self. The basic needs for mirroring, idealizing, and twinship if thwarted lead to a deficit in the development of the self. The success of these early selfobject experiences set the stage for future development. If these developmental needs were not met, future development was impeded. The person had what Kohut (1984) described as a deficit in the formation of a healthy self.

In the therapeutic process, the patient's capacity to use the object, the therapist, serves the function of being experienced as a part of the patient's self. This assignment of being a selfobject allows the patient to resume growth in the damaged parts of the self. This process evolves through the transference with the therapist who unconsciously has been designated the role of a selfobject. It is in the transference work that healing begins and growth is resumed. Kohut described this as building internal structure where there has been a deficit, or in other words, incomplete development. His idea of building internal structure was indicative of his adherence to the Freudian concept of the tripartite structure of id, ego, and super-ego (Freud, 1923). In his ongoing embrace of Freudian theory, his idea of building internal structure captured his commitment to Freud's work.

Kohut (1968) initially described the basic selfobject developmental needs as mirroring, idealizing, and twinship needs. Over time, others suggested other functions that might be needed or as later stated, other selfobject experiences rather than functions. An example of a mirror hungry patient would be one who had not received sufficient mirroring as a child and therefore had deficits in this aspect of the self. Typically, the selfobject need becomes apparent in the transference with the therapist, primarily as a result of the therapist, in particular interactions, not appreciating the patient's need for mirroring experiences. This resulted in an empathic rupture and can be

characterized in a variety of responses. For example, the therapist might observe a withdrawal, coolness, or a look of hurt or disappointment. If the rupture is severe enough, the person might miss sessions or simply not return to treatment. The reaction would be similar if the patient had a strong need for an idealizable therapist. If the idealization were disrupted, again by the therapist's unawareness or rejection of being idealized, an empathic rupture may occur. This is also the case with selfobject needs for twinning.

Kohut maintained that one selfobject need would dominate the treatment. Basic to his theory, he saw these empathic ruptures as setting the stage for the deep work of the treatment. These ruptures were inevitable and a necessary aspect of the transference work. As the therapist became aware of the empathic miss, he viewed it as an indication of what was emerging as the patient's primary deficit.

Understanding and Explaining Sequence

Kohut defined a sequence called "the understanding/explaining sequence," where the most important work of the analysis takes place. By empathically engaging with the patient, around the rupture, the therapist would become aware of the cause of the rupture. His capacity to remain engaged with the client, working to understand the patient's experience would gradually create an atmosphere of trust and acceptance. He defined this as the "understanding phase of the sequence." As the trust evolved, resulting from the therapist's willingness to see their role in the transference disruption, the dyad could move into the explaining phase of the sequence. It is in this phase that the patient and therapist together begin to understand the genetic roots of the patient's profound pain. This understanding/explaining sequence might necessarily evolve over an extended period of time. Repeated and successful iterations of this understanding/explaining sequence results in building internal structure. This can be understood most clearly by distinguishing Kohut's theory from existing psychoanalytic theories. His theory was a deficit theory; it was about lacks or underdeveloped aspects of the self that became apparent in the therapeutic process. Healing occurs as internal structure is built and deficits are gradually replaced with a higher level of functioning. Today, self psychologists no longer use the term "structure

building” but rely on language such as providing corrective transference experiences that gradually heal an injured self.

SELF PSYCHOLOGY: APPLICATION TO GROUP THERAPY

Kohut (1978) did not practice group therapy nor did his psychoanalytic colleagues. He wrote an astute paper on group behavior, *Creativeness, Charisma, Group Psychology*. In that paper he states,

It will become obvious to those who are familiar with my recent work that I am suggesting, as a potentially fruitful approach to a complex problem, that we posit the existence of a certain psychological configuration with regard to the group—let us call it the “group self”—which is analogous to the self of the individual. We are then in a position to observe the group self as it is formed, as it is held together, as it oscillates between fragmentation and reintegration, as it shows regressive behavior when it moves toward fragmentation, etc.—all in analogy to phenomena of individual psychology to which we have comparatively easy access in the clinical (psychoanalytic) situation (pp. 837–838).

It is understood that this theoretical idea about group behavior arose from his painful experiences with the psychoanalytic community where he was shunned by the analytic community, after the publication of his radical new ideas in *The Analysis of the Self* (1971). Kohut was hurt by these reactions and initially seemed to be quite unaware of just how dramatically his theorizing conflicted with, and moved him away from classical psychoanalysis.

Adaptation of Theory to Group Therapy

Though Kohut did not do group treatment, it is apparent that he had a sense of group action that can be recognized by any group therapist. His emphasis on the use of empathy and introspection as the therapist’s primary tools was and is basic to doing group treatment. One of the primary benefits of this stance of empathy and curiosity is that it encourages group members to engage with other members from this perspective. The members gradually internalize this developing capacity for empathy over the course of the group’s life. The empathic

stance of the therapist essentially sets the stage for members to adopt a similar posture with each other.

A short description of the evolution of group therapy may set the stage for understanding the revolutionary growth of treating people in groups in addition to or instead of individual therapy. What evolved out of necessity has gradually, over many decades, become a useful, and for many of us, necessary mode of treatment.

The aftermath of WWII left many military personnel in desperate need of treatment. Individual therapists for this significant population were simply not available. Finding new resources as well as new ways to provide treatment, Bion (1961) and others began to see members of the military in groups. This began a cascade of ideas formulated from a small as well as large group perspective. As a result, many group theories evolved, many with a distinct psychoanalytic approach. The history of this evolution is important to mention because applying self psychology to group treatment follows a long line of therapists who did the same, adapting psychoanalysis with varying degrees of adherence to Freudian or Kleinian theory. For self psychologists, this process began in the 1980s when Kohut's theory was being widely accepted as a refreshing new way to approach patients. Bacal (1985a), Harwood (1983), and Stone (1992) were some of the first to publish group papers addressing this new approach. Several of us also incorporated Kohut's ideas in our group work. The earliest person to work from this perspective, Frederic Arensberg (1998) actually received weekly group supervision from Kohut, despite his reservations about group treatment. Each evolved a version of group therapy that incorporated Kohut's theory in similar and different ways. I will address my own ideas developed by myself, my cotherapists and colleagues (Segalla et al., 1988).

Groupobject Needs. As indicated, basic to my work with groups was Kohut's selfobject theory. As in individual treatment, in group therapy there emerges selfobject needs and what I came to define, as groupobject needs. The primary difference between individual and group therapy are twofold: The first is quickly apparent in that members also developed selfobject transferences with each other as well as the therapist. The second is that more than one selfobject need became apparent as the therapeutic work unfolded. That is, it became apparent that members demonstrated more than one selfobject deficit. What was apparent was

that the group was unconsciously invested in being a group, demonstrating what I defined as groupobject needs. In group work, it was difficult to imagine just one primary selfobject need as members demonstrated strong need, for example, for mirroring as well as idealizing or twinship. What to do? Essentially, I gave up the idea of a primary selfobject emerging in the transference work. I found that the theory needed considerable expanding in order to facilitate the work in the group. Moving away from the primacy of a single selfobject need or from the idea of the dominance of a single selfobject need was essential. Therefore the move was to a multiple selfobject model (Segalla et al., 1988) in which the acknowledgment of a variety of selfobject needs in each member is present and gradually addressed in the group, either by the therapist or other members.

Empathic Ruptures and Groups. As group action unfolds, one can observe empathic ruptures in many ways. A few examples include an individual member who might have an empathic rupture with the leader, with other group members, or with the group-as-a-whole. Or the entire group might experience a rupture with the leader. Therefore, the many opportunities for ruptures are always present. As I stated earlier, empathic ruptures are basic to working from a self psychological model though the chance of ruptures greatly increases in the complexity created by the numbers of patients in the group. What is most important to hold in mind as we discuss group ruptures from a self psychological perspective is that disruptions are expected and indeed, the therapist can also be disrupted! That is, disruptions are where the deepest work of the group can occur, where transformations at both an individual and a group level fosters change and shores up the group self as well as individual selves.

It is an essential aspect of group work to be aware of the many ways in which a rupture may manifest. These may be subtle or very obvious. Any empathic rupture, while perhaps involving one or two members, nevertheless impacts each person in the group, creating many levels of disruption. How both therapist and members' address the rupture is basic to group action. In the early stages of group development, it is more likely that the therapist will address the empathic rupture. That is, the therapist's task is to provide a safe container for the members as they gradually become acquainted. Inevitably, even in early stages of group development there will be empathic misses or more significant empathic ruptures. This early stage of group engagement provides an opportunity for the therapist to demonstrate what is an essential part of Kohut's theory.

Explaining Phase. By actively seeking to understand what has happened, the therapist presents a calm, curious and patient effort to understand the member's experience. As this exploration unfolds, the therapist and patient moving into an explaining phase. It is this phase that allows the therapist to help provide a link to earlier, historical, emotional events that have been a significant aspect of the empathic rupture. When there is an empathic rupture, the therapist can take an active role in using Kohut's understanding/explaining sequence wherever the rupture has occurred. As the members' become more attuned to each other, it is likely that the understanding/explaining sequence can be addressed by anyone in the group. It is, in fact, the goal of the therapist to encourage the group to engage more directly in the group process with attention to disruptions. One example of this is that as members become more attuned to ruptures they can often be the first to address the empathic miss, whether with the therapist or other group members. The understanding/explaining sequence initiated by the therapist gradually becomes the work of the group members. Though the understand/explaining sequence is not described in theoretical terms, members gradually become skilled at discerning ruptures, and with a measure of empathy and curiosity pursue both explanations about the disruptions as well as offering their own observations based on their knowledge of the other members. In the following example, a major disruption occurred between two women who had entered the group at the same time. They were both very active members and devoted to the group that had been meeting for approximately six years. Their personal styles were quite different and this difference was a significant aspect of the rupture.

A Combined Treatment Model

Before moving into the clinical example it is important to describe the setting in which the work took place. Working from a combined treatment model is a complex though very useful model. My therapeutic work starts with individual therapy, one or more times a week. If the patient seems capable of an expanded therapeutic environment, I will place them in a group. This choice is made only after there is a well-established therapeutic relationship in which there are successful rupture/repair sequences. It is important to determine both the need for group treatment, based on significant relationship issues, as well as

a demonstrated capacity for resilience. There are a variety of methods used when working from a combined individual/group model. My approach is that of an open system between individual and group therapy. That is, members may discuss material in individual therapy before bringing it into a group. This, of course, is explored in the individual work. Likewise, members can discuss a group experience in their individual therapy in order to deepen their understanding of particular group interactions prior to bringing it back into the group. This open system between the two modalities creates a kind of holding that can sustain a member during a particularly difficult time. When material from the individual work is not brought into the group or back into the group, it becomes a significant topic of exploration in the treatment. Generally speaking, this often happens around empathic ruptures that feel too painful to discuss in the group setting. This can result in a long-term effort by the therapist and patient to work to understand a particular rupture/repair sequence before the injury can be returned to the group. Or, with some support and encouragement, it can be returned to the group almost immediately. This sequence will be apparent in the clinical example. Occasionally, there is a topic that may feel too shameful to bring into the group. It is imperative to be sensitive to the issue of shame and humiliation in all aspects of the therapy. Self psychology is sensitive to issues of shame and makes a great effort to respect the inherent dignity of each individual. Working with the shameful experience prepares the person to bring that material into the group. Though shame can be hidden for extended periods of time, it gradually emerges as group members have experiences of being seen and understood by the therapist and group members.

Clinical Example

My focus is primarily on an interaction between two members that quickly escalated into a whole group disruption. The two members both had equal, as well as somewhat similar complex histories.

Janis. Janis entered individual therapy with me as a result of the precipitous break up of a five-year relationship that led to a reactivation of earlier attachment trauma. The initial period of the work was characterized by her mourning the loss of the connection with Michael,

despite the fact that she was unable to make a commitment to him because of his addiction to drugs and alcohol. Michael had been the one person in Janis' life who seemed able to fill the many selfobject needs that had not been met in her early family experiences. He and Janis actually did this quite successfully for each other until his addictions began to fill his selfobject needs. That is, his deepening connection to substances left him unable to continue to be available to Janis in many significant ways. He no longer mirrored her and became a figure who could not idealize and cherish her and twinship needs were no longer part of their lost connection.

Within a short time, it was clear that because of the loss of this relationship Janis was seriously depressed. The depression had also coincided with her move from her mother's home to her own apartment. The move occurred when Janis was 29 years old. It gradually became apparent that this move caused not only caused a loss of a primary selfobject but also a major disruption in her attachment needs. The fact that it coincided with the break up of the relationship exacerbated her fear and anxiety. Three times a week of individual therapy helped sustain Janis through the months of grieving. After a year of individual therapy, Janis agreed to enter a newly forming therapy group in addition to her current two times a week individual therapy.

Janis' early life was dominated by serious loss. Her parents, involved in a destructive relationship sought relief in extramarital affairs. When Janis was four years old, her mother abruptly disappeared for two years. Her father and grandparents attempted to cope with the situation. After several months, the father and his girlfriend began to share a home and create a relatively stable family. Janis, severely disrupted by the loss of her mother and the subsequent changes, began having tantrums. This behavior was met with harsh words, ridicule, and banishment. She learned to hide her feelings, growing more quiet and withdrawn. In Kohutian language, Janis received little selfobject from either her father or his girlfriend. There was little to no recognition by either parent that Janis was essentially ignored, thereby creating a situation in which basic selfobject needs were not met. It became apparent early in her therapy that she maintained emotional distance with no expectation that anyone could fill her attachment needs. After two years, her mother returned and began to take Janis on weekends. These weekends were disruptive for Janis who had gradually adjusted to her new home. Both before and after

each weekend visit, she became agitated and then withdrawn, staying in her bedroom.

By the time she was six, her father had married his girlfriend and together they had two children. The result of this new family was that her stepmother was overwhelmed and Janis was again ignored, creating yet another loss. Janis was then returned to her mother who became her primary parent. She saw her father only occasionally and sorely missed being a big sister to her two half-siblings.

As is apparent, the early history of this woman was traumatic. It was also obvious in that her adult attachment pattern was clearly avoidant. She seemed to have few close connections, though she appeared to be warm and friendly. This capacity for warmth and a quick intellect did, however, help her in achieving career success. Her closest relationship was with her mother with whom she continued to live throughout the decade of her thirties. Her mother was able to provide emotional support and together they developed a deep and healthy relationship. This connection was her opportunity to begin to experience an attunement that had been unavailable most of her life. This reparation proved to be a significant part of Janis' healing. It was at this time we decided that group therapy could be a useful addition to her individual work. Janis entered a newly formed group of four men and four women. We were able to add group because Janis had her first experiences of positive selfobject fulfillment as well as her first secure attachment experiences, with her mother and later, with me.

Liz. Liz also had serious early attachment issues and also experienced an absence of healthy selfobject responsiveness from her parents. She was the first child of Holocaust survivors who because of their own trauma were essentially unavailable to Liz. Her infancy was very disrupted by a failure to thrive. During the first year of her life she gained little weight and was very difficult to sooth. Her parents were unable to make healthy contact with this disrupted child. Liz spent her early years desperately anxious for their attention. The more she pushed for attachment the more it was apparent that her parents, especially her mother, could not cope with her demands. The absence of selfobject experiences, essential to development, left Liz starved for connection. There was little mirroring because of her mother's trauma as well as an absence of an idealizable figure because of that trauma. It is not difficult to imagine that her mother, a severely

traumatized woman as a result of her time in a concentration camp, was unable to deal with the disruption of a demanding baby. Two brothers who had few early issues soon followed Liz. By the time she was six, it was apparent that her brothers were receiving considerable attention and care, leaving Liz feeling isolated and alone. She further alienated her mother by insisting on getting her share of the attention. She acted out by speaking constantly, trying everything to draw attention to herself. These efforts resulted in more disruption with her mother. Over time, her brothers joined in the rejection of Liz. In an effort to mitigate the family disruption and her own chronic disappointment, Liz moved across the country, making infrequent trips back home. In her therapy work, she often talked about her family, despite her unwillingness to return home on a regular basis. Gradually, Liz began to visit her family, always returning with another story of pain and rejection.

The man she married was capable of understanding her family disruption with empathy and concern. She, however, seemed to find it difficult to sustain an attachment to this man and often spent time away from him, mainly shopping or wandering around a local mall. She did not seem to want or need his company nor did she try to spend time with friends. Again, we see the cost of early attachment disruption.

Liz decided to have a family despite her ambivalence about having to nurture anybody. She gave birth to a son and then a daughter. These births took place while she was in treatment with me. It soon became apparent that she had significant difficulty attaching to her daughter but adored her son. My concern about this difference was ignored with claims that her son was so much easier to deal with than her daughter. Despite our work on this issue, she couldn't make the obvious connection to her family of origin. When the children were preadolescent, her husband asked for a divorce. Liz was distraught but unwilling to consider that her behavior toward him could be a significant part of the problem. Despite these very difficult interpersonal issues, she had a very successful career in which she was highly regarded for her innovations and ability to create healthy work relationships. I would describe her relationship with me as dismissive. Few of my observations seemed to be taken in or considered. Trying to work in the transference with her proved difficult because of her inability to consider these observations. She seemed to see me as an adequate therapist but expressed a wish that I would be tougher

on her. As we explored this it became clear to both of us that getting tough meant that I was really interested in her. She was unable to imagine that I could value her unless we struggled on a very regular basis. I experienced this as an expression of her early attachment issues, sensing that even tough attention from her family could be satisfying and hoped group therapy would aid her in exploring and understanding these issues. I have also considered that there were ongoing empathic ruptures in our work together. She was a difficult patient for me. I am aware that there were significant moments during which she experienced me as intruding on her monologue. Liz was more comfortable filling our sessions with repeated stories and/or reporting. She seemed unable to consider my observations, reminding me of Kohut's Miss F. (1968), who was described by him as unable to take in his interpretations. I am sure that her inability to take in my observations resulted from her desperate need for constant mirroring. Also, as a Christian woman, approximately her mother's age, I am sure that there were important factors that I missed in the transference. Our struggles, though frequently addressed, were never adequately clarified. Offering her an opportunity to join a group may have been unconsciously motivated by my wish to see how she interacted with others and whether that setting would be more useful in filling attachment and selfobject needs. She agreed to group therapy and entered the same group in which Janis was also a member.

THE GROUP

The group is composed of four men and four women. Everyone entered this newly forming group at the same time. In several ways, the members were quite homogeneous, close in age, well-educated and holding professional jobs. Additionally, they were all white and heterosexual. This list of similarities helped the group get successfully launched but, predictably also allowed for conjunctions that potentially closed some avenues of exploration. This pattern dissipated over time as the obvious differences among the members became more apparent. They were very productive in the work, often opening avenues of exploration that were exceedingly useful to various members. Over the 15-year tenure of the group, deep bonds were formed with the original membership continuing unchanged. I considered it an ideal group, developing gradually in a manner that

provided healthy selfobject experiences for everyone, including the therapist. With this short introduction to the group, I will highlight the actual rupture, how the two women dealt with it, as well as the impact the rupture had on the entire group.

It became apparent that the group was a critically important addition to Janis' individual therapy. Group was an aid in helping her to learn how to establish and trust relationships. She became an active, engaged member and was very well regarded by group members. It was here that she did significant work on the relational aspects of her life.

Liz also took to the group and used it as the arena for exploring family issues. She appeared to like the group members, often referencing them in her individual work. Her observations were astute and she too, became an active and engaged member. Unlike Janis, Liz was less concerned with issues of monopolizing the group's time during sessions and comfortably took as much time as she needed. She seemed unaware that she demonstrated little interest in other group members. Janis, more concerned with "fairness" would actively seek to express interest in other members' issues despite the fact that they were frequently referenced in her individual sessions. Both were demonstrating their early histories in the group action. Because Liz had needed to demand time and attention from her family, her mode of interaction was to take time for herself in the group, Janis' early experiences taught her that if she kept quiet, expressing interest in others, she would eventually be seen.

Because of the differences in their manner of interaction, a rupture seemed almost inevitable and not surprising when it occurred. This was also the case because they had some ruptures that did not result in deeper understanding or resolution of their differences. It was in the sixth year of the group's existence that these two women had a major disruption. This was very significant for this group as the rupture had important manifestations of each woman's issues.

An Empathic Rupture

Though this was not the first or only empathic rupture in the group, it was significant because of the intensity of the exchange and the subsequent disruption of the entire group. Janis came into the group on this particular occasion very upset because of a difficult exchange with her father. Their

discussion revolved around the intense involvement he had with her half-siblings and his missing a significant awards ceremony in which Janis was to be honored. His choice was to attend a soccer game of her half sister. She was deeply disappointed yet again by his inability to keep her in mind. We explored her disappointment and inability to come to terms with his lack of attachment to her. When she entered group on this occasion she was very much in need of both mirroring and twinship. She had many experiences in the group where she felt held and empathically mirrored. One of her goals in this particular session was to ask the group to help her explore her repetitive hopes of a closer connection with her father despite her many disappointments with him. As can frequently happen in a group, Liz was also in distress after a difficult interaction with her ex-husband who avoided Liz as often as possible. I was unaware of Liz's recent struggle with this man since the event occurred after our individual session. So, my assumption was that Janis would get some time in which to discuss her recent interaction with her father and receive some support and understanding; furthering her understanding of her often, unmet expectations. Likewise, Liz was deeply disturbed by her ex-husband's suggestion that he become the primary parent to their children.

The disruption, though enacted between Janis and Liz, was reflective of a whole group issue around entitlement and monopolizing. Liz was very willing to take as much time as she needed in sessions with little concern about what others might want or need. She was occasionally challenged by group members but little seemed to change this behavior. This was also a manifestation of the fact that the group was often willing to load up Liz with responsibility for group action, thus allowing them to avoid self-disclosure. Although I repeated this observation many times, and the group recognized the behavior, they often failed to challenge Liz, or themselves as to its meaning. This gradually began to shift with a growing ability to engage more actively, sometimes challenging Liz and demanding she acknowledge the needs of other members. As Liz developed greater awareness that the function of her monologues was her unconscious efforts to quell her intense anxiety, the group also acknowledged that an aspect of their silence was because of the compelling quality of her storytelling. The group proved to be a perfect venue for Liz as it became clear to her and the members that talking was one of the primary tools she had developed in an effort to contain that anxiety.

Because of the intensity of Janis' need for time and understanding, she quickly interrupted Liz so that she could share her recent experience with her father. Liz tried to regain the group's attention by overriding Janis at that moment. It was this disruption that culminated in a screaming match between the two women. Janis, the tantrum-prone child emerged in her screaming at Liz to "just shut up!" Liz, undaunted by Janis' anger and unengaged with her pain simply ignored Janis' reaction, stating that "she needed time too!" Angry exchanges ensued in which Janis accused Liz of being narcissistically self-involved, unable to "shut-up for a change." Liz equally enraged denied the charge, accusing Janis of being self-involved and unable to hear anyone else's needs. The argument between them escalated, as did the yelling. I chose to remain silent as I wondered if other group members would be able to negotiate this situation. I knew it was startling for all members because this group had a long history of trying to mitigate disruptions, sometimes at the expense of possible growth opportunities. Because of the group's make-up and their intersecting histories, keeping the peace and being reasonable was a high priority.

The issue had often been discussed and interpreted both by myself and group members. This, however, was a bigger disruption than at any previous time. In addition, it also seemed to be an expression of the group's willingness to have Janis do the hard work of confronting Liz. It was apparent that the narcissistic injuries of both women had been activated at a pressing moment for each of them. Both had recent experiences that they needed to discuss with trusted group members. Any interpretation by me at that moment would, I believe, have foreclosed group action. I continued to wait for the group to manage the disruption. Chaos reigned. I chose this moment to suggest that I thought the members had an opportunity to explore with each other the meaning of the fight for themselves. The action stopped, silence reigned, and many eyes turned to me. My desire to move in and do the work of exploring the chaos was strong but at the same time, I was sure the group had sufficient resources to take up the task. Despite my concern, I remained silent.

The Repair

Although all members appeared to be activated by Janis' and Liz's confrontation, no one spoke. I waited, questioning myself, was I leaving the group unattended? As I became more anxious at the silence, it was finally broken. Peter stated that he didn't know what to say because he was aware that both Liz and Janis were clearly feeling very fragile. He was afraid of making things worse between them. "What do you think might happen?" Beth asked. "Well, one of them might leave the group and that would be awful for everyone," Peter replied. Bret stepped in stating that "I am ashamed to have to admit to myself that I thought that Janis was telling Liz just what I often feel, just shut up!" Liz gasped, "Really?" Bret shook his head yes. With that, Janis stepped in. "Well, is Bret talking for all of you?" Members shook their heads yes. "Well, that is really a dirty trick to play on Liz. If no one tells her she talks too much how is she supposed to just know, read your minds?" Liz looked at Janis with relief and appreciation that she quickly put into words, "Thank you Janis, that is exactly what I was thinking!" At this moment, I suggested that it could be that the group had not intervened in order to preserve Liz from a replication of her family experience but that their silence had actually been another part of Liz's early experience of not being included in family events because of her emotional expressiveness. The chronic absence of mirroring had left Liz with a deficit in her developmental need. Kohut and Wolf would describe this as having a mirror hunger, an unfilled need for healthy mirroring. It was an unconscious need for her therapist, me, to stay exquisitely attuned. A miss in accurate mirroring would lead to an empathic rupture that required an attentive engagement by me in order to help Liz to reestablish an empathic bond.

This encounter between Liz and Janis began a healing process for them as well as for the other group members. The understanding/explaining sequence helped them reestablish a twinship selfobject experience for each of them. It also filled mirroring needs for Liz. I am also suggesting that it encouraged the entire group to see an empathic rupture healed, giving them fresh evidence that major disruptions can be resolved, a good experience for several members.

Returning to Janis and Liz, as they discovered the similarities in their experiences: Janis stated, "That is exactly what happened to me all the time. It felt like the only way I would be seen was if I yelled. It got me

exactly what I didn't want, I was ignored or they made fun of me. Once my father threw pennies at me congratulating me on my performance! No one got how I was feeling no matter how hard I tried to get attention. It only made matters worse!" Liz stepped in, "Janis, you are telling my story. It is so clear to me why we started fighting! We both were so not seen, so ignored, so not understood! It seems we experienced each other as if we were the family causing all the pain!"

There was an almost audible sigh of relief in the group. Mary said, "Oh my God, I thought this was the end of the group. It felt like we were in shambles. I was terrified that all of us would fall apart!" This dramatic expression of feelings was unusual for Mary and so much an expression of the level of emotional suppression in her family, leaving Mary bland and colorless. I suggested that it must be hopeful to see group members working to understand what had happened. Margaret, usually an active member finally spoke up, "Well, I thought that we finally had a really big test we could pass or fail. Could we try to work with their fight or stay quiet, delighted that someone finally told Liz off! I was ashamed to have to take responsibility for thinking that. Then I realized that I have been quiet about this issue because I sure learned very early on to keep my feelings to myself unless I was saying something nice or good. I am really tired of being good!" Bret turned to Margaret, "You are saying just what I was feeling. I really appreciate your insight."

With that, the group ended. I stated, "We seem to be dealing with the experience of disruption and chaos, perhaps seeing that strong feelings can be worked through and resolved, good work!" Members left the office chattering with what appeared to be relief and anxiety. I had no doubt that the subject would be raised the following week. My observation was correct; the following session began with Jack, who had remained silent during the previous session, claiming the floor immediately. His voice quiet and head low, he said "I want to tell all of you that I left the group devastated. I was so, so ashamed of myself. I did absolutely nothing to help Liz or Janis or the rest of you. I went silent and cold. I could literally feel myself stumbling up the stairs to my hide out, my room, so I didn't have to face the mean, ridiculing voices of my father and brothers. For almost all of the session, I hated all of you for disrupting our group that I love so much." He raised his head; tears streaming down his face, the group, including myself was stunned. Rarely had Jack been so demonstrably emotional. Members reached out to Jack, telling

him that they were pleased that he had shared his feelings. He looked relieved, going on to say that he really admired Liz and Janis for being so able to express feelings, even if they were negative feelings.

At this juncture, members thanked Janis and Liz and each other for their honesty. Margaret turned to me, "I was mad at you because you were supposed to step in, particularly when things got really chaotic but you just sat there for most of it looking, I don't know, maybe calm, but also pleased. Pleased when I thought we were blowing apart! Weren't you worried that it would end?" Rather than immediately answer her question, I turned to the group and wondered if Margaret was expressing feelings that others were also having. Janis, looking at me, piped up, "I think you knew we would figure it out and left us to do it, which we did." "Yeah," Bret added, "She sure isn't afraid of a good fight! That is a real relief for me. When my parents fought one or the other of them left the house and wouldn't return for hours. Once my father didn't return for three days. I thought he was dead. I never got over that. I make sure I don't fight because I am afraid I will do exactly what he did!" Janis, looking at Liz said, "Liz you do a really good job of making sure you get what you want, I can learn something from you about self-assertion. Rather than sitting here being good, so no one taunts me, I can just take what I need and count on the group to let me know if I am taking too much time." Liz shook her head yes but still seemed subdued after their encounter. Jack looked at her and asked, "Are you ok?" Liz shook her head yes. "I really, really am thinking about grabbing the time. I do it everywhere. I can see how anxious I get if people don't seem interested in me, so sad!" With that exchange, the group moved on to a new topic. The "fight" was brought up several times over the ensuing weeks.

Each time it was brought up, members seemed more and more relieved. After each discussion, members seemed to comfortably move on to other pressing topics. I continued to listen for further comments about the expectations members had about my reticence to intervene in the argument. Though I was not completely convinced of their acceptance of my allowing the struggle to continue, for the moment they seemed to feel that they could handle what came up in the group. At one point, Margaret said that she was proud of the group that she really trusted that they could figure out pretty much anything, as long as everyone hung in. There were many nods of assent, including mine.

CONCLUSIONS

Self psychology has been a welcomed addition to working with groups. Because groups have many levels of engagement, self psychology gives us not only an important theoretical model for understanding the inevitability of narcissistic injury but also specific modes of inquiry that enable us in understanding emotional injury. Kohut's theory has evolved over several decades and remains a theoretical as well as a practical guide to working clinically. It also been updated and remains a viable model of innovative thinking.

In theorizing about applying self-psychological principles to group treatment, it is clear that operating from an empathic mode of inquiry, I assumed that there would be many opportunities for group members to experience and heal empathic ruptures using Kohut's understand/explaining sequence. What is most apparent is that disruptions occurred not simply between the therapist and one or more group members or the entire group, but also between and among group members who unconsciously expect their selfobject needs to be met.

The members soon adopt the work of empathic inquiry, initially demonstrated by the therapist. This work is gradually expanded, again, by observing the therapist so that members also acquire the skill of empathic inquiry. This is also the case when a particular rupture results in the employment of the understanding/explaining sequence. Members gradually began to employ a similar mode of dealing with each other, creating a sequence of events that resulted in considerable group cohesion. The longer the group met, particularly because it was a stable group of more than 10 years, the more skilled members became at working at a level of interest and curiosity, the underpinning of the understanding/explaining sequence. The fact that the group was stable for such a long period of time and its membership highly educated with considerable interpersonal skills was a significant aspect of the work. These skills emerged gradually, over an extended period of time so when the major disruption between Janis and Liz occurred, members were able to manage their feelings enough to be available to the two women. Though this was a dramatic and significant rupture, a challenge for the members, I felt they had the skills and personal information about Janis and Liz to actively work to restabilize the group.

Upon reflection, my silence was an indication of my judgment that the group was sufficiently skilled to do the necessary work to restore

cohesion. Although I made a judgment about their capacity, I did feel considerable anxiety, wondering if I was correct in my assessment. Several times I was tempted to take over, rein in everyone, still the chatter, in other words, to defuse the situation. I refrained, trying to empathically engage with the entire group, without taking over. I could sense the edge of a loss of group cohesion, of possible fragmentation but continued to behave as a calm presence as they did their work. Understanding my own family history of frequent experiences of threatened fragmentation, particularly between siblings, I felt compelled to intervene. This urgency was balanced by my long experience with this group and its capacity to reintegrate after a rupture had occurred. But, because of the intensity of the fight, perhaps the most intense in this group's history, I had difficulty in remaining relatively quiet. My willingness to take over felt like it would be selling the group short, not trusting their hard earned skills to connect with each other. Reminding myself of this, I relaxed, and allowed the members to do their work. The lesson for me, often repeated, was to trust the group. In doing so, both members and leader experienced the rupture as one that could be repaired and that there could be a healing of sorts. This was yet another step in the growth process for the group and the therapist, me. As I write this, I am reminded that group gives all involved many, many opportunities for personal growth in the process called group therapy.

DISCLOSURE STATEMENT

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