

Poor Narcissus

By Darlene Lancer, LMFT

The gods sentenced him to a life without human love. He fell in love with his own reflection in pool of water and died hungering for its response. Like Narcissus, narcissists only love themselves as reflected in the eyes of others. It's a common misconception that they love themselves. They actually dislike themselves immensely. Their inflated self-flattery, perfectionism, and arrogance are merely covers for the self-loathing they don't admit—usually even to themselves. Instead, it's projected outwards in their disdain for and criticism of others. They're too afraid to look at themselves, because they believe that the truth would be devastating. Actually, they don't have much of a Self at all. Emotionally, they're dead inside and they hunger to be filled and validated by others. Sadly, they're unable to appreciate the love they do get and alienate those who give it.

Diagnosis

All personality traits, including narcissism, range from mild to severe. Narcissism can be viewed on a continuum from mature to archaic. Mature individuals are able to idealize romantic partners, express their talents and skills, and accomplish their goals, while employing only neurotic defenses; a middle group has unstable boundaries and employ borderline defenses; and those highly sensitive to wounding, employ destructive, psychotic defenses and have unstable relationships (Solomon, 1989).

Narcissistic Personality Disorder (NPD), first categorized as a disorder by the American Psychiatric Association in 1987, occurs in 1 to 6.2 percent of the population; males exceed females at a ratio of 3:2 (Dhawan, 2010; McClean, 2007). Although nonprofessionals often label people with NPD who show a few narcissistic traits, clinical NPD ranges in severity from those with only the minimum required five diagnostic traits to narcissists who strongly manifest all nine symptoms. Here's a summary of the Diagnostic Criteria in the DSM-5:

Someone with a pervasive pattern of grandiosity (sometimes only in fantasy), need for admiration from others, and lack of empathy, beginning in childhood, as indicated by five of these characteristics:

1. Has a grandiose sense of self-importance and exaggerates achievements and talents
2. Dreams of unlimited power, success, brilliance, beauty, or ideal love
3. Believes he or she is special and unique, and can only be understood by, or should associate with, other special or high-status people or institutions
4. Requires excessive admiration
5. Unreasonably expects special, favorable treatment or compliance with his or her wishes
6. Exploits and takes advantage of others to achieve personal ends
7. Lacks empathy for the feelings and needs of others
8. Envy others or believes they're envious of him or her

9. Has arrogant behaviors or attitudes

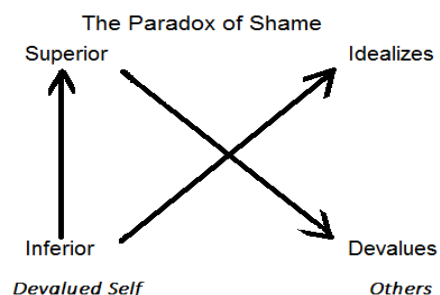
In addition to the grandiose “Exhibitionist Narcissist” described above, James Masterson identifies a “Closet Narcissist”—someone with a deflated, inadequate self-perception, a sense of depression and inner emptiness. He or she may appear shy, humble or anxious, because his or her emotional investment is in the idealized other, which is indirectly gratifying (Masterson, 2004). “Malignant” narcissists are the most pernicious and hostile, enacting anti-social behavior. They can be cruel and vindictive when they feel threatened or don’t get what they want.

Early Beginnings

It’s hard to empathize with narcissists, but they didn’t choose to be that way. Their natural development was arrested due to faulty, early parenting, usually by a mother who didn’t provide sufficient nurturing and opportunity for idealization. Some believe the cause lies in extreme closeness with an indulgent mother, while others attribute it to parental harshness or criticalness. This latter position stems from Otto Kernberg’s emphasis on parental anger, envy, and hate, or indifference that expresses veiled aggression. (Ellis, 2009; Russell, 1985)

The two views converge on the underlying psychodynamics. An idealizing, indulgent mother may be unable to experience her child as a separate individual and provide sufficient empathy, mirroring, or opportunity for idealization. Although leniency can result in healthy narcissism, when psychological control is added, like guilt induction and withdrawal of love, a solid self doesn’t develop, because the child’s focus is to gain external approval. Rather than receiving support for an emerging autonomous self, the child learns that love and involvement is conditioned on conforming to parental needs and expectations. (Horton, Bleau, & Drwecki, 2006)

Heinz Kohut observed this in his narcissistic clients who suffered from profound alienation, emptiness, powerlessness, and lack of meaning. Beneath a narcissistic façade, they lacked sufficient internal structures to maintain cohesiveness, stability, and a positive self-image to provide a stable identity. (Russell, 1985) He believed the cause lay in the empathic failure between the caregiver and child. He differed from Otto Kernberg, who thought the pathology began during the oral stage, claiming that it could even begin in latency. Narcissists are uncertain of the boundaries between themselves and others and vacillate between dissociated states of self-inflation and inferiority. This diagram illustrates how a self divided by shame is made up of the superior-acting, grandiose self and the inferior, devalued self:



When the devalued self is in the inferior position, shame manifests by idealizing others. When the individual is in superior position, defending against shame, the grandiose self aligns with the inner critic and devalues others through projection. Both devaluation and idealization are commensurate with the severity of shame and the associated depression (Lancer, 2014).

Although most people fluctuate in these positions, the Exhibitionistic and Closet Narcissists are more or less static in their respective superior and inferior positions irrespective of reality, making them pathological. Arrogance, denial, projection, envy, and rage are among the defenses to shame (Lancer, 2014). Narcissists defend against shame and fragmentation by feeling special through idealizing (idealizing transference) or identifying with (mirror transference) others. Understanding the dynamics of projective-identification of these states is key in working with transference and countertransference (Lancer, 2013).

Although more research is required, twin studies revealed a 54-percent correlation of narcissistic behaviors, suggesting a genetic component (Livesley, Jang, Jackson, & Vernon, 1993).

Relationships with Narcissists

It's easy to fall in love with narcissists. Their charm, talent, success, beauty, and charisma cast a spell, along with compliments, scintillating conversation, and even apparent interest in others. Enlivened by their energy, people gravitate towards them and are proud to bask in their glow.

The Narcissist. At home, narcissists are totally different than their public persona. They may privately denigrate the person they were just entertaining. After an initial romance, they expect appreciation of their specialness and specific responses through demands and criticism in order to manage their internal environment and protect against their high sensitivity to humiliation and shame. Relationships revolve around them, and they experience their mates as extensions of themselves. Most narcissists are perfectionists. Nothing others do is right or appreciated. Their partners are expected to meet their endless needs when needed – for admiration, service, love, or purchases – and are dismissed when not. That their spouse is ill or in pain is inconsequential. Narcissists don't like to hear "No" and often expect others to know their needs without having to ask. They manipulate to get their way and punish or make partners feel guilty for turning them down. Trying to please the narcissist is thankless, like trying to fill a bottomless pit. They can make their partners experience what it was like having had a cold, invasive, or unavailable narcissistic parent. Anne Rice's vampire Lestat had such an emotionally empty mother, who devotedly bonded with him to survive. The deprivation of real nurturing and lack of boundaries make narcissists dependent on others to feed their insatiable need for validation.

The Narcissist's Partner. Although their partners feel loved when the narcissist bestows caring words and gestures, is madly possessive, or buys expensive gifts, they doubt his or her sincerity and question whether it's really manipulation, pretense, or a manufactured "as if" personality. They feel tense and drained from unpredictable tantrums, attacks, false accusations, criticism, and unjustified indignation about small or imaginary slights. These partners also lack boundaries and absorb whatever is said about them as truth. In vain attempts to win approval and stay connected, they sacrifice their needs and

thread on eggshells, fearful of displeasing the narcissist. They daily risk blame and punishment, love being withheld, or a rupture in the relationship. They worry what their spouses will think or do, and become as pre-occupied with the narcissist as they are with themselves. Partners have to fit in to the narcissists' cold world and get used to living with emotional abandonment. Soon, they begin to doubt themselves and lose confidence and self-worth. Communicating their disappointment gets twisted and is met with defensive blame or further put downs. The narcissist can dish it, but not take it. Nevertheless, they stay, because periodically the charm, excitement, and loving gestures that first enchanted them return, especially when the narcissist feels threatened that a break-up is imminent.

When two narcissists get together, they fight over whose needs come first, blame, and push each other away, yet are miserable needing each other.

Codependency

Despite having a seemingly strong personality, narcissists lack a core self. Their self-image and thinking and behavior are other-oriented in order to stabilize and validate their self-esteem and fragile, fragmented self. They share codependent core symptoms of denial, control, shame, dependency (unconscious), and dysfunctional communication and boundaries, all leading to intimacy problems. One study showed a significant correlation between narcissism and codependency (Irwin, 1995). Although more aggressive than passive, in my opinion, they are codependent.

Accommodating codependents and narcissists can be a perfect fit, albeit painful, because the latter's attributes and aura of success boost the formers' low self-esteem, which allows accommodators to tolerate emotional abuse. Typically, accommodators aren't authoritative and prefer a nonassertive, subordinate role, because their own power and often anger are repressed, frightening, and shame-bound. They seek and hunger for missing parts of themselves and idealize new partners' qualities, which they hope to absorb. This is why two accommodators rarely get together. They're in awe of narcissists' self-direction and "strength," and live vicariously in the reflection of their success, power, protection, and charisma, while unaware of narcissists' fragile personas and hidden shame (Lancer, 2014). Accommodators attach to narcissists who appear bold and express their needs and anger, yet themselves feel needless and suffer guilt when they assert themselves. Caretaking and pleasing make codependents feel valued. Because they feel undeserving of receiving love, they don't expect to be loved for who they are—only for what they give or do (Lancer, 2014). Narcissists are also drawn to their opposite to support their pride and fill their emptiness—partners who are emotionally expressive and nurturing, qualities they lack. They need partners they can control who won't challenge them and make them feel weak (Lancer, 2014).

Often in these relationships, narcissists are the distancers when more than sex is anticipated. Getting emotionally close means giving up power and control. The thought of being dependent is abhorrent. It not only limits their options and makes them feel weak, but also exposes them to rejection and feelings of shame, which they keep from consciousness at all costs. (Lancer, 2014) Their anxious partners pursue them, unconsciously replaying emotional abandonment from their past. Underneath they both feel unlovable.

Treatment

Narcissists comprise only 2-16 percent of clients and don't often come to individual therapy (McClean, October, 2007). They see the cause of their problems as external due to their defenses of denial, distortion, and projection, which limit their ability for introspection. Thus, they usually enter treatment to manage an external problem, such as a divorce or work-related issue, or following a major blow to their fragile self. Sometimes they come because their spouse insisted on conjoint counseling, and occasionally, they seek treatment for loneliness and depression. Medication has not been shown to be effective, except to treat associated depression.

Individual Therapy

Many therapists believe depth work should be avoided not only because the narcissist's difficulties are felt as ego-syntonic, but also because they need to strengthen their defenses against primitive feelings (Russell, 1985). One client who entered therapy during a tumultuous divorce soon quit. He claimed that self-examination lowered his self-esteem and that he needed a drink to get through each session. He resented the analyst's fees as exploitative, "typical of women," including his soon to be ex-wife.

Although narcissism is difficult to treat, progress can be made over time. Weekly sessions over a shorter term can improve patients' functioning and adaptation to reality by gaining some control over their defenses and by working through some past traumata (Masterson, 2004). They can learn to manage their anger, rage, and impulsivity, and although narcissists may feign empathy in order to get close or win others' approval, subclinical narcissists (without full-blown NPD) have been taught empathy, through using their imagination (put themselves in another's shoes) (Hepper, Hart, & Sedikides, 2014). Similarly, narcissists may be philanthropists or volunteers in the community for the public approbation they receive to boost their self-esteem, but they can learn to empathize and be less self-centered by helping others without personal gain.

Psychoanalysis and psychoanalytic psychotherapy are generally used for treating the disorder itself. Treatment of two or more times per week centers on activating the patient's grandiose self through empathic mirroring until "transmuting internalization" occurs, creating internal psychic structures. The patient may also develop an idealizing transference, attributing perfection to the analyst, in order to use him or her for stability, calmness, and comfort (Russell, 1985).

In comparing Kohut and Carl Rogers, Robert Stolorow described the therapist's empathic stance in client-centered therapy: "The client thus comes to experience himself as 'prized' . . . by the therapist, much as does the narcissistically disturbed patient immersed in a mirror transference" (Stolorow, 1976, p. 29). Quoting Rogers, Stolorow adds:

"The therapist endeavours to keep himself out as a separate person . . . his whole endeavour is to understand the other so completely that he becomes almost an alter ego of the client . . . The whole relationship is composed of the self of the client, the counselor being depersonalized for the purposes of therapy into being 'the client's other self.' (Rogers, 1951, pp. 42, 208) "

Kohut believed that the analyst should neither interpret transferences, nor defenses, including rage at the analyst who fails to live up to the patient's expectations or satisfy his or her needs. Instead, the clinician should allow and echo the patient's "emerging grandiose fantasies of self-glorification, especially the wish to feel special to and admired by the analyst" (parent), which was missed in childhood. (Russell, 1985, p. 146)

Kohut argued that interpreting the transference and confronting clients' defenses risk being experienced as deeply wounding. This may cause more defensiveness and suppress the transference necessary for transmutation. Kernberg also recommends a supportive, empathic approach, but in contrast maintains that both positive and negative aspects of the transference should be interpreted; rage in treatment must be confronted in order to preserve the therapy and contain patients' fears of destroying it and any hope of receiving love (Russell, 1985).

Masterson employs a "mirroring interpretation of narcissistic vulnerability" only when the patient is acting-out in the transference. It's a three-step process to interrupt narcissistic defenses in order to bring to the surface the patient's underlying painful affect (Masterson, 2004).

1. Identify and acknowledge the patient's painful affect with empathy and understanding.
2. Emphasize the impact on the patient's self to indicate understanding of his or her experience.
3. Identify and explain the defense or resistance, which can be tied to step 1, by observing how it protects, calms, and soothes the patient from experiencing the painful affect. Care must be taken to avoid a narcissistic injury.

Ideally, interpretations focus on the patient's need to restore strength after feeling injured. With a grandiose narcissist, the therapist focuses on the failure to mirror the patient's grandiose self. With a Closet Narcissist, the therapist focuses on failures in the idealized object (Masterson, 2004). Over time, continued mirroring and working through manageable disturbances in the therapy build trust in the therapist, so that the patient is now better able to participate in self-reflection and tolerate and ingest interpretations (McClean, 2007).

Other therapies for treating narcissism include transference-focused therapy and Jeffrey Young's Schema Therapy, which integrates psychodynamic, cognitive, and behavioral approaches. Stephen M. Johnson also advocates an integrative strategy to include affective therapies, such as Gestalt, Reichian, and bio-energetics.

Conjoint Therapy. The goals of conjoint therapy are that partners attain more realistic and empathic object representations of one another and can tolerate each other's failure to meet their self-object needs (transmuting internalization) (Solomon, 1989). Underlying vulnerability and shame can provoke escalating cycles of defensive maneuvers involving forms of attack and withdrawal (Lancer, 2014). Destructive defenses further deteriorate representations of one another and make therapy unsafe. Couples can be educated that such tactics erode good feelings and damage their relationship. To build self-awareness and mutual empathy, the therapist can ask them to each talk about how they protect themselves when they're hurt, what they need and want from each other, and the effects of their

current strategies. This can open an empathic dialogue between them about feelings, wishes, and needs, the way communicate, and its impact on one another.

When a defense is employed, the therapist should interrupt the issues at hand, stating something like, “I think we’re getting to the heart of something that hurts you both a great deal” (Solomon, 1989, p. 159). Then he or she can mirror the underlying hurt, emotions, and needs as suggested by Masterson, above, and guide the partner to assertively express them in a nonthreatening way. Connecting the couple’s pain to their individual past provides space between them and mutual empathy. It allows projections to be detoxified, retrieved by the projector, and not taken personally by the recipient. They also need help to take responsibility for their individual self-soothing and finding other means of support for their needs.

When narcissists won’t join counseling, their partners may enter individual therapy. The therapist can help the partner de-idealize his or her spouse and build self-esteem, autonomy, and resources outside the relationship. By connecting the client’s yearnings and pain to childhood abandonment depression, past trauma and shame can be worked through to increase self-worth and self-compassion. Supporting the partner to assertively ask the narcissist for what the client wants and to stop reacting to the narcissist and set boundaries, empowers the client and builds self-esteem. It also reduces denial and awakens the client to the reality of the narcissist’s limitations. Intervening this way intrapsychically and systemically in individual therapy often substantially improves the couples’ interpersonal dynamics.

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