Following a psychotherapy career while avoiding my narcissistic hurt

Philosophy

During my first term in graduate school, I took a class that required a role-play between therapist and patient. When it came time to sign up for my role-play as a “ therapist”, I decided to choose one of the last slots so that I would have enough time to gain some experience, and so that I could learn from my classmates’ struggles. When it came time for me to participate in my role-play, I realized that it did not matter whether or not I was first or last, either way I felt extremely unprepared, frustrated, and ignorant. I remember feeling very thankful that I was not dealing with an actual patient simply because I thought I did so badly that I would have caused him more harm than good. I spoke to many of my classmates and felt comforted by the fact that most of them felt the same way about their role-play assignment.

Before I actually attempted my first patient-therapist role-play, I was very confident that I would preform very well. I thought that my “ patient” would feel very comfortable with me, and that I would not face many of the hardships that my fellow classmates had.

As I began to reflect on my developing identity as a therapist, I realized that Brightman (1983) was able to bring out many of my feelings in an eloquent, yet realistic way. For instance, Brightman wrote about the “ notion of an all-knowing, all-loving, and all-powerful therapist” (Brightman 297). In the weeks leading to my first encounter with a “ patient,” I felt as if I would be able to learn enough about therapy to actually not make a fool of myself. I felt that by genuinely caring for my patient, I would be able to do some good. So armed with these ideas, I thought that my role-play experience with my patient would be successful. I felt very upset, when things did not go as planned.

As I was walking home from what I thought was a humiliating failure of a role-play, I was venting to one of my classmates, who of course did not think that I did a very bad job. As I think back to that night, and to the emotions I felt, I remember I echoed some of the characteristics of Brightman's grandiose professional self, specifically the coming together of omniscience, benevolence and omnipotence (Brightman 297).

I was frustrated that I did not know more about therapy, that I was not prepared enough to successfully " fix" my patient's problems. I naively expected that I would know the techniques I needed to use by the end of my first term as a psychology graduate student. I feel very silly that I expected an omniscience in regard to therapy, but I know that I will feel like this again, probably even as soon as my next role-play. Like the case example in Brightman 1983, I had " little tolerance for [my] confusion and for the notion that such an understanding [for therapeutic technique] might take some time to develop" (Brightman 298).

The unrealistic expectations that I felt and that Brightman describes continue with benevolence. Before my encounter with my " first patient," I thought that I would have enough patience to maintain my calm and my sincere desire to help. During my role-play, my patient, who was upset over not being able to find a job, was very aggressive and not at all receptive to my " help." I was very troubled because of the fact that I did not feel like the all-loving therapist that I was " supposed to be." I felt angry, but tried to " deny… any sentiments of self-interest [and] hostility" (Brightman 298). This first patient also made me feel that I lost control; I remember that this

feeling made me vent to my classmate about how I needed to be more domineering, strong, and thus “ omnipotent” (Brightman 299).

It was quiet refreshing to see that the feelings I had, and in a sense, still have are so common that Brightman wrote an entire paper about it. I am a bit worried that these feelings, my grandiose professional self, will get in the way of my ability to be a part of an effective therapy session. I look back at the way I felt after my first role-play and see how characteristics of omniscience, benevolence and omnipotence have the ability to become hurdles in the development of my professional skills. I was particularly moved when Brightman described how the need to be all-loving could damper therapy. Brightman stated that “ the license to feel fear or hate for the patient (a freedom not granted under the terms of the grandiose professional self) provides the therapist with a signal that the patient is asking for something difficult, i. e., narcissistically challenging, and the opportunity to understand (and perhaps interpret) what it is” (Brightman 315). For the fist time I realized that it may not be in the best interest of my patient for me to be all-loving and completely benevolent.

I identify with the unrealistic expectations that Brightman describes as the grandiose professional self, and realize that I manage the threats to my professional self-esteem in a variety of ways, one of which Brightman describes. My professional self-esteem was damaged when I thought that I failed as a therapist during my first role-play. In an attempt to revive this self-esteem I attempted to fix my patient’s problems. Instead of listening to his issues and allowing for the therapy session to grow organically, I jumped

at every opportunity to provide a quick fix, this angered my patient and started a very vicious cycle. My “ need to be omnipotent and my need to avoid feelings of helplessness was served by a reliance on treatment techniques that involved a high degree of ‘ doing something’ to the patient” (Brightman 302). This use of what Brightman calls “ the acting adaption” (Brightman 302), served as a temporary defense against the very real threats to my grandiose professional self.

I now understand that my need to defend my grandiose professional self, specifically by implementing the acting adaption has the potential to harm the therapeutic alliance that is so crucial for the development of successful therapy. I realize that although the acting adaption makes me feel better about my self in the short term, my patients suffer, specifically because it is “ infantilizing, as [it] undermines the patient’s autonomy and capacity to cope… Insufficient listening to, being with, and giving control to the patient convey the treater’s view of the patient as not having anything of their own” (Brightman 303).

Brightman emphasizes that defenses against threats to the grandiose professional self, defenses such as the acting adaption, are very common, specifically with therapists in training. However Brightman also states that by implementing these defenses, “ there is no modification of the narcissistic aspirations themselves (to be all-knowing, etc therapists), so that the trainees must continue to invest considerable energy in denial while striving for a realistically unattainable goal” (Brightman 306). Although I am almost positive that I will fall into this trap at least a dozen times in my training as a

therapist, I am relieved that I know of one pathway for recovery from this “ professional narcissistic crisis... [one that] corresponds most closely to the classical mechanism of mourning... specifically, this would entail a modification of the grandiose professional self-image of the omniscient, benevolent, and omnipotent therapist to a more moderate and attainable professional ego-ideal” (Brightman 306). I will continue my training with the goal of implementing this more realistic attitude for the sake of avoiding my own “ narcissistic injury and despair” (Brightman 306), as well as to serve my future patients better.