

Applying Transactional Analysis to the Understanding of Narcissism

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Abstract

This article draws on the transactional analysis literature to describe narcissism and to discuss its developmental origins, structure, and relationship to shame, self-righteousness, and transference. These discussions are then linked to treatment considerations.

Definition of Narcissism

Many clients have at least some degree of narcissistic disturbance, and for some people, narcissistic wounding might describe their core psychological problem. In the *Dictionary of Transactional Analysis*, Tilney (1998) defined narcissism as:

[An] investment of psychological energy (cathexis) in the self. This may be positive and helpful (for example, healthy self-respect). Over-valuation of the self is a defense, often against the trauma of early loss of relationship. . . . The child needs positive responses to nurture and sustain the self; these can be termed narcissistic needs and might be represented in TA terms as adequate and appropriate strokes. Rejecting and abusive behaviour towards the child inflicts a narcissistic wound and would be likely to result in a Don't Exist injunction. (p. 76)

Unless otherwise stated, the term "narcissism" will be used in this article to refer to defensive or pathological narcissism.

Developmental Origins of Narcissism

I would place the origins of narcissistic injury within the first few months of life, at the early symbiotic stage when primary process thinking prevails (Haykin, 1980; Karakashian, 1988). This view differs from that of Masterson (1981), among others, who places the development of narcissism later (i.e., when secondary

process thinking is in effect). In either case, narcissism is an early and deep-rooted part of a person's personality, and as such, it is difficult to change. During normal, healthy development, children go through an important phase of normal narcissism in which they experience being the center of the universe. All they have to do is cry and the world responds.

If all goes well, the child's grandiosity will be gradually deflated as he or she goes through a series of minor narcissistic wounds (Joines & Stewart, 2002). There are two main types of narcissistic structure: exhibitionistic and closet (Greenberg, 1998; Joines & Stewart, 2002; Masterson, 1993). Joines and Stewart state that in the case of the exhibitionistic narcissist, the child never goes through the period of narcissistic wounding; for example, the child's parents need the child to be special to gratify their own narcissistic needs, so they indulge the child, teaching him or her that his or her every wish is a command and that he or she deserves prominence without even minimal effort. Exhibitionistic narcissists want others to be their admiring audience. In the case of closet narcissists, narcissism is a defense against feeling abandoned or neglected. They see others as special and unique and want to bask in their glory. Joines and Stewart suggest that people with narcissistic structures were "devalued or not recognised when they were being natural and normal children with dysphoric feelings and dependency needs, and only validated when they were exhibiting a grandiose, false self" (p. 228).

Children treated in either of these ways learn to deny their vulnerability and selfhood. Beneath the grandiose false self is a terrified child who is afraid of ceasing to exist if he or she is not special and unique (Joines & Stewart, 2002).

Structure of Narcissism

Structurally, the Tough Kid/Dependent Child

split proposed by Lederer (1996, 1997) in his articles on the theory of the unwanted child syndrome offers a useful working model to represent narcissistic structure. I prefer Lederer's (1997) way of depicting what happens structurally as it emphasizes how the Child (C_1) is encapsulated, that is, "locked in desolate emptiness and loneliness" (p. 268). Lederer explained how clients who experience deficiencies in contact with their primary caregiver in the first few years of life cannot have rewarding close relationships and how they believe they are unwanted and fundamentally unlovable. He described how many of these infants make specific internal structural adjustments to best survive their deficient environment and how the infant, who experiences caretakers as physically or psychologically insufficiently available, will become emotionally detached from them. Lederer suggested the infant's detachment represents an exclusion by the infant of its internalized mother (P_1), which he called the "Basic Flaw" (Figure 1).

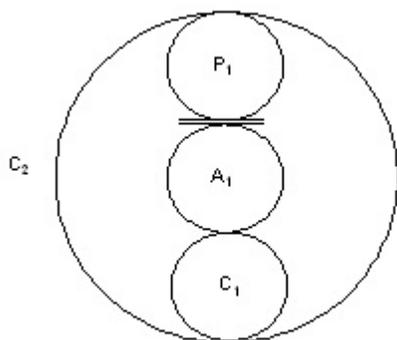


Figure 1
The Basic Flaw (Lederer, 1996, p. 140)

Lederer (1996) wrote:

Lacking a reliable internalized mother, how can the detached toddler believe he or she can venture out and survive? He or she solves this problem by splitting psychically, allowing one part of the psyche to take charge of and look after the other.

The first part, here called the Tough Kid, "lifts itself up by its own bootstraps," its slogan being, "The hell with them all; I can do it myself." (p. 140)

Figure 2 shows how Lederer depicted this split.

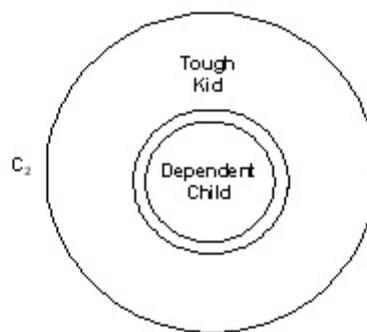


Figure 2
The Split (Lederer, 1996, p. 140)

Lederer (1996) differentiated this split or narcissistic defense from the defense of splitting as referred to in object relations theory:

According to the object relations model, mourning is not possible before the splitting defense is relinquished and the depressive position has been worked through (Levin, 1993, p. 261). In the case of the unwanted child, mourning is accomplished by one part of the split Child (*The Tough Kid*) to make the mending of the split possible. (p. 149, italics added)

Lederer described how this split or narcissistic defense leads to disastrous consequences for the person's life, including stunting his or her growth and making close, loving relationships impossible. Through these processes the person creates a substitute "mother." This "made-up substitute for mother," the Tough Kid, assumes the executive and protects the Dependent Child by guarding against any nurturing or intimate contact. The Tough Kid can take many shapes—bolshy (difficult to manage, rebellious), superior, carer—and it protects against further disappointments that may repeat the original pain of loss.

Lederer (1997) went on to describe how the Dependent Child is locked in desolate emptiness and loneliness and how the Tough Kid carries the intolerably painful emotional memories of the original loss. He also (Lederer, 1996) suggested that behind the Child's detachment and withholding lies his or her unexpressed rage and abandonment grief.

Narcissism and Shame

Shame is a central affect of narcissism. Shame, the defense against shame—that is, self-righteousness (Erskine, 1994)—and the movement between the two parallel the self-deprecation and grandiosity evident in the narcissistic process. This process can also be explained by using the transactional analysis concepts of passivity—specifically, minimization and grandiosity (Schiff & Schiff, 1971)—and the existential life positions (Ernst, 1971) of “I'm Not OK, You're OK” and “I'm OK, You're Not OK,” respectively.

Erskine (1994) wrote that shame and self-righteousness reflect the defenses used to avoid experiencing the intensity of how vulnerable and powerless the individual is to the loss of relationship. He suggested that shame represents an unaware hope that the other will take responsibility for repairing the rupture in relationship, and self-righteousness involves a denial of the need for relationship. He added that any unresolved archaic shame increases the pain of any current criticism. In fact, one of the main characteristics of narcissism is an acute sensitivity to criticism.

Erskine (1994) suggested that archaic shame is an internal expression of an intrapsychic conflict between a reactive Child ego state and an influencing Parent ego state, which is maintained by the child's need for relationship and a defense against the full awareness of relationship needs. At first glance, Erskine's view of the structure of shame would seem to be at odds with Lederer's model, in which the Parent is excluded. However, it is important to remember that the Tough Kid is a “made-up substitute for mother” who protects against further disappointment (i.e., behaves like an influencing Parent). It is also worth bearing in mind that Erskine's model is more consistent with the

work of Masterson and those who place narcissism at a later developmental stage.

Cornell (1994) considers shame to be a fundamental loss of self, which he views as more central in narcissistic pathology than the loss of relationship. For example, he wrote:

Shame is, in a basic sense, the experience of not being seen. This parental failure goes far beyond a failure of empathic attunement or mirroring; it is as though the child is of no significance or interest to the parent beyond the child's meeting the parent's narcissistic wishes and fantasies. (p. 143)

Erskine and Cornell also discussed shame in relation to the script system. They both suggested that with shame, the client has a pervasive and tenacious script belief that “there's something wrong with me.” Erskine suggested that this belief acts as a cognitive defense against full awareness of the pain of humiliating experiences and the person's ongoing need for relationship. He added that the intrapsychic function of this core script belief is to maintain a sense of attachment in the relationship at the expense of a loss in natural vitality and the excitement of spontaneity. For his part, Cornell (1994) concluded:

Perhaps the fundamental contamination in the face of shame is the fusion of one's self and one's behavior, that is, “I am what I do.” Self and ego do not differentiate. Without the consistent, positive internalized experience of self, the shame-bound individual tends to constantly seek and often earn literal evidence of self-worth and selfhood through performance. (p. 144)

Erskine (1994) also emphasized how the script belief of “something's wrong with me” is inflexible in response to the frequently used transactional analysis methods of explanation, confrontation, redecision, and an emphasis on behavioral change or dogmatic reparenting. He added that the very use of these methods frequently communicates “something is wrong with you” and reinforces this core script belief. He suggested that

through the use of methods that emphasize respect (Erskine & Moursund, 1988); empathic transactions (Clark, 1991); emotional engagement (Cornell & Olio, 1992);

and gentle inquiry, affective attunement, and involvement (Erskine, 1991a; Erskine, 1993; Erskine & Trautmann, 1993), the opportunity for reinforcement of this script belief during the therapy process is considerably lessened. (p. 96)

Narcissism and Transference

With regard to narcissism, Moiso (1985) stated that the objective is to develop an approach powerful enough to act directly on structure and not only on the external manifestations of the script. He suggested that narcissistic clients use P_1 transference—that is, projection of early infantile introjects—with projection of these introjects occurring from the start of symbiosis with mother; this P_1 transference is characterized by a regression to primary process thinking. All of this is mainly expressed indirectly in fantasies, dreams, and slips of tongue and directly through acting out. He stated that in P_1 transference, the client's perception of the therapist will be of an omnipotent ideal or a sadistically destroying internal object. Moiso wrote:

From a clinical perspective, the splitting of P_1 into P_{1-} and P_{1+} , which was at first a step in maturation and then a defect in integration, is a defensive division protecting the Adult (A_2) from intrapsychic conflict. This is achieved by keeping apart libidinally determined introjects and identifications from those aggressively determined. (p. 196)

This is consistent with Lederer's argument, that is, the Tough Kid's stance is aggressive and based on beliefs such as, "I don't trust anyone," "I don't need anyone," and "You don't care, you will let me down."

Moiso (1985) added that the defensive splitting is maintained in narcissistic personalities by a denial defense mechanism against P_{1-} and is necessary to avoid extreme anxiety owing to unresolvable ambivalence. As a result of this defensive denial, there is usually no projection of P_{1-} in the first phase of therapy. Initially, the narcissistic client projects only P_{1+} onto the therapist. He added that the client discounts the real personality of the therapist in an effort to avoid acknowledging the therapist's deficiencies, the client's own needs, and his or her

desperation connected with a sense of abandonment.

Moiso went on to say that the client projects onto the therapist an all-good omnipotent self, the source of immediate and eternal gratification, as well as an absolute model toward which he or she can strive. P_{1+} is an idealized image the client has built up of himself or herself and that he or she has assumed as a substitute for the actual maternal image. Here again we can see an important link with Lederer's (1996) model. The client is searching for a mirror of and for his or her own perfection. By projecting his or her P_{1+} , the client enters a symbiotic relationship. Moiso concluded that psychotherapy in this phase is aimed at helping the client "reappropriate" the P_{1+} he or she has projected onto the therapist. If the therapist refuses to accept the projection and symbiotic bid, the client will be left without protection against his or her own destructive P_{1-} . The client will then perceive himself or herself as "awful" or "dangerous" (P_{1-}) and, as a defense, will perceive the therapist in this way because of his or her "abandonment." The therapist will have failed in his or her function as transference mirror.

Moiso (1985) suggested that P_{1-} transference is evident in regressive outbursts of acting out when the client is typically transacting from C_1 to projected P_{1-} . He wrote, "The therapist is then seen as a sadistic object, all bad, the source of the most serious frustrations, and thus a target of anger and violence" (p. 199).

Narcissistic clients are exquisitely sensitive to disappointments, and as they perceive further real or imagined "abandonments" by the therapist, they will invest the therapist with all the negative emotions reawakened in their C_1 by the presence of P_{1-} . The therapeutic goal in this phase is for the client to "reappropriate" the projected bad object without permitting its "destructiveness," that is, the goal is to confront the client's defenses and acting out, which he or she uses to avoid suffering and to help him or her make contact with feelings of anger, shame, and guilt and finally to accept these feelings.

Moiso (1985) suggested that the psychotherapist accept a pseudo-symbiotic transference relationship and carefully analyze with the client

those ulterior messages that appear to be aimed at the therapist with the goal of revealing the exact nature of the transference relationship and the content of the projected Parental structure. He also indicated that countertransference reactions have been found to reflect the client's problem far more than any specific aspect of the analyst's script.

The therapist must keep a keen eye on countertransference reactions and transactions, especially to understand and give meaning to the patient's efforts "to force the analyst to behave exactly as the patient needs to see him" (Kernberg, 1981). These can be to behave as the real parent, the desired self as parent, the meaningless parent, the mean parent, the multiple parent, or whatever constitutes the structural content of the Parental projected structure. (pp. 196-197)

Joines and Stewart (2002) suggest that countertransference reactions are often the biggest problem to deal with. For example, being praised or devalued can evoke difficult feelings in the therapist; the slowness of the work can evoke boredom (or self-deprecation) in the therapist; when the therapist fails to be empathic, he or she must acknowledge that and be aware of how wounding that feels to the client; and narcissistic clients will devalue and attack when offended, with a rage that is cold and divorced from relationship. In a similar fashion, Haykin (1980) wrote that countertransference anger at the client's self-preoccupation is the most frequent racket he had to deal with in himself.

Narcissism and Treatment Considerations

Thinking about narcissism in the aforementioned ways inevitably influences the work with this client group. The main focus needs to be on the relationship with the client rather than on change per se. The relationship holds the key to enabling the client to own and express his or her real self. Beneath the narcissistic client's defenses—grandiosity, withdrawal, denial, and self-deprecation—he or she experiences extreme vulnerability and a fragmented sense of self. The goal of therapy is the recovery of the real self (Cox, 2001; Joines & Stewart, 2002; Masterson, 1985).

As with borderline clients, narcissistic clients have difficulty activating the real self (Masterson, 1985). When they do, they get in touch with the pain of their abandonment and then act out in order to avoid these feelings (i.e., Masterson's triad of pain-self-defense: "activation of the real self or individuation leads to depression which leads to defense" [p. 41]). They use various defenses to keep themselves from feeling, and they are usually out of touch with what is actually going on inside and outside of themselves (Joines & Stewart, 2002). The goal is to help them to come to know and understand their defenses so that they develop insight into how they prevent themselves from being in touch with their feelings and their real self. The therapist can support and encourage these clients by helping them to develop certain skills, including emotional literacy, self-soothing, support lists, and networks. The therapist can also encourage and help them to stay with their pain and to do the necessary working through (O'Hearne, 1981) as well as to express their feelings and their need for relationship. Gradually, through this work, these clients activate more and more of their real selves.

Erskine's (1996) inquiry, attunement, and involvement and Clark's (1991) empathic transactions are particularly useful methods with this client group. When narcissistic clients feel understood, they are more comfortable talking about their feelings and thereby developing and activating their real self. As Joines and Stewart (2002) wrote,

By being appropriately mirrored, the narcissist can begin to discover and activate her real self rather than having to maintain a grandiose false-self defense or an idealizing defense. . . . When doing therapy with the narcissist it is important . . . to allow the client to take the lead and to watch for any sad or dysphoric affect. The clue is when the client's face drops (Masterson, 1990). (p. 240)

When the client's face drops, the therapist needs to ask, "What's happening?" Then it is helpful to use mirroring interpretations of the client's vulnerability, for example, to reflect back to him or her the narcissistic wounds and pain and the defenses he or she uses to protect

against this pain. Therapists also need to pay attention to, acknowledge, and apologize for any ruptures in the relationship and to ask the client what the therapist needs to do to help mend such ruptures (Cornell, 1994; Erskine, 1994).

It is essential to pay particular attention to transference and countertransference with narcissistic clients, especially by allowing the transference to develop so that the meaning of what is happening with the client can be explored. The question is, what is current and what is from the past? Addressing this helps these clients understand the defensive function of their idealizing. Therapists also need to make clear that anything can be spoken about and discussed in a session, especially if it is something critical regarding the therapist or the way the work is proceeding. Therapists working with narcissistic clients have particular need of regular supervision to deal with their countertransference reactions (e.g., these clients use projective identification, thereby inducing strong reactions in the therapist).

It is important to help narcissistic clients see themselves in a realistic light by identifying and relating to attributes of their real self rather than to their façade or idealized self as this is manifested in sessions. They need to learn to tolerate negative feedback, disappointment, and failure. The therapist also needs to encourage them to observe themselves and have empathy for themselves when they act out (e.g., drinking, overeating, promiscuity, etc.) rather than only feeling their disappointments. For example, the therapist may empathically reframe acting out by explaining that there is an important reason for these behaviors. In these ways, such clients develop empathy for themselves as they learn to stay with their painful feelings, which leads in turn to their developing empathy for others.

Self-reparenting work can also be helpful with narcissistic clients. As Haykin (1980) wrote, "In treatment, it appears necessary for the narcissist to experience and learn Nurturing Parent. . . . The narcissist learned to live without internalized Nurturing Parent and so discounts the value of nurturing, though driven to seek reassurance of the compensatory grandiosity" (p. 363).

With narcissistic clients it is important that they take permission to be ordinary—that is, like every other human being they have a need for relationship and to accept that they will experience successes, failures, and disappointments. This is a huge and important task that necessitates the client learning to neither denigrate nor idealize self or others.

One final consideration: Working with clients with a narcissistic disorder of the self can be intense and usually requires long-term commitment from both client and therapist. Therefore, therapists would be wise to choose to work with only a small number of these clients at any one time.

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