



NARCISSISM – THE THERAPIST’S FRIEND?

Narcissism has become a term of abuse, but for therapists it is also a useful therapeutic concept, says **Duncan Barford**

Social media usage is cited as evidence for increasing levels of narcissism among the general population, where ‘recording mundane events becomes proof of your importance.’¹ Rather than facilitating a form of communication, the suggestion is that social media somehow creates and proliferates a type of personality. Supposedly, Donald Trump, the former US president, was among them,² and younger people are increasingly likely to be so.³ But are the exhibitionists and trolls really driven by excessive self-regard, or actually by too little? An alternative to simply calling out the narcissist is to shift our focus onto how he or she appears as such.

The journalist and author Jon Ronson describes social media as ‘a great renaissance of public shaming’⁴ that has enabled the return of public humiliation

as a means of social control. Greater interconnection increases communication and opportunities for comparing our lives with others’, and a means of censoring those perceived as falling short of the norm. An internet driven by shame and its avoidance might not look any different from one supposedly powered by too much self-regard if, as Phil Mollon suggests, ‘shame functions to enhance and preserve the sense of self.’⁵ From this perspective, shame is a feeling that protects us from vanishing entirely when we feel contemptible in comparison with another.

Perhaps what we are living through is not an epidemic of self-love but of shame-fuelled desperation to maintain self-regard in an age of constant comparison. The philosopher and cultural theorist Byung-Chul Han suggests this is an underlying feature of neoliberal politics, which

harnesses new technologies in order to transfer mechanisms of social control from external authorities right into the mind of the individual themselves. In an economy where everyone is constantly comparing themselves with others, and striving to remain comparable, ‘everyone is an *auto-exploiting labourer in his or her own enterprise*. People are now master and servant in one. Even class struggle has transformed into an *inner struggle against oneself*.’⁶ The auto-exploitation described by Han leverages the individual’s shame to fulfil the function of external authority. But maybe the response to shame for many people is actually a defensively heightened self-regard – a defiant shamelessness, rather than increased self-regulation.

Labelling and blaming

Originally introduced by Sigmund Freud to describe an impersonal force at work within

every human soul, the term ‘narcissism’ is now frequently used to describe a personality type: ‘Narcissists believe they are better than others, lack emotionally warm and caring relationships, constantly seek attention, and treasure material wealth and physical appearance.’⁷

People like this certainly exist but using the concept to define a type of person introduces problems. The author and cultural essayist Kristin Dombek has written critically on this subject, after feeling ‘worried by the way the word “narcissism” helps us fetishise our own empathy, as if “we” always have it and “they” don’t.’

If we work with clients relationally, rather than diagnosing them, then it is essential to consider the kind of criticisms Dombek raises: ‘When others look more selfish than we do, that’s often the moment when we’re most stuck in our own position, mistaking it for the centre of the universe.’⁸ Presently, narcissism risks being used too readily as a means of labelling and blaming clients for behaviours that therapists and organisations find challenging.

A modality of love

By looking back to Freud’s introduction of the concept, I do not want to imply that Freud should have the last word, but to remind us what his idea originally enabled therapists to accomplish. If it is true that narcissism has now become an ‘epidemic’,⁷ then it is timely to revisit how, at first, it was an exceedingly helpful concept to

clinicians, rather than the problem it is viewed as today.

For Freud, instead of expressing itself in outward behaviour, narcissism was always silent and internal: ‘This part of the allocation of libido necessarily remained hidden from us. All that we noticed were the emanations,’ he wrote.⁹

Narcissism is a modality of love – love directed at the self, rather than external objects. Like all love, narcissism is not a problem; only where there are disturbances or injuries to self-love will turmoil arise. In the Greek myth, it was not any excess or shortage of self-admiration that drove Narcissus to suicide; it was grief, arising from the impossibility of possessing his reflection in the pool.¹⁰

The US psychologist Leon Seltzer describes the narcissist as ‘intensely driven to succeed, or at least see themselves as successful’,¹¹ yet, surely, someone truly in love with themselves would make no effort to be or seem anything other than what they

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already are. Indeed, it cannot be actions and behaviour that define narcissism (because a person might be driven to succeed by many other considerations), but an inward attitude toward self. The therapeutic usefulness of narcissism is not as a label for behaviour, but as a means of casting light on a client’s relationship to themselves. Freudian narcissism is never something a person expresses directly, but an influence working silently inside that affects how he feels and thinks. Consequently, what emerges indirectly from the influence of narcissism spans a wide range of clinical presentations.

Inadequate grandiosity

A client, Carl,* had been told by a cousin not to bring his sister, Susan, who was addicted to alcohol, to his uncle’s wake. But Carl decided to bring her anyway. When challenged at the wake, Carl accused his cousin of hypocrisy, because it was well known that the cousin’s wife was also a problem drinker. Carl was surprised when his cousin then broke off contact. Carl would not entertain the idea that his own actions had contributed to this. He insisted his cousin’s hypocrisy was the cause.

Despite appearances, Carl’s inability to criticise himself, or consider the impact of his criticism of others, was not due to an over-inflated ego. Carl was still emotionally dependent on his elderly mother, who described her son as ‘my grown-up baby’. His overprotective parents had conveyed

the message that he should never expect to cope with life. His rejection of responsibility proceeded from a sense that he actually made no impression on people. Negative events were others' fault because they had agency, and he had none.

Rather than too much ego, Carl had too little. Despite his superficial grandiosity, our work involved growing his self-esteem by highlighting how well he coped in other parts of his life, contradicting his parents' assumptions about his capabilities.

A tenet of mentalization-based therapy (MBT) – designed for clients likely to demonstrate narcissistic traits – is to 'focus on the patient's mind, not on behaviour'.¹² This chimes with the recognition of how Carl's narcissistic behaviour belied his true underlying feelings towards himself.

Narcissism was a revolution in Freud's thinking. He always retained his idea of the mind as a battlefield of forces, but was obliged to revise his views several times on what those forces actually were. Earlier, the most significant struggle had seemed to be between the ego and the sex drive,¹³ yet this failed to explain the withdrawal from reality that occurs in psychosis, which evidently serves neither self-interest nor sexual relationships.

Freud suggested that narcissism explained the withdrawal. He wrote how the patient in psychosis seems to give up completely on relating to people and things, rather than (as people do more usually) relating to fantasy versions instead. Where fantasies do appear in psychosis, they are treated like external realities: 'the process seems to be a secondary one and to be part of an attempt at recovery'.⁹

The world turned inside out

In her early 20s, Anne* received a diagnosis of schizophrenia. When she came to counselling she had been taking antipsychotic medication for more than 20 years, and was socially isolated. She believed she was being watched and followed by agents for Mossad, the Israeli national intelligence agency. She also spent many hours browsing department stores because she felt she sensed energies there that provided insights into social and political events. Often these foretold crises, but she had also received a vision of the

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universe. Later, she discovered an identical vision described in a book on Jewish mysticism. This was disastrous because it proved her vision had been a lie.

It felt like Anne and I were separated by thick glass – she rejected or ignored all my comments and interpretations. She stared intensely, which scared me, until I linked my fear with what our meetings might feel like for her. This signalled a way to continue – not to try to 'break the glass' by understanding Anne, but offering to join her on the other side by simply listening and reflecting. It felt like we had made contact when she said, 'Perhaps it is possible for the two of us to survive in this room.'

Compassion for clients in psychosis feels easier, even though the narcissistic withdrawal is at its most extensive. Maybe this is because it seems so evident that their retreat from reality is needed for survival. Carl disregarded certain aspects of reality, but Anne's defences were more radical. The deflection of interest from the external world back on herself sometimes replaced reality with images from her inner world, presenting as if they were perceptions.

The Mossad agents were frightening, but also, perhaps, the 'attempt at recovery' Freud described – intrusive interruptions from an external world that would not allow her to vanish completely. The energies she sensed were also a form of compensation for her social isolation. However, discovering her vision in a book was an unwelcome link back to reality; it felt to Anne as if part of her mind had been taken over by some external force. From this, I understood my interpretations were having the same effect: when I linked Anne's experience back to reality, it felt to

her as if I was taking control of or ripping away her mind.

Narcissism makes the ego into a libidinal object, and in this way can collapse the usual distinction between inner and outer worlds. Previously, for Freud, some drives were sexual, but not the ego drives. After discovering narcissism, all drives stood revealed as sexual, but whereas some were directed externally ('object-libido'), others were directed at the ego ('ego-libido'). As I tried to join in Anne's reality by listening and reflecting, her behaviour became less strange, and we met more regularly and punctually. Narcissism as a working concept offered the possibility of redressing a supposed imbalance between Anne's dominant ego-libido and her limited object-libido.

There were wonders alongside the horrors in the box that Freud opened. Our mind treating our ego as an object casts light on self-reflexivity. It opens up the domain of what Phil Mollon has called 'the narcissistic affects',⁵ including guilt, shame and self-consciousness, all of which take as their basis the view of the ego as someone else. Narcissism is never renounced, but takes a crucial developmental step when, instead of loving the ego as it is, a person loves what he wishes his ego might become. 'What he projects before him as his ideal,' wrote Freud, 'is the substitute for the lost narcissism of his childhood in which he was his own ideal.'⁹

This 'ego ideal' is the prototype for what Freud later named 'the superego'. Orienting ourselves to what we feel we should be, rather than what we are, elevates us to the realm of mature, external relationships. Yet this and all our highest aspirations and obligations share a common origin in narcissism, which remains forever close at hand.

Never better

Brian's* ex-wife had custody of their two sons. His contact with them had been limited to a minimum by the Family Court. He took an overdose after the judgment and received a diagnosis of borderline personality disorder. His sons had a chaotic upbringing. Brian brought their behavioural difficulties to sessions – he described his sons' involvement in

shoplifting and drug dealing, and their frequent arrests, with a kind of gleeful relish. A father enjoying his children's difficulties horrified me, but I sensed he would leave if I challenged him directly. From his perspective, he had been prevented from being a good father by his ex-wife and the authorities.

He talked about his obsessively house-proud mother, who forbade him to touch items or enter rooms that she had cleaned. His father was addicted to gambling and rarely at home. Brian grew up in an atmosphere of constant criticism. To someone who never felt good enough, aspiring to be better may have remained an elusive concept. Although he made gestures toward supporting his sons within the contact arrangements, this often felt too much. He would angrily withdraw, complaining of excessive demands. He cancelled most of our sessions because he felt too depressed or angry to attend. It felt as if he was only allowing me to see him at his best, and then it was the chaos of his sons he spoke about, rather than his own. Brian seemed obsessed with trying to find what he had never had – a sense of himself as a good person. He was so desperate for this, he could even resort to using tales of his children's dysfunctionality to demonstrate that he was better than them.

Brian's emotional instability seemed due to the absence of an ideal that might have guided and contained his feelings. Saying anything that made him feel or look bad seemed unlikely to help. At the same time, with my supervisor's guidance, I was trying to avoid colluding with his sense of victimisation. I focused with Brian on his cycles of withdrawal and feeling overwhelmed as a route into exploring his interactions with others, but I failed. I was 'a wonderful therapist', but Brian declared himself beyond help. I suspected he had somehow perceived my horror at his attitude toward his sons, subjecting him again to that often-encountered sense of disapproval, and giving me a taste of how it feels to be rejected as not good enough.

Narcissism now

Of these three clients, Brian is most likely to be described as overtly narcissistic, and it is no coincidence he was the one

I struggled most to help. Yet, in each case, despite the contrasts in presentation, narcissism offered a means for understanding more about how the client processed his or her experience – ways to focus on the mind rather than on the behaviour.

Psychologists and psychiatrists diagnose, and their diagnostic categories presumably align with actual states of affairs, but theories of narcissism, as the philosopher David Livingstone Smith remarks, are 'not the sort of story that can be objectively evaluated against evidence [... but] are more visions than theories'.¹⁴ Psychotherapists relieve distress by accompanying their clients. Therefore, although a therapeutic concept may not correspond to anything that exists in reality, it can still be helpful if it enhances an understanding of the client and deepens the accompanying.

In *The Narcissism Epidemic*, psychologist Jean Twenge asserts that 'Freudian theories are not research'. Nevertheless she has devoted herself to showing how narcissism, a Freudian theory, 'is unfortunately real',⁷ arguing in effect that something with no empirical basis can be quantifiable by psychometric tests such as the Narcissistic Personality Inventory.¹⁵ Where the psyche is concerned, the word 'real' can often mean something different from 'detectable by the senses'.

In the myth, Narcissus was a person, and so, from the very beginning, 'being a narcissist' could be taken to mean 'being a certain kind of person'. But perhaps the myth of Cupid and Psyche¹⁶ is a better template for understanding self-love. Cupid (or Eros, the god of love) falls in love with mortal Psyche (the human soul). After many tribulations, eventually they are married. The myth conveys how love and the soul, despite all manner of serious and strange disruptions to their union, should be together. Rather than about a specific person, it is the story of a relationship, which undergoes many developments, changes and trials. It implies that love for the self is a healthy state of nature, and that only obstacles to it create unhappiness. It is perhaps closer than the myth of Narcissus to what Freud's theory of narcissism set out to reveal. ■



About the author

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* Client names and identifiable details have been changed.

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