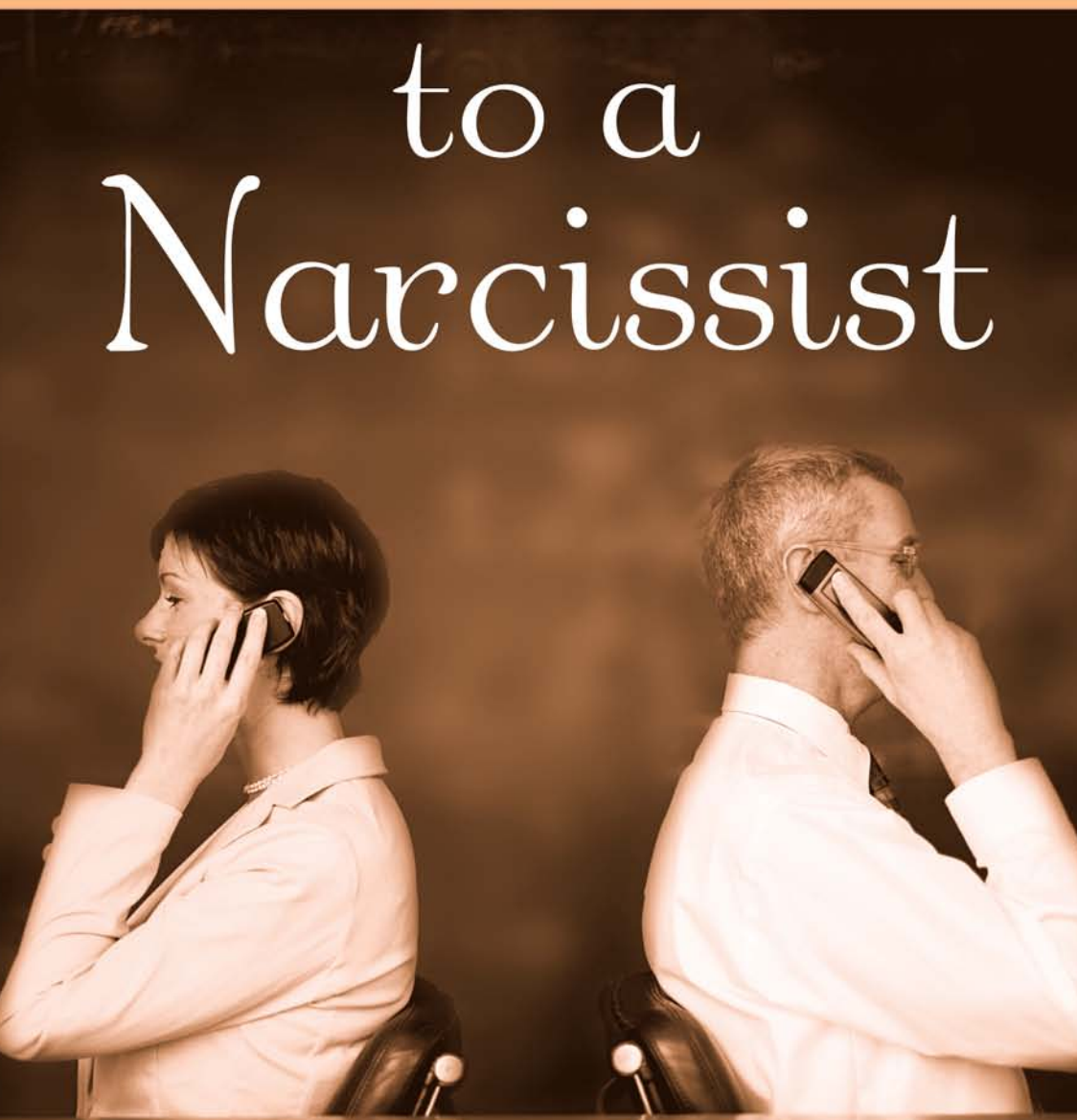
How to Talk to a Narcissist



Joan Lachkar

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Dedication

To my beloved family

Contents

Acknowledgments

I would like to start by acknowledging the little girls in my ballet class, who gave me my first glimpse of narcissism when I was age 7. Although I did not know anything about this term, I quickly diagnosed them as little "show-offs." As they grew into beautiful budding ballerinas their bodies changed, but their arrogance remained. I learned early on that I could not talk to them as I did my regular playmates, because often they would not respond, and if anyone said anything unpleasing to them they would get highly insulted. Little did I know that this would lead to an array of narcissists in my adult life as a therapist and author. Later in this book, I devote an entire chapter to the artist narcissist, someone who requires a certain amount of narcissism to pursue his or her creative endeavors.

Though this book expands on my previously published work, it has an entirely new focus. Many of the same dedicated friends and colleagues have remained loyal and supportive as I continue on this journey. Many thanks to Peter Berton, distinguished professor emeritus in the School of International Relations at the University of Southern California, who was most instrumental in helping me with the chapter on the cross-cultural narcissist. I believe I have learned more about Japanese, Russian and Chinese cultures and politics from him than if I had lived in those countries myself.

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I am particularly indebted to Dr. Nancy Kobrin, whose corresponding work on suicide bombers and terrorism has added greatly to the chapter on cross-cultural couples. I am also indebted to the following good friends and colleagues for their endless patience and amazing analytic ear: Dr. Shelley Ventura, Ronit Brautbar and Dr. Orli Peter for their scrupulous critiquing and insightful, firsthand expertise on the Middle East. I am grateful to my family, particularly my daughters: Sharon Stone, Dr. Pamela Brody, and Nicole Raphael, for their encouragement, patience and sacrifices. I also wish to express special gratitude to the entire staff at the New Center for Psychoanalysis for their continued support and efforts, with particular appreciation to the late Dr. Samuel Eisenstein and Alexander Rogawsky for their neverending encouragement.

In addition to my friends and colleagues from the analytic world, there are those from the dance and artistic world of classical ballet. For years I kept these worlds apart, not knowing how to integrate them until I wrote an article on "Dance and Narcissism," published in the *Journal of Dance and Choreography*. I owe much to Bonnie Ota, editor, to dance masters Margaret Hills and Hamed Nadar, our pianist Leon Logvinsky, and to the deceased Carmelita Maracci and Stanley Holden.

Finally, and most importantly, I must give a profound thank you to my students, supervisees and patients for their trust and devotion. They have turned out to be my best supervisors and teachers.

Introduction

Over the years, my writings have focused primarily on narcissistic/borderline relationships, mainly on what happens when a narcissistic and a borderline join together in a marital bond and the impact their behavior and psychodynamics have on one another—what I refer to as "the dance" (Lachkar, 1992, 1998b, 2004). I was inspired to write this book when a colleague and good friend familiar with my work suggested that I go beyond discussing the psychodynamics of narcissistic/borderline relations and write about how they can actually "talk" to each other.

An abundant amount of material has been written on narcissism, but, as far as I know, little attention has been paid to how to communicate with a narcissist. The major thrust of this book is to help therapists, patients and others who interact with narcissists become more aware of how they deal with the various types outlined in this book and to use language and techniques that will allow them to communicate more effectively with these complex personalities. To meet this challenge, I expand on many different theoretical perspectives, including major work based on Heinz Kohut's (1971, 1977) theory of self-psychology and its applicability to the narcissistic personality to employ a new approach—which I call "empathology."

I first became aware of the importance of communication style when I worked as an elementary-school teacher in an inner-city school district. I noticed that a very petite neighboring teacher had perfect control over her classroom. Although she was less than 5 feet tall, as soon as she would walk into a room, the kids would rush to their seats, take out their pencils and immediately get to work. One flick of the light switch or one gesture with her hand, and magic would take place. After pondering her technique, I observed

that her words were backed with never-bending discipline. She would say such things as, "If you don't finish your work or follow the rules, you will be benched." There were no ifs, ands or buts. If I said that in my classroom, the students would break out into hysterical laughter, knowing that they could get away with just about anything.

I asked myself, "What was this teacher able to do that I wasn't?" After all, we taught the same grade, the children came from the same socioeconomic background and many shared traumatic childhoods. After studying her like an entomologist, I came to the realization that she used very few words but kept amazing eye contact. When the class got out of hand, instead of screaming, "Be quiet," as I tried, she would just lower her voice until it was virtually inaudible. At first, I thought it was her ominous eyeglasses, but then I realized it was the actions behind her words. Her words were meaningful, not worthless exclamations or pointless threats.

This book introduces the concept of communication styles within the context of eight types of narcissistic personalities and describes the types of partners who choose to stay with them. Before we delve into these narcissistic personalities in depth, the book first describes briefly the domain of narcissism and the theoretical concepts useful in communicating with all types of narcissists.

To focus on the various communication styles applicable to the narcissists described in this book, it is necessary to delineate the varying psychodynamic structures and qualitative distinctions. What is hurtful to a pathological narcissist may be a far cry from what is hurtful to an antisocial narcissist. A pathological narcissist may become personally injured when not properly mirrored or when not appreciated for his or her sense of specialness, whereas the antisocial narcissist might get injured when caught in a criminal act with no feelings of guilt or remorse. A pathological narcissist may share the same grandiose, omnipotent and delusional aspects as the malignant narcissist but may not be as deliberately cruel and sadistic. The common narcissist is more invested in finding self-objects to mirror and to affirm the nascent self and, when these self-object needs are not available or when personally injured, will withdraw and isolate himself or herself. The reader must keep in mind that these narcissistic types are not clear, distinct entities. They tend to vacillate back and forth and to blur into many other personality disorders. But for our purposes here, recognizing these distinctions provides an entrée to understanding various communication styles. For example, the borderline may share many of the dynamics and qualities of the narcissistic grandiose self but is more inclined to attack, to seek revenge and to retaliate—as opposed to the narcissist, who seeks attention but withdraws and isolates himself or herself when not feeling special or properly mirrored.

As a lead-in to communicating with a narcissist, it is important to keep in mind three points:

1. How is each narcissist distinct?
2. How does each type of narcissist experience emotional pain, injury or vulnerability?
3. How does one design or orchestrate specific responses or interpretation suitable for each one of them?

It seems obvious that learning communication styles particularly related to those with moderate or severe narcissistic pathology is beneficial not only for the therapist's own interpretive work but also for helping patients establish healthy interpersonal and communicative skills for others interacting in an interpersonal world. Of course, we are inundated with technical terms such as empathy, containment, mirroring, attunement, self-object and reverie, which certainly have important clinical relevance. However, this book spells out more specifically how to translate these terms for patients, using the most effective communicative methods and techniques. In essence, this book discusses not only how to talk to a narcissist but also how to communicate more effectively with even the non-narcissists in our life.

A patient asks, "Do you have any idea what it is like being a survivor of a narcissist? Imagine giving your own thoughts away, your values and your feelings, so as to not upset the person you are with. Imagine what it is like when the least little thing said in defiance is met with cruelty or punishment." (Little did she know of my personal and professional experiences.)

It is important to mention that although men are often referred to throughout the book as the aggressors and perpetrators, readers should feel free to reverse gender roles at any time. Researchers have found men to be the more common aggressors; however, women can certainly take on that role and be just as malicious and cruel (see Chapter 3). Being aware of how these various types of narcissists can stir up the most vulnerable part (the V-spot) of us (nonexistence, feeling like a nothing, betrayal, helplessness), the discussion now turns to the V-spot.

THE V-SPOT

The V-spot, or the vulnerable spot (Lachkar, 2004, 2008), is a term I created to describe the emotional vulnerability that stems from early childhood injuries, also known in the psychoanalytic literature as the archaic injury. I found the term *V-spot* more user friendly, catchier and simpler, transforming an intricate, complex concept into one more accessible for patients and people in general. "He/she really stirred up my V-spot!" is more comprehensible to the average person than referring to "vulnerability stemming from archaic injury."

The V-spot represents the epicenter of our most sensitive, vulnerable area, the archaic injury, a product of early trauma that one unwittingly holds onto and retains throughout adult life, also known as the narcissistic injury

(Kohut, 1977). The V-spot is an essential link between narcissistic injury and vulnerabilities. It is the emotional counterpart of the G-spot and can be aroused by even the slightest event. The ensuing emotional upheaval has a significant impact on communication.

A narcissistic injury does not always constitute a traumatic event. It can be triggered by the most innocuous incident. When the V-spot is inflamed, one may end up saying the most irrational and illogical things: "Why does he say such stupid things that don't make sense like, 'Why should we get married; it's only a piece of paper!'" When this occurs, it is best to give the narcissist recovery time because his or her communication will not be based on rational thought but on evacuations, or what Bion (1967) referred to as beta elements, the urge to get rid of something internal that is felt to be dangerous or toxic, and project or translocate them on another. This is what I refer to as ego dysfunctionality, because when the V-spot is provoked one will say the most irrational things, e.g., "I'll do or say anything so as to avoid my inner pain."

THE EGO AND ITS DYSFUNCTIONALITY

Many theorists have discussed narcissistic defenses and their corresponding dynamics, but few have emphasized the impact these mechanisms have on the ego. Odgen (1980), Kernberg (1975) and Bion (1967) are among the few who directly link such defenses as splitting, projection and projective identification as a direct attack on the ego apparatus. These primitive defenses strip the ego of its internal resources and the capacity for rational thought and to learn from experience. Thus, the same destructive behavior is repeated again and again.

The V-spot is quite complex since it is inextricably linked to the ego apparatus and its capacity to think and function (Lachkar, 2008). When the V-spot is ignited, the first thing to go is the ego—judgment, memory, perception, reality testing, impulse control, tolerance and ego identity. As an aside, the V-spot can have medical implications regarding psychosomatic illness (e.g., migraines, asthma, night sweats, nausea, pain), since it helps zone in on the exact area of anxiety. This is particularly notable in narcissists, who become overwhelming stressed in trying to prove their specialness through relentless pressure-seeking goals (e.g., fame, power, admiration). Most clinicians know what the ego is in general terms, but it is a slippery concept. Even well-seasoned mental health professionals lose sight of the importance of the ego's function and what happens to the power of reasoning when the ego lacks the resiliency necessary for processing the data of experience. In short, the ego is the seat of consciousness, the superior agent for memory, thinking, judgment, attention, perception and the capacity for reality testing. It is the mediating agent that provides entrée to the unconscious.

The task of the ego is to observe, mediate or preserve a true picture of the external world by eliminating old memory traces left by earlier impressions and perceptions. The ego is an amazing apparatus, but it is not user friendly in that it resists what it "knows." The ego absorbs information, integrates it and learns to sort out good from bad, what is helpful from what is destructive. It has its own internal agent with the capacity to seek out the real from the unreal through the process of reality testing, although many authors offer detailed accounts of ego fragmentation or "ego weakness."

A THEORETICAL PERSPECTIVE

Influences for this book range from classical psychoanalysis (Freud) to ego psychology (Heinz Hartman, John Bowlby) to object relations (Melanie Klein, W.R.D. Fairbairn, Donald Winnicott, Otto Kernberg, Wilfred Bion, James Grotstein) and self-psychology (Heinz Kohut). This background also includes two decades from my earlier contributions (Lachkar, 1992, 1998, 2002, 2004, 2008) and clinical practice, as well as, oddly enough, psychohistory, in which I ventured beyond psychoanalysis and delved into the Middle East, examining the child-rearing practices and the historical, mythological, psychological and religious past of the Arabs and Jews (De Mause, 2000b, 2002a, 2006; Lachkar, 1983, 1991). It was here I began to see Arabs and Jews as exhibiting similar traits, states and characteristics as a narcissistic/borderline couple, not a "real" couple of course but a mythological one, whereby each would stir up preexisting age-old sentiments and ancient archaic wounds in a never-ending and ongoing battle. One might say that each group has its own cultural V-spot.

Effective communication necessitates not only learning how to talk but also determining what it is that disrupts communication—what is being consciously or unconsciously avoided, denied, destroyed or sabotaged. As Bion (1967) reminded, sometimes words are used for communication and at other times for evacuation (getting rid of unwanted parts). In other instances, many patients fear that if they share their most intimate feelings with their partners, they will be attacked or their effort to communicate will get distorted, misunderstood or taken as a personal injury. Another disruption in communication is the aspect of splitting. The person who wants commitment also rebels against it; two opposing sentiments operative at the same time: "I want it and I don't want it!"

Although the theory of self-psychology was mainly designed by Kohut to repair self-object defects—children who grew up with faulty caretakers and lacked the mirroring and attunement necessary for healthy development—it does not emphasize the internal world or assumes that the patient is distorting and that disturbances usually stem from arrested development or disruption between the self and the self-object ties, not from the patient's projections,

distortions or delusions. Self-psychologists and object relationists have different ways of finding "truth." The self-psychologist finds truth via introspection and intrasubjectivity and assumes the patient's experience as truth. The object relationist does not accept the patient's subjective experience as truth and believes patients are inclined to distort reality and delude themselves. So whose truth do we listen to?

Kohut developed the mode of empathy as an instrument that permits psychoanalysts to probe and collect their data, which over time can be translated into explanations in the clinical setting and abstract constructs in the theoretical realm. Freud eluded to empathy, derived from the German term *einfuhlung,* meaning "in-feeling," a way of delving into the experience of the other. It was this methodology that made it possible for Freud to discover transference, countertransference, defenses and resistance. As Freud moved away from the empathic mode of data collecting, he introduced constructs and assumptions that belong to other sciences. A neurologist, Freud was more interested in instinctual drive and defense, but for Kohut empathy became a tool of basic attunement. For Kohut, empathy is simply what allows an individual to know another's experience without losing his or her objectivity.

Another pioneer to bring communication styles to our attention is James Masterson (1981), who stated that with the borderline personality it is necessary to confront, whereas with the narcissist it is necessary to interpret. Masterson's therapeutic technique emphasizes interpretation of the patient's vulnerability to narcissistic injury of the grandiose self and the need for perfection. In contrast, the borderline, who denies that his or her defensive behaviors are self-destructive, reacts more positively to the confrontational approach, even though he may experience it as both an attack and a constructive therapeutic effort that he integrates (ibid., p. 31).

I regard projective identification as a priceless concept not only for my work with couples but also in developing communication styles with various kinds of narcissistic personality disorders. This construct, designed by Klein (1957) and later expanded by Bion (1967), is an unconscious, one-way process whereby one tries to rid oneself of some unwanted part by displacing or translocating it into another, making the other act in accordance with the person projecting the feelings. For example, a patient who has been a caretaker for her parent her entire life will be made to feel she is a bad child if she "neglects" her mother to care for her own needs. Or a patient who talks nonsense will only project his nonsensical part onto the analyst, making the analyst out to be the irrational one: "All therapists are crazy and just do psychobabble!" Projective identification is a form of communication, a way of covertly transmitting what the patient is really feeling and trying to communicate: "Ah, so you're letting me know how it feels when you allow your feelings to overwhelm you so you cannot think clearly!" "Or, "Ah, you didn't show up for your past few sessions because you want me to know what it feels like to be kept waiting."

I felt we needed a more dynamic concept for couple therapy that displays the dance in which couples engage, so I devised the term *dual projective identification* (Lachkar, 1998, 2002, 2008) to detail what occurs when two people project back and forth. My concept of dual projective identification is inspired by Klein's introjective–projective process, a powerful method of describing a dynamic relationship, perfect for marital therapy to show movements that flow back and forth. Dual projective identification is a two-way process in which one person projects negative feelings into the other while the other tends to identify or overidentify that which is being projected: "You're right! I'm not deserving of anything good, and I am too demanding!"

One might question at this point the difference between countertransference and projective identification. The simplest response is that countertransference is a preexisting feeling already inside the analyst—or the analyst's V-spot—whereas projective identification makes the analyst feel invaded by foreign and bizarre feelings.

PSYCHODYNAMICS

> There can always be an external betrayer, but there can also be an internal one who betrays you. Finding the internal one is where the power lies, not finding it leaves one powerless.

In many of my earlier contributions, I discussed not only the dance between partners but also the dance between their psychodynamics: guilt–shame, envy–jealousy, control–domination, submission–victimization, omnipotence–dependency, among others. One of the most common feelings is shame, the mask that covers up and hides what is usually normal and healthy. It is astonishing how one partner or group or culture can make another feel that his or her needs are pathological. Shame is associated with fear of being ostracized from and abandoned by the group. For example, in India if the family finds out a son or a daughter is gay, that child is banished from the family.

Shame is more pronounced than guilt. It is the virus that invades and infects the psyche. Guilt is a higher form of development than shame and has an internal punitive voice that operates at the level of the superego. Guilt is a reaction to and remorse for an action (Lansky, 1995). Shame is the preoccupation with what others think, whereas guilt is primarily a matter between a person and his or her conscience. In terms of communicating with narcissists, it is important to recognize that we are dealing with many different levels of superego functioning. In some cases, as in the antisocial narcissist (Chapter 4), we are dealing with the lack of a superego. Understanding these dynamics is an important segue to communicating with the narcissists described in this book. Each narcissist type operates on a different level of superego ego functioning.

Thus, the therapist must develop a certain sensitivity and attunement to these various dynamics and the qualitative distinctions between them.

Throughout the cases described in this book, references are made to patients who remain attached to bad internal objects. Fairbairn, more than anyone, helped us understand why couples stay in conflictual painful relationships and remain forever dedicated to their "bad" internal objects (i.e., rejecting, betraying, depriving, painful and unavailable). This explains why people may spend the rest of their lives self-destructing, always object-seeking but never object-finding (below). As bad as the pain is, it is still better than facing the emptiness, the nameless dread, the void, the black hole. At least the pain provides one with some semblance of meaning. Pain stirs up an amalgam of unresolved developmental issues as each partner uses the other to play out an internal drama (Grotstein, 1990, 1993). Suicide bombers in the Middle East are a glaring example of this. It is better to die with honor than to live in the empty, meaningless abyss (Lachkar, 2002, 2004, 2007). What follows are examples of the various bad internal and external objects embraced by people dominated by primitive defenses:

1. Bad internal objects
   - The wronged self
   - The insatiable self
   - The craving self
   - The lost self
   - The betrayed self
   - The robbed self
   - The rejecting self
   - The depriving self
   - The abusive self
   - The withholding self
   - The victimized self
2. Bad external objects
   - The external withholder
   - The external betrayer
   - The external abuser
   - The external depriver
   - The external torturer
   - The external enabler
   - The external unavailable object

OUTLINE OF THE BOOK

Chapter 1 offers an overview of the narcissistic personality and revisits theoretical considerations that aid in effective communication with narcissistic

types. In general, narcissists can operate quite successfully but are driven by recognition and adulation from others. However, their need for admiration, exhibitionism, envy and perception of others as Oedipal rivals tends to overpower relationships. In healthy narcissism, one can strive for ambition and success without controlling or dominating the relationship, thus retaining the capacity to maintain a loving and intimate bond.

Chapter 2 concentrates on communicating with the pathological narcissist. This personality type has an undue amount of libidinal investment in self, is self-absorbed and has an exaggerated sense of entitlement and heightened defense mechanisms (i.e., guilt, idealization and grandiosity). Pathological narcissists are insatiable. Healthy narcissism is a precursor to self-esteem. It involves a gradual diminution of libidinal cathexis, movement away from self toward a libidinal investment in external objects.

Chapter 3 focuses on the malignant narcissist, one of the most severe forms of narcissism, often accompanied by borderline features and characteristics. Even though the malignant narcissist maintains the same libidinal cathexis to the self, the grandiose self is permeated with an undue amount of aggression, sadism and cruelty. As bizarre as it may seem, malignant narcissists are able to maintain some kind of superego functioning, whether it be the group, the clan, the mafia or a terrorist organization.

Chapter 4 discusses the antisocial narcissist and distinguishes it from the malignant narcissist. Although there are similarities between them, the antisocial's most dominant trait is the lack of a conscience, as opposed to the sadism and envy the malignant narcissist exhibits. Antisocial patients typically present more serious superego pathologies: the lack of superego functioning and lack of capacity for guilt and remorse. They still maintain excessive attitudes of entitlement, which override any capacity for self-reflection. They may lie, steal, conjure, get caught and even confess their crimes, yet with no context of guilt, remorse or concern. Their sense of omnipotence and their entitlement fantasies are so extreme that they delude themselves into thinking they can get away with these acts.

Chapter 5 discusses the depressive narcissist. Although depression is not usually a narcissistic disorder, it is applicable here because it depicts how one's preoccupation with self can work in the opposite direction and turn hatred inward. The depressed narcissist is often perfectionistic and has unrealistic demands about what he or she can achieve or accomplish. The slightest glimpse of defeat or possibility of failure will put this person into a narcissistic decline.

Chapter 6 examines the obsessive-compulsive narcissist, who has very little regard or empathy for others. This narcissistic personality is driven by work ethics and principles. To achieve these goals, the obsessive-compulsive narcissist must face the fear that he or she may not be perfect enough. As a defense against ordinary human needs, the obsessive-compulsive will clean,

wash or check files repeatedly. This chapter explains how the need for perfection can inflict fatal flaws in communication.

The passive-aggressive narcissist of Chapter 7 is a negativistic personality that is no longer a distinct category in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV*) (APA, 1994) and is now listed as "not otherwise specified" (Sperry, 2006, p. 6). However, I find this category most valuable for couple therapy. It was removed as a separate category because it crosses over to many other diagnostic disorders. These are individuals who communicate their anger by omission or projecting into their partners.

The narcissist the artist is the focus of Chapter 8. The healthy artist displays a certain amount of grandiosity, pomposity, self-involvement, self-absorption, preoccupation with self and an obsessive investment in perfectionism; however, this does not interfere with the creative process or ability to have healthy object relations ("aesthetic survival"). The pathological artist functions at the extreme end of pathological narcissism and is dominated by defenses including envy, control and competition. Winning becomes more pervasive than the joy of the creative process.

Chapter 9 examines the cross-cultural narcissist, who clings to a certain amount of nationalistic pride and will hold relentlessly to traditions. He or she refuses to adapt and will do anything to maintain a sense of special identity. The cross-cultural narcissist brings to relationships and to the clinical setting an entire culture, the dynamics of which present major challenges in communication.

Chapter 10 is a recapitulation and offers final reflections on the ever-changing world of psychoanalysis, including the global diversity of our practices, as well as communication styles applicable to the various types of narcissists described in this book. As we choreograph our "dance of words," we must prepare to meet constant challenges and perspectives emanating from the narcissism that we see daily in our consultation rooms.

Chapter 1

His Majesty the Narcissist

INTRODUCTION

Just what is a narcissist in the truest sense of the term? The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV*) (APA, 1994) lists as its diagnostic criteria for the narcissistic personality disorder a pervasive pattern of grandiosity, need for admiration and lack of empathy, as indicated by at least five of the following:

1. A grandiose sense of self-importance
2. A preoccupation with fantasies of unlimited success, power, brilliance, beauty or ideal love
3. A belief that one is "special" and can only be understood by, or should associate with, other special or high-status people (or institutions)
4. The need for excessive admiration
5. A sense of entitlement—that is, unreasonable expectations of especially favorable treatment or automatic compliance by others with one's expectations
6. Interpersonally exploitative personality—for example, taking advantage of others to achieve one's own ends
7. A lack of empathy and unwillingness to recognize or to identify with the feelings and needs of others
8. Envy of others or the belief that others are envious of one
9. A display of arrogant, haughty behaviors or attitudes

How do we know we are in the presence of a narcissist? Many describe the experience as feeling that they are speaking to those who believe that no one else in the room exists but themselves. In most cases, it is difficult to talk to narcissists because they talk only about themselves. As a colleague once quipped, "One nice thing about narcissists: They don't talk about other people." Some narcissists fall within a somewhat normal healthy range. Although these individuals, as are all narcissists, are preoccupied with self, feel extremely entitled and have an endless desire to achieve fame, power, wealth and success, they do not indulge in these behaviors to the exclusion of family and others in their lives. Some may even include their partners and families as extended mirroring part objects: "Let me introduce my beautiful wife and lovely children to you."

Although Sigmund Freud did not discuss communication style pertaining to the narcissist, he was one of the first to bring our attention to the narcissistic personality disorder: his majesty the narcissist (Freud, 1957). He initially referred to narcissism as the state of self-directed libido, after the Greek legend of Narcissus, who fell in love with his own image, an admired infantile part of himself. Freud claimed that this type of person is highly infatuated with himself and becomes cathected (emotionally attached) to someone who has qualities that he or she wishes to have or once had and no longer possesses (beauty, fame, success, wealth, brilliance, power). The narcissist then embarks on a lifelong journey to try to possess these qualities by attaching or fusing with others who offer some semblance of object love. As much as narcissists long for love, because of their omnipotence they attack and destroy those who can offer it. As Freud noted, the need for others and the need for love are very powerful emotions that pour an overflowing ego libido into the object. This mimics a psychotic state, a reunion of highly charged emotional and bodily experiences.

Heinz Kohut views narcissism as a state of development. He depicts a more highly developed narcissist whose primary and normal narcissistic phases were virtually unattended to at the phase-appropriate time. According to Kohut (1971, 1977), the most common archaic injury occurs during an empathic disruption, when the mother usurps this special baby from the "throne" or high chair to make way for a new sibling. Often the narcissist will spend the rest of his life in a kind of narcissistic nostalgia, yearning to recapture the time when mommy and baby were one, living in perfect synchronicity and symbiotic bliss. The narcissist is constantly and subconsciously reacting to the empathic disruption—commonly referred to as the original archaic injury, narcissistic injury or again what I term the *V-spot* (Lachkar, 2008). Any threat or reminder of this early trauma triggers profound feelings of not being special or not being the "only one": "What do you mean you're going to visit your brother? You put your brother before me! I'm your husband and I should come first!"

Narcissists have excessive entitlement fantasies and an inflated sense of self. They display a pervasive pattern of self-importance and often have an exaggerated illusion regarding their accomplishments and talents. They are dominated by such primitive defenses as idealization, omnipotent denial, omnipotent ideal, grandiosity, devaluation, isolation, projection, projective identification and splitting. They are often competitive and envious, will go to any extreme to win and will do anything to prove their specialness. When confronted, challenged or not properly admired or appreciated, they will go into a narcissistic rage or withdraw into a narcissistic retreat.

Narcissists are often frustrated in love relations as they search for the ideal mate, who does not exist for them in reality. Their most pervasive trait is a lack of empathy and insensitivity to the needs and feelings of their objects (Lachkar, 1992, 1998, 2004, 2008). They fuse with their objects exactly as they view the world—as an extension or appendage of themselves—and are unable to share anyone else's good fortune.

In conjoint therapy, these dynamics and defenses become more explicit as we see movements flowing back and forth between guilt and shame, envy and jealousy, perfectionism and chaos, domination–control and submission, dependency and omnipotent control, and attachment and detachment. In many of my earlier contributions, I refer to these dynamics as "the dance," which explains why couples stay in painful conflictual relations, interactions that go on and on, round and round, without ever reaching any conflict resolution (Lachkar, 1992, 1998, 2004, 2008).

Communicating with a narcissist requires special care. In general, the narcissist responds best to empathy and to self-object functions (i.e., appreciation, attunement, mirroring). The narcissistic defenses of isolation and withdrawal are typical responses when they feel personally injured, particularly when depleted of the narcissistic supplies that fuel them. When their personal sense of pride has been threatened, they will fly into a narcissistic rage or withdraw and isolate themselves. Basically, narcissists do not respond to confrontation. So what should therapists do when they need to confront the narcissist? The first step is to prepare for the onslaught. They need to be amply mirrored, praised and acknowledged before they are given even the smallest piece of constructive criticism: for example, "You look great! So wonderful the way you take care of your body and always watch what you eat," as opposed to, "Gee, I think you gained weight. Are you on a diet again?"

Laurie, who came into treatment after reconnecting with her ex-fiancée, told how their conflict scenario repeated over and over again.

> If I tell him I love him, that I want to make our relationship better, and to make a commitment, then he starts to attack me. He tells me I suffocate him, make too many demands, and my pressure turns him off. When I get close to him he acts as though he doesn't need me. If I stay away, he becomes very

> loving and affectionate. No matter what I do it's a no-win situation. I hate these confusing messages; he always makes me feel as though I'm walking on eggs!

Laurie's fiancée disrupted communication by projecting his needy and vulnerable self into her, coercing her to enact the role of a suffocating, needy, demanding object while he was home-free to watch the L.A. Lakers or to go out on his sailboat. The bitter paradox was that as much as Laurie protested, she participated in the abuse by not setting boundaries or limits. She virtually became an appendage to him as she bonded with the pain that she vehemently disavowed.

An important step was to help Laurie get in contact with her internal "depriving" object to show her how she deprived herself. Before this could occur, I first had to sort out what kind of internal object she identified with. This can be quite tricky because often patients misinterpret and feel they are to blame: "Are you telling me he is not depriving me, and it is my fault because I deprive myself?" I had to help prepare Laurie—to find a meaningful and sensitive way to communicate with Laurie—to let her know that she was in no way deserving of the abuse and that in no way did her behavior justify the mistreatment.

> He never pays when we go out. He deprives me of everything. He never offers to help around the house. When he goes to the market, he only buys things for himself. When we go to dinner I have to pay, although sometimes he leaves the tip.

When confronted about why she stayed and was encouraged to join a support group or to gather a group of friends to bolster her in the event of a breakup, she claimed, "Oh, I could never go out and make new friends, join a support group, or book club. My boyfriend would have a fit!" To this I replied, "Yes, there can be a boyfriend who deprives you of your needs, but do *you* also deprive you?" This becomes a dance of two people in complicity, or a *folie à deux*. Only the sensitivity of the therapist at this juncture can gently show Laurie that there is a part of her that identifies with her partner's negative behavior, which makes it harder to set some limits with him.

In my assessment, I chose the depriving object as a major theme. Otto Kernberg (1995) noted that in normal love relations, expressing one's intimate feelings engenders compassion and empathy as opposed to pathological relationships, whereby expressing one's feelings engenders primitive and persecutory anxiety (see Kernberg's four different kinds of love relationships, Chapter 2).

Narcissists cannot tolerate the kind of dependency needs an intimate relationship requires and unwittingly project this intolerance onto the other, typically a borderline partner, who makes a perfect target for the narcissist's negative projections. (See the case of Mrs. Z in this chapter.)

On the surface, narcissists appear to have higher than average self-esteem, but, paradoxically, they are never really narcissistic enough to achieve real goals, aims and ambitions (see Chapter 8, "The Narcissist the Artist"). They are quite fragile and vulnerable to the responses and reactions of others. Because narcissists care more about being admired than being loved (Kernberg, 1995), they create an inner dialogue to maintain consistency with their grandiose or omnipotent self. It is almost like a Shakespearean monologue or soliloquy: Hamlet on a stage talking to a cast of inner characters orchestrated to meet and match his own self-object needs. In custody battles, the narcissist expects to have all the visitation rights, the house, all the money and all the furniture. Why? "Because I'm entitled."

OVERLAP

When discussing narcissism, most clinicians today find the examination of narcissistic disorders quite confusing, for the narcissistic personality is not a clear and distinct entity; there is considerable overlap between narcissism and other disorders (e.g., borderline, obsessive-compulsive, histrionic, antisocial, schizoid, depressive). The grandiose and omnipotent self can invade and infect many other personality pathologies.

Different theorists have discussed the narcissistic personality disorder and have presented varying perspectives. Sam Vaknin (Vaknin, 2007), author of *Malignant Self-Love: Narcissism Revisited*, described different types of narcissists in detail, meticulously taking into account their distinctions. To further complicate matters, we must decipher which type of narcissist, theoretically speaking, we are dealing with: a Freudian narcissist? A Kleinian narcissist? A Kohutian narcissist? A Kernbergian narcissist? A Masterson narcissist? Furthermore, narcissistic states, traits, characteristics and symptomatologies are not clear, concise entities; they tend to vacillate widely (Lachkar, 1998, 2004, 2008). My colleague often uses the term *Nar/Bor* (S. Ventura, personal communication, 2006) to describe this mixed breed.

The case of Mrs. Z in this chapter presents many different theoretical frameworks, concepts abstracted mainly from classical psychoanalysis, self-psychology and object relations, particularly Kohut, Melanie Klein and Wilfred Bion. When Mr. Z responded impulsively to Mrs. Z, the works of Bion (1977) come to mind, stating that words are equivalent to empty thoughts—thoughts without a thinker. For Bion, the worst crime is to avoid truth ("analytic lies"), and the only recourse is to make sense out of senselessness, or what he referred to as moving from beta elements (–k) to alpha functions (k). Mr. Z was searching for what Bion referred to as the container offering, which he was able to receive but not give. This opens up a new space for the patient to face truth and reality. This is where Bion differs from Kohut, who has more belief in the patient's subjective truth.

Bion believed that the process of detoxification—transforming the patient's lies and distortions into something usable and palatable—creates the potential for a transformation to occur. His explanation was that when the object is not contained, thoughts become accessible for evacuation through projective identification. In terms of communication, Bion's concept of containment, reverie, transformation, detoxification and thoughts on thinking are invaluable constructs. Bion transformed Klein's model of the "good and bad breast," giving them an additional function besides teaching the infant to experience his world; they serve as a container to help sooth and detoxify bad thoughts into something digestible and meaningful.

Klein's (1940) concept of a "toilet breast" is applicable for many patients who could not make use of mommy's breast as a container to hold and contain baby's innermost fears and anxieties. There must be an object that will contain the depth of the projection and the evacuation of painful effects (beta elements). Patients' excessive demands, such as constant telephone calls and accusations that the therapist is a money grubber are ways of using the therapist as a toilet breast: "You attack me for being selfish and greedy because you feel your needs are dangerous and fatal to your health."

I also thought of Bion (1961) when we tried to move Mrs. Z from the state of victimization to a state of action. Bion actually designed a grid to chart how patients move from beta elements (nonaction, meaningless talk) to alpha function, thoughts that lead to thinking, learning from experience and, finally, to action. In Mrs. Z's case, we see how object relations and self-psychology make perfect companions rather than an "odd couple" relationship. Mrs. Z was able to mirror and empathically convey to her husband that she understood how he misconstrued her stress as his fault, reassuring him that her stress had nothing to do with him.

In the case of Mrs. Z, self-psychology offers the tools of mirroring and attunement to help meet her narcissistic husband's objects needs. In contrast, object relations offers the therapist the opportunity for containment, reassuring Mrs. Z that she need not put up with her husband's abuse and that she can take action, such as sleep in a hotel next time his anger flares up. This is a bit of a stretch from James Masterson's concept that narcissists respond more to empathic responses and borderlines respond more to direct confrontation. Masterson (1981), however, did not include "action" as an adjunct to the empathy.

WOMEN WHO CHOOSE TO STAY WITH NARCISSISTS

The type of woman (or man) who stays with a narcissist is often someone with a borderline personality. Women who choose narcissistic men are frequently dependent types who have a defective sense of self, do not feel entitled and are easy prey for internalizing the negative projections of the narcissist (Lachkar, 1992, 1998, 2004, 2008). Many lack self-esteem, are burdened with persecu-

tory and profound abandonment anxieties, feel unworthy of being loved and are easily seduced by the narcissist's omnipotent and grandiose qualities: "I'll do anything; just don't leave me." Because narcissists cannot allow themselves the kind of vulnerability a love partner desires, they split off or translocate all their "neediness" into someone like a borderline, who is an easy receptacle or "toilet breast" for the destructive responses the narcissist projects: "Don't give me this nonsense about marriage. It is only a piece of paper!" Often the women are in a constant quest for the unavailable man and attach themselves to them in the hope of repairing the lost object. These women become mesmerized by and idealize these narcissistic men, deluding themselves into thinking that their partners are "everything" and that they are "nothing." Narcissists' inflated sense of self and defenses of withdrawal and isolation make them emotionally and physically unavailable. This arouses such states as abandonment, victimization, unworthiness and shame in the borderline partner, who already has a thwarted sense of development. Thus, this makes for the perfect fit to feed one another's needs.

COMMUNICATING WITH A NARCISSIST ISN'T EASY

Communicating with a narcissist commonly involves the problem of using or misusing the other as a toxic container or receptacle for one's emotional toxic excretions. The therapist then has an opportunity to do a psychological makeover or what Bion (1965) referred to a transformation—an emotional operation detoxifying or converting what is felt to be "toxic" into something more palpable: "If you put your emotions for what you think is toxic into me, then you will be untainted, clean and pure, and I the dirty one." This touches on couple transference (see Chapter 2), whereby the couple starts to project the same dynamic that occurs in the relationship onto the therapist. "Now you are withholding from me just like my wife."

The narcissist and borderline enter into a psychological dance, consciously or unconsciously stirring up highly charged feelings that fulfill many early, unresolved conflicts in the other. The revelation is that each partner needs the other to play out his or her own personal relational drama. For the narcissist it is an affirmation of a sense of specialness, whereas for the borderline it proves one exists as a thing in and of itself. There is a bitter paradox between the two partners: The borderline woman feels she has needs but is not deserving of them; in contrast, the narcissist abandons his needs, feeling they are a sign of weakness and impotency. Consequently, the borderline woman becomes a perfect receptacle in which the narcissist can project his needy split-off self: "It is you who are the needy one. Me, I have no needs. I am Mr. Perfect. I have my own sailboat, my work, my own penis and can provide for myself."

Within these beleaguered relationships are two developmentally arrested people who coerce one another into playing out certain roles as they bring

into current relationships their respective archaic experiences embedded in old sentiments. Because of the borderline's false self and compliant, chameleon-like personality, for a short time he or she is able to playact at being the perfect mirroring object for the narcissist. In the ongoing relationship drama, the narcissist needs a borderline to worship and to fuel his nascent self, and the borderline needs a narcissist to stir up repressed development issues (Lachkar, 1998, 2002, 2004).

The following cases display many of the psychodynamics of narcissists and the partners who choose to stay with them.

CASE OF MR. AND MRS. Z: THE SPECIAL LANGUAGE

Mrs. Z, like many patients who exhibit borderline personality traits, had a histrionic and dependent personality. This case is an example of a borderline wife attempting to communicate with her narcissistic obsessive-compulsive husband. Said Mrs. Z: "He is always working and when he is not working, he plays tennis. There just is no time for our kids or me." Mr. Z deluded himself into thinking that because he was the main provider for the family he could spend the rest of the time doing whatever he wished without considering the needs of others, who are merely there to fuel his ego. Mrs. Z had a very hard time expressing how she felt to her narcissistic attorney husband because he interpreted her emotionality as a personal attack against him.

Unable to hold back any longer, and hoping to get some kind of empathy or compassion, Mrs. Z shared her feeling that she is about to go crazy, that the kids are stressing her out. Instead Mr. Z responded in the most attacking and punitive way: "So you think it is my fault. Why do you blame me for everything?" She replied, "I'm not blaming you. I'm telling you how I feel. Why can't you listen to me for a change?" He shouted back at her, "Why can't you ever stop thinking about yourself and think about how I feel?"

My response was, "What? You said that?" The patient was taken aback by my reaction, and in the next breath I caught myself saying, "Don't you know how to talk to a narcissist?" I immediately recognized my harsh reaction. I calmly explained to her that she needed to learn the special language of narcissism, with its specific communication style. "Oh," she replied. "I never heard of such a language."

I explained that when she tells her "Mr. Perfect" husband that she is stressed because of the kids, his immediate reaction is guilt, identifying with the fact that he does feel guilty and has not spent enough time with his kids or wife and instinctively internalizing her emotional state as an attack.

"I never thought of that," Mrs. Z replied. "What should I say?"

My response was, "Well, how about something like, 'Honey, what I am about to say has nothing to do with you. I understand you have been very busy with court cases and are doing the best you can to support our family, so

please don't take this personally. I just need to tell you that I am very stressed out by the kids and want you to understand that it's not your fault. I'm not blaming you.'"

Mrs. Z responded, "I have to say all of that? That is exhausting. It makes sense, but learning to speak that way will wear me out even more than the kids."

To this I replied, "Ah, but it is more exhausting not to."

In this way, I introduced an entirely new communication style while letting the patient know unequivocally that she is not deserving of the mistreatment.

Discussion

When I said, "You said what to a narcissist?" I was alluding to the fact that the patient did not prepare the stage for the "onslaught." Mrs. Z was perfectly aware of what Mr. Z's response would be and knew she would get attacked. What she could have said was, "What I am about to say has nothing to do with you. You are a wonderful husband, father, personal injury attorney, so please don't confuse my feelings with a 'personal injury' against you."

Communicating with someone like Mr. Z presents a complicated therapeutic challenge. Because of the grandiose self, many narcissists equate emotional surrender with weakness and impotence, and neediness with vulnerability. Obsessive-compulsives equate needs with dirt and filth, which perhaps explains why they are compelled to clean as a defense against intolerance for anything emotional: "My histrionic wife makes me sick with her hysteria and outpouring of emotions."

Because of abandonment fears, it is not an easy task to help our patients move from "talk" to action. It is noteworthy that in a later session Mrs. Z skillfully moved back and forth between mirroring her husband's grandiose self and then like a laser came in with a major confrontation: "Well, if you are going to yell and scream at me all night, then I will go stay at a hotel." Most people would agree this is a good example of boundary setting or setting limits.

But how do we do this with a narcissist who is already prescripted and preprogrammed to distort Mrs. Z's need to take care of herself as a personal attack? What words do we use to help the borderline wife begin to disidentify with the negative projections from her loveless husband? The first step is to help Mrs. Z realize that she is being mistreated and that she is not deserving of the abuse (see section on emotional abuse in Chapter 3). The second step is to help Mrs. Z disidentify with the negative projections and assure her that her emotions are healthy and normal (see Chapter 6 on the obsessive-compulsive narcissist and the tendency to bond with objects).

What follows is an example of a therapist having to confront her patient about a very sensitive issue.

THE AFFAIR: MR. AND MRS. M

Mr. M was a pathological narcissist, very self-centered, with many obsessive-compulsive features. Mrs. M, his borderline wife, was a frustrated music teacher and mother of three. As is the case with many borderline patients, Mrs. M had a very strong histrionic and dependent side. After calling in crisis for an emergency appointment, she came in completely distraught and panicked. She had discovered that her narcissistic husband had been having an affair for the past year. She was completely out of control, crying, whining and wailing. Prior to the session, Mrs. M's sister had called her to announce that her husband was a liar and a cheater and that she should have known that he had been unfaithful to her. Her sister had found out who the other woman was, and Mrs. M had called and confronted her. This is when all hell broke loose.

Although Mr. M displayed narcissistic features, he also had a proclivity to many obsessive-compulsive behaviors. He tried to justify the affair, claiming that his marriage became a reenactment of a suffocating childhood characterized by all work and no play: "My affair was fun. I'm sorry, but I have to admit that. Having such a dependent, needy wife does not leave much room for me." He described a very rigid childhood in which life was all about taking orders and following rules set by his rigid, punitive, repressed father. His militant father was succeeded by a borderline histrionic wife, a woman who got so fused and dependent that he ended up feeling just as suffocated and repressed as he did as a child. Mrs. M recalled her own father's affairs and how these led to the breakup of her parent's marriage.

From the outside looking in, we see Mrs. M as a very hurt woman, traumatized by her husband's transgression. But from the inside looking out we see an opportunity for Mrs. M to act out all her victimization and "poor me" fantasies and defenses. In spite of Mrs. M's outrage and shock over the devastating news of her husband's extramarital affair, this case illustrates how the communication style between the couple can lead to traumatic disruption in the marriage. From a theoretical perspective, empathic responses are usually called for in such cases. However, Mrs. M appeared more in need of "hard object" responses to hold and contain her enactments of lashing out and hysterical attacks on her husband.

I offered continuous legitimacy of Mrs. M's hurt feelings, but not her aggression. I let her know that she had a right to be hurt and express that hurt but that she did not have the right to aggressively attack her husband, to call him names (e.g., "You little fucker") and to just let him have it. Our work focused on allowing her to feel the pain rather than on becoming the pain. This eventually led to the biggest challenge: introducing her to her "internal betrayer," showing her how she betrayed herself by not moving forward in her career. She had always wanted to open her own music education center but

never had the courage: "Oh, well, guess I'm just stuck being a music teacher the rest of my life. Like my father says, 'Music is just a waste of time'" (the betraying internal father).

THE CASE

Mrs. M (enters sobbing): I am completely devastated. I just found out my husband has been having an affair for the past six months. We've been married eight years and have three children. I should have known something was going on. My husband hasn't touched me, looked at me naked, or even shown any affection. I thought it was because I was pregnant, nursing, and gained weight. Now I know.

Therapist (Th): (silent and listening attentively)

Mrs. M: My sister told me she saw them together last week, so I called the woman and confronted her. The other woman was angry with him as well and told me my husband is a liar and a cheater, that I should trust what I have been feeling, that they were having an intimate relationship. I can't stop crying.

Th: This is very traumatic. The marriage has had a fatal attack.

Mrs. M (crying): I know, I can't stop crying. I can't believe he would put her before me. Now I have to have an AIDS test.

Mr. M: I really feel bad. I apologize to you. It isn't anything I planned. It just happened.

Mrs. M: Your apology doesn't mean anything because if it did you wouldn't put her before me.

Mr. M: I mean it. I want to make things better.

Mrs. M: Like shit you do. You don't feel bad about anything. How do I know it's over? I found hotel receipts in his drawer. I knew something wasn't right. He chose HER over me!! I can't get over that.

(Mrs. M continues to sob and attack. Instead of evoking my sympathy she is beginning to annoy me. I feel like saying, "Cut out the whining and appreciate that your husband is here with you." Is this an act of aggression? To him I feel like saying, "Where is your empathy? Can't you see this woman is in severe emotional pain?")

Th: Yet, he's here now and she's not.

Mr. M: That's right. It's over.

Th: Look, there are three reasons why people have affairs. One, they fall madly in love and even marry eventually. Two, there is something

missing in the marriage. Or, three, it's a one-night stand, something that "just happens."

Mr. M: Mine fell in the second category. She was working with me. I found we had many interests in common. She had a great deal of compassion and empathy for me.

Th: Thank you, that's pretty straightforward. So let us talk about what was missing in the marriage.

Mr. M: She isn't considerate of me. For years I've been telling my wife to leave soap in the kitchen. Every time I go to wash my hands there is no soap.

Th: So where is the soap?

Mrs. M: Oh, I don't know. I just put it wherever.

Th: Yet, you are a musician, a teacher, and very structured and orderly at work. Do you just say, "Okay kids, come on in, sit down, take any instrument you like, and just start playing?"

Mr. M: (smiling as if there is momentary relief from the pressure). That's what I don't understand—how she is so different at home.

Th: So what is in the way of pleasing your husband and taking care of his request?

Mrs. M: Because I don't think it is that important.

Mr. M: It would be as if I took out all the tools from the toolbox and spewed them all over the house.

Mrs. M: He is very structured, and I wasn't raised like that.

Th: Structure. Doesn't sound like a bad thing to me.

Mrs. M (to Mr. M): I don't care about you and your structure. I can't get over what you did. You hurt me and destroyed my trust. And, who knows, you can do this again. I thought you loved me.

Mr. M: I do love you.

Mrs. M: Bullshit! If you loved me you wouldn't have strayed. He has a terrible temper. He yells, screams and humiliates me in front of others and always puts me down.

Th: Don't get me wrong. There is no way I am saying your husband's actions are justified. But you also need to take a look at how you provoke him, how you distort your own image and importance, claiming he chooses someone over you when you are the one who is here and the one he loves.

Mrs. M: But he's always criticizing me. I know he's right that I am sloppy at home. Home to me is not as important as my studio.

Th: He should not criticize or attack you, but maybe you are "sloppy" about taking care of your own needs.

Mrs. M: You mean the idea of opening up my own music center?

Th: Exactly. Others can always betray you, such as a husband's infidelity. But we also have to look at how you betray yourself, keeping yourself stuck and on hold. [moving into the space of her internal betraying object]

Mr. M: Yes, you're right about that.

Th: Still, that does not take away from the cleaning up we need to do here. Mrs. M, you need to separate from your internal betrayer and move into a new space, become more attuned to your own needs. And you, Mr. M, need more time for fun and play with your wife.

Mrs. M: What about his aggression toward me? He smashed all the dishes last week and threw my fine vase against the wall.

Th (to Mr. M): No, you cannot act out the contents in your toolbox—screw, hammer and bang away at your wife. That gets messy. As a couple you need to encourage and support each other in getting your real and legitimate needs met. In spite of everything, I feel very encouraged. There is a lot of love between you, and it is obvious you have a very deep emotional connection.

Mrs. M: (wiping her tears; shows me picture of her children) But I don't know what to do. I think I should leave.

Mr. M: I'm not coming back here anymore. I've had it with her.

Th: It's hard to know what to do while you are in this crisis and when so much blaming, attacking and shaming is going on. It's best not to make any major decisions because things are unclear and you can't have it both ways—being in the relationship and out of it at the same time, as well as in and out of treatment. [couple transference]

Mr. M: I see your point. We need new tools to communicate without threatening one another.

Th: We will continue with this next week.

Mr. M: Great. See you then.

Th: Bye, now. Have a good week.

Discussion

It took a great deal of sensitive therapeutic work to introduce Mrs. M to her internal betrayer. It is not easy to help someone who has been violently

betrayed by a love partner move away from victimization to face defects within her own internal world. I had to move very cautiously at first, providing a strong therapeutic alliance and platform and validating her genuine hurt and betrayal. After bonding with Mrs. M's legitimate pain, I was able to slowly move her away from the continual blaming and attacking stance against her husband to face her own internal betraying object (see Introduction). Mrs. M needed to be told, "Of course, there can be a betraying husband, someone you trust and believe in. But there can also be an internal betrayer, part of you that overidentifies with the betrayal." Often the patient will offer a great deal of resistance. Mrs. M responded angrily at first: "Are you saying that because I betray myself that I am the cause of his affair?" Only after she was reassured that she indeed was not the cause of the betrayal and that our goal was to repair the damage that had been done was Mrs. M able to get in contact with the part of her that betrayed herself.

The therapist must convince the patient in very caring words that we are all subject to betrayal and that we cannot always control that. However, we can take charge of our internal betrayer, and that's where the power is: "You are not a victim. You are a very capable and powerful woman." In time we begin to see a gradual moving away from the external betrayer to taking control of the internal betrayer: "I will think about opening my new center." Thus begins the healing process for Mrs. M.

The next chapter focuses on the pathological narcissist, who shares many of the traits exhibited by the other types of narcissists detailed in this book.

Chapter 2

The Pathological Narcissist

INTRODUCTION

Pathological narcissists are extreme in their narcissistic defenses and behavior. They engage in almost a narcissist feast or frenzy, are totally self-absorbed, lack empathy and display indifference or apathy to the emotional needs of others. Pathological narcissists have a highly exaggerated sense of self and are dominated by such primitive defense mechanisms as guilt, shame, envy, control, domination, splitting, projection, projective identification and paranoid anxiety—including many unresolved Oedipal issues. The major defense is in allowing themselves to be dependent: "I'm quitting this treatment, haven't learned a damn thing and can get more out of reading a book. Nothing has changed." To this the therapist might reply, "I understand your frustration, and because you are so very bright and educated it has been difficult for me to help you. Of course you can get it out of a book, but every time I offer you something, you've already been there, done it, have it all and know it all. So if you can't take anything in from that, what then can I offer?"

In addition to showing little or no regard for the feelings or sentiments of others, pathological narcissists believe the world centers solely around them. Some refer to these narcissistic personalities as "users": "She only calls when she needs something; otherwise I never hear from her;" "When I am in a room with her, she hardly knows I exist!" A patient who was at a cocktail party with a narcissist had a dream that night that she was a perfume bottle and that after speaking with the narcissist she evaporated into the bottle and disappeared.

Pathological narcissists share the common narcissistic desire to attain power, fame, wealth and beauty and are in need of constant praise and

admiration from others. The desire to maintain a healthy relationship becomes overshadowed by these defenses. In other words, love and intimacy are replaced by primitive defenses such as the need to dominate, to control and to compete, as well as Oedipal rivalry. Pathological narcissists see the object merely as an appendage of themselves: "You will be a doctor no matter what it takes, and your success will be my success: my son the doctor." In essence, many narcissists have a fear of intimacy, which can cause a great deal of suffering for partners involved with them. The narcissist's greatest fear is "the womb of intimacy."

Typically, pathological narcissists choose someone like a borderline personality type, a person who has a thwarted sense of self, who suffers from abandonment anxiety. Because the chosen partner frequently has an exquisite false self, she can for a short while pose at being the perfect mirroring self-object for the narcissist: "I will do whatever you want, just don't abandon me" (Lachkar, 1992, 1998, 2008).

CASE OF MIRABEL AND JAKE

Mirabel and Jake had experienced an on and off relationship for the previous five years when they first began therapy. Mirabel was 35 years old, had never been married and was a teacher; Jake was a 42-year-old lawyer. They entered treatment with much frustration after being referred to numerous previous therapists and counselors. Mirabel realized her biological clock was running out, and Jake seemed to take the position that her biological clock had very little importance. What is more important is that Mirabel was a shopaholic, was obsessed with beauty and appearance and had little regard for Jake's time or space. She could think about one thing and one thing only: marriage.

Therapist (Th): Greetings. Nice to meet you both. Who would like to start?

Mirabel (M): I'd like to start. I am so frustrated, feel depressed, cry all the time and don't feel that Jake pays attention to any of my needs.

Jake (J): How can I when all she does is cry and make demands?

Th: Demands?

M: I'm 35 years old. Jake promised that eventually we would live together and get married. I want so much to have a baby and scared I won't be able to if we wait too long.

Th: Jake, what are you waiting for?

J: (angrily) Waiting for her to stop spending so much money on her looks, Botox, hair extensions, breast implants, clothes, nails and stuff.

Th: Jake, where do you live?

J: Live? I live in Bel Air Estates, and Mirabel lives in a not-so-posh area. She lives in the city of Torrance.

Th: That's a pretty upscale community. Do you see Mirabel any differently than the people in your community?

J: No, she's not as bad as some of my neighbors who live at the Spa, and Barney's, but I hate materialistic women.

Th: So why do you live in a materialistic area, and why are you with Mirabel?

J: Because I love the peace and quiet. My home in Bel Air is large and spacey, gives me room for my art collection. And I'm with Mirabel because I love her. But she will have to change her ways before I even consider marriage.

M: See how he puts me down and keeps me on hold. It's okay for him to spend thousands of dollars on art, but he complains bitterly when I shop or spend money on my things.

J: My money is spent on art objects, hers on Prada purses, Chanel suits and stuff.

M: He loves his vases and art objects more than he loves me. He collects Fabergé eggs, among other porcelain eggs. They cost a fortune. I don't know why he needs so many eggs. Does he expect they will reproduce themselves?

Th: Mirabel. I see you have a sense of humor and are very clever and clear about what you need and what the issues are.

J: Okay, what are the issues?

Th: (decides to go into communication–empathology mode) Jake, I really admire your taste. You are a man of class and culture with an appreciation of the finer things in life. I'm sure that must be one of the things Mirabel appreciates about you.

J: Thank you. Sometimes I don't think Mirabel cares about my art objects and that I am a connoisseur of such pieces as Cloisonné, Glocina and Netsuke.

M: I do appreciate that side, but I don't think it is fair for him to put down my looks and my appreciation for wanting to maintain myself.

Th: In the same way, I am sure that you, Jake, do appreciate how she looks. She is a rather stunning woman, but you don't appreciate what it takes to maintain herself. She is also working quite hard. School teachers don't have an easy task these days.

J: Don't think you really understand the issues.

Th: Jake, in all due respect, if I came to your house, I would have the utmost respect for your expertise—the value and quality of your pieces. [mirroring his true self] But here I would appreciate if you could do the same and appreciate my area of expertise.

J: What is your area of expertise?

Th: Thought you knew (kind of tongue-in-cheek).

J: (laughs for the first time)

Th: Couple therapy and marital conflict.

M: Tell him. He thinks he knows it all. He is so narcissistic and into himself.

Th: Well, I don't know everything, but I do know something. However, if you showed me an authentic Fabergé egg, I wouldn't know a real one from a fake one.

J: (warming up slowly)

Th: (starting to confront Jake but a bit uneasy about doing it too soon) What I do know is that as beautiful as these pieces are they are objects—material ones at that.

J: So what's wrong with that?

Th: Nothing. It is a beautiful thing to be an art collector and connoisseur, but first we bond with people, not objects (therapist holds her breath).

J: Are you putting down my art?

Th: Quite the contrary. I'm putting it up.

M: (remains silent)

J: How?

Th: Because the power you have in selecting these eggs is the same power you have to produce them for real reproduction. If you keep putting down Mirabel's needs by not committing to her after being together for five years, you are killing off her eggs. There is also a value in what you two can reproduce together that cannot be bought in a store.

M: (tearful) I have never had this kind of support before.

J: (fumbling around) I never thought of it that way. My dad always put down the fact that he had me. He always told me having a child was a big mistake and a waste of his time.

Th: So his sperm was useless, as were Mom's eggs.

J: Guess so.

Th: Thank you, Jake, for that wonderful information. It shows you have insights that can be of value here.

M: So are you saying that the reason Jake puts me down is because the more I look like the "fertile egg" the more threatened he feels?

Th: Mirabel, again that is an amazing connection. So you are showing us your mind goes beyond hair extensions.

M: (smiles)

Th: We have to stop. In closing I would like say that my job is to keep you both healthy to deal with the "real" issues—the authentic ones and not the fake ones.

J and M: Thank you, doctor. See you next week. We would like to continue.

Th: See you then, and have a good week.

Discussion

It might have been rather precipitous and quite a risky thing for the therapist to confront Jake early on in the session. In fact, one might criticize her for doing this, but she felt as if the material was ripe, fertile and timely enough to move Jake away from his disingenuous self to his real self and gradually to the real needs that an intimate relationship requires. Throughout the session the therapist began mirroring both Jake and Mirabel, making it clear she was aware of their strengths and good qualities. In addition, she stayed with the thematic motif—using the patients' words (e.g., eggs, extensions, value, real/authenticity). The therapeutic effort was to keep the treatment real and authentic, away from pretense and falsities (battling about who is more materialistic, who is right or wrong) with the focus on the actual needs of the relationship. Here we also see a budding relationship with the therapist, the emergence of a couple transference (e.g., the therapist as the real and authentic helping, nurturing object).

COUPLE TRANSFERENCE

So much has been written in the psychoanalytic literature on transference and countertransference that it would be folly to delve into it here. In couple therapy, we needed another approach to viewing transference and countertransference reactions since now instead of two people there are now three involved. Thus, I devised the term *couple transference* (Lachkar, 1998, 2004) to encompass transference and countertransference issues between partners. However, couple transference is somewhat more complex than individual transference. In couple transference, interpretations are derived from the analyst's experience and insights and are designed to produce a transformation within the dyadic relationship. Couple transference refers to the mutual projections, delusions, distortions and shared couple fantasies that become

displaced onto the therapist. The notion of "couple/therapist" transference opens up an entirely new therapeutic vista or transitional space in which to work. It is within this space that real issues come to life (Lachkar, 1998, 2004, 2008). For example, in the previous case Jake was doing the same thing with the therapist as he was with Mirabel. With Mirabel he was diminishing the importance of her fertility, and for the therapist he was diminishing her capacity to provide "fertile," meaningful insights.

Transference and countertransference issues take on a different shape when we take include ego functioning in the mix. One supervisee told me he was enraged every time his patients were late because they reminded him of his ex-wife, who took three hours to get dressed and was late to every function they attended, including missing an airplane.

DIFFERENT KINDS OF LOVE BONDS

The characteristics of the pathological narcissist overlap those of many of the narcissists described in this book, but there are distinct differences. Whereas the pathological narcissist is dominated by many severe primitive defense mechanisms, he is not necessarily cruel and sadistic, as is the malignant narcissist. He still answers to a restrictive and punitive superego or internal voice as opposed to the antisocial narcissist, who has no conscience. Kernberg, more than anyone, helps us define more clearly pathological narcissism within the context of relationships (Lachkar, 1998, 2004, 2008). Let us briefly review these various love bonds.

In *Aggression in Personality Disorders and Perversions,* Kernberg (1995) reminded us of the complexities of relationships as he distinguished among four different kinds of love relationships: (1) normal; (2) pathological; (3) perverse; and (4) mature (Table 2.1). Kernberg's descriptions are both provocative and useful in the treatment of couples and add greatly to determining the most effective communication style. He examined the success and failure of love, taking into consideration the roles of narcissism, masochism and

TABLE 2.1

Four Types of Love Relationships

Type	Description
Normal	Relationship more important; love takes over conflict
Pathological	Conflict takes over the relationship; part object functioning
Perverse	Search for excitement; partners reverse good and bad
Mature	Goal or task oriented; whole object functioning

Source: Kernberg, O., *Love relations: Normality and pathology,* New Haven, CT: New Haven Press, 1995.

aggression. His premise was that even though partners may fight, abuse and hate one other, if the desire to maintain a loving relationship is the ultimate goal, the partnership is considered healthy (Lachkar, 1998, 2004, 2008).

Normal Love

In normal love, "love conquers all." The desire to love and have a loving relationship overcomes conflict. Internal strivings and aggression do not interfere with the capacity to maintain a long-range, intimate, passionate, loving relationship. In a normal relationship, individuals are able to face reality. They do not live in denial and are not threatened by the other person's emotions or truth. Erotic desire is linked to the Oedipal object and is not obliterated by the failing of internal objects. One has a strong desire for symbiotic fusion with one's mate. Normal love means the relinquishing of Oedipal rivals to the realization that one can settle down with one's partner. The desire to love one's sexual partner becomes more pervasive than the desire to possess, to own or to control the Oedipal or rival object. One now can live side by side with father without having to compete with him. Couples who experience a problem within a normal love relationship will benefit from short-term psychotherapy.

As an example, a man and his wife entered couple therapy presenting with the problem of the husband's habit of wearing his wife's underwear. At times, he even dressed up in her clothes, sometimes going so far as to wear her makeup. Not only did this peculiar habit enrage his wife, but she also felt humiliated and shamed. From the outside looking in, his behavior seemed quite bizarre and perverse and out of the realm of what might be considered normalcy. Yet they had a rich family life, were well respected in the community and had two successful married children. The strange fetish did not interfere with the couple's capacity to maintain a close and intimate relationship.

As we explored further, we discovered that the husband's behavior represented an identification with his absent mother, who abandoned him during his early years. The only way he could maintain any kind of object constancy was to momentarily act out this loss by "becoming" her. The treatment consisted mainly of helping the husband control his fantasy life so that he could enjoy these fantasies while recognizing the difference between fantasy life and reality. It is okay to fantasize, but it is not okay to act on these fantasies; this can be a turn-off for his wife.

Pathological Love

In pathological love, conflict overcomes the desire to love or to have an intimate relationship. Pathological relations encourage the tendency to repeat the trauma again and again. This is also known as traumatic bonding (Dutton & Painter, 1981). In this relationship, aggression and internal conflicts interfere

with the desire to maintain a loving relationship. In pathological love, emotions run high. The relationship is steamy and explosive and alters and falters between states of distress and discontinuity to moments of harmony and bliss. It is a part-object tie, in which such primitive defenses as envy, control, sadomasochism, aggression and cruelty fester. We see this in obsessive love, in addictive love and in love that goes in the wrong direction. In severe pathological relations, love gets directed to sadomasochism and perversion, envy, greed, control, domination and self-destruction. Reality testing does not offer relief; instead, reality is denied, split off and projected. Couples in pathological love relationships are in need of more intensive psychotherapy.

Perverse Love

In perverse love, excitement becomes the replacement for love. Because pain is often linked to the love object, the relationship becomes highly charged and eroticized. Many narcissistic/borderline relationships teeter on the fringes of perversity, using excitement and eroticism as surrogates for a loving relationship. These couples cannot tolerate true intimacy and instead turn to excitement. What kills or destroys a perverse relationship is, in fact, love itself. The confusion between good and bad is used to shield oneself from getting too close to the good thing. Perversion goes beyond whips and chains. It connotes confusion around one's symbolic love objects. For example, a breast may be viewed as bad because it represents a hunger, whereas an anus is viewed as good because it represents withholding qualities (the unavailable object highly charged with libidinal energy). Eroticism then becomes the emotional insurance policy against vulnerability.

One example of perverse love involved a woman, described by one of my supervisees as a nymphomaniac, who hooked up with a man who avoided contact and intimacy. They never had couple sex, yet together they went to swinger groups and indulged in wild sex. Or, as another example, a man might rationalize, "This woman isn't right for me, but I feel excited. I'm with someone who torments me, someone who is unavailable, just like my mother."

Mature Love

In mature love, partners share common goals, values and traditions. They are aware of each other's vulnerabilities and share a willingness to work things through. Mature love implies a total commitment within the province of sex, emotions and shared couple values (Kernberg, 1995). The desire for erotic and emotional attachment is not obliterated by the world of internal objects. Desire is an outcome of need fulfillment and does not result from part-object erotic desires or Oedipal conflict and does not interfere with the couple's capacity to maintain a close and intimate relationship. The case history that

appears later in this chapter encompasses many of the theoretical perspectives outlined previously. A couple may not have the same passion they once shared, but the desires for harmony, mutuality, common interest, raising a family, compassion and being part of a community become the predominant feature of their relationship.

WOMEN WHO CHOOSE TO STAY WITH PATHOLOGICAL NARCISSISTS

The type of woman or man who chooses to stay with a pathological narcissist is often someone with a borderline, histrionic, depressive or dependent personality. These individuals frequently have been traumatized in childhood and feel deserving of the mistreatment they receive. They are characterized by low self-esteem, have no sense of self and often hook up with pathological narcissists because they stir up many unresolved developmental issues. Because of early deprivation and severe abandonment anxieties, they have become preprogrammed and prescripted to bond with pain.

Typically, borderline women make perfect prey for the negative projections of the pathological narcissist. Fairbairn (1940) especially helps us understand why certain people with traumatic childhoods stay forever loyal to a bad internal object (see Table1 in Introduction). I am reminded of a borderline woman who reported waiting and waiting for her boyfriend to take her out somewhere. Each week he promised something—dinner in a nice restaurant, a trip to a nice spa, a weekend getaway—only to end it with disappointment: "Honey, something came up and I have to go away on business. I'll call you . I promise next weekend we'll be together." Next weekend never came.

The following vignette describes a partner who refuses to pay for anything when out on a date.

Borderline Girlfriend: How come you never pay for anything? I am always the one paying when we go to dinner. I buy the tickets, you sleep with me and what do you offer? I'm getting sick of it.

Narcissistic Partner: She actually thinks I should pay? Doesn't she realize she should be lucky to have a guy like me in her life?

Therapist: I think your girlfriend is telling you that she would like you to feed her. When you don't pay, she feels unworthy and undeserving. Not paying may momentarily make you feel big and important, but then you will end up feeling small because you are not living up to your responsibilities as a love partner. Of course, I can understand this because you were deprived of your feeding when your little brother came along. So now, you're letting us know what it feels like to be deprived.

The following case is an example of a pathologically disturbed narcissistic wife in dire need of empathy from her husband. When she gets it, she rebuffs and sabotages it because it stirs up too many issues of vulnerability. Instead, she acts like Miss Superiority or Miss Know-It-All, when in fact she has very little capacity for introspection or self awareness.

CASE OF MR. AND MRS. A

A colleague referred Mr. and Mrs. A to me. I was warned that Mrs. A had a severe narcissistic personality with many borderline features, marked by uncontrolled aggression. Mrs. A was depressed and expressed dissatisfaction in her marriage because her husband was making "unrealistic" demands of her. Mrs. A had withdrawn from all sexual contact with her husband; she felt that he was mean and cruel and had not earned sex. Mr. A was extremely anxious, was shaky and was both sexually and emotionally frustrated and exhausted. Mrs. A was a product of Hollywood producer/actor parents—a mother who was unavailable and a physically and emotionally abusive father. Mr. A grew up in the Midwest with two elder sisters. His parents divorced, leaving him with a depressed mother, while the sisters were sent to live with the father and his new wife. Feeling very deprived of a "normal" childhood, Mr. A described a very restricted home environment, empty and depressing, void of play and things all kids just do to have fun while growing up.

During several sessions to help Mrs. A realize that sex and love are not earned but are part of a healthy, functioning marriage, she split off into, "Well, then maybe we should get a divorce." Mr. A, spurned on by Mrs. A's threat, then responded in kind, "That's what I really want, a divorce. I don't want to live with a woman who deprives me of sex, fun and play. I had enough of that in my childhood. I have the means to enjoy my life, and if not with her then with someone else." Mrs. A's response was, "I just don't feel like it." I confronted Mrs. A by letting her know that withdrawing sex and love is not a feeling. She argumentatively responded, "Well, if it is not a feeling, then what is it?" I calmly explained to her that it is a defense.

Mrs. A, feeling threatened by the talk of divorce, said, "What? You are going to leave me with two small kids and two dogs?" Mr. A responded, "I'm not the one bringing this up. You are." Mrs. A then looked at me and said, "You see how mean he is and what I have to put up with?" Mr. A gave a tit-for-tat retort: "*I'm* being mean. You're the one being mean to me. If you're saying you are not going to give me sex, I will leave. This is why I'm here: to decide what to do about our relationship. I am not happy. I want a REAL wife." To which Mrs. A responded, "Shut up and keep your mouth shut!"

Mrs. A then turned to me and said, "We're just wasting our time. You are not helping us, and this is just a waste of time and money. As a marriage therapist you should have been helping us and you're not." Through couple

transference (Lachkar, 1998, 2002, 2004), I was now getting a taste of Mrs. A's narcissism. She feel entitled not only to yell, to scream and to attack her husband but also to put me down. To this I replied, "Mrs. A, that was not very nice. You just attacked me. In fact, that was mean. You know what I would have said to me if I were you?" Mr. A jokingly asked, "Okay, what would you have said if you were her?" "I would have said, "You know, we have been coming here a long time, and I don't feel as though you have been helping us and I feel very disappointed." This led to her husband's realization of his passivity—how he tolerated his wife's aggression and had not taken a firm stance.

Discussion

There is considerable overlap between a pathological and malignant narcissist. Mrs. A could be very sadistic and cruel. At times she reminded me of a terrorist, out to attack, blame and punish. Her behavior was toxic and vindictive, and in spite of all the attempts to help her she continued to blame and shame and was unable to take any responsibility for how her actions and behavior contributed to the shortcomings in the relationship. Mrs. A always had to be right and would do anything to find justification for her actions. Furthermore, she was unfair. If she took all the time in the session to express her woes, and her husband wanted a few minutes to express his sentiments, she told him to shut up—that it was her turn to talk. Then she would turn to me and ask, "How come you don't pick on him and see what he is doing?"

It was not easy to confront Mrs. A's confusion about her withdrawal from intimacy with her husband's being a defense rather than a feeling. Many patients confuse feelings with withdrawal, and it is crucial that the therapist make these distinctions: "Can you imagine if we all did what we feel like?" Mrs. A did not have a clue how she unconsciously coerced her husband to attack or how she criticized him, making him out to be the abusive, attacking, mean, cruel father. Nor did she understand how she set me up to be the useless, helpless, unavailable mother, someone who was just "wasting her time."

Mrs. A's inability to observe and visualize herself realistically was a symptom of severe ego pathology. As soon as she got some of the empathy and kindness she craved from her husband, she repudiated or sabotaged it. Where was her empathy for him? Mr. A set himself up for a punitive parent who deprived him of fun and pleasure, a reenactment of the deprivation of his suffocating, restrictive childhood. In Mr. A's own passive-aggressive way, he enacted his rage through his wife's volatility, providing affirmation for his stuck position in the marriage: "I am stuck with this mother, while my siblings are off with dad, having a nice life with family and friends."

Why does someone like Mrs. A choose someone like Mr. A? Because of Mr. A's passive-aggressive behavior and developmentally arrested, thwarted childhood, Mrs. A got a lot of mileage on her unleashed aggressive. Mr. A

made a perfect container in which to project all her negativity, mainly because Mrs. A stirred up many of his unconscious fears. Having a father who continually called him a loser and someone who would never amount to anything made him a perfect receptacle for Mrs. A's attacks and offered an invitation to express his own repressed rage.

From a theoretical perspective, although Mrs. A did not meet the exact criteria of a pathological narcissist, which is not a clear-cut entity in any case, there is clearly a cross-over between narcissistic and borderline pathology. Her lack of empathy and sense of entitlement to attack (e.g., yell, scream, interrupt) had a severe narcissistic base, but her enactments of aggression, retaliation, revenge and boundary violations appeared to have more borderline features.

Although Mr. A had many passive-aggressive aspects to his personality, he also had many borderline features, including his tendency to fuse with his wife's projections (e.g., "You are nothing but a loser"), his tendency to get revenge and retaliate (e.g., taking sides with the kids and the in-laws, refusing to give her the support and empathy she desperately needed).

A NARCISSISTIC MOMENT

It is imperative to point out that not everyone described in this book is a full-blown narcissist, nor do they react to a personal injury in the same way. There is a distinction between a momentary state of narcissistic injury and someone with a narcissistic disorder. According to Kohut (1971, 1977), a narcissistic injury arises originally as the result of the failure of the self-object environment and early caretakers to meet the child's need for optimal attunement and empathic responses. Kohut (1971) viewed the child's early grandiose self as a significant developmental phenomenon and reminded us of the importance of the patient's ability to maintain this part of the psyche throughout life. He contrasted this with the psychotic delusions of grandiosity, grandeur and omnipotence formed by patients with prevailing narcissistic personality disturbances. The archaic injury is linked to an emotional area of overwhelming vulnerability in which highly charged emotions and sensitivities originating in infancy and childhood remain raw and unhealed (i.e., the V-spot). These experiences might include the parent who abandoned the child at an early age, who smothered the child with too much affection or who neglected, deprived or never touched the child or was not able to comfort or soothe.

As the child goes through his so-called normal phase of development, he develops a grandiose omnipotent self. Discontinuity between how the child views himself and how others perceive him stirs up early traumatic empathy failures in childhood. The child grows up with a misperception of self as all-powerful, as self-acclaimed through fame, power and money and as in constant need of approval and reassurance. This often results from a parent,

caretaker or mother who repeats a certain mantra, such as, "You're not good enough," or "You don't deserve that," or "You're too demanding." These children attach themselves to a mythical belief system. Whenever they are at variance with their false perception of self, a narcissistic injury can occur. The following is an example of the defensiveness that ensues when the V-spot (Lachkar, 2008) of an actor-patient is aroused.

In terms of communication style, it is always a struggle to determine when to confront, when to empathize, when to say nothing or when to just sit and wait for the right moment to speak. Masterson's (1981) guideline is very helpful: With the borderline personality it is necessary to confront, whereas with the narcissist it is necessary to interpret. However, what Masterson failed to mention is what the object of our empathy should be: certainly not the aggression. We empathize with the patient's vulnerability, not the aggression: "No, it is not okay for you to attack and deprive your wife of sex, money, time, and attention, but I certainly understand why you do it. As a child you were deprived, and now you are letting us know what this feels like."

An actor-patient was having a great deal of conflict around dependency issues and vulnerability. He had been going to auditions, only to find himself rejected again and again. The bitter paradox is that at issue were the very things an actor needs to perform—a sense of vulnerability, deep feelings and the ability to emote to move an audience at a meaningful level.

Even though this patient knew I had many years of experience in the performing arts, he took whatever help I offered him as an attack: "What do you know about acting? Why don't you just stick to being a psychotherapist?" I tried to convince him that if he could not be vulnerable on stage, he could not make an emotional connection with his audience, let alone with the director auditioning him. To this he responded quite angrily: "What are you saying? Are you telling me I have not been credible? How dare you put down my acting?" My response was, "What I intended to say and what you heard were two different things. You heard me say that you were not credible. My intention was to help you make use of your vulnerable feelings instead of withdrawing from them so you can get the parts you have worked so very hard for—parts that meet and match your talents." The ongoing struggle of this patient is quite different from that of someone having a fleeting narcissistic moment.

Chapter 3

The Malignant Narcissist

INTRODUCTION

We already have distinguished between a pathological narcissist and a malignant narcissist based on the extent of cruelty, sadism, paranoia and fusion with their objects: how pathological narcissists join with others as a mirror reflection of themselves, whereas the malignant narcissist joins with an external object to project their cruelty and malevolence. Earlier we distinguished between the antisocial narcissist and malignant narcissism based on the degree of superego functioning.

According to Kernberg (1992, 1995), the fusion with a sadistic internal object gives the malignant narcissist a momentary sense of power and superiority: "Now others will experience the pain and torture I feel!" In some delusional way this is an attempt to remove psychic pain from normal states of dependency for fear of being hurt or vulnerable. The malignant narcissist joins with an internal object that colludes with the insanity, private madness of the couple, or the *folie à deux*. Together, the dance of insanity.

One point that has been grossly overlooked in the treatment of criminals, murderers, torturers and terrorists is the notion of fantasy. Criminals have a much diminished fantasy life, unable to distinguish between reality and fantasy and therefore have to "do it" rather than fantasize about "doing it" (e.g., beheading, bodily mutilations). Melanie Klein's (1934) contribution *Criminal Tendencies in Normal Children* showed that through play, children using tiny dolls, men, women, animals, cars and trains in play therapy mutilate, cut, beat, slice and destroy them and repeat the same hostile sadistic acts again and again. She recognized that children have the desire and impulse to

destroy, cut up mommy's breast and mutilate daddy's penis, and through play therapy the child early on learns the difference between the act of doing and the act of fantasizing about doing it. Basically, Klein was saying that the more guilty and persecuted a child feels the more aggressive he or she becomes. According to Klein (1927), it is this process that leads to the delinquent or the criminal. She concluded that these children who are denied a fantasy life grow up with a lack of a superego that diminishes self-discipline and overpowers the conscience (what I refer to as a reverse superego). This eventually leads to antisocial and criminal behavior. Often this occurs in societies with severe abusive and depriving child-rearing practices (see Chapter 9). Without a container to hold the child's destructive impulses it gets acted out. Often one finds justification for such acts in retaliation against a frustrating breast or a manic defense against the feeding breast. The real punishment, however severe, was still more reassuring in comparison with the murderous attacks they were continuously expecting from imaginative cruel parents.

The malignant narcissist tends to be vile, cruel and malicious. These narcissists are full of self-doubts and self-loathing and constantly need to have others reinforce their beliefs and convictions. Many are pathological liars who often believe their lies are the truth. To highlight the characteristics of a malignant narcissist or to make the dynamics more glaringly apparent, I refer to the psychological make-up of a terrorist (Lachkar, 2006) and to folie à deux in marital and political relationships (Lachkar, 1993a, 1993b). Sadism, hatred and uncontrollable aggression are the most common syndromes of the malignant narcissist, whose paranoid features drive self-serving political aspirations that become the rationale for acting out one's worse sadistic fantasies through destructive aggression. The malignant narcissist is usually a leader with striking similarities to heads of various dictatorial and tyrannical regimes: for example, someone like Slobodan Milosevic, the Serbian war criminal, who under the guise of religion or "the cause" can act out the most heinous crimes and violations against humanity.

The most pervasive trait of malignant narcissists is that they often enact the role the victims: "It is not me doing something to you; It is you who has done something bad to me!" This is not a far cry from Osama bin Laden claiming the 9/11 attack was in defense of his own people and was the will of Allah (Lachkar, 2002). Typically, individuals within nations often are seduced to collude with leaders who play out the group's shared collective group fantasies and thus form a powerful, intimate connection with the group. Often these leaders exhibit paranoid and sadistic features that compel them to fulfill self-serving political aspirations and provide the rationale for their own destructive and sadistic acts of aggression: "I swore to the Serbs I would be their leader and would protect them and never would I allow the Albanians to hurt them again." In addition, the malignant narcissist may be so infused with envy that he will use any possible mode of

control and domination to ensure that the other will not succeed: "I'll do anything to see that he does fail."

I am reminded of a character in Arthur Golden's (1997) novel *Memoirs of a Geisha*. Hatsumomo does all kinds of vile things to a young geisha apprentice, 12-year-old Chiyo-Chan, whom she envies for her beauty, talent and charm. Hatsumomo has a select entourage of enablers who join and feed into her aggression. Each time Hatsumomo passes by Chiyo-Chan she says, "Oh, there is little Miss Stupid." She and her support system do everything in their power to destroy the younger trainee. On one occasion Hatsumomo makes Chiyo-Chan write in black marker the name of another geisha, her rival Mamecha, on her most expensive and most beautiful kimono, resulting in a severe beating and confinement for Chiyo-Chan. In this way, Hatsumomo "had the power to make my life miserable in any way she wanted. I had no choice but to obey" (p. 81).

Communicating effectively with the malignant narcissist requires that we must always start with praise for the cause espoused or, shall we say, appreciation and understanding, but not acceptance. This would be especially true in extreme cases: "No, you cannot murder and torture prisoners, but given the fact that these prisoners killed your parents during the war, I can understand how you would do anything to seek revenge."

FOLIE À DEUX

Few authors have made reference to the concept of folie à deux in the psychoanalytic literature. No one does it so eloquently as do Henry Dicks (1967) in *Marital Tensions* and Albert Mason (1994) in *Quick Otto and Slow Leopold*, describing the folie à deux relationship between Wilhelm Fleiss and Sigmund Freud (Fleiss coercing Freud to believe in numerology). People who identify with destructive partners, groups and leaders perpetuate certain collective group delusional fantasies and convince their partners or people through fear and terror that their grandiose schemes will lead to some salvation.

WOMEN WHO CHOOSE TO STAY WITH MALIGNANT NARCISSISTS

The type of woman who stays with a malignant narcissist is typically someone who exhibits a borderline pathology, who is a dependent type or who assumes a caretaker role—someone who colludes or joins up with this disorder's pathology. This partner does not have a sense of self and perpetuates feelings of unworthiness by being submissive and compliant to the perpetrator's every whim. Some partners may share many of the same aggressive attributes as the malignant narcissist. The extreme example is a partner

who will fight for a cause at any price, even at the sacrifice of themselves, her family or her children. In some cases, the partner may be someone who needs to enact her own hidden agenda acts of aggression, through forming a strong identification and idealized attachment to the malignant narcissist: "I know my husband tortured thousand of prisoners, but he did it for a good cause. He is a 'real man'" (confusing aggression and cruelty with strength and honor).

Allegra, a professional opera singer, fit the perfect description of the emotionally abused woman. Even though no one laid a hand on her, she could feel just as violated as a woman who is being physically abused (Lachkar, 1998). Her husband, Bill, continually devalued and put her down, making her feel that she was a nothing and he was everything: "I was a pro football player. How can you compare that to a woman who stands up on a stage and makes all those squeaky sounds come out of her mouth?" Allegra, like many abused women, had lost all sense of self-esteem and self-worth. She felt as if she was not worthy unless she was performing or was on center stage.

Her husband, Bill, the ex-football player, worked as a coach in a local high school. Allegra, the former opera star, had formed a collusive bond with a man who reenacted a familiar scenario, a prescripted role she played with her mother as a child. Allegra was taught from childhood to perform, to sing, to study every possible instrument. The only thing that mattered was for her to become a famous opera soloist. Conditioned from childhood to conform to her mother's every wish and demand, she was the obedient child who never questioned or challenged but simply did just what she was told.

Allegra described an incident when she was 12 years of age. Despite being sick, cold and hungry, she was forced to get up at 4:00 a.m. to catch an early flight to Europe to meet with a concertmaster at a European opera house. When she arrived, her throat was so sore that she could hardly talk, let alone sing. Her mother went into a complete panic and instantly bought every cough drop available. Allegra was forced into an audition, sitting in a cold room waiting for hours for her name to be called. The concertmaster was so outraged by the mother's insensitivity that he actually criticized her in front of those in attendance and forced her to get the child to a doctor: "She did and found that I had walking pneumonia. My mother was devastated. All she could think about was the loss of an opportunity, but there was no caring or consideration for me."

CASE OF ALLEGRA

Th: Hi, Allegra …

A: I'm exhausted.

Th: Oh?

A: My husband kept me up all yesterday again, wouldn't let me sleep. He knows I have a night job and have to sleep during the day, and he gets really pissed.

Th: So he has no consideration for you?

A: None whatsoever. Furthermore, I am the one who runs the house. I pick the kids up from school, help them with their homework, cook, get food and lunch stuff ready, and he thinks I don't do anything. He makes me feel that I shouldn't have any needs. More than that, if I come home late he thinks I'm out screwing someone.

Th: So he's paranoid?

A: Then on top of it all he asks me to massage his back and suck his dick.

Th: Your husband sounds like a very cruel and selfish guy. Why do you stay?

A: That's a question I have been asking myself all along. My friends tell me to get out. I am so sleep deprived I can't even function.

Th: You definitely need your sleep.

A: My aunt asked me to come over for a few days just to recuperate, but I'm too scared to leave him.

Th: Scared?

A: I'm afraid that when I get back he won't be there.

Th: This sounds as though it is not reality based because basically he needs you more than you need him. I guess it goes back to feeling abandoned emotionally by your mother, who lived through you and used you for her own self-serving purposes.

A: You're right. He is mean, cruel and sadistic, and I stay because I feel it is my duty to obey him.

Th: So you are bringing into your current reality your old childhood fantasies, as if you are a small child again beholden to a stage mother who cared only about how you performed.

A: Now I am always performing. I feel he judges me on how well I perform.

Th: Yes, but to the extent of sabotaging your own needs.

A: I can't go on like this.

Th: As bad as it was, at least with your mother it led to a successful career. With your husband it leads to nothing but shame, humiliation and guilt.

A: Hmmmm—you're right about that—never thought of it that way.

Th: I suggest you go to your aunt's, get some sleep and please be aware there is no indication he will leave you. In fact, he is like glue. [the fused part dependent on the object]

A: I think you're right. I kind of know that, but it's good to hear it. It gives me reassurance.

Th: That is the problem. You depend too much on how things *feel* rather than how things are. Right now we are trying to get your needs met, and it might not *feel* good, but at least you will be functioning.

A: But how will it look?

Th: This is not a performance. You are not to kill yourself to please maestro, your mother or an audience. This is not a dress rehearsal but a real entrée to having a healthy life. If you keep on being a slave, then you can't grow, and he will in time become more fused and more aggressive.

A: I think you're right.

Th: Let's stop now. See you next week.

A: Would you like to come to my studio? I'll give you a great massage.

Th: That would be lovely, but if I do that then you would be my caretaker and there wouldn't be a me here to take care of you.

A: You mean it is okay for me to not take care of you?

(*Therapist uses Allegra's caretaker role as a lead-in to the transparent relationship.*)

Th: That's my role, not yours.

A: Wow! This is a new one for me.

Th: We have to stop now. See you next week.

A: Bye.

Discussion

Because of the lack of conscience and inability to feel guilt or to show remorse on the part of Allegra's partner, this case could easily be in the chapter on antisocial narcissism. However, because of the fusion of the couple and how together they do the dance, it has applicability here. Each one becomes an appendage of the other as they join in complicity. Allegra not only feels diminished and denigrated by her partner, but she identifies and internalizes the negative projections, or what Klein (1957) referred to as the introjective–

projective process. I have termed this dual projective identification (Lachkar, 1998, 2004, 2008). Although Allegra's partner made her an appendage to himself, someone to take care of his every whim, he joined up with a woman like Allegra because she made the perfect aim for his cruelty and aggression. Because of her own relational bond with a mother, Allegra had to appease and please; she fantasized that the more she compromised and gave herself over to him, the more he would appreciate and love her.

An examination of depression must also address aspects of emotional and physical abuse. Emotional abuse may be defined as including verbal and behavioral means to undermine someone's sense of self, resorting to such tactics as ridiculing, shaming, blaming, criticizing, threatening and neglecting the partner's emotional needs (Lachkar, 1998). It is an ongoing process in which one person, either consciously or unconsciously, psychologically attempts to destroy the will, needs, desires or perceptions of the other. Although emotional abuse has been associated with physical abuse, it embodies different elements. Both forms of abuse epitomize aggression and pent-up rage, but emotional abuse is insidious, lingering and often covert. It can be just as harmful as physical abuse—and in some cases even more so.

The most salient feature of emotional abuse is its insidious nature. It is about power, domination and control and is harder to identify since it is more subtle than physical abuse; there are no obvious signs like broken bones, scars or bruises. However, the emotional scars it leaves can be equally devastating. Physical abuse is generally cyclical and intermittent, whereas emotional abuse often follows a predictable pattern that is continuous and ongoing. Even though these episodes may follow pleas for forgiveness and remorse, as tension builds promises are replaced by threats and the assaults escalates again.

Emotional abuse is a brainwashing method that over time makes the woman into an enabler. It is quite common for the partner to believe that she is responsible for the abuse and thus must adapt and adjust to it. Instead of leaving, she strives to modify her behavior with the hope of de-escalating the aggression. According to Loring (1994), there are two types of psychological abuse: overt and covert. Overt abuse is openly demeaning and defacing (e.g., verbal put-downs, constant criticisms). Covert abuse is subtle and hidden, but no less devastating.

In earlier contributions I focused mainly on the emotional abuse of the high- functioning woman (HFW) (Lachkar, 1998, 2004, 2008). It was astonishing to realize that a woman who can function so efficiently in the workplace can return home to an emotionally abusive spouse and suddenly go into a downhill spiral. People often think that only women who have experienced trauma or abuse in early childhood are easy prey for abuse. By and large, all women can be prey. The higher-level HFW was not subjected to early childhood trauma or abuse. However, she stays with the malignant narcissist because she wants to preserve the family unit. She does not identify with

the abuse, nor does she feel deserving of it. The lower-level HFW, a product of early abuse and trauma, does identify with the abuse and does feel she deserves it. The major difference is that the higher-level HFW may fill her life with other interests, outside resources and support whereas the lower-level HFW may dwell in the depression and the paralysis and may live in the depths of the despair (as in case of Sandra later in this chapter).

WHY ARE MEN OFTEN THE AGGRESSORS?

Many mental health professionals are beginning to concede the point that men are often the aggressors and predators and that they are more sadistic in nature than women. Men's aggression appears to be intimately tied to the vicissitudes of identification, the deep-rooted fears and threats to their masculinity. By contrast, women tend to be more masochistic and often assume the role of victim. Men worry that they will become like mother and vigorously defend against this in two ways: (1) through disparagement of women by emphasizing and reemphasizing their own masculinity; and (2) by becoming tough, powerful, aggressive and, for the most part, unemotional. Consistent with this argument is Benjamin's (1988) idea of identificatory love and Greenson's (1968) notion of disidentification, affirming that boys disidentify with mother and push her away to take on a male role. Benjamin argued that a women's identification with mother is the source of her psychological foundation and of her female power.

Kernberg's (1995) explanation of narcissistic pathology in relationship to love object bonds is in part gender related. He stated that in women there lies a masochistic tendency to attach themselves to unsatisfactory men who cannot sustain a full and intimate relationship with them. Benjamin (1988) noted that masochism in women can be seen as a means for escaping loneliness by allowing the other to be in control. Kernberg claimed that men attach themselves to unsatisfactory women for fear and insecurity, which takes the form of hostility and resentment toward them—"envy of the pregenital mother" (p. 56).

The following concerns must be communicated to the woman within the context of emotional abuse as a link to depression:

- Fear that the rage will escalate and move into physical danger to her and her children if they try to leave
- Fear that leaving will result in something worse
- Fear of the loss of economic support for herself and the children
- Fear of being alone, alienated, isolated by society; fear she can't cope with home and family on her own
- Fear that the children will feel abandoned
- Fear of losing custody battles and long, drawn-out court battles

- Fear of finding work, housing, child care
- Fear of recrimination from friends, family and social community

In terms of communication, the therapist has an opportunity to justify and validate all of these as legitimate, realistic concerns. The therapist must then immediately "attack" the defenses with incisive laser sharpness: "Yes, all these concerns and fears are true. But if you live in a state of despair, feel you are deserving of the abuse, identify with the abuse, become the depression or the paralysis, then you make it harder to use your mind and resources to know what to do."

The following is an example of a man so emotionally abused he went into a complete depression to the point where he actually became emotionally and physically paralyzed.

> I couldn't sleep, eat, or work. I cried all the time, was lethargic, a textbook model of depression. I was so low, and Sophia offered no caring or sympathy. We were having major financial difficulties, but instead of being a partner and discussing with me what we could do she went to New York and went on a wild shopping spree. Never a concern about me. She was only concerned with her own image—trips, clothes and with what others think of her.

Let us examine the impact a malicious narcissistic pathological liar has on a woman's self-esteem and impaired ego functioning.

Sandra was continually hoping to have a relationship with a man who promised that someday he would get his act together and that they would be together as a real couple. She would wait and wait and wait. Endless days and weekends would go by with nothing more than an XOXO e-mail. When she did call she would discover he was out of town, usually with another woman, whom he claimed meant nothing to him. The patient was paralyzed and could not move out of her house. Reality was not soothing; the more reality she was faced with, the greater the denial.

> I know it happened. I saw it happen. But still when he tells me his lies for some reason I lose my reality. I knew he was staying at the Ritz Carlton Hotel. I could not help myself and was determined to enter his room. I begged the housekeeper to let me in under the guise of forgetting my key. When I entered I was in complete shock. There on the bed lay a black negligee, Victoria's Secret underwear, and two bottles of Cabernet Sauvignon with used wine glasses. When I confronted him, he said, "It's not true. You are imagining things again."

In the following example we see how a son regarded his clingy, overly possessive mother. The fusion was so suffocating that his only recourse was to

disidentify with her. In an effort to separate from her he attached himself to a woman whom he then made into a caricature of his mother.

MRS. L: MOTHER AS CARICATURE

I was walking on eggshells, anxious and fearful about having to make a very difficult interpretation to Mrs. L, a 60-year-old, once-famous movie star with severe narcissistic personality traits and strong histrionic features. Mrs. L called for a last-minute session, very upset about her adult son's choice of a new female partner. Although Mrs. L was predominantly narcissistic, she crossed over to other disorders—including borderline and dependent-histrionic pathology. Her exhibitionism, for example, was a wild part of herself that produced an outer shell to allure and seduce.

Despite her loneliness and loss of fame, her grandiose, omnipotent self made it difficult for her to reach out and forge new relationships. She thought she was as young and beautiful as she had been when she was 20: "There just isn't anyone out there who is suitable for me." Because of her attachment to an internal depriving–rejecting object, she guarded against her healthy emotional vulnerability and dependency needs, misconstruing my attempt to help her as criticism or a way to control her. She already knew everything and had all the answers.

Mrs. L began by describing all her son's prior girlfriends as inappropriate, rude, ill-mannered and very distastefully dressed: "I cannot tolerate Joel's new girlfriend." Unbeknownst to Mrs. L, her son had chosen a woman who was an object replica of herself. He then made a symbolic caricature of her—a mother who looked completely ridiculous in stilt-like heels in which she could hardly walk, skirts so short she could hardly cross her legs and a harsh voice that constantly demanded and complained. Thus, at the same time he repudiated his mother he also recreated her.

This presented a real therapeutic dilemma. How does a therapist convey such a thing to a patient so vulnerable without creating a huge narcissistic-histrionic flare-up? One cannot merely say, "Your son's girlfriend is a mockery of you." The therapist must find a way to transform the son's projection of a cartoon-like mother as having more to do with her son's internal world than his "real mother."

From a theoretical perspective, again we see the blend of self-psychology and object relations to be a perfect match, taking the focus away from the mother's narcissistic involvement to the part of the self the son long ago abandoned, the splitting off of his real, legitimate needs. Ironically, both mother and son were joined in complicity, whereby both poked fun and devalued their own needs, making them into something ridiculous: "What? Join a dating service and make an utter fool of myself? What do you think I am? Some kind of a desperate woman?"

Drawing from Heinz Kohut's work on empathy and mirroring offers invaluable methods for handling such sensitive issues. In addition, Melanie Klein's work has been most influential—mainly her article "On Identification" (1929). It describes the infant's sadistic fantasies toward the mother's breast as it was being deprived; because it is so needed, the breast becomes an object of denial, the lost part never to be regained because it is trapped in the mother's body. In other words, to make up for the missing part instead of mourning for the object, one becomes it. Klein's article is invaluable, showing how patients not only project unwanted or missing parts onto external objects but also how they form an identification with them.

Otto Kernberg took this a step further by noting that a certain segment of homosexual men act like funny little women, first by identifying with them, then becoming them and, finally, making them into comic characters. He noted that this is quite different from the norm in the gay population (O. Kernberg, personal communication, 10/28/2001). The following example is a description of a son (not gay) who unconsciously enacted his sadistic malicious fantasies toward his mother through choosing a mate he knew his mother would despise, yet in an exaggerated format created a mate who almost in a comical way shared many of the same characteristic as his mother. Mrs. L showed up dressed in a leopard-print skin-tight skirt, very high heels, a black low-cut sweater that revealed her newly implanted breasts, long blond extensions and thick plum lipstick to display her Botoxed lips. Using the empathic mode to assuage persecutory anxieties, I opened a new space, showing how I understood Mrs. L's pain, how upsetting it must be that her son had chosen a most inappropriate partner. This eventually segued into the discussion of Mrs. L's needs and how she disregarded and mocked me. Wherever I tried to help her with her emotional needs, she responded, "What are you talking about? I've already done that, tried that." I plugged along until I eventually got Mrs. L to understand that in the same way she made a mockery of me by ignoring her own needs, her son was doing the same thing "by symbolically choosing the most absurd woman he can imagine because he, like you, thinks his needs are ludicrous." Suddenly, I leapt from the external object (her son) to her depriving, internal object, showing her that by her disregarding her own internal needs she unwittingly joined in a collusive bond with her son (folie à deux).

CASE OF MRS. L

Mrs. L: I just have to talk to you. My son did it again. He invited a horrible woman who he calls his new girlfriend to my birthday dinner. Even though I said I would prefer for her not to come, he brought her anyway. They picked me up and put me in the back seat of the car next to her mother who I couldn't stand. I complained that I was hot and uncomfortable and asked the girlfriend if she would

change places with me. "Oh," she blurts out, "I hate sitting in the back seat, and I thought you and my mother would get along." We finally arrive at the restaurant, and, of course, she picks the worst restaurant. When I got out of the car I got a good look at her. She was very tall, skinny/bony, and dressed very weird. Her high heels were like stilts, as if she weren't tall enough.

Therapist (Th): Then what happened?

Mrs. L: Well, I didn't want to sit in the corner. You know how claustrophobic I get. So we sat by the window. The waiter came over. Everyone knows I am on a diet and my son is a vegetarian and also I don't drink alcohol, so she [the girlfriend] deliberately yells out, "They have great desserts, and also steak and chicken. Oh cool. I just love steak." At that moment I wanted to puke. I did not raise my son to become a neurosurgeon to end up with a piece of crap like her. She had no manners. Would you believe that when the food came she started to wipe her wet hands on her clothes? I tell you I felt disgusted and wondered why in the world my son would choose a woman like that!

Th: (I gather up my courage to finally confront Mrs. L, wondering how I convey that the girlfriend is an exaggerated version of her. Should I just let it pass? How do I say, "The girlfriend may have no manners but you have no boundaries." I can't say that, but I can find another way in. Okay, Joan, I say to myself. Go for it.) Mrs. L, I hope you'll take what I am about to say to you in the spirit of the analytic work we're doing. Please do not take it as anything personal against you.

Mrs. L: No, of course. I am very interested in what have to say; otherwise I wouldn't be here.

Th: You know how children exaggerate and make fun of their parents?

Mrs. L: Go on.

Th: Well, this is what your son is doing,

Mrs. L: What in the world are you getting at?

Th: I believe your son has a distorted image of you. He takes your good intentions, the desire to take care of your health and beauty needs, and distorts and twists them around. So instead of seeing you as someone attempting to take care of her health and attractiveness, he sees you as fussy and picky.

Mrs. L: Are you saying I'm fussy and picky?

Th: I didn't say that you are fussy and picky. That's not for me to judge. I'm saying that your son may misinterpret your good intentions and efforts as an exaggeration or as a distortion.

Mrs. L: So what's wrong with that?

Th: For me, nothing. These traits are admirable. But, again, I am not your son. He has his own issues and desires to separate from you. However, instead of doing it in a healthy way, he is retaliating and has to make fun of you by displaying this ridiculous girlfriend in your face as you describe. Just to reassure you, I think you're right. This woman won't last, and I believe he is merely acting something out.

Mrs. L: This makes me feel better, to know this is just temporary and that he won't end up with her.

Th: She is a caricature of you. It is a hostile act, something in him that he does not have words for (the unmentalized experience).

Mrs. L: This makes some sense. No, I am not offended, and I think you have explained something I couldn't make sense of before. So it's nothing I've done wrong?

Th: No. At this point your son is an adult and has to be responsible for his own inner world, his own unconscious enactments and behavior. In fact, it is because he is so attached to you that he has to pull away. You're been a great mom. Look at all the things your son and your daughter have accomplished. Not too many kids have had the love and opportunities you have offered them.

Mrs. L: I just can't stand this woman. So what should I do?

Th: At this point, nothing. Stay out of it. (I decide to go into transference mode, a very touchy matter at this point). But you have also been very fussy and demanding here. You have changed our appointments many times at the last minute and often cancel at the last minute, acting as if routine beauty appointments (massage, Botox, hair and nail appointments) are more important than taking care of your legitimate emotional needs. By putting your needs aside, you are not getting the proper attention you require and deserve.

Mrs. L: Yes, and I appreciate that, that you don't make those kinds of judgments.

Th: I'm not your son. I'm here to understand you, not to distort your image but to be direct and up front with you. You do not have the same compassion as a therapist. Apparently your son feels very hostile and is acting something out that is completely separate from you.

Discussion

I began to lay the groundwork, moving gently into transference mode and showing Mrs. L how, just like her son, she did not deal with her own legitimate needs. She made a caricature of them by putting her beauty appointments before her emotional needs in the same way her son made fun of his own emotional needs by choosing an inappropriate woman. Whether the therapist was accurate or not in the interpretation of how her son was using the girlfriend to present a caricature image of Mrs. L, this case, nevertheless, displays the kinds of sensitivity and empathy needed to deal with such delicate conflicts. The way to address the narcissistic Mrs. L is to begin by being nonjudgmental and noncritical, even to the extent of showing appreciation for her desire to take care of her health and beauty needs. This kind of interpretative work gradually helped move her away from false needs to real ones—for example, finding her own mate, transforming the preoccupation with her son to living more within her own psychic space. Communicating with Mrs. L required me first to be empathic and nonjudgmental, to show appreciation for her development and makeover job. Then I could address the subject of Mrs. L's becoming more attentive to her own emotional needs.

People who are particularly vulnerable to abandonment, anxiety and depression need constant reassurance from the therapist to remind them of reality. The patient will take great satisfaction in learning to evaluate his or her own perceptions by constantly referring back to the experience, replaying it again and again.

Chapter 4

The Antisocial Narcissist

INTRODUCTION

Antisocial narcissists present the most serious pathology, mainly because they lack superego functioning. Their sense of entitlement is so pervasive that it overrides any capacity for remorse or guilt, including the ability to mourn or for self-reflection. In fact, the antisocial narcissist's most dominant feature is the lack of capacity for guilt and remorse for his or her transgressions: "How come she never can say she's sorry?" They may steal, lie, fail to live up to financial responsibility, inflict physical cruelty, cajole, get caught and even confess to their crimes yet lack any emotional link of guilt, remorse or concern for others.

With their extreme sense of omnipotence and their entitlement fantasies, antisocial narcissists delude themselves into thinking they can get away with their sociopathic behavior. When caught, they only feel sorry for themselves, not the others they put in harm's way. One often wonders how such a person can function in a basically moralist society. The pathological, grandiose self matches the criminal behavior in a form of ego-synchronicity. The precursors of the persecutory superego cannot easily be absorbed into an overall integrated superego; rather, they are reprojected as paranoid traits. Melanie Klein (1927) in "On Criminality in Normal Children" emphasized how criminals ward off anxiety by blocking out guilt emanating from the superego, an aspect missing in the mind of a criminal.

The two most salient characteristics of the antisocial personality are as follows:

1. Failure to conform to social, political, moral and legal guidelines, marked by repeated acts that are grounds for suspicion or legal action
2. Manipulative, deceitful and defiant behavior, indicated by complete disregard for the welfare of others and perpetrated for one's self-serving purposes of personal gain

OVERLAP

Because of the considerable overlap among the various narcissistic disorders, it is quite a challenge to describe the antisocial personality disorder and to distinguish this disorder from other forms of narcissism. My relentless effort to make this distinction began by reading a variety of diagnostic descriptions of criminals, killers and sociopaths. But that alone did not seem to define the pathology sufficiently. Otto Kernberg came to the rescue when he admitted to the same frustration while reading the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (APA, 1994), noting that the descriptions were based mainly on the behaviors and legalities and less on the pathology. He argued that the antisocial does not necessary fit within the guidelines of the *DSM-IV* because the syndrome should not be defined on the basis of criminality or behavioral or legal terms but rather in terms of its psychological meaning.

According to Kernberg (1992), antisocial personality disorder is not a clear personality disorder, for there are a group of patients who fit somewhere between the narcissistic personality disorder and the antisocial personality disorder. He characterized the latter as individuals who lack impulse control; who are callous, vilely selfish and irresponsible; and who have severe superego deficiency. This superego deficit is defined as the inability to experience guilt or remorse or to learn from experience. The antisocial disorder has been used in reference to sociopaths and psychopaths. The change in name implies that not all antisocials are serial killers and murderers. They are often highly successful people—excellent liars and manipulators with very little capacity for empathy or guilt. They owe their success to not caring what others think of their behavior. We constantly hear about corporate executives who blatantly steal from their employees and, when caught, convincingly cajole and lie.

Sometimes it is difficult to distinguish violent killers, like hit men, terrorists and child molesters, from those with who exhibit antisocial behaviors. For example, a Beverly Hills physician recently was prosecuted and found guilty of injecting beauty ingredients into patients that were the equivalent of car lubricant (*Los Angeles Times,* December 7, 2006). The prosecutors referred to him as Dr. Jiffy Lube. The effects he left on these women were devastating. One woman ended up with a hole in her face, another with a big lump on her lip, and yet another with such severe eye pain she could hardly open and

close her eyes. The investigators found his home slovenly, full of unwashed syringes that were undoubtedly being used again and again. However, it is hard to say whether this individual was a full-blown antisocial narcissist or just a sloppy, disgustingly mindless person. By contrast, Saddam Hussein was executed in December 2006 for mass murders of Kurds and for killing hundreds of thousands of his own people. With his head held high, expressing no feeling of remorse for his heinous crimes, he was hanged by men in black masks. I imagine the difference between the antisocial and the child molester would be that child molesters have the capacity to express remorse and fear that they will not have the impulse control to stop themselves, whereas the antisocial personality is more invested in getting away with something. The child abuser or molester belongs more within the domain of impulse control unable to distinguish reality from fantasy: "It is okay to fantasize about molesting a child, but it is not okay to do it."

To recognize the difference between a malignant narcissist and an antisocial, I take the liberty of differentiating further by noting the similarities and overlap into other narcissists described in this book have some semblance of antisocial behavior. Even pathological narcissists show little or no remorse for others because of their lack of empathy. What about murderers, terrorists and serial killers? Do they have a superego or conscience? How can someone who kills millions of Jews or smashes airplanes into the Twin Towers possibly have some semblance of morality? Invariably, such narcissists do have a conscience. Even if it is by our standards a twisted or perverse one, it is still there, that inner voice to which they adhere.

However, they differ in that they answer to a higher authority: their superegos. Even a malignant narcissist answers to a so-called higher authority, such as a Mafia member to "The Godfather," a gang member to "The Leader," a terrorist to Allah. The main difference is that the antisocial narcissist lacks a conscience. One could ask about terrorists and mass murderers—do they have a conscience? Oddly enough, they do, as perverted and twisted as it may be. They believe that they answer to a higher power, e.g., God or Allah, Hitler to the Fatherland. He believed he had a responsibility to kill all the Jews and "purify" Germany. Hitler did not have the inner voice of what we consider normal Christian morality: "Thou shalt not kill." But he answered to the voice of the "Fatherland" and adhered to a sadistic superego so stringent and demanding that it ran amok. Hitler had to prove to his fellow Germans that his plot to exterminate all Jews was for the greater cause. Osama bin Laden also has a cause: a strict loyalty and devotion to an internal object father, the voice of Allah (indeed a far cry from the Freudian voice of the father).

Briefly stated, in most cases, the antisocial does not adhere to any voice other than his or her own, including his or her self-serving desires. This differs from someone like a child abuser who beats and batters his wife and children until they are black and blue and who answers to no one. Others with

antisocial pathology are people like hit men, who merely enjoy the challenge and the thrill of killing a very powerful man and getting away with it: "It is a great rush and heroic feat."

WOMEN WHO CHOOSE TO STAY WITH ANTISOCIAL NARCISSISTS

It is common for women with narcissistic, borderline, dependent, histrionic and depressive personalities to stay with men with criminal tendencies. Narcissistic women may stay with antisocial men for secondary gain—status, power, fame and financial reward. They are often in denial and act as though they do not have a clue about the unsavory behavior of their partner. Although most of these abused women are not married to terrorists, they can feel just as violated as women in third-world countries: "He says if I tell anyone about how he frauds people in his business, he will destroy me."

Why would women who are raised in a strict moral home—some even by very religious stoic parents—take up with someone with amoral values? One woman said she thought her therapist was a fool when he pointed out how hooking up with a criminal was revenge against her neglectful father and that instead of choosing the moral route she lashes out against her father and chooses the corrupt one. Crime is often exciting and addictive and can be a highly erotic experience. There's a thrill in getting away with something.

Women with borderline tendencies are more inclined to fuse with their partners—to rationalize, to deny and to look away from their reality. One woman, a shopaholic, enacted her uncontrollable urges by freely spending her husband's ill-earned money: "She was a shopping terrorist. She thinks I don't know what she buys, yet I don't really care. She can buy whatever she wants. No dime off my back." In some instances, women who suffer from severe deprivation fantasize that material possessions will fulfill them, a replacement for their internal emptiness. Many of these women bond with the pain and merge with the object to thwart feelings of emptiness, the void, or the black hole: "At least I have some semblance of aliveness. It is better to be with a crook or a criminal than have to live with dullness and deadness."

In other cases, women who stay with antisocial narcissists are the designated victims, living a delusional fantasy that if they tolerate the abuse and mistreatment long enough the antisocial will feel remorse and take pity on them. Along with the criminality comes a very charming façade, someone who can seduce and falsely play the role of the good, nurturing self-object. Often these are the Don Juan sociopathic types who brilliantly seduce their partners: "I'm stealing for you, baby." Borderline women and others who do not have a sense of self often tend to deny their partner's criminality, claiming to know nothing about it. One woman who contacted me after my article

appeared in Oprah's *O Magazine* (September 2004) was horrified at the prospect that she would have to go to prison along with her husband for laundering money from their company: "Even though I did the bookkeeping, I didn't know anything about it." These women often having severely defective egos and tend to live exclusively in denial: "I didn't know he was a crook. I kind of suspected something was going on but just kept turning the other way."

Robert Dallek's (1991) fascinating book, *Lone Star Rising*, gives a biographical account of President Lyndon Johnson. Johnson was described as a flaming and raving narcissist; an absolute egomaniac intoxicated with his own power; a perverse, sadistic and manipulative man. Dallek described the near-death of Johnson's aide, who almost drowned in the White House swimming pool because Johnson was so absorbed in talking about himself that he did not notice the man's condition. Johnson couldn't get the U.S. Army out of Vietnam because of his own ego, which wouldn't allow him to admit defeat. Whenever criticized on the Vietnam issue, he refused to speak and would become enraged.

Dallek (1991) stated that when his aides confronted him, Johnson urinated on them. He was a womanizer who made former president Bill Clinton look like a saint (he would often bring home not just one woman but two). Why did Lady Bird Johnson stay? I'm not sure how high functioning she was, but for her there were many secondary gains. Dallek claimed that Lady Bird was a good-hearted soul who was able to contain her husband's insatiable needs. She was his anchor or, in Kohutian terms, a good self-mirroring object. Yes, she was passive and did suffer greatly, but she did enjoy the excitement, the prestige of being the First Lady. The world of opportunities her position as First Lady opened up to her made it all worthwhile.

The antisocial narcissist is probably one of the most difficult to communicate with. One can only mirror the antisocial's behavior and try to show how, even though he doesn't worry about what people think, his behavior may impact people he cares about and who care about him, such as sons who emulate the inappropriate behavior: "I can understand how you are enjoying using the funds from the money you laundered from the human rights foundation and the great high you get from feeling you got away with something, but how would you feel if your son knew you used this money for his Bar Mitzvah? Would you want him to grow up thinking this is the way to make a living?"

CASE OF BRENDA AND GEORGE

Brenda is an example of woman who stays with an antisocial narcissist for material gain, power and status. Brenda, a stunningly beautiful 30-year-old wife and mother, was enough to evoke Kleinian envy in anyone. At each appointment, she drove up in a new car, wore beautiful jewels and designer

clothing and sported gorgeous Italian handbags and shoes. She was a picture-perfect representation of an upper-middle-class housewife. Her children attended the finest private schools and participated in daily sports and musical activities. Brenda hosted posh elegant parties that made most banquets look like Taco Bell.

One day she called to cancel her session, something that was very rare for her. A few days later she called to reschedule. When she entered, I hardly recognized her. She was shaking, crying and choking on her words. She proceeded to explain that the day she cancelled was like black Monday: Two FBI agents came to their door to arrest her husband for embezzlement, tax evasion and fraud. She confessed that she knew something undercover was going on but didn't have a clue about the enormity of the situation: "He is being accused of stealing over 1 million dollars from the accounting firm he worked for." She begged me to see him because "he knows he will be going to jail and he is extremely upset." When George entered, he looked rather stone-faced, but I was able to tell how scared and upset he was. I presumptuously assumed that he was feeling bad about all the money he had illegally embezzled: "No, it's not that at all. I could care less about those fools. I feel bad that I got caught and also for my wife and kids. I tried to keep them in the style they were accustomed to."

CASE OF HALEY AND CHUCK

As noted earlier, there is a mixture of various personality features in the antisocial narcissist. The following case could fit the pattern of a malignant narcissist. However, because of the severe pathological lack of conscience, guilt and concern for what others think, I believe it fits here.

Haley and Chuck had been married for three years. They had baby twin girls. Haley was a very timid woman who was once a professional ballroom dancer and winner of many awards. At the time of her therapy she worked as a nutritionist. Chuck was a coach who took great pride in his ability to train some of the top boxers in the country. Haley, the designated victim, initially contacted me, desperately pleading for help with her abusive, cruel and vindictive husband. Chuck was a very aggressive man. He came home, plopped on the couch, and expected his wife to give him a blow job. It never occurred to him to pleasure her; he truly believed that giving him oral sex was just as gratifying for her as it was for him. Furthermore, he put down her achievement as a dancer and told her that what she did was nothing compared with what he did in his training and workouts: "You just glide along the floor in your little high heels in a ball gown. Big deal!"

She came in exhausted, dark circles under her eyes, which were red from crying. She claimed she stayed with Chuck because she had hope that one day her husband would take pity on her and see how he hurt her. Chuck, an ex-

gang member, had recently gotten out of jail, where he had been incarcerated for theft and assaulting a police officer. Haley waited patiently for his release, recognizing that she would have to be the sole breadwinner to care for him, herself and her babies.

Therapist (Th): Hi, Haley, come on in.

Haley (H): Hi!

Th: What's wrong, Haley?

H: I'm exhausted. I worked all day, then came home to take care of the babies, and Chuck was just lying around watching football. I asked him to diaper Ali and Annie, but he just laughed and said, "You gotta be kidding!"

Th: Kidding?

H: Yes, he thinks it is beneath him to diaper the babies. I told him I didn't sleep for three nights, feel faint, but he could care less. Also I have to go to a dance rehearsal.

Th: Seems the more you tell him how you feel, the meaner he is to you.

H: Right, but I don't know what to do about it. He has no sympathy or compassion for me.

Th: So, you think by being a victim he will feel sorry and show you more compassion?

H: He is not always like that; sometimes he can be so loving and sweet.

Th: It is often that way with abusive men. One part can be loving and kind and the other cruel and sadistic. Creates confusion doesn't it?

H: Yes, but it's worth waiting for because when he does give to me it is just the greatest feeling.

Th: So you think it's worth waiting for a crumb?

H: I guess so. Just for a crumb, but it is better than nothing.

Th: But that's what you were telling me your childhood was like—nothing?

H: Just emptiness and deprivation.

Th: So a crumb to you is like receiving the crown jewels.

H: But he's more than that. He has a lot of potential. He works as a boxing instructor and is totally tops in his field. I know he could become very successful. He is great at what he does.

Th: So why isn't he successful?

H: Well, he has a weak spot. His clients often cancel at the last minute, and he is afraid to charge them or raise their fees. He's afraid to confront his boss, ask for a raise.

Th: So he can box with his muscles, be a bully with you, get into a boxing match with you, but with his clients he turns into mush.

H: (laughing) Right. I guess you are saying it should be reversed. He should use his aggression with them.

Th: Oh, but you are telling me he is too grandiose to change a diaper because it is beneath him. But when a client cancels at the last minute he is too timid to charge them. Maybe he feels that it is too much beneath him to ask for his needs to be met.

H: Interesting to me that he never expresses any remorse, never apologizes, and then attacks me and says everything is my fault. His friend Tony, who was in jail, is different now. He became a born-again Christian and when he got out of jail, he expressed great sorrow, cried and begged his girlfriend for forgiveness.

Th: Well, I guess you can figure that one out.

H: Oh, you mean he could repent because now he has Jesus in him?

Th: Yes, exactly. Chuck doesn't have anyone inside to account to.

H: Hmmmm. That is what's missing, and all the time I thought it was about me.

Th: Yes, but if you feel everything is your fault and you are to blame then he will never feel that he is accountable.

H: How do I make him feel accountable?

Th: How about setting some boundaries and limits? Just buy the bare essentials, but don't give him any of your hard-earned money. Let him be the one to get the crumbs.

H: Isn't that manipulative?

Th: Don't worry. It is not manipulation; it is a way of starting to instill some morality.

H: But what if it doesn't work?

Th: The goal is not necessarily for it to work, but for you to function—and for you not to enable him because you can't wait for a crumb.

H: Got it. Thanks, doctor. This is very helpful. I'm a bit scared, but I'm tired of being treated like shit.

Th: But I'm not afraid to change your diapers and help clean up this mess.

H: See you next week.

Th: Bye now, Haley.

CASE OF KATHY AND TIM

After I had written *The Many Faces of Abuse: Treating the Emotional Abuse of High-Functioning Women* (Lachkar, 1998b), and *The Narcissistic/Borderline Couple* (Lachkar, 1992), Kathy, a young medical resident living in Alabama, contacted me to help her sort out a severely maladaptive relationship. She was in a relationship with an ex-convict who had been convicted on robbery and drug charges. When she first contacted me, she was in the process of completing her medical residency. Kathy was an unusually attractive, personable, bright young woman with a great scientific and analytic mind. She exhibited symptoms of severe depression and anxiety, exacerbated by a torturously abusive relationship.

She met Tim at the medical clinic, where he was applying for drug rehabilitation while she was doing her residency. Tim was a gang member now on probation and had to report regularly for drug testing: "He is not my usual type of guy. Even though he was covered with tattoos, pierced rings, and chains, there was something mesmerizing about him. It was love at first sight. Our eyes met and that was it." They lived together for the first couple of months. As time went by, Kathy became more withdrawn, depressed and ashamed. She complained that although her relationship was tumultuous and combative, it was also enormously wild and intense. Tim would replay her worse nightmare of a unavailable and betraying father (e.g., make plans on major holidays, birthdays, and then at the last minute not show up because he was out drinking beer out with the guys).

Kathy had an aversion to perfunctory forms of therapy, such as those she had encountered in prior treatment. One therapist advised her that she would not treat her until she broke up with her boyfriend. Another offered hypnotherapy. Another terminated her on the basis that she was "resisting therapy." Another claimed it all had to do with repressed memories. And yet another said she didn't need treatment; she just needed to "go find another boyfriend."

None of these therapists seemed to recognize that the kind of treatment Kathy required went beyond Kathy's object choice: "What would happen if my friends, colleagues or interns found out about him?" I let her know it was hard for her to imagine that anyone could be empathic to her dilemma, how one can get sucked into the private madness of a love bond. While Tim was in jail they continued their relationship through correspondence, but prior to his release they broke up.

Her father, who left home when Kathy was 2 years old, always canceled plans because he had to be with his many girlfriends. Her mother was

depressed, was an alcoholic and sexually abused Kathy when she was 7 years old (asked the child to tickle her vagina). She went to her father's house only to find his girlfriend dead drunk in the hot tub. Meanwhile, Kathy excelled in school, was a straight-A student and performed extremely well in all areas. Eventually, she was able to separate herself from Tim, listed herself in personal ads, started dating and developed a new relationship with Mark, a clinical director of a veterinarian hospital. Even though Mark was a marked improvement over Tim, he still reenacted similar dynamics, stirring up many unresolved abandonment issues.

The other therapists never helped Kathy understand that she really was not "in love"; rather, she was in an addictive, obsessive relationship that served as a cover to mask things Kathy had avoided in her life—social contacts, real loving relationships, work. Furthermore, these therapists failed to recognize Kathy's ego deficits (poor judgment, confusion about feelings over rational thinking). They gave "advice" but failed to offer a transitional space to help her deal with her shame and withdrawal.

I agreed to do twice-weekly telephone sessions with the idea that we would take a different approach. We would not work on "the relationship" but on the developmental issues the relationship aroused: What was it about Tim that stirred Kathy's V-spot? Not only was Kathy pleased to work within this mode; she was also relieved to understand there could be a healthy component attached (see Chapter 2, "Treating the Relationship Versus the Individual"). At work, Kathy's functioning was phenomenal, but as soon as she was in the presence of Tim, her primary relationship at the onset of treatment, she would suddenly regress. It is amazing how such a bright, intelligent woman was unable to see clearly the destructive, abusive nature of her boyfriend. This inability indicated a defective ego.

DISCUSSION

As we can see, there is considerable overlap between the antisocial narcissist and the malignant narcissist. Haley was aware that Tony, the other man who got out of jail, at least prayed to Jesus to reach some kind of salvation; he had an internal object or higher power to answer to, as compared with Chuck, who answered to no one. In all three cases just provided, the men share the common denominator of inability to express any sorrow or remorse for their actions. The case of Haley furthers our understanding of why women stay with men who are cruel and sadistic; they can also have another side that is loving and seductive. This creates confusion and ambivalence, especially for someone like Haley, who is already bonded to a painful internal object and is easy prey for a personality like Tom: "Even a crumb is better than nothing."

In confronting the challenge distinguishing the relationships in these cases, it is essential to note that these women are easy targets. They feel

responsible for the abuse or believe they have some omnipotent power that will make their love and caring curative. Treatment consists of helping these women disidentify with the mistreatment and criminality by reinforcing the idea that not only are they not deserving of it but also that they become a partner in crime: "Yes, your partner is a druggie, a robber, a criminal, but you have a drugged mind thinking his behavior and mistreatment toward you is okay. It's not." The case of George is an example of someone who is not a serial criminal. He is a family man whose entitlement fantasies are inextricably linked to his wife's insatiable needs. Yet he shares the same superego dysfunctionality as his fellow antisocials and psychopaths. In essence, criminality alone does not constitute the diagnosis of an antisocial personality. Even though some of these men are out of jail and on their way to recovery and rehabilitation, they still exhibit severe antisocial pathology within the dynamics of their relationship. Practically all criminals are antisocial, but not all antisocials are criminals.

Chapter 5

The Depressive Narcissist

I am my depression and my depression is me.

INTRODUCTION

Depression in narcissistic pathology is associated with loss and occurs when the person is depleted of his or her narcissistic supplies from the external environment—those who offer admiration, adulation, appreciation. When these supplies are exhausted, the person sinks into a state of morbidity dominated by a powerfully critical and punitive superego, which is self-hatred turned inward. The depressed narcissist is the maestro of self-punishment, someone who functions almost like a reverse narcissist. One man was so depressed after the break-up of his marriage that he refused to go anywhere or see his friends, who begged him to go out with them. When they would call, he would retreat into Dostoevsky-like morbidity and darkness and moan how bleak and sad his life was.

According to Sam Vaknin (2007), this form of aggression directed against the self is the acknowledgment that something is so fundamentally wrong that there is no way the depressed person can win. This fatalistic outlook on life keeps the depressive spiralling downward. Vaknin eloquently detailed the depressed narcissist, abstracting ideas from many theoretical perspectives—including concepts from Sigmund Freud, Melanie Klein, Heinz Kohut, and the schools of object relations and self-psychology. Vaknin confirmed that the depressed narcissist has a prescripted punitive superego, sufficient in intensity to evoke a chain of guilt feelings, resulting in self-flagellation and self-punishment.

By extending Vaknin's (2006) ideas, one might suggest that the imminent threat of self-punishment leaves little room for the narcissist to enjoy life or those around him or her. Vaknin described depression as the most difficult diagnosis to pinpoint because it enters into many other pathologies, including narcissistic pathologies. The narcissist reacts with depression when he or she is ignored or forced to face criticism, his or her own limitations, mortality, losses (e.g., fame, aging, career) and life crises. At this point, the narcissist's omnipotent defenses are no longer accessible.

The same holds true for victimization, which most people do not realize is also a form of aggression, a subtle way of coercing others to feel pity and do things that they would not ordinarily do. One might ask how exactly the depressive narcissist is narcissistic. Although it appears that the grandiose self is intact and operative, the love of self is not. The depressive narcissist still maintains preoccupation with self, but it is now transformed into a lost or morbid self. The self becomes dominated by persecutory anxieties, which are triggered by being less than perfect and by the growing belief on the part of the narcissist that it is impossible to live up to his or her expectations.

Depressive narcissists feel a sense of entitlement not only to deprive themselves but to deprive and devalue the needs of others. offering little sympathy or empathy: "Sorry, can't go to the wedding; we will have to cancel our plans. I am too depressed to do anything." Although this form of aggression is not directed toward an external object but toward the self, depressive narcissists still tend to judge others as harshly as they do themselves. Because they are consumed with their faults, they have poor object relations.

OVERLAP

Depression is not to be confused with Klein's (1957) depressive position. The depressive position is a stage described by Klein as a healthy developmental phase moving away from the paranoid position. In the depressive position one feels sad, a sense of loss and mourning; however, this ultimately culminates in the desire to come to terms with guilt and to make reparation. In terms of communication, when patients come into a session feeling sad or with a terrible sense of guilt, they should be praised and acknowledged for their emotional progress. They should understand that feelings of sadness and remorse become the replacement for manic defenses and are part of replacing mania with reality: "I guess I was confusing mania with excitement!" It is a moving away from shame, blame and attack to that of wholeness and integration. One can then begin to see the other person as a whole object with needs and desire as opposed to a part object: "I see you only as a breast, someone who can provide for me." Whole object functioning sounds more like, "I see that you also have needs."

Unlike the antisocial narcissist, who shows little remorse or regret, the depressed narcissist may spend the rest of his or her life dwelling on all the wrongs and transgressions committed in life while simultaneously destroying all capacity for joy and pleasurable things. The issues and concerns of depressive narcissists are mainly over work, performance and responsibilities. People find them difficult to be with because they are always moody, complaining and pessimistic. A very wealthy man who was involved in the height of real estate and rising stock values kept crying and complaining that there was going to be depression, counseling everyone to sell their real estate and stocks. Meanwhile, everything skyrocketed. These are the children of parents who demanded perfection; they are totally self-absorbed and persecute themselves for even the slightest deviations from perfection. They are often withdrawn and isolated from others, and the least digression from their idealized image of perfection can throw them into a downhill spiral—a depressive episode.

WOMEN WHO CHOOSE TO STAY WITH THE DEPRESSIVE NARCISSIST

Depressive narcissists usually hook up with types ranging from the caretaker to borderline to the histrionic. A depressed narcissist says of his estranged histrionic wife, "Without her I cannot live. She cannot be replaced, and there is no life after her. As crazy as she was she gave me life and excitement."

It might be noteworthy to mention at this point that not all women who stay with the various narcissists described in this book are mentally disturbed or have a pathological disorder (Lachkar, 1997, 2004). Many women stay for such primary reasons as the desire to have a home, to avoid the destruction that divorce brings and to maintain a marriage, a social life and an intact family. Many consider divorce to be far more damaging than staying in an abusive relationship. These women frequently are what I have referred to as high-functioning women—those who have not abused and have not had traumatic childhoods. They stay because of a greater cause: not wanting to destroy the lives of their children. These women do not identify with the abuse or the mistreatment or take in negativity and emotions of mass destruction. They understand clearly how they are being mistreated but do not take it as a personal attack: "My husband claims I am too demanding and too needy, but this is not my problem. I know my needs are healthy."

In contrast, the lower-functioning woman (Lachkar, 1998) presents a more severe pathology in that she does take in the negative projections, does identify and personalizes them: "He makes me feel terrible; whenever I ask him for something he tells me I'm too demanding. I guess I am too demanding and not deserving of getting my needs met." These women are hard to

pinpoint because they represent a mixed bag of disorders—including narcissistic, borderline, dependent, histrionic, and caretaker- or rescue-type disorders. These are the women who have had abusive, traumatic childhoods and do tend to identify with the negative projections of the depressive narcissist. Many of these women grow up to feel they are deserving of the abuse, morbidity and misery that the depressive provides. In other instances they have some unconscious need to stay bonded to the pain: "He is just like my father, always complaining and unhappy. But as bad as the pain and agony is, at least it is familiar." Others are caretakers—the little adults, children who grew up much too early and much too soon: "I am programmed this way; I had to be a mother to younger siblings and now to my depressed, narcissistic, morbid husband."

Communication with the depressed narcissist requires a more confrontational approach than with other types of narcissists. Although empathy is important, the depressed narcissist may misrepresent empathy as collusion with his or her apathy and victimization: "Now there are two of us feeling sorry for me." The therapist might respond, "So you have a crystal ball, and you already know what your future brings you as if you have a roadmap a blueprint of your life ahead. That is rather omnipotent on your part. I would prefer that we open up our therapeutic space together, but if you clutter it with darkness and morbidity, we'll both go down together."

In discussing the most effective way to communicate with the depressive narcissist, there are two points I would like to make. The first has to do with identity and the loss thereof. Even though depressive narcissists cannot perform or function as they once did, they are still the same person. The cases later in this chapter illustrate this point, showing how imperative it is to stay in contact and never to lose one's identity. As an aside, the subject of identity has applicability to all personality structures, but it becomes a more pervasive theme within the context of depression. Artists and musicians, like the great violinist Isaac Stern, have inspired this concept. At the age of 80, even after developing debilitating arthritis, Stern never lost his identity as a musician. The same holds true for others such as Arthur Rubinstein, Jascha Heifetz, Maria Callas and countless other artists who could no longer function the way they once had. I remember how acclaimed ballet master Carmelita Maracci, who at the age of 75 was suffering from severe spinal injury, would sit at the edge of her chair, banging her stick in time to a Bach partita with contrapuntal timing, offering images of sharpness and skill as if she were still a brilliant performer.

The second point has to do with the psychotic aspect of depression. Although depressed patients are not psychotic, it is revealing how they take on certain psychotic elements. The psychotic has the tendency to confuse a mental state by becoming it instead of feeling it. There is a difference between feeling sad, feeling lost, feeling depressed and becoming the depression. This is true with agoraphobics; it is not that they fear the outdoors, but because they become the fear they are paralyzed. Depression is often seen in the

elderly, who have lost both their identity and the narcissistic supplies that used to gratify and feed their emotional needs.

Carolyn came into treatment after being referred by her caretaker physician. She began by stating how depressed she was and how there was nothing she could do about it. In the following vignette the therapist meticulously attempted to help Carolyn identify her feelings by extending beyond depression to a real and genuine affective experience. It is like Noah naming the animals.

Therapist (Th): Hi, Carolyn. Nice to meet you (shake hands).

Carolyn (C): Hi.

Th: So tell me why are you here.

C: I am depressed and can't get myself out of it. I am on medication but don't like it and want to learn to handle my depression.

Th: Sounds like a good idea, but you first need to know I don't really relate well to the term depression and doesn't help us describe what you are really experiencing.

C: I am experiencing depression.

Th: Like?

C: Well, like today, I tried to get things done, and I just couldn't get myself going.

Th: So you were resisting.

C: Then I went to call my friend and she didn't call me back.

Th: So you felt frustrated.

C: Then I made plans to go to a movie with my other friend. But she cancelled at the last minute, and I had no one to be with.

Th: So you felt betrayed, disappointed and abandoned.

C: This is interesting.

Th: Yes, but if you prematurely or precipitously classify everything as depression then you are out of control and there is nowhere to go but down.

C: Is this why I always feel down in the dumps?

Th: Yes, because all of your feelings that need to be dealt with and sorted out get dumped and lumped into the classification of depression.

Ogden (1980) described psychosis as a dichotomy between a wish to maintain a certain psychological state in which meaning can exist and a wish to attack and destroy all meaning. He made the point that in neurosis the patient remains linked to the object world and maintains a libidinal connection with

it. Ogden (1980) stated that the schizophrenic relinquishes all object relations, turns inward and fails in attempts to regain connection with these lost objects. In psychosis, object relations deteriorate, and thinking and reality testing are lost to the delusional inner world, with only a fragment of reality remaining to attempt to restore meaning out of the meaninglessness: "When I become the sadness at least there is meaning to my life, as opposed to nothingness." This is the way the depressed narcissist thinks:

- Loss or abandonment: I feel depressed; therefore I become the depression.
- Emptiness: I feel like a nothing; therefore I become the nothingness.
- Paralysis: I feel scared; therefore I become the fear.
- Isolation: I feel alone; therefore I become the aloneness.
- Food, alcohol, drugs: I feel empty; therefore I become the consumption.

A patient called to tell me that he was hospitalized. He had removed himself from his car in an uncontrollable outburst of rage. Passersby thought he was crazy and called the police, who put him on a 72-hour hold. Upon his release, he told me how he could not control these bouts of rage. I let him know that he was doing more than just feeling the anger: "You become it." He responded positively, much to my surprise: "You mean like a volcanic explosion?" I told him, "You don't just feel it; you become the explosion." He had never thought of it that way before.

A colleague and good friend treating a group of senior citizens expressed concern for the aging participants, who were grappling with many losses (e.g., loss of career, friends, health). She mentioned how depressed the people in the group were and how she was trying to help them cope with their losses by acknowledging that they were no longer able to function as before. I told my colleague that my view of depression in the elderly differs from hers. I do not sympathize or join with them in mourning their losses. In this way, I allow them to hold on to their identity and not to lose sight of who they are and were.

Although my colleague and friend was very empathic with the changes senior life brings to the group, I felt she was colluding with and dismissing them because they were elderly instead of helping them hold on to their primary identity. My friend and I held disparate views on the subject, but this all changed when we went to see the movie *Ballet Russe de Monte Carlo*, produced by David Geller and Dayna Goldfine. The film depicted aging pioneer ballet dancers who immigrated to the United States as refugees. These dancers, teachers and performers were shown in wheelchairs and walkers, still humming and moving in their chairs to parts of *Swan Lake* and other ballets. They never lost their spirit, their humor and, most of all, their identity. I know because some of them were my teachers. At the very end of the film, my colleague and I looked at each other, and at that moment we both knew that throughout life one never loses one's identity, and therapists must do everything they can to keep aging patients in contact with the core of who they are.

AL: "I AM THE DISABILITY"

A colleague referred Al, a middle-aged attorney, to me for depression. His primary concern centered on conflicts within his marital relationship. His secondary concern was being placed on disability because he was no longer able to work at his full capacity. He asserted that his wife had destroyed him both emotionally and financially. He referred to her as the shopaholic terrorist. He claimed that she had bankrupted him with her insatiable needs for materialist possessions, including luxurious vacations, and offered no emotional support during his downfall. Al loved his work and received much pleasure, gratification, esteem and recognition from his colleagues and business associates: "My referrals came mostly from doctors, who acknowledge and recognize me to be the best personal injury attorney. There is no one like me who can close a deal." Al was constantly praised not only for the expert legal and technical aspects of his work but also for his interpersonal skills and extreme care for his patients and colleagues.

After numerous neurological and psychopharmacological exams, it was determined that Al needed to go on full-time disability. His mental state was further exacerbated by a horrific divorce and a wife with no capacity for empathy or compassion. The following case illustrates not only how depressed Al was but also how I attempted to help him hold on to his identity as a family man, as an important person in his community and as an accomplished person and not to become the disability.

THE CASE OF AL

Al: Just got a call from my best referral source, Dr. Goldman. He wants to refer me another personal injury case, but I just can't do it. I have to refer it out because I am disabled.

Therapist (Th): How does this make you feel?

Al: What do you expect? Lousy. I just can't function. I start to do the paperwork, and I just lose it. Don't know what happened to me. I was never this way before.

Th: (This is one of the first times that I clearly get a sense of Al's disability. In a most direct and cogent manner, he explains how he simply cannot function when trying to fill out the paperwork for his cases.)

Al: I start to sweat. I get anxious and confused. I know I am not myself. I can't perform even the simplest tasks like adding up numbers. It took 20 minutes before I was able to even look at the document. I was sweating; my heart was pounding. I then started to cry. I felt terrible, and I feel terrible each time I have to face my disability.

I wasn't like this before. Before, I was driven; it was my drive that got me through. But I didn't have these problems; I wasn't disabled and could function. This is why I am crying now.

Th: Yet last week you mentioned you were praised for organizing your school reunion—that you played your trumpet with the band and that everyone had a great time.

Al: That's not a problem. I know I have good social skills and am a good planner and organizer. My kids were blown away when I arranged a detailed trip around the world without a stone unturned. I took care of everything.

Th: Well, it is a problem, because those qualities don't seem to matter to you. You are a father of three daughters, all going to Ivy League schools, all in fine relationships. You are a family man, a coach, and don't forget you are man known throughout your community for your charity work, a man of integrity.

Al: That's all true. I know I have good interpersonal skills, lots of friends—that everyone respects and love me. But I am still disabled.

Th: Al, you may be on disability, but you are not a disability.

Al: What do you mean?

Th: You are still an attorney; you still have performed and achieved at the highest level. Doctors from all over have acknowledged you and acclaimed you. You are still that person.

Al: That's true. Everyone at the reunion was blown away with how I planned it.

Th: It's one thing to come to terms with a loss. And it is a loss because you cannot perform in the same way as before. I can no longer do double pirouettes en point. But it is another thing to blame and persecute yourself for being less than perfect.

Al: I have always had high expectations and been very hard on myself. I was so happy at work. After closing a deal I would have a burst of excitement, jump for joy—feel almighty and powerful.

Th: That was not a feeling of accomplishment; it was mania. Right afterwards you would slump into a depression, feel empty and in despair because you don't see the you that you are. Just as your wife is an insatiable shopper and feels entitled to have it all, you do not feel entitled to anything else except closing a deal. This can explain why you are so depressed. This is a far cry from feeling sad and dealing with a loss.

Al: In a way you're right. For her it was never enough. She always needed more. More. And more.

Th: You are telling me you are never enough. Maybe you haven't shopped enough. You have a limited shopping cart and only see yourself as a disability and never see or appreciate the other things you have to offer in reality—thus, an empty cart.

DISCUSSION

This case demonstrates how I tried to help Al come to terms with loss as described by Klein's depressive position—not to see himself as merely a part object, a disability, but as a whole object, a real person who is still valued and appreciated. Because Al's self-esteem was inextricably tied to his work, it was important for me to help Al hold on to that identity and never to lose it. Al's identity crisis was further exacerbated by his fluctuating states between mania and depression, triggered by a traumatic childhood.

As treatment proceeded, we began to see that Al identified with a "defected" father, one whom he never respected or experienced as a "real man" but someone weak and passive. Communicating with Al helped him to move away from his disabled self to an intrapsychic self, giving him more insights as to why he continually devalued himself. In addition, Al realized why he could not hold on to the good and whole aspects of his self—why instead he blamed himself when he was unable to live up to his expectations of normalcy.

CASE OF SASHA AND JIM: ENDLESS PROMISES, "I AM THE PARALYSIS"

This is another example that illustrates how a patient who is continually waiting and on hold for her lover to finally commit not only feels paralyzed but also becomes the paralysis. This case also demonstrates how patients dominated by primitive defenses lose all capacity not only to see reality but also to deal with it—how these primitive defenses intoxicate and invade the ego, destroying all capacity to think and function (i.e., reality testing, perception, and judgment) to the extent that this patient actually believed her lover's lies to be the "truth."

Sasha (S): We have been in a relationship for five years. He promised me marriage, a home and children. I am 39 years old, and my biological clock is running out, and nothing is happening.

Therapist (Th): But you are also saying he doesn't follow through on holidays or just taking you out on dates?

S: He makes all these promises. He gets me all excited, and then suddenly he disappears, vanishes, and I don't hear from him.

Th: This is when you panic?

S: Panic isn't the word. I get so desperate; I call and call, but he doesn't return my calls. All I get is the voicemail. Then I sit and wait and wait and wait. He promises me it will all work out.

Th: Isn't this what your mother used to do? Keep you waiting and waiting?

S: I remember when I was in the fourth grade; school got out at 3, and my mother didn't show up until 6 that night.

Th: Well, what your mother did and her inappropriate behavior in keeping her child waiting is unacceptable. And now the same dynamic is being reenacted in your relationship.

S: That's true. That's all I do is wait. I guess he's unpredictable, like my mother. Suddenly, he will call around 8 or 9 o'clock on a Saturday night and say, "Okay, are you ready to go out now?"

Th: (Silent, listening)

S: I am reeling inside, but I am so desperate after waiting so long.

Th: This reminds me of your birthday—how he planned to take you out and then didn't show up because he said he was so tired he fell asleep.

S: I guess you are tired of listening to this. [patient projecting her own frustration onto the therapist]

Th: I think you are telling me how tired you are [therapist not taking in the patient's projection]. In fact, I think that you are exhausted.

S: Then when I call him and do reach him, he offers me no sympathy. He says things like, "What do you want from me? Whatever I give you is never enough? I just took you out last week, now you want more? Come on," he says, "Sasha, you know I love you."

Th: Ah, now I can understand the confusion. Jim is not only abusive and cruel, but he can also be seductive and knows just how to hook into your vulnerability. [V-spot]

S: Yes, this is the hook. If he were just plain mean it would be easier to leave.

Th: And thus the dance starts all over again.

S: Yes, it is a dance. We go round and round … endless promises as he keeps me on hold.

Th: And then?

S: I wait and wait, but no call.

Th: As a little girl, you felt helpless. You were dependent on your mother. You didn't have a car, you didn't have your own phone, and there was not much you could do. But now you are a grown-up woman, and you are still projecting into your current relationship this little helpless, victimized girl.

S: Okay. What should I do about that? I am still hooked.

Th: Of course, there can always be an external abuser like your boyfriend, and we cannot control his behavior. But we can control the internal abuser.

S: What internal abuser are you talking about?

Th: The part of you that abuses your psyche by not facing his mistreatment of you and keeps waiting and waiting.

S: What kind of a therapist are you to say I am abusing myself? [This will become a deeper therapeutic issue as we go into in later sessions.]

Th: I am not sure what we can do much about that now; it will take more time to sort out. But what I can tell you is that when your V-spot gets stirred up by this abusive mommy/Jim, it's hard to know what to do. Because when you become the paralysis it is hard to think clearly, especially when you keep on believing his lies are the truth.

S: What do you mean I become the paralysis?

Th: Sasha, you are not just dealing with loss and feelings of sadness; you become the loss, you become the sadness, you become the waiting. Then you are not able to see the reality, that you are being mistreated and emotionally violated and are *not* deserving of this mistreatment.

S: You are right. I keep losing things, I don't remember things, I get into accidents, and my mind is all blurred. You mean it is okay for me to feel sad, to feel depressed, lost, etc., but not become it!

Th: Exactly. Now you are moving and thinking. See you next week.

S: Bye and thanks.

DISCUSSION

Although Sasha's case is quite different from the case of Al, both Sasha and Al enacted their depression by becoming the very thing they felt. Al became the disability and Sasha the paralysis. Depression can be so debilitating and paralyzing that it can deprive the patient of actually experiencing the state of

mourning. However, this changes as the patient moves to the depressive position outlined by Klein. I employed a form of communication devised specifically to help Sasha face her depression. In a later session, I helped Sasha face her internal abuser, how she kept herself on hold by believing in dreams and false hopes. As painful as the loss may be, it is not nearly as painful as the loss of ability to face reality and come to terms with her own abandonment issues.

Chapter 6

The Obsessive-Compulsive Narcissist

INTRODUCTION

The obsessive-compulsive narcissist is driven by work ethics and principles, has very little regard or empathy for others, is preoccupied with perfection and has internalized a harsh, punitive demanding persecutory superego. Obsessive-compulsives experience the state of dependency and vulnerability as dirty and disgusting. Emotions are felt to be messy, filthy things, suitable only for evacuation, splitting and projective identification. To counteract the dirtiness of emotions, they become obsessed with cleanliness and orderliness—compulsive cleaning, washing, checking and rechecking and a host of other repetitive behaviors.

Obsessive-compulsives are the collectors, the hoarders who choose to bond with objects rather than people. They are the workaholics and are masochistically inclined to sacrifice themselves, their lives, their children, partners and families because identification with their restricted, punitive superego tells them that if they are not perfect the world will come to an end. Ironically, they can never be perfect enough to satisfy themselves. On a more positive note, because of their obsession with work, they are often highly successful in business and other professions.

Some obsessive-compulsive narcissists are pack-rat collectors who cannot discard such items as old papers, rocks, coins or wires, often cluttering their space without considering the needs of others. They have difficulty disposing

of worn-out worthless objects and use their clutter as a blockage for intimacy. Paradoxically, despite the endless battle to fight dirt, they create more than they rid themselves of.

According to the *Diagnostic and Statistical Manual of Mental Disorders* (*DMV-IV*) (APA, 1994, 304.1), the obsessive-compulsive personality is distinguished by a preoccupation with orderliness, rigidity, perfectionism and control over interpersonal contacts at the expense of flexibility, openness and spontaneity. Obsessive-compulsives have strict rules and are preoccupied with rules, lists, order, organization, schedules and the like to such an extent that they actually defeat the very purpose they wish to achieve. They frequently have difficulty completing anything because they become preoccupied with tedious and minute aspects of tasks. They will, for example, redo a schedule or a file to the extent of overlooking major tasks that should receive priority. They make unreasonable, perfectionist demands and have excessive devotion to work and productivity to the dismissal of leisure activities.

One of the most dominant characteristics of obsessive-compulsives is their anal tendencies, including the tendency to horde and to withhold money (Freud, 1909). Money is something to be saved for the future or to be used for a "good cause" (e.g., charities that support the homeless). Partners and family may be completely baffled by how obsessive-compulsives can be so generous in some cases and so stingy in others. One woman attended a posh benefit luncheon with her fiancé, whom she described as "cheap and withholding." She had just asked him to loan her a few hundred dollars to get through the month, but as usual he responded that he couldn't afford it. She was astonished when a speaker appeared at the podium and praised her fiancé as one of the organization's most generous donors. He was even honored with a diamond pin for his contributions of at least $100,000 annually. Her first instinct was to say, "Hmm, how come you can give all that money to a charity and when I ask for a few hundred dollars you refuse?" Instead she waited for just the right moment and then asked again if she could borrow a few hundred dollars. Like a kid caught with his hands in the cookie jar, he agreed.

How does the obsessive-compulsive fall under the rubric of narcissism? It is the obsessive-compulsive's grandiose self, along with the corresponding components of entitlement, that qualify this personality type as narcissistic: "What gives him the right to keep everyone waiting while he checks and rechecks the locks 5 or 10 times?" This disorder easily spills over into borderline pathology, the part of the self that cannot trust reality or thoughts, thereby forcing the person to repeat the same behavior again and again (endless rumination, obsessional thinking, poor object relationships, and a defected ego that cannot judge reality).

A San Fernando, California, jewelry store owner was continually puzzled by men who came into the jewelry store and became completely dysfunctional about the prospect of buying their wives jewelry, especially diamonds. When

questioned, she responded, "After being in this business for over 15 years, I have come to the conclusion that diamonds (a girl's best friend) somehow, unlike other pieces of jewelry, represent commitment. Men associate a 'diamond is forever' with being locked into a lifelong thing. I have observed men fumbling, men who refuse to come into the jewelry store, men who will sit in a chair far away from the jewelry display reading a paper, talking on their cell, or venture to do anything to avoid facing the 'real thing'" (Bakker, 2007, p. 13). When asked how she communicated with these resistances, she simply stated that she asks the woman to come in first to choose her jewelry and then later invite the man to come with her. This diminishes the risk of the man's having to come into unknown territory, not sure what will happen.

According to Kernberg (1992), obsessive-compulsives try to control and dominate their environment to defend against threatening outbursts of aggressive rebelliousness and chaos in others. They therefore counteract these threats with unyielding determination to gain some modicum of control over their surroundings, performing such acts as counting, measuring and checking. Obsessive-compulsives often feel the need to be exceedingly cautious to avoid getting things out of order, risking failure, becoming ill or getting too close to someone. Vaknin (2007) similarly noted that people with obsessive-compulsive disorder are workaholics and that their obsessions and compulsions are about control over their external objects. He viewed them as rigid, perfectionistic, lacking in flexibility and spontaneity, reflecting a constant concern that something will go awry. To counter these anxieties they perform ritualistic acts, obsessed with lists and order, to the exclusion of the needs of others.

The obsessive-compulsive personality interfaces with many other personality disorders in addition to borderline pathology. However, the obsessive-compulsive differs from the antisocial personality in that the antisocial narcissist is lacking in guilt and superego functions and is not concerned with punishment, instead deriving pleasure from getting away with transgressions.

Obsessive compulsives also differ from pathological narcissists in the way needs, dependency and feelings of vulnerability are quantitatively experienced. For pathological narcissists, dependency needs and feelings of vulnerability are equated with shame, impotence, humiliation and belittlement, whereas the obsessive-compulsive internalizes these needs as dirty and disgusting, the equivalent of bugs and parasites squirming around internally: "I would never French kiss my wife and get all that gooey saliva all over me."

I am also reminded of a patient who was in dire need of "meeting a man." Every time we would explore how she could ask her friends to fix her up to find a suitable partner, she would respond, "What? And open a can of worms?" In another instance, whenever one woman tried to hold her obsessive-compulsive's partner's hand at the movies, he pulled away with the excuse that her

hands might be dirty: "When we have sex he does the same thing; he will not kiss me or have oral sex for fear that I have germs."

Obsessive-compulsives differ from the depressive narcissist in that the depressive narcissist turns his or her preoccupation with perfectionism against the self, whereas obsessive-compulsive narcissists turn their perfectionist self against others by projecting their ego ideal onto them. Says one partner of an obsessive-compulsive narcissist:

> He is so critical of me. The other day we were driving somewhere. I felt relaxed, happy-go-lucky, and all he did was pick on me and criticize me. "Why did you turn right instead of left? Don't you ever know where you are going? You should check these things out before you get into the car and start driving." When we go to dinner, he has to have the perfect chair, the perfect table, and if the chairs are side by side he will not sit at that table. Then when he orders he has to be assured and reassured that the fish will not touch the vegetables, and the vegetables will not touch each other, and, God forbid, if any sauce leaks over. I couldn't care less. I eat everything. I eat fast and gobble my food, but he takes forever. Then the worst part comes when we get the bill. He examines it as if it were a bank statement.

WOMEN WHO CHOOSE TO STAY WITH THE OBSESSIVE-COMPULSIVE

Obsessive-compulsives very often choose as an object a histrionic personality type or a dependent or borderline personality. These histrionic, emotional partners often feel weak and vulnerable and need to find a mate who can provide a missing part of themselves. Typically dependent, unorganized and sexually exploitive, they unconsciously enact these aspects by being flirtatious and extremely provocative. Often they are loud, rude and in dire need of attention: "I am conservative, and she always embarrasses me by the way she dresses and flamboyantly flashes her body around."

The personality structure of the histrionic woman is choreographed to make a perfect container for the obsessive-compulsive's messy projections, although the healthier woman who may also have histrionic qualities is less inclined to go along with the negativity projected by the obsessive-compulsive. Because of their own chaotic lives and inner world, these women search for men who offer the promise of structure, stability, strength and security. What they do not recognize from the onset is that because of the withholding qualities of the obsessive-compulsive, they ultimately do not get their needs met; in fact, they become more histrionic. Furthermore, the histrionic woman—even though she may be high powered—has certain personality deficits and the proclivity to identify with and internalize the obsessive-compulsive's negative projections, believing her needs are indeed disgusting. In terms of helping

these women communicate, it is essential that the therapist teach them to contain the histrionic outbursts and convey that their desires are healthy. What is not healthy is their "demanding" quality: "Your feelings and desires are your internal jewels, your hidden treasure. It is your outbursts and the way you express your feelings that makes them appear deceptive."

These highly emotional partners remind obsessive-compulsives of their suffocating, clingy, yelling mothers. Often obsessive-compulsives fear that they will become as emotional as their partners. Thus, as much as they need the emotionality they have long ago abandoned, obsessive-compulsives concomitantly feel sickened and repulsed by their partners. In terms of communication, the therapist must constantly remind the obsessive-compulsive that his or her needs are healthy and that his feelings are what is distorted and have nothing to do with reality: "Your needs and feelings are healthy; they are your jewels; it is your distortions that are disgusting—little creepy things crawling inside you that make you feel messy and dirty."

Typically, obsessive-compulsives are the children who remain forever attached to mother's body and unwittingly are unable to detach from either her idealized, perfect body or her "dirty" messy one: "Mother's body will either remain pure or will contaminate the space, and I will have to spend the rest of my life cleaning up after her clutter and mess."

One might well ask why one would choose a partner completely the opposite of himself or herself. The obsessive compulsive will often join up with a partner who has attributes that he or she either has long ago abandoned or never had in the first place. When therapists try to communicate with the obsessive-compulsive's "lost self," a frequent response is, "Be emotional and be like her? I would rather die than to sound like a screaming, wailing, hysterical madwoman like my wife—or my mother, for that matter." This gives the therapist the opportunity to interpret the distortion and the confusion—that to express feelings and emotions is tantamount to carrying on like a squealing maniac, a mockery of one's mother or partner, not a sensitive man who is considerate and empathic: "Who would want to sound like that? Oh, I see. You equate histrionic outbursts with the expression of sentiments and emotions."

Henry Dicks (1967), in *Marital Tensions*, was one of the first to describe collusive patterns in couples. Later Jurg Willi (1982, p. 60), in *Couples in Collusion,* expanded Dick's ideas. Willi saw love as "oneness in narcissistic collusion" (similar to patterns I describe in narcissistic/borderline couples). Maggie Scarf (1987), in *Intimate Partners,* expanded Willi's work and discussed two kinds of relationships: the symbiotic and the oppositional. The symbiotic relationship reflects the development themes of Mahler's (1975) symbiotic phase, and the oppositional relationship reflects unresolved developmental disturbances around separation-individuation.

In time, partners often get disillusioned because obsessive-compulsive narcissists are overly methodical, fuzzy and so unempathic that it is difficult

to sustain a relationship with them: "I don't understand. He is worth millions, and won't even buy new furniture for his house." One can imagine what the endless "nagging" and histrionic outbursts and demands do to someone with obsessive-compulsive narcissism. They are obsessed with their possessions and are terrified by change. They tend to cling to objects as if they are priceless possessions—even if they are old wires or lampshades. An obsessive-compulsive physician married to a histrionic wife was considering remodeling the house. However, when the contractor told him he would have to remove his objects, the whole deal was canceled, much to the dismay of his wife, let alone the contractor, who had rewritten the contract at least 20 times.

Even though obsessive-compulsive narcissists have high moral and ethical standards, their obsessive behaviors sabotage the very thing they wish to accomplish. A very busy and successful real estate lawyer never could get to court on time, because he couldn't trust anyone to help him set appointments, write briefs or do the interrogatories. Finally, he was forced to retire.

Martin and Bird (1959) were among the first to bring to our attention the earliest dysfunctional couple, the obsessive/histrionic couple. They showed how an obsessive husband would join with a histrionic wife, or the "lovesick" wife and the "coldsick" husband (in those days all histrionic women were married to obsessive-compulsive men). Sperry and Maniacci (1998), in *The Disordered Couple*, resurrected the obsessive/histrionic couple, claiming that this couple is now back in full swing. I think what these authors are referring to is the dance that I describe being performed by narcissistic/borderline couples (Lachkar, 1992, 1998, 2004).

THE DANCE

In the dance, the obsessive-compulsive keeps his mate endlessly frustrated. She, in turn, becomes more histrionic, and as she projects her emotional dirty part into him, he becomes more anal and compulsive. The more he withholds, the more hysterical she becomes. As she becomes more hysterical, he becomes convinced that needs are tantamount to filth and dirt. As he feels more and more disgusted, he cleans. As he cleans she screams and clings, and as he withholds she screams even more. The more emotional she becomes, the more obsessed he becomes with order and regimented routine. Her emotionality messes up his orderly, compartmentalized world, while his orderliness gives a false sense of security and structure to her chaotic existence.

It is a dance of shame and guilt. He makes her feel shame for wanting time and attention and for having her emotional needs met, and she feels guilty for always messing up his orderly world. For the obsessive-compulsive, messy needs and emotions call out for constant attention and order. At the deep unconscious level, both the obsessive-compulsive narcissist and his partner each need what the other has. She needs order and structure, and he needs emotions.

OPHELIA AND HENRY: THE CASE OF CONTAMINATION

Ophelia and Henry had had a relationship for 10 years but did not live together. They had come for a consultation regarding the brewing conflicts in their relationship. Ophelia wanted a commitment, whereas Henry wanted to keep her apart from his adult children from a previous marriage, as well as from friends and other family members. He controlled the relationship by making time to get together only apart from his family functions and duties. This was very troubling to Ophelia because of her own abandonment issues. She often had hysterical outbursts, accompanied by endless crying episodes and nonstop calls. When this occurred, Henry withheld instead of showing any empathy toward Ophelia for her feelings of being left out. He did not call back, kept her on hold, waiting and waiting.

I had learned that Henry insisted that the foods he ordered at restaurants not touch one another on the plate to avoid contamination. Having this information gave me an opportunity to use this behavior as way to open communication with this couple. I reminded Henry that just as he felt compelled to keep his food separate to avoid infection or contamination, he did the same thing with Ophelia, keeping her separate from his family as if she were a bug or parasite that would infect them. As the session unfolded, I continued to remind Henry that Ophelia was not a bug but a woman he loved and planned to marry, a woman who loved him—with a love that cures and heals, not one that infests or contaminates.

In a later session, I was able to help Henry get in contact with his "internal bug/infector," the part of him that confuses emotions of love, dependency and vulnerability with disgust. He finally understood how he was projecting these inner feelings onto Ophelia. In another session, I tried to illustrate his greatest fear: that if he did allow himself the emotions an intimate relationship requires, it was possible that he would end up sounding like a histrionic maniac like his mother, who was continually out of control and having emotional outbursts, much like Ophelia. Because the communication was so clear and Ophelia was off the hook when we brought in the relationship with Henry's mother, she was able to withstand the intervention and not feel attacked. In essence, this case demonstrates how an obsessive-compulsive narcissist can project the ugliest and most disgusting part of himself onto a histrionic partner, confusing real emotions with hysteria and mania.

THE CASE OF MRS. Z REEXAMINED

In Chapter 1 Mrs. Z was introduced to a special language, *empathology,* that she could use to communicate more effectively with her obsessive-compulsive husband. In the scenario that follows, she was faced with Mr. Z's uncontrollable rage and aggression when she attempted to confront him. To control and

dominate, sometimes the obsessive-compulsive narcissist will resort to force and aggression, as the following case demonstrates.

Mrs. Z: There he stood before me, his eyes popping out of his head. His face was turning beet red. I could see the rage coming on. I got scared. I stayed absolutely still. He takes off his jacket and tells me he is not going to my mother's house for dinner—that I can go alone. His rage was triggered by the fact that I moved his stuff while cleaning up for a dinner party. He tells me I had no right to remove his books, music and rock collection from the entry hall table and that I should know how important these objects are to him. He then pushes me against the wall. I bang my head. He starts to leave. I apologize (to placate him) and quietly tell him that we can discuss this later but that we do have plans and it would be nice if we could go my mother's house together. He unwillingly decides to go. He grumbles, pushes me aside and orders me to get in the car. When we return he does not speak to me. We go to sleep, not a word. In the morning I get dressed and ready to go to work and very quietly go up to him and say, "I understand how upset you were that I removed your important books, your rocks and other objects. I know what they mean to you, and I will be more sensitive to that the next time. But I'm telling you in advance (in an ever-quieter but firm voice), if you ever push me again or threaten me again, I will call domestic violence and I'll leave it to them to deal with your outrageous and childlike outbursts. They are bigger, stronger and certainly more equipped than I to deal with your aggression." Even though he tried to block me, I ran out of the house quickly so he would not have an opportunity to respond, and I stayed overnight in a hotel.

Therapist (Th): Bravo! You did an amazing job. A very impressive piece of work. You were scared, but you did it. [I was impressed with Mrs. Z's timing, how she waited to confront her husband until his V-spot went into total emotional recovery.]

Mrs. Z: This special language, as you call it, is exhausting.

Th: But again, it is not nearly as exhausting as avoiding and denying the escalation of his aggression and violence toward you. He projects into you the helpless and vulnerable part of himself. Then it is you who is the helpless one as he divests the dependent part of himself he cannot tolerate. Sure, it is much easier for him to have a relationship with his objects (his books, music and rocks), because they are constant and always there. No wonder he

becomes enraged when someone removes them or makes a mess out of his "orderly" world.

Mrs. Z: Why does he have to have them in my face? Why not keep them in his home studio?

Th: That is a good question. I guess he is giving an unconscious message about his attachments.

Mrs. Z: You mean letting me know that his possessions are more important than his wife?

Th: Not more important. Safer. Those he can control and keep in order.

Mrs. Z: That makes me feel better. At least I know it is his problem. But what do I do?

Th: Exactly what you did. You contained him and mirrored him. Yet you held onto your boundaries and did not let go of your hurt feelings. You waited until he calmed down, and at the opportune time you told him what you expected. Most important, you did not identify with his negative projections and give way to his aggression.

Mrs. Z: Different than what I used to do, huh?

Th: Right. Remember last week when he stormed out of the house? He thought you would be waiting around for him. Instead you went out with your friends, and he was the one who started to panic.

Mrs. Z: But isn't this like game playing? Why can't I just talk to him like a normal person?

Th: It feels like a game, but it's not.

Mrs. Z: I know I was scared. I used to cry and cry and then apologize to him profusely, fall on my knees, beg him to forgive me and tell him again and again, "I love you. I love you." I was stupid.

Th: Not stupid. This has more to do with anxiety and your abandonment issues. We need to stop now.

Mrs. Z: I don't want to leave.

Th: Then I won't say goodbye. Instead, I will say until next week when we meet again and continue where we left off. This is our special language.

Discussion

The dramatic point occurred when Mrs. Z patiently waited, like a fox, and just at the right moment confronted Mr. Z with the fact that if he ever laid a hand

on her again or blocked the door (see warning signs of emotional abuse in Chapter 3) she would seek outside help. For someone with an impulsive, histrionic personality, Mrs. Z did remarkably well. She remained absolutely silent and refused to get into a battle with her husband. Later the next day he called and offered his most humble apology. Said Mrs. Z, "I told him that I accept his apology but that what I said holds true. One more outburst, blocking of the door, or laying a hand on me, the Domestic Department of the LAPD will show up at our door. 'I love, respect and admire you very much,' I told him. 'I'm sure that this will not lead to such a drastic step, but never again.'"

Therapists often become frustrated in trying to break through the bedrock layer of defenses operative within the obsessive-compulsive. The therapist's most important work in the case of Mrs. Z is to help the patient not only disidentify with her husband's abuse but also to give her the necessary communication skills to deal with the situation. An obsessive-compulsive like Mr. Z has a tendency to distort and feel attacked by the emotions of others. Thus, it becomes imperative to be impeccably attuned to Mr. Z's potential reaction so that what becomes transmitted is not an attack—which can disturb the obsessive-compulsive's perfect universe.

It is not an easy task to communicate with an obsessive-compulsive narcissist, for they often ramble on, taking forever to say what they want to say. Even after they have said it, they claim you have not heard them and will repeat the entire monologue over again. When we do offer our advice, it is often met with boredom or with comments like, "That is nothing new; I have read about that, know all about it," and claim that the therapist doesn't have a clue about what is going on. To this the therapist might respond, "Of course you know it all, have seen it all, read it all. I'm sure for a man with your background and knowledge this holds true. However, what you are missing is the human experience and the contact. So after you know it all and have it all you can go back to your books, your files, wash me away in your sink using your sterile soap. But then you have lost out in having an intimate experience, something you originally came in craving to have."

Chapter 7

The Passive-Aggressive

The "Poor Me" Victim

INTRODUCTION

The passive-aggressive personality (negativistic personality) has an undue sense of entitlement and a dependency so childlike that he or she is always trying to recreate the parent–child dyad. Passive-aggressives coerce others into performing certain functions for them by playing the role of the victim (e.g., illness, accidents, forgetfulness). Because many are victims of traumatized childhoods, they feel that the world owes them something, should take pity on them, should take care of them. Actually, they have a reverse sense of entitlement. Unlike other narcissists, they do not care about receiving rewards for their accomplishments, nor do they care about recognition.

Passive-aggressive personalities are often a product of sibling rivalry with avoidance aspects. The passive-aggressive typically procrastinates until the last minute, feigns inefficiency and invariably finds a plethora of excuses why things were not accomplished. They claim that others make unrealistic demands on them, especially with respect to authority, and defend against commitments by ineptness, forgetfulness, belittling the importance of the task and devaluing the needs of others. Decoded, the message in their excuses is a form of projective identification, saying, "Now, I'm going to show you 'wife/mommy' how it feels to be locked out/unfed."

Passive-aggressives regard anger as something that is forbidden and can only be expressed covertly. They insidiously provoke their partners to make them the angry ones: "Look, it is you who is the angry one. Just because I forgot to pay the phone bill and went to the wrong office to meet with our accountant is no reason to get so pissed with me." In communicating with the passive-aggressive, the therapist must allow room for the healthy expression of anger, which is a normal affect for all humans: "You are doing the same thing here you do with your husband. You are trying to do things to make me angry with you because you think anger is something that has to be displaced and misplaced. I will not get upset when you express your feelings or rage and anger but will try to show you how your forgetfulness and daily mishaps can get people enraged with you."

Len Sperry (2006), in his revised book on personality disorders, pointed out that it is not unusual for patients to present two or more of these personality pathologies. The passive-aggressive narcissist is not an easy disorder to describe because there many variations on the theme. Some passive-aggressives are very meek and mild, whereas others are outwardly negativistic, defiant and intrusive. The first type is the manipulator, who coerces others into doing things for him or her. Therapists are often duped by the mild and meek manner in which they present themselves. They frequently convince others that they are victims of their marriage, of society, of their past and unconsciously persuade others to feel pity and sorrow. Because many passive-aggressives are victims of traumatized childhoods, they act in a way to produce that conciliatory response. Some will unconsciously injure themselves (e.g., fall, have accidents).

Passive-aggressives are extremely difficult to treat because they are always trying to recreate the parent–child dyad. They feel trapped and paralyzed by their dependency needs and act out their victimized selves via their dysfunctionality. They drive their partners insane: They are the procrastinators, the promisers, the do-it-laterers. They have unbearable repressed hostility and anger stemming from depriving or neglectful early caretakers who were inattentive to their needs. Passive-aggressives are the couch husbands (wives), the forgetful ones.

Typically, the narcissistic passive-aggressives are inclined to keep people on hold as they try to create the parent–child dyad and unconsciously coerce others to feel sympathetic toward their plight. Passive-aggressives make endless promises and offer a stream of excuses that are so obviously filled with falsities that even a child would laugh at them:

- I went to the office to drop off my check but the receptionist was out to lunch, so I left because I wanted to give it to her in person.
- I was on my way to drop off the check but then realized I forgot my checkbook.

- I went to drop off the check but then accidentally locked myself out of the car.
- Hey, don't pressure me. You have called me a zillion times asking for the check. I'm tired of you bugging me.
- I was going to mail your check when suddenly I started to get chest pains.
- I had to pay my rent and go the market. What do you expect of me?
- Well, I'm sorry. I'm doing the best I can.

In another example, a passive-aggressive pornographic filmmaker used the home of a local resident as a location for his film. Under the terms of the contract, he promised the owner $2,000 for two days of use. When the film was over, the homeowner called the producer to ask for her check. He claimed that he was only the producer and had nothing to do with the contract, apologizing for the inconvenience. After numerous calls and threats, the producer finally returned the homeowner's call.

"Stop bugging me," he warned, "I told you the check is in the mail." Days went by, and many calls later the producer told the resident that he was sick of hearing her voice and that she should stop annoying him. To this she replied the following:

> Actually, I am not the one bugging you. You are the one bugging me [acknowledging his combined sociopathy and passive-aggressive behavior]. You are the one who has not followed through with your commitment, and now I am bugging you when in fact you are the bugger. More than that you are a parasite. I have called the Screenwriters Guild. In addition, my attorney went to the District Attorney to file a criminal fraud claim against you. You should know, however, that even though you do porno films, you are still a very successful businessman [appealing to his narcissism] and certainly do not want your reputation ruined. You seem to run a very efficient production company, so I am surprised you would treat the clients who trusted you badly when they graciously welcomed you into their home.

Three days later the check arrived.

There are two forms of passive-aggressives. The first is characterized by repressed anger. He or she uses procrastination to coerce and inflame the other: "I'll do it later. I'll do it tomorrow. The car broke down. I lost the keys/checkbook. I couldn't go to the market because it was closed. I couldn't do the taxes because I lost the number of the accountant." They will forget, delay, avoid, cajole and make an endless barrage of excuses. This puts them in the role of the victim, aggression running in a converse direction: "What did I do? I was just sleeping on the couch."

The second type of passive-aggressive either consciously or unconsciously gets the other so incensed that the object eventually discards him or

her. I am reminded of a patient who finally confessed that he would do things to completely infuriate his boss, to the point where his behavior became so intolerable that the boss had no choice but to fire him: "I really wanted my boss to fire me." I'm also reminded of another scenario: a patient who sat in absolute silence, coercing me into doing all the talking and asking all the questions. It took me a while to recognize the anger I was experiencing as she projected her silent rage.

Passive-aggressives act like "I'm a good little boy, and you are the bad mommy." They propel their partners into the role of the evil, punitive parent. However, even when conforming, these individuals tend to be contrary, uncooperative and withholding. People with passive-aggressive disorder vacillate among compliance, obedience and silent aggression. They will promise the world but rarely follow through. The only time they find justification in their inner rage is when the other gets enraged with them: "Ah, now I am entitled to get mad and to express myself." One wonders why passive-aggressives can't perform a simple task and get it over with. The answer is projective identification: "When I withhold I will induce anger."

An example is this. A patient attempted to arrive at my office three times, each time coming two to three hours late. The first time he parked his car in a red zone, and his car was towed. The second time he went to the wrong address. The third time he locked his keys in the car and had to be rescued by the auto club. During the session he went on endlessly about how his problems stemmed from abuse by his dysfunctional father, an alcoholic: "He never could find his keys, never could keep an appointment, always got lost whenever we went somewhere. He abused me as a child, hit me, locked me in a room and, worst of all, kept me waiting and waiting."

I let the patient know how fascinating this scenario was, because he was showing me how it felt to be a child waiting and waiting for a dysfunctional father; the patient made me into him, a small toddler sitting around waiting for a dysfunctional father. Now I am the one waiting as he gets locked out, towed and lost.

Patient (P): Wow, this kinda makes sense. Are you saying that I am purposely doing this to you?

Therapist (Th): No, this is an unconscious reenactment, but a very important communication to me from your unconscious.

P: Ah, so is that why you were saying that I should not call myself stupid or an idiot when I do these things?

Th: Right! You do these things out of anxiety and revenge, not because you're an idiot or stupid. But I guess there is a part of you that can also abuse yourself.

In communicating with this patient, I listened to the words. He kept grunting every time he got anxious. I suggested that instead of grunting he should swallow. He was most grateful, and in time the grunting almost completely stopped. He said he couldn't understand why he was fuming when standing near his garage thinking of his father and the abuse; then when he got close to my office he started to feel calm. This I interpreted as his feeling better when he got close to the "swallowing mother/me," the mother who was nurturing and not abusive. However, when he was near his home he was consumed with thoughts of the suffocating parent who wouldn't let him breathe or think.

Passive-aggressives are often children who were not allowed to express their feelings and emotions in an open, safe, compassionate environment. Instead, they learned to express them in a most covert, devious and underhanded way. As a consequence, passive-aggressives feel trapped and horribly deprived. One patient referred to himself as the silent revenger and would do exactly the opposite of what his mother requested of him. Individuals with passive-aggressive disorders are often dissatisfied, feel unappreciated and complain that they are not being treated well. In communicating with a passive-aggressive, one can see how the passive-aggressive sets the other up to play out the role of rescuer.

Some passive-aggressives grew up feeling interminably angry and full of rage toward a mother who gave birth to another sibling to whom she redirected her attention. Not having the verbal ability to express their discontent, passive-aggressives become stubborn and defiant. Passive-aggressives exhibit a severe ego defect. They are so impaired that it obstructs the observing part of the ego, which becomes unable to function and organize the data of experience: "Why is everyone so angry with me? What did I do? I'm just watching TV, minding my own business." They inspire negative responses in their objects without a clue that they trigger them. Passive-aggressives do not follow the rules and defy them at any cost. Their partners cannot imagine why they ruin everything that's good. They are the spoilers, the saboteurs of romance, success and pleasure. One woman expressed the following:

> He is always sleeping. I ask him why he sleeps, and he tells me he's tired. Then I ask him to go to the market. When he returns he tells me the market is closed. I get mad and frustrated so I go myself. I get enraged that he accuses me of always being angry when he is the "nice guy." When I return from the market he is asleep again. I asked him if he got the car fixed. He says he couldn't find the keys but that he will do it tomorrow. Tomorrow never comes.

OVERLAP

The passive-aggressive or negativistic personality is no longer a distinct category in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV*)

(APA, 1994) and is now listed as "not otherwise specified," or oppositional personality (Sperry, 2006, p. 6). However, it is being considered for reentry in future revisions. I find this category invaluable, especially in conjoint psychotherapy. The passive-aggressive has many shared features with the borderline personality. The most notable distinction between the two is that borderlines allow themselves the full range of emotions—expression of rage, anger, revenge— and are very aware that their attacks are targeted to the object (current or archaic). Passive-aggressives are unable to express rage except in a covert, insidious way.

The passive-aggressive personality disorder (negativistic personality) was removed from the *DSM-IV* mainly because the term was felt to describe behavior, not a concrete diagnostic disorder. I believe the term *negativistic* is quite appropriate because we find that when some patients are asked to do certain things, they express scorn, act out, object, are obstinate, procrastinate, deliberately perform poorly or not at all and do everything and anything to defy orders. Patients with passive-aggressive disorder may exacerbate their condition through alcoholism, substance abuse, compulsive eating or spending or just hanging around not doing much of anything. Individuals with passive-aggressive personality disorder may complicate their situation with astounding laziness, compulsive eating and reckless spending. Addicted persons with passive-aggressive disorder present a dual treatment challenge.

WOMEN WHO CHOOSE TO STAY WITH THE PASSIVE-AGGRESSIVE NARCISSIST

The type of woman who stays with a passive-aggressive generally exhibits a borderline, dependent or caretaker role. The passive-aggressive's partner is often an obsessive type with an undue sense of responsibility who feels it is her duty to care for others, even to the exclusion of her own needs. Many have had abusive childhoods and were the caretakers for their parents, or the "little adults" who grew up much too early and much too soon. They feel an urgent need to respond and comply to their passive-aggressive partners' every whim: "He is just like my baby brother, always whining, crying, unhappy and expecting me to take care of him"; or "I am programmed this way; I had to be a mother to younger siblings and now to my helpless and powerless narcissistic husband."

CASE OF SETH

Seth, an estranged father, was invited to attend his daughter's wedding. After accumulating years of shame and guilt for not providing either emotional or financial support, he enacted his pent-up rage and anger by sabotaging

and destroying the most meaningful day of his daughter's life. His passivity created such turmoil, confusion and chaos that even the wedding planner gave up on him: "I called to ask if he would walk you down the aisle and if he would sponsor the bridal breakfast or whatever he felt he could manage, but I never heard back from him." Finally, out of severe frustration, she gave him an ultimatum (with the family's permission, of course): "Either you decide what your participation will be, or else you will not be welcome at the wedding." Knowing he had already invited his parents and other relatives, he called back and offered to do something perfunctory: "Okay, I'll buy the corsages." However, he arrived the day before the wedding, acting innocent and pretending not to have a clue about what was going on. In the end, he refused to stand under the chuppah (a flowered canopy under which Jewish couples get married), insisted the bride walk down the aisle by herself and complained bitterly about the food and the music and that he was being ignored and neglected.

This example clearly presents a diagnostic challenge. One might argue that Seth was more inclined toward narcissistic organization; however, even with his excessive sense of entitlement, he seemed more inclined toward passive-aggressive disorder. This case suggests the more dominant pervasive features of passive-aggressives: keeping others on hold, not responding, creating anger and rage in others. He is the father playing the role of victim, the innocent little daddy/child. Unconsciously, he may be saying to himself, "What? Walk the bride down the aisle? Only real dads do that. I'm just a baby dad."

CASE OF ALICE AND LUCAS

The following case is an example of how the passive-aggressive strives to create the parent–child dyad:

> I am so sexually frustrated I could die. Each day my husband promises me he will make love to me, but then comes home only to tell me he is too tired and exhausted. I let him have it! But then I wonder, why am I always the angry one? I feel like a parent punishing a child. "Don't you ever tease me again, and if you don't make love to me I will never let you ever drive my car again." I actually punish and admonish him like a parent. So instead of making him desire me more, it turns him off and makes him more rebellious. Who wants to make love to a scolding mother? By this time, I am fuming, yet he never gets mad. He just goes along as though nothing has happened. Worse is that he feels no responsibility or obligation to satisfy me as a wife. Instead of just talking to me like a man and telling me face to face that he is angry, he acts it out in the most stupid ways. He does the same thing with everything else. Promises. Promises.

CASE OF BEN

The following example is of a passive-aggressive business man who is confronted with a passive-aggressive coworker—an almost in-your-face experience. Ben originally came to therapy because he was unemployed. His prior boss fired him for his negligent behavior and attitude. Although he was competent and a top lawyer in his field, he was always late filing his briefs and getting his interrogatives done on time. He would even arrive in court late. After seeking and searching for employment he was finally hired by another law firm.

Therapist (Th): Hi Ben. You're a half hour late again.

Ben (B): Yes, I know. I apologize. I couldn't find my briefcase.

Th: Last week you couldn't find your keys.

B: I know. I just can't help it. Before coming here the phone rang. It was my ex, and she kept demanding money from me so I got confused.

Th: Why do you call it a demand when child custody payments were court ordered?

B: Excuse me. What did you say? Sorry I didn't hear you.

Th: (Repeats the sentence)

B: Oh, custody. Yes, I will get around it, but first I have something more important to discuss.

Th: Sure. Go ahead.

B: There is this clerk in our office. His name is Hernando. He drives me crazy "loco." He is supposed to show up at 8 a.m., and he comes waltzing in every day at 11 a.m. I ask him to file some legal documents and two days later discover a huge pile on his desk with nothing filed.

Th: Why does he do that?

B: He says he has allergies, takes medication and can't get up early; then in midday he gets sleepy. Gee, when I do something like that I get fired; he gets away with murder.

Th: Does it bother anyone else?

B: No one seems to care. He is just in my face.

Th: Well, certainly someone should reprimand him. But, with all due respect, doesn't Ben sound like the passive-aggressive side of you?

B: What do you mean by that? [Ben is beginning to get angry and the therapist is almost provoking him]

Th: Sounds like you are upset about my accusing you of being a bit like Hernando, of course a more sophisticated, educated and elegant version of him.

B: I don't like you accusing me of being passive-aggressive.

Th: But you are. You don't want to pay your wife custody payments so you lose your checkbook, lose your papers, get yourself fired and all the while, like Hernando, you go innocently waltzing around as if your actions have nothing to do with you.

B: I am really getting pissed.

Th: Good. Very good Ben. I prefer this. Now you are really in contact with your anger.

B: (still angry) So what's so good about that?

Th: Good because it is better to express it directly to me than to express it backhandedly (coming late, forgetting your checkbook, forgetting to show up for sessions, etc.). At least this is up front.

B: (begins to calm down a bit and starts to tell the therapist about all the things he has neglected to do). I don't know why I just can't get myself going. I have not done my taxes, my house is a mess, my laundry hasn't been done and dishes are piled in my sink.

Th: I thought we discussed that you were going to get a cleaning lady.

B: I am too ashamed for the cleaning lady to see my mess.

Th: Ben, but here I am the cleaning lady, and I am the one now to help you clean up. What you seem to think is messy is your anger, when actually what is messy is the way you cover it up and then enact your feelings in the indirect/covert way —that is what is messy. Not your feelings. You have a right to be angry with your wife who betrayed you, with a company that puts up with such nonsense with Hernando and so forth.

B: My mother always said I should just smile and act like everything is fine.

Th: Mothers aren't always right. She may have meant well, but she apparently did not help you sort out your feelings. We will have to discuss this further next time.

B: Thank you, doctor. See you at 11 a.m. next Thursday.

Th: That will be a real pleasure. Bye now.

Discussion

This example demonstrates the underlying anxiety many passive-aggressives experience in expressing their anger and rage directly. Growing up in homes that do not foster their natural ability to express feelings and needs directly, they eventually learn to express them covertly and indirectly (e.g., illness,

forgetfulness). Unlike the other disorders described in this book, I almost deliberately engaged with the patient to direct him to his intact feelings, no matter how negative they may have been. Some may criticize me as being manipulative and even passive-aggressive myself, but in this case it seemed to be the right approach.

There is considerable overlap between the passive-aggressive and borderline. Both exhibit defective bonding experiences and have issues around separation individuation. Although both know how to play the victim role exquisitely and consistently dupe their objects into thinking they are helpless and powerless, there are qualitative differences. The passive-aggressive bonds through displacing responsibility and creating anger and frustration in his partner. The borderline bonds through pain and self-sacrifice and stands ready to display anger through revenge, retaliation or, even more covertly, through psychosomatic illness.

In the case of Seth, the wedding planner was on the right track when she gave him an ultimatum that if he didn't respond to her query, he would not be able to attend the wedding. This created a boundary, which passive-aggressives lack, and therefore forced him to come up with a response. People with borderline disorders also respond more to confrontation and, unfortunately, less to empathic, diplomatic and compassionate understanding.

What would be the best communication style for Alice? Actually nothing. She needs to play hardball, do things that will provoke her husband, will make him angry and will translocate the affect into him, instead of the reverse. When Lucas is ready to go out, hide his shoes; when he is ready to drive away, hide his keys. Make him be the one to do the work. As an aside, these kinds of tactics are not too far removed from the "tough love" we show to defiant adolescents. This is essential because people with negativistic personality disorder often do not respond to empathy or diplomacy and confuse empathy with weakness. Therefore, they need a hard object to stand up against.

Seth and Lucas both share the dynamic of enacting the little boy syndrome. Seth cannot step up to the plate and act like a real dad on his daughter's wedding day. And Lucas cannot stand up to being an intimate partner with his wife. They both enact the parent–child dyad, coercing their partners into taking care of them to the point of boiling rage, while they sit back, denying their own responsibility and watching the world go by.

In terms of communication style, the therapist should encourage individuals like Seth and Lucas to express their anger toward their partners directly. They need to understand that it is not necessary to express it covertly. Much appreciation is owed to Melanie Klein and Wilfred Bion for the insight that much of the communication between passive-aggressives and their partners is transmitted via projective identification—an unconscious process of communication of intolerable affects feelings translocated into the object:

"Ah, if you are the silent communicator, then you are telling me to be the provider for you since I will be the one to do all the talking."

In treatment, passive-aggressives form parasitic attachments/bonds that put the therapist into a real therapeutic battlefield. If the therapist goes along with them, he or she enables them; to refuse their demands or their behavior is to reject them. The therapist should, for example, hear suicide threats as a way of bonding or feeling cared about: "If I threaten to kill myself, I know you will be there to take care of me."

The role of the therapist in treating passive-aggressives is to do the following:

- Create an environment safe enough to permit anger to be expressed directly.
- Eventually wean the passive-aggressive away from the role of the victimized child.
- Communicate to the patient that being a victim is a form of "silent aggression."
- Eventually show the passive-aggressive that he or she can still be dependent without having to enact his dependency needs by getting lost, sick and so forth.
- Show how the partner of the passive-aggressive can easily get duped into playing the role of the caretaker, and when he does get angry praise him highly.
- Show the partner of the passive-aggressive ways to create boundaries and deflect worry about the anger or feelings on the part of the passive-aggressive when denied or rejected.
- Help the patient get in contact with his or her internal aggressor or abuser.

We have discussed the passive-aggressive as being not only one of the most difficult to treat but also difficult to live and work with. Unlike the other disorders, such as the borderline personality whereby we try to control their rages, with the passive-aggressive we actually encourge it. In terms, of communication, like with a child we must prepare with a preemptive strike, prewarn them of our knowing in advance what their action will be: "Okay, tomorrow we go to the bank; I predict you will get there when it closes, so I will have to put the money into my account."

We know move on to a completely different kind of narcissist, the narcissist the artist.

Chapter 8

The Narcissist the Artist

Where ego was, creativity shall be.

INTRODUCTION

Writing, researching and studying narcissism and being around dancers, musicians and artists my entire life—to say nothing of living in Los Angeles, the hub of the entertainment industry—has made me realize that artists are a unique breed and require a special form of treatment. My experience has led to some in-depth insights into the struggles of the contemporary dancer/artist (abuses; issues around shame, guilt, envy, entitlement; and the ruthless need for perfectionism).

My interest in the narcissist the artist originated in dance class when Bonnie Oda Homsey, choreographer and editor of *Choreography and Dance,* asked me to write an article for the journal (Lachkar, 2001). It focused mainly around the concerns and abuses of dancers, which unearthed the parallels between dance and psychoanalysis. These parallels led to a category very much in need of attention and certainly overlooked in the *Diagnostic and Statistical Manual of Mental Disorders* (*DMV-IV*) (APA, 1994). A good illustration of this is the pas de deux in *L'Apres Midi d'un Faune* by Claude Debussy, which is staged around a mirror, with two young dancers described as more preoccupied with themselves than with each other. Although Jerome Robbins never specifically addressed narcissism, his ballet exemplifies the point (Perlmutter, 1991).

The narcissistic artist is dominated by aesthetic survival, a term I use to describe how the artist remains libidinally connected to an undue amount of pressure to "perform." The unhealthy artist functions at the extreme end of

pathological narcissism and is dominated by such defenses as envy, control, competition and domination—in which winning becomes more pervasive than the joy of the creative process. These types of narcissists often hook up with creative partners (e.g., dancers, musicians, singers); however, sometimes they choose as partners individuals who are void of any understanding of the life and mind of an artist. In communicating with an artist, the therapist must first indicate that she or he in no way has any intention of obliterating the narcissistic part of the patient that is essential for the creative process. At the same time, the therapist must show artists how their preoccupation with their art can impair their ability to have healthy object bonds.

Many artists are accused of being too narcissistic. But are they? Narcissism is often misunderstood, especially within the realm of a certain segment of artists. Narcissism connotes pathology, but there are also healthy aspects to narcissism. One might call this "aesthetic survival" (Lachkar, 2008). Having danced and gazed at myself in the mirror since the age of 7, I will allow myself some self-indulgence, since this chapter is an outcome of my experience as both a dancer and a therapist (Lachkar, 2001).

Narcissists frequently have an excessive preoccupation with their art. Although this chapter is devoted primarily to the artist, much of the same material can be applied to writers, musicians, dancers and those in other professions that require creativity, invention and discovery (e.g., doctors, scientists, inventors, Nobel Prize winners). Often these creative individuals exhibit an inordinate amount of self-centeredness that creates great deprivation for their loved ones.

How do we distinguish between healthy and unhealthy narcissism as it pertains to the artist or other creative professions? In healthy narcissism, one's personal drive, determination and discipline are so powerful that nothing gets in the way. The healthy artist displays a certain amount of grandiosity, pomposity, self-involvement, self-absorption, preoccupation with self, an obsessive investment in perfectionism. This is necessary for aesthetic survival and does not interfere with the creative process or ability to have healthy object relations. However, artists frequently have difficulty with their interpersonal relationships and resent anyone who violates their space.

Some artists are able to find a balance, but the unhealthy or pathological narcissists are so consumed with the need for power, greatness and success that they will do anything to succeed, even at the expense of others. The bitter paradox is that although artists need a certain amount of narcissism to pursue their artistic endeavors, the omnipotence and grandiosity can also be the virus that destroys creativity. Unhealthy forms of narcissism may seriously damage the artist's creativity, passion and spirituality and may exert an undue amount of pressure to perform brilliantly, which is often a very common distracter. I am reminded of a pianist who was so compelled to show off his virtuosity that he forgot the notes.

Artists definitely need a certain amount of grandiosity and pomposity to stay libidinally connected to their art form and a creative space in which to experience and explore new depths. However, pathological narcissists think that their omnipotence will promote their work, which in fact is not the case. Ironically, healthy artists work in the opposite direction; they are more concerned with the process than the end result. In psychological terms, artists need a transitional space in which to work but not to the exclusion of the love object.

Treatment goals for narcissists the artists are not designed to convince the artist to give up their narcissism but to focus on the symptoms their narcissism creates (e.g., neglect of others, inability to empathize, grandiose thinking, anger, depression, frustration, envy, fear of vulnerability, dependency needs).

A therapist trying to help a mother set boundaries suggests that unless the child conforms to expectations, the mother should punish the child by curtailing her violin lessons and not allowing her to go to a performing arts center. What the therapist does not understand is that one can discipline a child but never at the expense of stifling the child's creative process.

In the healthy artist, the ego does a makeover from a self-narcissistic libido to object libido, a transformation from primary to secondary narcissism, whereby the need for the love object is viewed as a very powerful link to the forces of creativity: "I do not see how my wife and family take away from my creativity; in fact, the love I receive from them actually feeds me, not starves me." One does not have to be a professional to be considered an artist. The artistic spirit can be very much a part of the essence of an amateur who pursues artistic endeavors as an avocation. Furthermore, the music lover, art lover, the comprehending reader can share the artistic experience in a very real way with the artist who was the creator.

I remember coming into one of my own analysis sessions with tears streaming down my cheeks. When my analyst asked what had happened, I told him I had just had the worst ballet class and was very upset. He then responded in a way he thought would reassure me: "Well, you are not going to be a professional dancer anyway." If someone had thrown a rock at my head, I could not have been more shocked and injured. When he said that, something in me died; I no longer danced with the same vigor and vitality. It would have been more constructive if he had addressed my need for perfection and intolerance of anything that didn't reach it.

THE HEALTHY ARTIST VERSUS THE PATHOLOGICAL ARTIST

In discussing the narcissist the artist, what better theory do we have than Sigmund Freud's concept of primary narcissism? If we transpose this concept

to the artist, the dynamics become even more glaringly transparent. The narcissist in general is in an objectless state, whereby one does not recognize the need for the other and does not associate need for an external source with pleasure. It is a state where all libidinal energy is stored up until the ego gets depleted. Only later is it then cathected to other objects.

For the artist, the libidinal state is directed inward, and the rest of one's life is spent trying to gratify its insatiable need for perfectionism, creativity and desire. Many artists will maintain contact with the external world and will do so as long as the outer world provides mirroring self-objects for them (e.g., teachers, mentors, or others who will either gratify or promote their art).

The main difference between the healthy artist and the unhealthy artist is that the healthy artist does not identify with the negative projections or intimidation of others, whereas the unhealthy artist does identify with the negative projections of his or her mentors and others. The healthy artist displays a certain amount of narcissism, preoccupation with self, and an obsessive involvement with perfectionism. However, these aspects do not interfere with the creative process or the ability to maintain healthy object relations (i.e., aesthetic survival). There is realization of the need for a good self-object that nurtures the self. Healthy artists do need the transitional space and transitional object to experience their art. The therapeutic challenge is to help maintain the artist's creative process without destroying healthy object relations.

I am reminded of a young male dancer who developed a healthy version of narcissism in an effort of warding off the painful feelings he experienced by his rejecting teacher. As a dancer becomes more advanced, it is common to move away from institutionalized robotic movements to more fluid, flowing, connected strokes. When dancers find their own style or uniqueness, they are often met with rebuffs. They are reminded to "look straight ahead and stand tall." When this male dancer began to free himself from the rigid positions, he heard his teacher lash out, "Stop being so flamboyant." His response was, "Even though I felt crushed, instead of letting her get to me, I did the opposite; I became even more expressive." Others may not have been so fortunate. I am reminded of a young dancer who was so devastated by her teacher's cruelty that she never danced again. Yet another example is Sara Hughes, the Olympic gold medalist, who decided to compete in the National Olympics not to win but to have fun (compared with those who were out to kill).

Pathological narcissism occurs when the artist internalizes and identifies with the negative projections of the idealized objects (mentors/teachers)—unlike the young man just mentioned, who was able to get past these projections. In pathological narcissism, individual expression is not the dominant motivation; instead, what takes over are such primitive defenses as shame, blame, envy, domination, control, omnipotence, victimization, rivalry and sadomasochism.

In severe narcissistic disorders, these defenses become injurious to self and others. Often this obsession is enacted as a form of aggression against

fellow students, teachers or mentors. One gives up all sensitivity and empathy toward others: "No one exists but me." Personal hurts and vulnerabilities extend beyond trying to prove one's greatness. The rage goes back to the primordial experience: The parent robbed the child of its entitlement, and the child develops an obsession to prove greatness. The difference between healthy narcissism and pathological narcissism for the artist is that in healthy narcissism the desire is to communicate something within one's soul—whether it be it a song, a sonnet or a painting—and one will probe, dig, do whatever it takes to find that moment of at-onement with the universe:

> I am now the center of the universe. I am everything, my own provider and don't need anything or anybody. I am the exciting object. I can dance, I can sing and can do almost anything.

When healthy competition becomes destructive, the therapist must immediately address the envy. Other aspects of pathological narcissism include psychosomatic symptoms such as headaches, stomachaches and nightmares. Teachers who dominate and control their students, punishing them for not devoting their entire lives to their art, can also have a severe impact on their students. Children who grow up with very punitive, restrictive parents are easy prey for this kind of abuse.

A gifted young dancer started to develop migraine headaches and insomnia after being demoralized by her teacher when she returned to class after having gone horseback riding with her family. The teacher came over to her and said, "If you want to dance, you must choose what is more important. Horseback riding or dance? Until you decide, don't come back." This may have been the teacher's unconscious voice projecting into the student her own negative affects: "I'll show you what it feels like to be misplaced, rejected and usurped from your special position." The most dominant feature is envy: either the envy the artist has of another or envy of the artist by others (Lachkar, 2001).

THEORETICAL CONSIDERATIONS

Freud (1988) was in constant search for the secrets of creativity. In his essay "Creative Writers and Day-Dreaming," he asked, "From what source does that strange being draw his material?" He replied that a creative writer behaves like a child at play in that he creates a world of his own he states that: the child creates a world of fantasy which he takes very seriously and invests with large amounts of emotion. Freud goes on to say people grow up they cease to play. "In playing, the child is very much in earnest, but knows what he makes is an invention (quoted in Gay, 1988, p. 307). I am reminded of a mother telling her child, "stop acting silly and grow up." or as I would say, "You're acting

like a baby." In his essay "Moses of Michelangelo," Freud (1914) pointed out that one thing psychoanalysis and artists share in common is that they block out the external world and can tolerate things in life that are not neatly packaged and harmonious. Every attempt to create "order" must have an equal amount of "disorder."

Freud saw schizophrenia as a regression to primary narcissism, a disintegration back to the "pre-ego" (nondifferentiated) stage an inability to maintain libidinal attachments to their external objects. Many narcissists prematurely turn inward to the exclusion of the external world, which may be why an artist can paint, play, write, dance for hours on end. In some instances the regression is so severe that all intrapsychic representations and connections to the outer world are lost and replaced with a precocious ego that precipitously and prematurely becomes disrupted. Consequently, the child feels emotionally and psychologically mutilated, ripped away into an inner world of chaos and randomness. The infant is not contained by the holding environment. Thus, to survive the child has to create his or her own internal world or internal drama. It is this internal drama that many artists implicitly and covertly share.

Joyce McDougall has devoted much of her career as a psychoanalyst delving into the mind of the artist and the creative process. This process includes writing, music, sculpture, dance and acting and extends to scientific and intellectual creativity, business and invention. In her book *The Artist and the Outer World* (McDougall, 1995) she explained that there is an enigmatic dimension to the creative process that exceeds our comprehension: she states that whether the part of the personality be psychotic, perverse, psychopathic … as long as it allowed them to create, it must be considered healthy.

Winnicott (1965) is another prominent figure whose unique ideas and language have enhanced and expanded the diversified field of object relations, providing us with concepts that are applicable to understanding the soul of an artist. He brought to the consultation room the concept of play and creativity, the concept of the "true" and "false" self. In addition, he offered the concept of the transitional space as a means of expressing some unconscious fantasy or aspect of the self onto an external object (e.g., a canvas, an instrument, a manuscript, a musical composition). What makes the artist unique is that he is never alone. More importantly, this transitional space, also known as play, is designed to free up the mind to think, to feel and to breathe. This playful state is to the artist what play therapy is for the child, adding an entirely new dimension to creativity and invention. As Arthur Schopenhauer (1966, p. 395) says, "*Every genius is already a big child, since he looks out into the world as into something strange and foreign, a drama and thus with purely objective interest.*"

Wolfgang Amadeus Mozart was a prankster and was whimsical, playful, charismatic and game-playing with a general proclivity for the outrageous. His letters were full of jokes, poetry, rhymes and wit, reminiscent of his music (e.g., "The Mozart Joke") (Mersmann, 1973). He wrote a letter to his sister,

saying, "Kiss Mama's hand for me a thousand times and imprint a hundred little kisses or smacks on that wondrous horse face of thine! Per fare it fine, I am thine!" Vladimir Horowitz would play practical jokes on people, like short-sheeting a bed. Ludwig van Beethoven also had a sense of humor. When a woman asked him for a lock of his hair, he instead gave her a lock of goat hair; when she found out, she was enraged.

Melanie Klein (1957) in *Envy and Gratitude* noted how envy can destroy the creative process. She claimed that creativity is the deepest cause for envy, that envy seeks to spoil the goodness of what God has created and is the source of great despair and unhappiness. She gave an example of a very wealthy, creative woman who used her wealth and success to create envy in others. Klein said that if one achieves too much fame and success others will envy you (e.g., a child purposely loses a spelling bee fearing repercussions) or that you will envy those who have achieved more than you. She also acknowledged that the creative force is overwhelming and at odds with the outer world. One of Klein's greatest contributions was the freedom and space to develop fantasy life in children. She recognized in children all kinds of sadistic fantasies and an inner compulsion to express but not to enact them (e.g., mutilation fantasies). Thus, inner violence is essential to creative production.

Kernberg (1976) described the narcissistic disorder from an object relations perspective, arguing that narcissism does not result from the arrest of normal development as Kohut (1977) asserted; rather, Kernberg believed that narcissism is a defense: "I will become a famous rock star, and I will show them." Fairbairn (1940) is another valuable theorist whose contributions help us understand the "suffering artists" syndrome, why they endure pain and stay forever loyal and faithfully and masochistically bonded to the "Mother of Pain" (Bach, 1994, p. 14; Lachkar, 1998b, 2004, 2008). He offered invaluable information about why people remain attached to a bad internal object (e.g., rejecting, cruel, betraying, insatiable). Many artists fill themselves up with pain and suffering as way of filling a black hole, the hole of emptiness and meaningless. As bad as the pain is, it is still better than the emptiness, the nameless dread, the void or facing the black hole. This is known as traumatic bonding (Dutton & Painter, 1981). Pain stirs up an amalgam of unresolved developmental issues; in some cases pain can be destructive. whereas in other instances it can be a reservoir of resources.

The movie *Frida* depicts the life of Frida Kahlo, a perfect example of someone who endured bouts of crippling physical and emotional pain and used her art to survive and to achieve. In the movie *White Oleander,* a daughter understands her mother the artist. When asked why her mother would not go to an open house, she responds, "Because mom is an artist, that's why." Beethoven's hearing loss affected his social life to a great extent. He found it difficult to handle social interactions and was subject to sudden bursts of anger. He was attracted to women he couldn't get. Antonie Brentano, his immortal beloved,

later married a friend of his, which broke Beethoven's heart. His music reflected the torment he suffered from this unresolved, unrequited love.

Some artists will even go so far as to study under the tutelage of a cruel and sadistic malignant narcissistic mentor or teacher. They suffer the pain and abuse because they feel the teacher has something special to offer. The difference is that such a person knows they are being violated and mistreated and does not identify with the abuse: "Why do I stay with a teacher who promises me the world, but even after I practice and do everything he wants me to do, he neglects and ignores me?"

Many artists feel frustrated with people around them whom they rely on as mentors and teachers. It is not unusual for the artist to encounter a mentor who is abusive, but because they are idealized, they are revered. This creates ambivalence in the artist because, like the abusive parent who promises the world, they can also disappoint and frustrate the child. The dance master, choreographer, director who can be loving and kind can also be cruel and sadistic. Because the pain is linked to the love object, it becomes highly charged.

In my practice I have noted that many artists cannot distinguish constructive feedback from attacks and criticism. Sometimes an artist will take an inordinate amount of criticism, hoping this will increase technique and skill. The therapeutic task then is to explore what internal part of the self the artist incorporates or internalizes: "My teacher is my mother—insatiable. I can never do or be enough to please her." There can always be someone who abuses you, but there can also be a part of yourself that also mistreats and abuses you by not believing in yourself.

After integrating various theoretical constructs, I have come to believe that in treating the artist, we begin by chiseling away the artist from the part of his or her grandiose self that actually destroys and infects the creative process. The therapeutic challenge is to find a window to show the artist that love, passion, sensitivity, vulnerability and dependency can actually enhance, not take away. Johannes Brahms was a good example of a musical genius whose personal life suffered because he was unable to relate to others and suffered from severe manic depression, as did Robert Schumann. Even George Gershwin had to rely on Maurice Ravel as a teacher and source of inspiration.

A mother brought her 10-year-old daughter, who had been on medication for attention deficit disorder (ADD), for consultation, claiming that her teacher was frustrated and fed up with her: "She never sits still; all she wants to do is jump around, dance, listen to music and compose. She refuses to turn in her homework and does not conform to the standards of the classroom. As talented and charming as she is, because of her ADD she turns other kids off and has hardly any friends." When the teacher communicated this information to the parents, she failed to bring out the child's talents as a positive thing and (as Freud reminds us) to channel the aggression into more creative avenues. The teacher failed to recognize the little artist in her class, someone

who marched to the tune of a different drummer. This is not to say the child should not conform to the standards of the classroom. But what was dramatically neglected was the child's nascent sense of self. Heinz Kohut (1971, 1977) referred to this as a child without a mirroring self object, or in the Bionion sense, a child without a container. We could tentatively diagnose this child as having a proclivity toward narcissistic personality disorder, but to what extent is it healthy narcissism and to what extent is it pathological?

After evaluating this child, I found her to have remarkable talents. During much of our first session we danced together. She showed me a piece she choreographed, and I was mesmerized. Then she sang a song she had composed and ended on a sustained note that would make any opera singer gasp for air. For punishment, the mother would cancel the child's dance and music lessons, which would make the child rebel and act out even more. As the child's unruly behavior increased, it was suggested that instead of keeping the girl from her creative endeavors, the mother perhaps could cancel a visit to a friend, a weekend outing, hide her dance shoes until she finished her homework. Anything but cancel her sacrosanct classes.

COMMENTS FROM ANDREW AND NADIA

Who better to describe the inner life of an artist than those making a living through their art? Andrew, a sculptor, and his partner, Nadia, a poet, offer insights into art, narcissism and relationships:

> Nadia, the love of my life, is the only person who understands the life and mind of an artist. Being an artist herself makes this more feasible. If we have plans and I have to cancel because I am working on a sculpture piece, she doesn't nag or intrude into my sacred space. She knows my artwork comes first. A lot of people would think I am the typical extreme artist, but for an artist I think I am much healthier than most. I do not envy the great works of others. I admire them and learn from master teachers and scholars. I know my drawbacks and am aware of my limitations, yet I know I need a certain amount of narcissism to pursue what I do. The first thing the artist must have is incredible energy in order to achieve his artistic goals. He must embrace obstacles and barriers as part of the artistic process and not adhere to the call of frustration. Growth lies in the barriers and the creative process—to savor them. I love my struggles and couldn't live without them.

Andrew stated that the true artist does not strive for perfection but is more concerned about digging deeper to find out what exists in the depths of "the biggest hole." Andrew's manifesto is, "Art is a process, not a product. Art is a verb, not a noun." Andrew quoted and modeled Albert Einstein's notion, "I am not different than the average person. I just stay with the problem for a longer period of time." In essence, Andrew embraced pain, conflict, failure and suf-

fering and did not cave in to their call of downfall: "Art is a metaphor for the eternal process for creativity."

Here are excerpts from a letter to me from Andrew's lover, Nadia (personal communication, April 24, 2007), who was in treatment for many years with a therapist who told her she was wasting her time writing poems since she could never make a living that way:

> There is a fascinating paradox at the heart of being an artist: You have to be narcissistic enough to become a true artist, but being a true artist will lead you to humility …. It's very insightful to state that a therapist needs to understand that "if you kill narcissism, you kill the artist." Narcissism protects the artist from being devoured by the needs of others; humility protects him or her from being a bad artist who is not willing to learn from failure and wants to impose his or her will on the work of art instead of surrendering to the creative process …. There is always a high price one pays for being an artist, whether it's the harm to one's health or relationships, or the loss of more lucrative career opportunities, or all or any combination of these. In my observation, when you make work (and creative work is particularly devouring) the most important thing in your life, you are eventually going to suffer because of it, and others are probably going to suffer too.

Partners like Nadia and Andrew are an ideal fit. One does not get in the way of the other person's creative process. Schumann and his partner, Clara, were the quintessentially ideal couple. A composer herself, Clara was best known as a virtuosic pianist who played and promoted her husband's music and encouraged him to attain greater heights.

THE BLOCKED ARTIST

A very disturbed young dancer came into treatment several years ago. She was aloof, withdrawn, had low affect and was lacking in passion and feeling. Whenever I called this to her attention, she would respond with outrage. One day she went to an audition for a scholarship at a prestigious school back east. She came to her next session crying and overwhelmed with emotion: "They said I danced with no expression, that I was cold and distant, that I lacked passion." This was a major breakthrough for her and for the treatment. The choreographer told her she had great technique but was a cold fish.

Another example is of a young writer who could not finish writing his play because he felt intimidated by others in his writers group. He suffered terribly because he was compelled to compare himself with them and as a result was filled with envy each time one of the writers wrote a successful play. He was encouraged not to block his writing, no matter how chaotic it might be, but rather to block his tendency to compare himself with

others. He had the fantasy that mimicking the other writers or envying them would enhance his creativity. Instead, it destroyed all potential for creativity, for it is the nature of envy to be destructive. Often writers and other artists confuse learning specific styles, techniques and methods from mimicry and imitation. I think of people playing Johann Sebastian Bach: Everyone plays the same notes, but the interpretations vary from artist to artist. Imitation might be helpful in the beginning to gain confidence, but eventually we have to find our own style. For many years I tried to pretend I was Melanie Klein.

THE STARVING ARTIST

Many striving, impoverished artists feel that parents, loved ones and society have a duty to support them financially and emotionally. We need to dispel the myth of the starving artist: "I can't lower myself and get an everyday job." Many great artists of the past were bankers, butchers, plumbers. Modest Mussorgsky, for instance, was a military man. Henri Matisse was a lawyer; Anton Chekov was a doctor; Alexander Borodin was a chemist. Many had children and families to support. Anaïs Nin wrote pornography for what she referred to as "bread and butter money." Charles Dickens wrote journal articles for newspapers. Mozart wrote nonserious music for extra money—"A Musical Joke." Gone are the days when creative geniuses could be expected to be coddled, stroked and nourished by aristocrats.

THE SUFFERING ARTIST

We are all familiar with the term *suffering artist*—the gaunt, impoverished person overworking himself or herself under the most abject conditions. Often these narcissists project onto others feelings of pity for their pain and anguish. We empathize with their destitution and understand their frustration that others do not recognition their art as having merit. The implication of this torment is a sense that the artistic self will be annihilated, disappear into the abyss. Who are we as clinicians to determine whether this is just a borderline condition or if there really is a budding artistic genius within? Does this kind of projection enhance creativity or does it diminish it? From a psychological point view, projection of one's pain does not invite creativity from the soul; pain, in fact, can cause artists to lose their creative edge.

Inner suffering belongs to the sufferer, not to those who surround him or her. However, some of the sacrifices artists must make, their total absorption with their work and their ecstatic thrills and desperate lows do affect family, lovers and friends.

VICTIMIZATION

We often see the results of living with a parent who both loves and hates the child and is alternatively caring and hurtful. This can play out in artistic relationships also. Artists form many relational bonds, such as theatrical or musical couples or bonds between teacher and student, dancer and choreographer, actor and director and agent or orchestra andconductor. There is much potential for abuse, neglect and sadism: "My teacher says he will not give me a part in *Swan Lake* unless I lose 15 pounds. I already feel sick from starving myself."

The teacher who can be loving and kind can also be cruel and sadistic. The relationship between the ballet master and the student is a most profound bond, not only an intimate psychic connection but a bodily one as well. The trainee is disciplined never to question but to comply with complete obedience and unwavering submission (dance culture). If the authority figure takes advantage of this state, it can lead to splitting and a great deal of confusion. One of my former teachers was the embodiment of an artist, a woman who sacrificed her life and her health for her art yet was cruel and viciously sadistic. Even though she was a master teacher, she exploited her dancers while at the same time she transformed the dancer's deepest passions into cathedral-like lyricism and poetry. She directed her pupils to dance to the voice of their own imagination. Narcissistic injuries are often exacerbated by the teacher's own narcissism and envy of their students. They can foster frustration in those students who fail to meet and match the teachers ideal expectations (vicarious gratification for their own frustration). Psychological effects caused by insecure teachers who project shameful or unfulfilled parts of themselves onto their students include victimization and low self-esteem. Victimization may be a result of humiliation, mocking, shaming, blaming, ridiculing and scapegoating by authority figures as well as by fellow dancers. Other emotional conflicts can result from an undue amount of competition. Competition can be healthy as long as it is not destructive.

The last point I wish to make, and probably one of the most consequential, is the importance of empathy. Dancers can get through anything; however, the lack of emotional attunement can lead to profound withdrawal, loss of interest and motivation and depression. The victimized artist includes those who never get a break but face a continual stream of rejection or betrayal. They can never be perfect enough.

Gelsey Kirkland is a good example of a victimized artist. The ballet star underwent plastic surgery and tried starvation diets, eventually becoming anorexic. Her pain and self-abuse resulted from pressures she was under from the dance world. Yet, while suffering from these, she was still able to perform beautifully. However, after years of these abuses she could no longer handle it. Her career declined after 1976. She finally began the long process of recovery but was forced to stop dancing—her true love. Part of her recovery

was spurred by meeting and falling in love with Greg Lawrence. The couple helped each other out of the drugs and negativity into which they had fallen.

SOME TREATMENT POINTS

When treating the narcissist artist, the therapist must have some tolerance for chaos and disorder. Art and psychoanalysis do not come in a neat package. The therapist also needs an understanding of the following:

- How the grandiose self interferes with interpersonal life or healthy object relationships (i.e., dependency needs)
- How the very nature and culture of the performing arts industry is a ready platform for narcissistic injuries (e.g., rejection, envy, rivalry, betrayal, waiting, competition).
- How destructive teachers/choreographers, conductors, producers can enact and stir up archaic injuries from parental neglect and abuse
- How legitimate issues of loss facing the artist (e.g., aging, physical injuries, loss of talent, beauty) affect work and relationships
- How an artist develops special defense mechanisms in service of the ego, a protective layer against injury; they learn how "to take it" (e.g., criticism, judgment, corrections, pain, adversity). They get through anything without compassion, empathy.

ADVICE THERAPISTS CAN OFFER ARTISTS

- Overemphasis on perfectionism destroys individuality and creativity and can produce robot-like results.
- Be your true self. Overemphasis on conformity can produce a false self (i.e., a mimicry of others).
- Laughing, shaming or blaming; ridicule; and scapegoating lead to victimization and to low self-esteem.
- Do not put up with abuse or take in the negative projections of others.
- Be aware of envy. Instead, try to learn from the one who is envied.
- Face your own shortcomings. Don't externalize and blame others. Focus on your strengths, not your weaknesses.
- Enjoy your art. Make it playful.

Chapter 9

The Cross-Cultural Narcissist

INTRODUCTION

Therapists face a new challenge in the global environment in which we exist. Clinicians are aware of our country's ever-increasing diversity. We deal with multicultural/cross-cultural/interracial relationships, with intermarriage, with same-sex marriages, with blended marriages. So often when couples marry, they don't just marry the person; they tie the knot with an entire culture.

The cross-cultural narcissist brings to his new country a certain amount of nationalistic pride, which he holds onto relentlessly. He refuses to adapt and will go to great lengths to maintain his sense of special identity. Cross-cultural narcissists often hook up with borderline women, who tend to idealize and be mesmerized by men from another culture: "He is so manly and masculine, unlike those little Los Angeles boys you see running around with their pants down to their knees and their little baseball caps. These are real men."

FINDING PATHOLOGY WITHIN THE INDIVIDUAL

When dealing with cross-cultural narcissism, how do we find pathology? How do we discern how much is cultural and how much is pathological? Where do culture and pathology meet? What are the forces mutual to individual, marital and political narcissism (Foster & Moskowitz & Javier, 1996; Lachkar, 1983)? Is there such a thing as cultural vulnerability or a cultural V-spot? One man's

narcissist may be another man's icon of mental health. One man's act of violence can be another man's act of heroism: "Osama bin Laden will kill and destroy all the evil Americans."

Understanding group psychology can be enormouly helpful in understanding cross-cultural dynamics (Grinberg, Sor & de Bianchedi, 1977). When we treat individuals or couples from varying cultures, we must presume there are universal laws and certain developmental processes that we share as human beings. Our developmental research shows that there is an epistemological instinct to grow and develop and a universal need to overcome our Oedipal rivals. In today's contemporary clinical practice, many therapists are completely baffled by the inextricable, complex link of culture, customs and traditions to self-esteem. Holding on to one's culture is closely aligned to one's self-identity and group identity, the collective group self: "If you get pregnant out of wedlock you not only shame yourself, but our entire society."

The dynamics involved in treating cross-cultural narcissists take on an entirely different shape. What shame means to a Westerner may not be what it means to a Middle Easterner or Asian. What dependency means in Japanese cultures is in sharp contrast to what dependency represents for the Westerner. It is not enough to understand shame without encompassing the concept of "saving face" in Asian and Middle Eastern societies. Furthermore, to understand the concept of *self,* one must take into account the differences between an individual self and a group self. The same holds true for guilt, envy, jealousy, true self and false self (*tatamae* and *hone*, respectively, in Japanese). There are hierarchical positions in many cultures in which deference to elders and parents comes first, with wives last on the list. For Koreans, it is not enough to analyze someone's anger or rage without considering the Korean concept of *han* ("rage") with its deep historical significance.

BONDING WITH THE CULTURE

Most theoretical constructs and formulations are designed for Western psychoanalysts and other mental health professionals. We are trained early on to help our patients "find" their true self, their individual self, their differentiated self, the nascent self, and so forth. But these concepts are virtually nonexistent when it come to other societies. So what is meant by bonding with another person's culture? Does it mean we have to convert to their belief system? No, but it refers to understanding something about their religion, customs, child-rearing practices, mythology, traditions and taboos and how they use or misuse aggression. Take cultures that produce suicide bombers, terrorists and other fundamentalist types that exhibit extreme paranoid obsessive-compulsive characteristics exceeding the normal range of a characterlogical personality disorders (psychosis). These pathological types bring with them their own internal tormentors and often

project this abuse onto their partners. What is considered abuse in the West might be considered heroic in another culture. The beliefs espoused by Westerners are often debunked by other cultures: "The United States is the great Satan." In treating couples from various ethnic backgrounds we may witness a great deal of sadism, and although many of the individuals involved are not terrorists, they may share many of the same traits, such as the mistreatment and violation of woman and children or the violation of human rights.

Another important aspect is bonding with the culture, becoming familiar with the foods, traditions and holidays of our foreign patients. This gives the foreign patient a sense of being with a kindred spirit. For example, our Middle Eastern patients might appreciate being served mint tea in special glasses. Arabic folk music might add a nice background touch. Many therapists resent this because learning new ways of communication might be too taxing and require that they learn an entirely new discipline. I contend that the therapist need only know a few words of the patient's language or a fact or two about his or her tradition to initiate a bonding experience. One might learn how to say a few words in other languages, like "hello" (*buenos dias, sal'am, shalom, guten tag, buon giorno, bonjour*), "goodbye," and greetings for specific holidays (e.g., Hanukah, Christmas, Ramadan, Good Friday, Passover, New Year). For example, one Jewish patient wished her therapist a Happy New Year in September, and the therapist responded, "Oh, I thought New Year was in January."

Many of our theories are specifically blueprinted and prescripted for our culture. Of all the theories, I believe Heinz Kohut's (1971, 1977) concept of self-psychology, with its mirroring and empathic techniques, is most adaptable and suitable for the treatment of individuals and couples of varying ethnic backgrounds, ideologies, traditions and values. Kohut's theory offers the most obvious approach for dealing with persons from a different culture, and especially those who have not assimilated or adapted to Western culture. Because of its emphasis on intersubjectivity, self-psychology appreciates that each society has its own unique roles and customs and that patients and the therapist have different subjective viewpoints.

The intersubjective experience does not focus on right and wrong but rather on understanding the issues surrounding the conflict. Concepts from self-psychology provide the perfect language for empathizing with the patient's vulnerabilities and variations in perspectives. On a more cautionary note, empathy is not to be confused with acceptance of the person's aggression; rather, it should mirror the person's frustration regarding the ability to adapt or in the resistance to adapt: "So because men were allowed to beat their wives in Saudi Arabia, you think I can understand how you might feel it is okay to do the same in this country?"

THERAPEUTIC TECHNIQUES

In communicating with a person from another culture, therapists often get very frustrated, not only because they may not understand their culture but also because some may experience enormous rigidity to change and adaptation. It is therefore suggested that the therapist give up "memory and desire" (Bion, 1967, p. 143) as well as change and to be there as a self-reflecting object to mirror the conflict with appreciation and empathic attunement. If the patient is Japanese and her partner is American, the therapist might say, "I see that she wants to go to a movie but doesn't tell you directly and expects you to be a mind reader. In Japan this is called *amae,* whereby one does not ask for what they need but expects the other to understand one's need by reading the eyes and body language. I can understand what a foreign concept this is for an American."

I have found three basic techniques to be key in the treatment of cross-cultural narcissists. First, one of the best techniques available, especially when we are stuck and don't know what to do, is to find the area of conflict by mirroring and showing empathic attunement to understanding the resistance to change and adaptation: "It must be quite a shock to come to this country and find women so free, not only with their bodies but with self-expression. This is very unlike women in your culture, who are raised to be compliant and obedient to their husbands and their fathers."

The second technique revolves around countertransference issues. Individuals so embedded in tradition and ideology can be a source of great frustration for the therapist. In these instances, therapists must relinquish their grandiose thinking that they will cure the patient or change the patient—for example, by believing that if he loves his partner, loves our country, loves the therapist, the foreigner will change. Again, going back to Kohut, if the therapist merely listens to the conflict, attempts to understand the conflict, mirrors the conflict or is empathic to it, the therapist will be providing important therapeutic functions.

The third key technique is finding pathology within the culture. Even patients from our own culture can be very convincing when they insist that they are entitled to act out aggression with their partners because they have a reason or a cause. Western therapists familiar with child abuse laws and violations of female and human rights clearly know that even if one does have a cause, it in no way provides justification for violence, aggression or physical or emotional abuse. So how do we go about showing a foreigner that even in his or her own country the behavior is pathological? Not an easy task: "Strange that you hold so closely to your traditions of Islam and the Koran, yet you betrayed your country by marrying an American woman. This goes to show there is a part of you that is conflicted about where your attachments lie."

When all else fails, there's the cross-cultural hook. The cultural contrast hook is a concept I devised to mark in the most dramatic way the variants between

cultures. The therapist outlines an example so outlandish that it presents the patient with a different view and perspective of the conflict: "I believe you are telling us that adapting is very difficult. It would be as though I went to Saudi Arabia, had to give up my car, wear a burka and be completely subservient to my husband or risk being stoned to death or having a finger cut off." Applying the cross-cultural hook to a Middle Eastern man who complains that his wife disobeys him and only listens when he beats her might entail describing the following cultural contrast hook: "Yes, I do understand how this is your tradition. Yes, I do understand this is your tradition, but imagine if your wife attended a meeting in Saudia Arabia where women are not allowed to sit with the men (except one time when Queen Elizabeth visited and she was referred to as His Majesty Queen Elizabeth) and was expected to sit with all the Saudis in shorts and a T-shirt. How would you respond if your wife said it was customary in her country?"

Following are some other treatment points.

TRANSFERENCE AND COUNTERTRANSFERENCE ISSUES

We cannot overlook the therapist's transference and countertransference issues when treating cross-cultural couples. Men who abuse women under the guise of tradition or culture evoke enormous transference and countertransference reactions. Therapists who have had personal backgrounds of abuse may not be able to separate or understand violence that is culturally and governmentally acceptable from violence that is prohibited. Any aggression against women expressed from people who come from cultures in which mistreatment and denigration of woman are rampant can stir tremendous rage in both female and male therapists raised with democratic values in a society that supports female and human rights. Following are some examples of common countertransferences that occur in working with cross-cultural couples:

- Therapist is not culturally sensitive.
- Therapist has an inadequate understanding of the patient's culture.
- Therapist goes overboard trying to adjust to the patient's culture.
- Therapist goes overboard trying to please.
- Therapist is frightened of the person's culture and aggression.
- Therapist identifies with the projections of shame or guilt.
- Therapist may be denying that there are cultural differences.

Therapist may overreact to please the patient.

GENERAL TREATMENT POINTS AND TECHNIQUES FOR CROSS-CULTURAL COUPLES

- Learn the fundamental dynamics of the culture; mirror and reflect.

- Self-psychology provides the most effective method to mirror and understand the subjective experience (mirroring, empathic attunement, listening, reflecting, empathy toward the conflict and the vulnerability but not toward the aggression).
- Know something about the foods, holidays and traditions of the patient. Learn a few words of the patient's language—at least *hello* and *goodbye*.
- Be empathic to the cultural differences, not to the aggression.
- Be aware of the differences between the individual and group self.
- Be aware of special treatment needs. Try to bond through some common ground (e.g., music, food, dance): for example, "I love Arabic music," or "I would love to learn how to make couscous" or "I have eaten Korean food and love Kimchi!"
- Be aware of body language—for example, with Asians, keep your distance; with Persians and Italians, stay close.
- Find pathology within the individual.
- Find pathology within the culture.
- Find pathology within the government.
- Remind the couple why they are in treatment.
- Mirror the conflict; don't try to fix it.
- Use the cultural contrast hook.
- Use humor and play to avoid sounding punitive. Many cross-cultural narcissists come from countries where their human rights have been violated by governments: "What would happen if I showed up in your country deveiled or pregnant out of wedlock?"
- Keep in mind that many people from other cultures are consumed by persecutory anxieties. It is important to speak in a calm and caring manner.

PSYCHODYNAMICS

Treating emotional vulnerabilities is not enough; one must also understand the cultural and qualitative distinctions. These points are examined from a psychological and psychoanalytic viewpoint, incorporating both the intersubjective and objective experience. Let us now take a few moments to explore these various dynamics and how they may apply from a cross-cultural perspective.

Shame Versus Guilt

Shame is basically an Asian and Middle Eastern dynamic, whereas Europe and the United States are guilt societies, or scapegoats. Scapegoating is a common phenomenon to avoid the "enemy" (real or fantasized). Shame is a matter between the person and the group. Shame is concerned with what others think, whereas guilt is a matter between a person and his or her conscience (superego). Shame is the need to hide one's true inner feelings, which

are repressed. In Japan and other Asian and Middle Eastern societies, shame is a major sanction. People are chagrined; they are heavily invested in shame and "saving face," as opposed to guilt. Obedience to others is of utmost importance. One must strive not to compete, to show feelings, to induce competition or to be unique. The parent will use ridicule or humiliation to keep the child in check. In a shame society, culpable acts remain silent. Professor Peter Berton (1995), an international relations and foreign affairs scholar and psychoanalyst whose main area of expertise is East Asia and Russia, testified that the most common threat that a Japanese mother will use to discourage her children from certain behaviors stems from ridicule: "People will laugh and make fun of you (*Warawareru Wo Yo)*" (p. 10).

Another major difference between guilt and shame is the ability to mourn, to face one's losses and to come to terms with guilt. In most Christian societies in the West, people are dominated more by guilt than shame. According to Melanie Klein (1957), guilt occurs in the depressive position, when one faces grief and desires to make reparation for all wrongdoings. It is interesting to note how citizens of countries such as Germany allow themselves to mourn, to face their destructive acts and to make reparation. Germans are a good example of a country that has developmentally evolved to a state of wishing to make atonement. This contrasts with the Japanese, who have never come terms with their guilt (Lachkar & Berton, 1997) and will do everything possible to save face and cover up. Does Japan hide its war crimes because of shame? In the West, guilt is relieved by confession and atonement, but chagrin cannot be relieved in this manner. A man who has sinned can get relief by confessing either to a priest or to a secular therapist. This may partially explain the relative lack of popularity of psychoanalysis and other psychotherapies in Japan.

Peter Loewenberg (1987) discussed how Germans tried to prove their superiority by projecting their own depreciated and unwanted dirty or anal parts of themselves onto the Jews and then relished the anguish and humiliation they were imposing by debasing the Jews, treating them as contaminants. They postulated a new degradation, and in fantasy placed themselves in the position of the Jew to experience how it felt. According to Loewenberg, transforming Jews became a fecal triumphant orgy. In my analysis, this was a reflection of harsh child-rearing practice by obsessive-compulsive mothers who forced their children to be perfect, resulting in an ultimate sadistic superego—that is, superegos running amok.

True Self and False Self

The false self is a major focal point in psychotherapy. The terms *true* and *false* self were originally described by Winnicott (1965). He described the false self as a defense against the true self. A Western analyst will devote much treatment time to helping patients achieve not only a sense of self or self-identity

but also a true self (ibid.). In Japanese societies, for example, the false self is the shield that protects the self from shame. Doi (1973) followed his research on *amae* with a book-length study of *tatemae* (false self) and *honne* (true self), which draws a distinction between appearance and reality, or form and content. He defined *tatemae* as the public self, whereby one behaves as society expects (i.e., conformity). This could cause a great deal of confusion in treatment with a Western analyst because a Japanese person would be least likely to freely associate in a public office. I recall one time a Japanese scholar came to visit the United States for the first time. He was invited as a guest to a home of a colleague. He was asked by his colleague's wife if he was hungry, and would like something to eat. He responded by telling her he was not hungry, humbly bowed and thanked her graciously for her kind offer. Shortly after, he began to feel a burning rage festering and realized that she (the hostess) did not offer *amae*. If she cared about me she would know I was hungry and would have given me food." In Japan guests are always given food even if they claim they are not hungry."

Let us take a moment to look at the Japanese concept of dependency needs (*amae*) to illustrate how the East differs from the West.

Dependency (*Amae*)

The concept of *amae,* the desire to merge with others, is reflected in the intense long-term bonding relationship between the mother and the infant. The eminent Japanese psychoanalyst Takeo Doi (1973; see also Johnson, 1994) called *amae* a key concept for understanding the Japanese personality structure. Doi acknowledges that this longing for dependency and presumption of another's benevolence can be fulfilled in infancy but that it cannot be easily satisfied as one grows up.

The concept of *amae* is very complex and has been the subject of debate among Japanese and American analysts. Some scholars have intimated that the need for *amae* beyond infancy is a sign of pathology in Japanese society (Iga, 1986). *Amae* is a form of dependency relating to the mother's intense internalization and identification with her child's needs, especially her male child. It embodies the feelings of dependence that all normal infants have toward the mother, the desire to be passively loved and the unwillingness to be separated from the warm mother–child circle and cast into a world of objective reality. It manifests itself as the desire to merge or fuse with others; however, this love creates extreme forms of ambivalence and hostility. Under the guise of closeness, the mother will co-sleep, co-bathe and, in some instances, engage in incest by masturbating baby boys to relieve their erections (Adams & Hill, 1997). This longing is normal in infancy, but in Japan the need for *amae* continues into adulthood and manifests itself in a variety of social conventions and characteristics. The following is an example of how this might manifest within a cross-cultural relationship.

Tony asked his Japanese wife if she wanted to go to an Italian restaurant. Tamiko agreed. At the end of the evening she became outraged because she had wanted to go to a Japanese restaurant. When asked why she didn't say anything, she replied that she was silent because he "should have just known where she wanted to go. In Japan we read carefully the lips and eyes. That tells us everything."

Many Japanese women today are marrying Americans because they are frustrated by having to stay home and take care of finances and children while their husbands work long and tedious hours, even when they're not in Japan. For example, Roberta could not understand why her Japanese husband, Yoshi, came to this country to have a better life and still worked long hours, leaving her to care for his three kids. After work he would go out with the guys for saki and beer and come home late, too exhausted to have sex. In treatment the therapist has to be very careful not to shame or humiliate him; rather she or he must say things such as, "It is nice for couples to do things together. Working long hours and going out later is typical in Japan, but here husbands are more involved with their children. It would be as if I went to Japan to a conference with all men and went and sat between them [the cross-cultural hook]. They would be shocked, and then I could say, 'Well, in our country woman and men sit together.'"

Emotional and physical abuse has many roots in cultures where women are taught that true love means that you please your man and care for him even at the sacrifice of the self (more prevalent in Asian and Middle Eastern than Western societies). Many women feel abused when their husbands show deference to parents but abandon them and physically and emotionally abuse them. Even in situations in which the cross-cultural narcissist does not intentionally abuse the woman, she can feel just as violated as if she were suffering physically abuse.

YODO AND ALFRED: THE CASE OF THE NURSING MOTHER

Alfred (A): I can't stand it anymore. We hardly have sex.

Therapist (Th): Oh, why is that?

A: Because Yodo is always nursing our son.

Th: Nursing is a normal part of life. Why would it interfere with your ability to be intimate?

A: Because our son is five years old.

Th: Oh, I see, way beyond the weaning years.

A: You bet. Every time I go into the bedroom there is Yodo watching TV, and Yoshi is just sucking away.

Th: Sounds as though you are very angry.

A: Anger isn't the word. I am actually beginning to resent our son.

Yodo (Y): (soft-spoken) Alfred doesn't understand. Japanese mothers nurse their babies, especially their sons, until around five or so. This way we form a special relationship between mother and son.

Th: But this is not what we do in this country.

Y: I understand that, but this custom has existed for thousands of years.

A: See what I mean?

Th: But you did break away from your culture when you chose to marry Alfred, a Westerner.

Y: This is true, but he also married me, a Japanese woman, and this is our culture.

Th: Actually, it really isn't, because if you were to follow the customs in your culture, the woman would acquiesce to the man's desires. [the cross-cultural hook]

Y: I think this is what I love about this country. Men treat women with respect.

Th: Yodo, so here you have the best of both worlds: the freedom to nurse your son as you please and still gain respect from your husband.

A: See how twisted she is?

Th: Yodo, I sense your joy and happiness being in this country and having the freedom and pleasure of being treated with respect and equality. But you are insensitive to your husband's needs.

Y: In my country we give each other *amae* [dependency], a certain way without words, showing the other what we really need.

Th: I respect and appreciate that, but as the therapist here I have to show *amae* to both of you. What happens to your *amae* when you are not in harmony [*wa*] with your husband's need for intimacy? If you are telling us how important it is, then where is it?

Y: (puts her head down in shame)

Th: Yodo, I did not mean to shame or humiliate you. In fact, I very much appreciate the beauty and wonderful traditions your country brings us. I am trying to help you understand your husband's needs and let you know that in this country nursing usually ends at the first year or so.

Y: I guess I am hiding my true feelings [*hone*] because I am really afraid if I let go of my son, my husband will run off.

Th: You mean as the men in Japan do: work long hours, go to geisha houses and abandon the wife and children?

Y: (sobbing)

A: Yodo, no, that won't happen. I love you. In fact, it is the opposite. I want to be with you.

Th: What a blessing and joining of two cultures right before my very eyes. Yodo, I know it is hard to express feelings because it is often considered in your culture a sign of weakness. In our country it is a sign of strength.

A: Thank you, doctor.

Th: See you next week.

Discussion

In the case of Yodo and Alfred, it appears that Yodo was genuinely attached to her culture, but actually she was hiding her true feelings behind the Japanese banner. As the case unfolds, we begin to see her attachment to her son was not so much cultural; rather, it is a defense against annihilation or abandonment anxiety, the fear that her husband will dismiss her and act like a Japanese husband. In reality, Yoko was projecting this fantasy onto her husband because in reality he was not at all the typical workaholic, neglectful Japanese daddy/husband. In fact, quite the contrary, he was asking for more closeness and intimacy. Issues around shame, the role of women and the true self were an integral part of this case. The cross-cultural hook was a technique to show Yodo how the very person who expects *amae* is the one who refrains from giving it. This highlights the cross-cultural narcissist, who expects to have everything from both worlds.

MOHAMMAD AND CHRISTINE

Christine spoke about when she and Mohammad first met: "He was so charming, made me feel as though I was the only woman in the world. I was mesmerized by him. He couldn't keep his hands off me and kept telling me how I was the most beautiful woman in the world. He said it excited him to be with an American woman." Christine and Mohammad had been married two years. Suddenly Mohammad told Christine he no longer found her attractive and would explore sexual relations with other women. Yet he wants to remain married. He told Christine this quite openly, thinking that she would understand that one woman was not enough: "In my country, it is customary for men to have up to four wives."

The therapist reminded Mohammad how that may be the custom in Syria, but in American it is customary to love and cherish one woman according to the marital vows he pledged. Mohammad said, "I did pledge to be faithful and to honor her, but things change. In my country it is called *Inshallah*. This means it is the will of God/Allah. The Almighty has the power to change our minds at his will." Christine was absolutely horrified, indicating that she had no idea that Mohammad could possibly do these things or even think like that.

After extensive mirroring attempts to tell Mohammad it was understandably difficult to adapt after years of being preprogrammed with the concept that having many wives is acceptable, I interjected the cross-cultural hook: "It would be as if I got pregnant and went to the Taliban to get an abortion. They would cut my uterus out or they would kill me."

INDIVIDUAL SELF VERSUS GROUP SELF

In many societies—particularly in Asian and Middle Eastern countries—the individual self is virtually nonexistent. America is an individualistic culture, where emphasis is on self-development. Asian and Middle Eastern societies are collectivistic cultures, with emphasis on the group self. More pervasive is the cultural group self or the collective group self. According to Yi (1995), American culture emphasizes the autonomous self, which stresses uniqueness and self-expression, whereas Asian societies lean toward an interdependence that stresses heavy reliance on the group. But when we talk about a cultural self, are we talking about an individual self? A group self? A self-actualized self? A collective group self? Miyamoto (1994) referred to this as selfless devotion to the group (e.g., not taking allowable vacations) as Japanese masochism.

I am reminded of a young Japanese graduate student who came in for treatment in my early years of clinical practice. He walked in with his head down and did not make eye contact. After sitting silently for many minutes and obviously feeling very anxious, he said he was gay and felt very fearful that his family was soon to discover his preference for men. I proceeded to tell him how he had to do what was right for him and not live his life for his family and friends. I also told him how wonderful it was that he could come for treatment and begin to develop his own sense of self. He looked at me quizzically, as if I were from Mars: "What is a sense of self?"

Who is the *we*, and who is the *you*? Most Western psychotherapists assume that there are two individuals interacting together, or as Roland (1996, p. 72) clearly stated, an "I-self" and a "we-self," with more or less firm ego boundaries between these entities. He stated that the Japanese therapist assumes a different kind of self based on a we-self, which is fundamental to the Japanese's

mode of hierarchical relationships (ibid.). How can I be a we with you? Roland explained that this is quite different than American egalitarianism. Turning again to the *amae* relationship, "When we are a 'we' I don't have to tell you how I feel. You will just know."

HIERARCHICAL AND OBLIGATORY BONDS

Therapists must have some knowledge of obligatory relational bonds. In Middle Eastern countries and Asian societies, parents and elders come first; deference and devotion to parents is a strong, long-enduring attachment. The following is an example of a narcissistic wife who went to Israel for the first time to visit her husband's parents. It was her birthday weekend: "We went to Israel to visit my husband's parents. When we arrived I found out that it was my husband's parent's anniversary. It also happened to be my birthday. When I confronted my husband and asked why he made such a fuss over his parents and ignored me, he said that parents come first."

In Japan, feelings of power and envy are not a function of the individual but belong to and are embedded in the collective members of the group. Within the group it is common for women to be subservient and compliant to men. Women's role is to please and humor men, to help alleviate the stress from their intense jobs. In the privacy of the home, the woman has the power to dominate her husband only in matters that relate to finances and child rearing.

MOSHE AND PATRICIA

An Israeli man married an Irish Catholic woman. He not only asked her to convert to Judaism but also insisted she have a Bat Mitzvah. She resisted, claiming she had no ties to Judaism and would prefer to remain Catholic and raise their children in the same way. Over time, she felt much pressure to convert. She was accused of being anti-Semitic, of belonging to a church whose clergy did offensive things to children. Her husband told her that unless she converted he would divorce her. In time, the woman gave up her religious ideals and values to conform to her narcissistic Zionist husband's demands: "He shows no consideration of what is important to me. He knew I was Catholic when he married me." When confronted with this cruelty and lack of consideration, the husband, suddenly appearing to be concerned with what is best, explained, "It is the best for the family and for our sacred Holy Land, the land of Israel." This example illustrates how under the guise of being self-righteous, a man took on a nationalistic stance to act out his most aggressive and destructive fantasies: "This is our country! The only religion is Judaism!"

SUMMARIZING THE BASICS OF CROSS-CULTURAL TREATMENT

Therapists cannot ignore the cultural, ethical and religious aspects of therapy. In treating couples from various cultures, we deal with societies that identify with destructive leaders, endless pain, sacrifice and victimization. These are societies that do not stress separation from the maternal object but instead maintain a lasting bond in a maternal fusion. The dilemma faced by many therapists when treating cross-cultural couples is that they may not be sufficiently knowledgeable. However, the therapist need only be familiar with some basic customs and traditions to effectively analyze the role culture plays in strained relations between cross-cultural partners so that the healing process can begin.

Self-psychology appears to be the most effective treatment modality in cross-cultural therapy. It offers mirroring and empathic responses designed to scale nearly impermeable walls of defense and object relations to contain and deal with the aggressive and destructive aspects of the relationship. The grandiose self of the narcissist pompously purports that his or her ways are best. How do we discover a self within the cultural narcissist who comes from a shame society and does not exist outside the context of the group? It is important for the therapist to probe deeply enough to find pathology within the individual and the vertex where conflict exists within his or her own culture.

Chapter 10

Recapitulation and Closing Thoughts

It's not the steps that count, but how you do them.

INTRODUCTION

Although pop psychology and sensationalism have monopolized the media on the subject of narcissistic disorders, there has been very little focus on how to talk to individuals exhibiting narcissistic behavior, particularly while recognizing their idiosyncratic uniqueness from a psychoanalytic and pyschodynamic perspective. It is always a therapeutic struggle to know when to confront, to empathize, to remain silent, to interpret or just to wait for the timely moment. How long do we sit before interpreting the projections, the "lies," the distortions or unrealistic defenses with which narcissists attempt to seduce and override their behavior?

Timing and the way therapists deal with the patient can be highly sensitive issues. For example, one therapist unwittingly said to her narcissistic patient, "It seems strange that you say you can't afford treatment, but every week I see you with new jewels and beautiful garments." Instead, the therapist could diplomatically have said, "How lovely you look in your new clothes; I can see you invest in the things important to you!" The patient might respond, "Are you insinuating I shouldn't spend my money on clothes? Then what should I spend it on you?" The therapist might then suggest that the patient get in

contact with her dependency needs and might say something like, "Granted, the clothes are beautiful, but they are not lasting. What you get here in treatment is lasting and will help you grow, develop and feel good inside."

Another major theme in this book concerns how to move in gently and sensitively to begin introducing patients to their internal abusers, torturers and betrayers without them feeling that they are to blame for the negative projections transported from others. Each type of narcissist detailed in this volume has his or her own idiosyncratic nature and requires a different approach, as do the kinds of partners that choose to stay with these narcissists. Each disorder has its own specific area of vulnerability (V-spot or archaic injury) that, when wounded, triggers trauma at the very core of the narcissistic personality. However, keep in mind that the borders of these narcissistic disorders are frequently blurred. As one colleague quipped, "What do you mean eight different kinds of narcissists? My husband is a composite of them all!"

Issues involving entitlement lie deep in the structure of these narcissistic disorders and determine the predominant characteristics of narcissists. I have devised four basic phases for dealing with entitlement issues, which are detailed in this chapter. These phases range from direct communication to patience and waiting to diplomacy and negotiation to strategy. This chapter also offers general suggestions for therapists as well as for patients and their partners—including when to use humor, an important aspect of the therapeutic process.

It is important again to reiterate that throughout this book, the focus is mainly on the female gender as the victim and the male gender as the perpetrator. However, these roles may certainly be reversed in many circumstances.

FOUR PHASES OF INTERACTION

What follows are four types of strategies to help therapists and patients and others find a window of opportunity to interact with the narcissist: (1) the phase of directness; (2) the phase of waiting and patience; (3) the phase of diplomacy and negotiation; and (4) the phase of strategy. Though some of these phases may be controversial and may cause concern, in the end it is better to do anything to get our needs met than to be ignored, depreciated and rejected. In some cases these approaches have saved marriages and other relationships on the brink of break-up and have helped devise a way to assist children who are being abused and neglected. What assuages the concern of the therapist or the partners engaged in these phases of communication is knowing that the intent is positive and that the end result is to penetrate the barriers of narcissistic defense to provide more meaningful and productive forms of communication.

Phase One—Phase of Directness

When interacting with a narcissist it is of primary importance to be direct. The therapist needs to ask directly what is needed for the narcissist to maintain the therapeutic treatment and structure. Declare this head on, and then wait for a response. If the response is met with silence or, "I'll tell you later," or "Let me think about it," or if person walks away, then the therapist must move to phase two. (The same applies to the partner or others involved with the narcissist.)

Phase Two—Phase of Patience and Waiting

Avoid asking or demanding an immediate answer. Allow time for a response, but with a time limit. The therapist might say, "I need to raise your fee." To this the narcissistic might respond with silence or criticism that the therapist is being too selfish. If the narcissist gives no response, the therapist might say, "Okay, I won't pressure you, but in the next session we will try to discuss why raising my fee created such a silence." Similarly, the narcissist's partner might ask, "Can we go to Europe this summer?" The patient might also respond to his or her partner with silence or criticism of being too extravagant or demanding. One woman was rather surprised when her narcissistic husband said, "It is not up to me to take care of your needs." To this the woman quipped, "Well, if it is not up to you who is it up to? The man next door or George, your partner?"

Phase Three—Phase of Diplomacy and Negotiation

If the patient continues to make the therapist feel that raising the fee is a selfish and primitive act, then the therapist must go to another level of intensity: "Are you crazy raising your fee?" asks the patient. The therapist can then explain to the narcissist how raising the fee is a way for the therapist to take care of his or her own needs and can use this to point out how difficult it is for the narcissist to take care of his own needs: that asking for what he wants creates confusion and fear. This give the therapist an opportunity to illustrate how he does the same thing in his marriage, how he becomes angry when his wife asked him to take her to Europe and manipulates him by telling her about all these other people who go on vacation: "Go on vacation! Don't you know how busy I am? My partner and I are working day and night!"

If the narcissist still fails to respond or denies his needs or feelings, the therapist and the narcissist's partner must turn to diplomacy, negation, empathy, mirroring, letting the narcissist know how much he is appreciated and how important his participation is in many lives: "I know you are a busy lawyer and have lots of briefs, stress and pressure. In spite of this you have made

every effort to be a great dad and head of this household. I want you to have a chance to relax and think about not only me but 'us.'"

Another scenario involves a set-up. A woman playwright, with the imagination to develop and invent an entire cast of characters in her mind, tried desperately to create in an image for her narcissistic husband that going on vacation is a normal thing and not an aberration: "Oh, by the way, I saw George, your business partner, and his wife. They seemed so happy. Jana was telling me how George planned an amazing trip to Prague [as opposed to they both planned and went on a trip to Prague]." Is this manipulative, or is it planting a seed?

Sometimes this is done in the reverse. Another woman asked her husband to buy her one-carat diamond earrings for their 15th wedding anniversary. The narcissist husband looked as though someone had just hit him with a rock. "Oh," says the wife, "can you believe that Susan's husband, Steve, never even bought her an engagement ring or anything for that matter? Not even a flower, and they have been married for 25 years."

Phase Four—Phase of Strategy

If the narcissist still fails to respond, then move to phase four. This phase is perhaps one of the most difficult and most tedious because it requires close adherence to structure, boundaries and containment. Phase four attempts to avoid the common threat, "If you don't do this or that, I will divorce you," which usually evokes the response, "Okay, call your lawyer in the morning. See if I care." To bypass these threats, it is best if the woman or the man says something like, "Okay, I have tried my best to have a conversation with you. Every time I suggest something you laugh, put me down or act as though I'm crazy. So, I will go out for a while, and when I come back I hope you will be ready to have a conversation with me. I know you are a fine actor on the stage, but with me you are having a monologue with yourself. Maybe it's okay if you are citing *Hamlet,* but not for me." In more severe circumstances, the partner should actually leave the house and stay with a friend or at a hotel. This creates space, which not only offers the narcissist time to think but changes the dynamics. There is no one around into which to project his needy self.

Psychoanalytic Techniques and Suggestions

Let us briefly examine some psychoanalytic and psychotherapeutic techniques that back up these four phases. In many of my earlier works, I stressed how important it is that psychoanalytic technique and theory be artistically, emotionally and creatively executed; otherwise they are hollow. Each dynamic movement, intervention or interpretation, like each stroke of a paintbrush, must be expressed with purpose and a direct focus. Otherwise, the gestures become robot-like and empty. Eye contact, tone of voice, gestures, phrasing

and timing all contribute to the therapeutic process. Technique is meaningless unless executed with style, meaning and conviction. Great artists are intrinsically aware of this.

I feel it is possible to equate behavior of a therapist to those of a fine artist. The therapist's performance must be good enough to absorb the patient's interest and to contain enough drama to make the patient susceptible to creating new emotional experience. Particularly inspiring is the late violin virtuoso Isaac Stern, who claimed that a musician must embody three qualities. The first is confidence, the second is technique combined with musicality, and the third is "enough arrogance to carry it off." Can we say the same applies to a therapist, who needs enough conviction to break through the patient's resistances and defenses? From Stern's words, I have abstracted four qualities a therapist must exhibit. The outcome of successful therapy is greatly enhanced if the therapist has (1) confidence, (2) empathic attunement, (3) strong technique and theoretical background and (4) enough "arrogance to carry if off" and thus lead the patient to a breakthrough. In addition, psychotherapeutic technique must encompasses artistic skill—timing, balance, focus, movement, dynamics, conviction and the ability to move from one transitional space to another (continually opening new spaces).

To communicate effectively is to think carefully before expressing or "evacuating" a thought. This can be accomplished by empathically putting yourself in the other person's position to reflect on how your comments will be perceived. If, for example, the therapist says to Mrs. L, the narcissist, "You missed your appointment time," Mrs. L might feel attacked and personally injured. However, if the therapist ponders for a moment how Mrs. L might interpret her remark, the therapist might then revise it to, "I believe there was some confusion about the appointment time." This lends itself to more opportunity for introspection and reflection.

Following are outlined some important therapeutic functions that constitute an integral part of therapeutic skill and technique. These have been discussed in detail in many of my earlier contributions (Lachkar, 1992, 1998b, 2002, 2004). As noted in many of my supervision groups, therapists treating narcissists often feel somewhat guilty, thinking that they may not be contributing much to the session but unknowingly maybe providing an important function: "I didn't do anything; I just sat there, and all I did was listen." Sometimes listening is enough.

CRUCIAL THERAPEUTIC FUNCTIONS

- Empathy
- Listening
- Understanding
- Introspection

- Therapist as mirroring object
- Therapist as self-object
- Therapist as container (hard object)
- Therapist as transitional object (the bonding or weaning mommy)
- Therapist as the holding or environmental mommy
- Therapist as the "being" versus "doing" mommy (remembering the patient's experiences and affects)
- Humor
- Therapist as Interpreter

In discussing the language of empathology, one cannot omit the notion of truth. Truth is an important aspect of communication. From a theoretical perspective different theorists have different ways of finding truth. Heinz Kohut (1971, 1977) explored truth through the intersubjective experience and did not believe that the analyst's truth is any better than the patient's truth, whereas Wilfred Bion (1967) believed because of the patient's primitive defense mechanism the truth gets distorted, denied, split off or projected into another object. So let's take a few moments to examine the role of truth in the therapeutic process. For Bion (1977), finding truth is a complete love relationship. He detested "lies" or what he referred to as analytic lies. Truth, he stated, comes from what he stated as living in the experience of "O" without memory or desire. To enhance this point, he stated that this is more likely to occur when the patient enters what Melanie Klein (1957) called the depressive position. In this position there is more tolerance to live in the "not knowing" of the chaos and confusion and that out of this comes truth. For example, in the paranoid schizoid position the patient resists facing he needs treatment until he comes to the realization at some point in the treatment that the therapist does have something of value to offer. The truth, then, for Bion is the patient moving from a state of omnipotence to realization of dependency. Basically, Bion protested irrational thought or "thoughts without a thinker" (p. 165). He was consumed with finding truth and how we know what we know.

Do we always tell the truth? When, where and in what circumstances do we hold and contain? Telling the truth can often lead to constructive and informative discussions; in other circumstances the truth can be destructive—often misconstrued or even taken as a hostile intent or an attack. Communication is basically more than just stating how one feels or "telling it like it is." In the '60s and early '70s, we were encouraged to express ourselves, not hold back what we thought and felt. Groups like Erhard Seminar Training were an outcome of this movement.

I am reminded of a therapist who consulted with me about a wife who confessed by telephone that she was having an affair while she and her husband were in conjoint therapy. This situation presents an anxiety-provoking dilemma for almost all therapists. To tell the whole truth could be very

destructive; not to tell the truth could be seen as deceitful and betraying, and therapists who do not reveal are considered betrayers. In my view, it is best for the therapist not to do anything that might be destructive and to simply stay on the road of helping the patient or couple sort out the issues. In this case the issue of betrayal may have been the prevalent theme and not merely issues confined to the affair.

This leads us to Bion's most admirable quality—his concept about linking thoughts or no thoughts and its applicability to arrive at truth. For Bion, the worst crime was the avoidance of truth, knowledge and curiosity. Bion's thoughts about truth and lies were inextricably linked to his concept of "the thinker" or the thinker without a thought (Bion, 1967). There are some patients who lie and who know they are lying, whereas there are others who lie and believe their lies are the truth. This is where Bion differs from Kohut. Kohut believed in the patient's subjective truth, whereas Bion believed the patient lies and distorts truth and outlines the process of detoxification, which allows the potential to transform the patient's bad stuff into something usable and palatable. Kohut's explanation for this was that when the object is not contained thoughts become accessible for evacuation through projective identification.

In terms of communication, Bion's concept of containment, reverie, transformation, detoxification and thoughts on thinking are invaluable constructs. He altered Klein's model of the "good and bad breast" to have an additional function, the breast as a container to help sooth and detoxify bad thoughts into something digestible and meaningful—the "K-link." Bion's innovative construct used the letter *K* (as in knowledge) to describe an emotional link between people. The K-link typifies the individual who tries to find truth through introspection and psychoanalytic inquiry (knowledge), and –K suggests the reverse, the avoidance of truth and knowledge.

Alpha elements relate to the ability to think about a thought, to contain and hold the thought, useful for communication, thinking and learning. Beta elements are unborn thoughts—proto-thoughts or preconceptions of thoughts—these are often undigested, intolerable affects suitable only for evacuation via projective identification. Simply stated, alpha elements can be used for verbal expression suitable for communication, learning and thinking. In couple therapy we might call this two people engaging in a conversation rather than one person having a monologue with himself or herself. Is it then fair to say that when one is vulnerable and defense mechanisms abound, the level of communication remains at the beta level (shame, blame and attack), overriding the capacity for rational thought? When the object is contained and not attacked, rational thought becomes accessible, and words lead to understanding or further communication (K-link). At other times words go in circles and lead to confusion rather than communication (–K link).

I remember my first narcissistic patient. Communication illustrated in the examples that follow can evoke tremendous frustration for the therapist.

Little Vignettes

Example 1

She asks him to bring her flowers.
He says he doesn't believe in flowers.
She says, "But I believe in flowers."
He does not respond, reads his paper.
She says, "George buys Clara flowers."
He says, "I don't give a shit what George does for Clara."
She says, "But I care what George does for Clara, and he buys her flowers."
He says, "Why don't you just mind your own business?"
She says, "Because this is my business."
He says, "They do what they do, and we do what we do."
She asks, "What do we do?"
He says, "I don't know what we do."
She says, "Well, if you don't know what we do, then how can you comment on what other people do?"
He says, "I can comment on anything I like."
Then she says, "I can comment on my need for flowers."
He says, "Then why don't you go out and buy yourself your own goddamn flowers?"
She says, "Honey, it is not the same. I want them from you."
He says, "There you go again nagging and making unrealistic demands."
She says, "I'm not nagging. I'm asking you for what I need. Okay, forget the flowers."
He then says, "Good. Now leave me in peace."

Example 2

I tell her she is angry.
She says, "No, I am not angry. I'm mad.
I tell her she's mad.
"No," she says. "I'm not mad. I'm frustrated."
I tell her she's frustrated.
"No, she replies. "I'm not frustrated, and you don't have a clue about how I am feeling."
Finally, I tell her that she is unconsciously letting me know how imperfect I am, that no matter how hard I try I cannot be right or perfect enough for her.

What is a therapist to do when she knows the patient or partner is telling a lie? Naturally, it would be inappropriate to call the patient an outright liar, but one

can go beyond the lies. In one instance, a woman wanted to tell her husband that her six-year-old daughter was not his biological child—to tell or not to tell. After realizing she wanted to tell her husband "the truth" out of revenge for his passive-aggressive behaviors, she decided that it would not benefit the child or the family to disclose this information.

Or take the case of the wife (Mrs. X) who says, "My husband (Mr. X) has a huge bank account, investments and stocks and keeps telling us he doesn't have any money." It is obvious the patient is lying. Does he know he is lying, or does he really believe he is poor? To this the therapist might reply, "It is obvious that you certainly are not in the poorhouse. I think we need to take a look at how you see yourself. Because you feel poor and impoverished inside, you think you are poor. So there does seem to be a disparity between how you view yourself and how others view you."

Kohut's (1971, 1977) approach might attempt to remedy the patient's conflict through intersubjective experience via empathy and introspection, whereas Bion's approach would be through containment, reverie and detoxification. Bion explained that when the object is not contained, people begin to talk nonsense, evacuating or saying anything to avoid truth and reality. It is obvious that with Mr. X there seems to be some confusion between rich and poor. Financially, he is rich, but emotionally he is poor because there is a withholding, non-giving, internal mother that keeps him feeling impoverished. Mrs. X is a good example of what Bion referred to as a beta element, someone who lacks the tools to explore truth, to think or not think, or a thinker without a thought.

NONSENSE TALK

Bion helps us make sense of the senseless: words that go round and round or words suitable only for evacuation, not communication. This is true even in the context of truth. Couples whose relationships are not contained and who exhibit these kinds of primitive defenses will repeat the same mantras over and over again because they lack the capacity to think and learn from experience: "Who needs commitment? Vacations are for stupid fools who have nothing else to do with themselves!" Here Bion's idea works in accordance with Thomas Ogden (1980). Ogden described how such primitive defenses as splitting and projective identification weaken the psyche and strip the self of all resources, urging one to repeat the same misfortune again and again (what Sigmund Freud referred to as repetitive compulsion).

Wife (W): He always goes on trips without me. Just feels it's okay even without any warning.

Husband (H): I need my space.

W: What are you, an astronaut?

H: I am like all other men, just need time away.

W: But how much time, and what about me?

H: See, doctor, it's all about her.

Therapist (Th): If I were a traffic cop I'd give you a ticket for violating your love relational bond.

H: A ticket?

Th: But since I'm not a cop, what we need to do is explore why you feel you can just flee without inviting your wife or give her any warning.

H: I think it through carefully to myself before I just flee.

Th: Oh, I see. So you have a monologue going. I am certainly empathic toward your need but not your approach to it. I thought most couples engage in a conversation (alpha function), not a dialogue with themselves (beta elements).

HUMOR

We often forget the importance of humor in the analytic or psychotherapeutic environment. An important form of communication is laughter. Freud was one of the first to acknowledge the importance of humor and wit as often healing for the patient. For example, after Freud was interrogated and questioned by the Nazis he was asked to sign a statement that the Nazis treated him with respect; he responded by saying he could most highly recommend the Gestapo to everyone. We cannot always take to heart everything the patient says. I am reminded of a conference on humor and psychoanalysis. An analyst was telling his patient that he was going on vacation. Horrified by the announcement, the patient said, "Dr. M, if you go on vacation, I will kill myself." The therapist then mockingly responded, "Oh Mrs. S, please don't do that. At least wait until I get back." She laughed and looked at him knowingly as if to say, "He has my number."

Humor is particularly important for dealing with narcissistic personalities, who are inclined to have a very harsh internalized superego, ridden with guilt and persecutory anxiety. Humor takes the edge off and transforms the behavior into something absurd and laughable rather than bad and imperfect. One narcissist patient insisted that marriage was only a piece of paper. His wanna-be fiancée responded, "That would be as if I were going around screwing every guy I meet and telling you a penis is just a penis." On the other hand, some narcissists never take anything seriously and can't be insulted: "Oh, yeah, that's me. She calls me a pompous ass, and she's right. I am a pompous ass. Ha ha."

A very anxious patient was quite disturbed about my upcoming trip abroad to present a paper in Paris. At the end of the session she asked if she could come along. I responded, "Of course. With your knowledge of French you will be a major asset." This response helped assuage her anxiety—though we both knew it was made tongue in cheek—as opposed to, "Well, you know the therapeutic boundaries do not allow therapist and patient to engage in a relationship." The same patient did not want to drive home at the end of the session at my home office. It was a cold, dark, windy night. Suddenly it started to rain. She asked, "Oh, can I stay for the night?" I responded, "Of course, we have all the accoutrements of a five-star hotel." She laughed and with a warm smile proceeded toward the door for her trek home.

A burly, athletic passive-aggressive who could never wake up in the morning to search for a job was mesmerized by the L.A. Lakers. He idealized and was captivated by their discipline and endless perseverance. Meanwhile, he kept putting off the job search, procrastinating and finding a barrage of excuses why he was not able to pursue his goal. I finally said to him, "Wow. I'm glad you're not a Laker player. Can you imagine one of them saying, 'I'm too tired to show up for the game today?' And these are the guys you most admire."

A frustrated African American husband, disgusted with his passive-aggressive narcissistic wife's inability to follow through with commitment, said, "Hey babe, you promised for three weeks you were going to get a new nanny and where is she?" "Oh," she responded, "I will do it tomorrow." The husband replied, "But, sweetie, tomorrow never comes. I just keep looking at those sweet beautiful lips of yours mouthing those words, but I don't see a new nanny here. Where did you put her? In the closet?"

In another instance, a narcissist patient with many paranoid features told me he was fearful about telling me something. He didn't want to talk in the office because someone might hear. I looked at him and said, "Gee, I don't see anyone here. I see a clock, a picture, a chair. I see you. But if you see anyone here whom I don't see, please, I'd like to be one of the first to know about it."

GENERAL SUGGESTIONS FOR THERAPISTS

What follows are some general guidelines for communicating with a narcissist. In reading the following suggestions, we need to keep in mind three things:

1. How to get what you need and want from the narcissist
2. How to bond with the part of the narcissist that is vulnerable
3. How to prepare the narcissist for confrontation, taking into consideration timing and preparation

- Empathize with the vulnerability and the pain, not with the aggression. Don't be afraid to confront the aggression Speak directly to the aggression with technical neutrality.

You are not allowed to hit your wife, but I can certainly understand how she stirs up things in you that make you enraged.

- Always let the narcissist be aware that he is not just giving—that he will also get something in return.

Your commitment to therapy will, in the long run, make you feel less anxious, happier, more productive. You will be doing something for yourself that no amount of success in business or the arts can offer.

- Always remind the narcissist that we are engaging in a conversation, not a monologue.
- Listen to the words. Stay with the thematic material, making use of the patient's words.
- Avoid such as advice as, "If you have a headache, then take an aspirin. If you can't sleep, then take a sleeping pill."
- Bond with some aspect of the narcissist that has relevance and importance.

You think emotions and feelings are bad, but to act and perform, you need to get connected to your feelings and emotions.

- Help patients get in contact with their internal objects (e.g., betraying, rejecting, abusive).

Yes, there can also be an internal revenue service that persecutes you and charges you, making you accountable for everything you do, but there can also be an internal revenue service that persecutes you and overcharges you for everything you do. [critical superego]

- Try to wean the narcissist away from feelings to needs. Feelings are often fallacious.

I feel like not going with you for Thanksgiving. I feel more like staying home and watching a video. [This is not a feeling. It is a defense—withdrawal].

- Set the stage. Prepare the narcissist for the confrontation.

I know what I am about to say may stir up an old feeling that you are being used when I bring up a past-due bill. But please be reassured, this is not about using

you but more about taking care of my needs. I know you are busy and preoccupied with your new job and many other important things. But I do need to bring this to your attention. [As opposed to saying, "You neglected to pay your bill on time for the past six months.]

- Be direct. Tell the narcissist what you need in terms of treatment commitment while mirroring his or her sense of entitlement.

I know you are a very busy surgeon and need a lot of flexibility, which I am willing to give; however, you do need to be responsible for the sessions that you miss.

- Don't play into the narcissist's attempt to make you feel guilty for having needs.

I [the therapist] also have needs, and, yes, I do depend on my patients, just as they need to depend on me. But I don't feel guilty, nor do I allow my patients or others to try to make me feel ashamed or guilty for having needs.

- Continually remind the narcissist why he or she sought treatment in the first place. Set goals, reevaluate and remind patients of the treatment goals.
- Avoid asking too many questions and obtaining lengthy histories, which will make the narcissist tend to withdraw. Instead, mirror and contain. Don't waste time. The history and background information will automatically unfold within the context of the therapeutic experience and the transference.
- Avoid self-disclosure. The narcissist is not interested in the therapist's life.
- Listen and be attentive. Maintain good eye contact, speak with meaning and conviction. Speak directly to the issues.
- Use short, clear sentences; keep responses direct; mirror and reflect sentiments with simple responses and few questions.
- When lost, keep in mind how you might respond to a "normal" person.
- Repeatedly talk to the narcissist about the importance of healthy dependency needs as opposed to parasitic ones.
- Keep repeating to the narcissist how his or her narcissism may actually get in the way of true success and accomplishment—that to be successful one has to be dependent on those who can help him (e.g., teacher, mentor, doctor, spouse or partner, associates)
- Remind the narcissist how he or she tends to withdraw whenever personally injured.
- Try to pinpoint the exact area of anxiety. [the V-spot]
- Remember that timing and preparation are necessary for effective communication.

REPETITIVE THEMES: LISTEN TO THE WORDS

The therapist who listens to the words has an opportunity to transform something scary, frightening, disgusting into something meaningful that is more suitable for thinking—or what Bion referred to as detoxification. A patient with a severe narcissistic personality disorder and borderline characteristics invariably starts every session with the following:

Patient (P): I'm so pissed. I feel like shit, and everyone treats me like shit. Everyone around me is an asshole.

Therapist (Th): So you are telling us that your feelings are shit and piss and that they belong in an asshole. In reality, you are referring to your internal treasures, which are your jewels, far from piss and shit. Feelings don't belong in an asshole or a toilet; rather they are to be expressed. But I understand why you feel that way because when you were little, your mother made you feel as though you were worthless, that you were not a valuable little baby but a piece of shit.

P: Don't tell me about my treasures. I'm telling you I feel like piss and shit.

Th: But your feelings are fallacious, and they are not really feelings; they are just words you are evacuating to get rid of a part of you that feels anxious and shameful. You think they are feelings because they come from your gut, but in essence they are your defenses.

The following are examples of how the therapist can use the patient's words to analyze and detoxify the problem.

The Spendthrift

A patient whose husband told her she was a spendthrift and threatened to take away her credit and charge accounts said, "I feel worthless and like a little child who must be obedient to my husband." I responded, "Yes, but you need to let your husband know that if he deprives you he might think he is ahead of the game. But in reality, he is losing, because when he withholds he won't get anything back in return."

The Withholder

A patient had a noncommittal boyfriend of five years who told her he would not marry. Meanwhile, she wondered why he never got her anything, offered her any financial support or bought her flowers or gifts. Even though he

claimed to love her more than anyone he had ever loved in the past, the reality was that they were merely companions and that marriage, gifts and flowers are for lovers. She looked up the word *companion* in various dictionaries and called his bluff. She confronted him by letting him know companions are basically friends and not necessarily intimately involved: "So, you see I am your lover, and because you are withholding, you hide under the guise of us being companions so you don't have to provide or give anything to me. So your concept of us being companions is completely fallacious."

The Parasitic Mother-in- Law

A patient complained of an intrusive, toxic mother-in-law who invaded every aspect of her life, including criticizing her home, her child-rearing practices and her finances to the point where the patient had begun to develop all kinds of psychosomatic symptoms: "Now I keep getting a reoccurring rash on my chest and doctors have not as yet discovered its etiology. My brother thinks I have a hidden parasite." I told her that from a psychological point of view it could be an allergic reaction to a very invasive, irritating mother-in-law "parasite who gets under your skin." Not having a psychological catalyst to combat or cure the problem, it manifests itself like a recurring infestation (internal parasite).

A Weighty Problem

In another instance, an overweight patient could not stop talking about her inability to get rid of the weight. At the same time, she kept complaining that she felt an uncontrollable rage and wanted to know what was wrong with her. After hearing her story about an ex-husband spending endless weekends with a new girlfriend and leaving her daughter behind to stay with a babysitter, it became clearer that the rage and anger she was experiencing was with an internal, abandoned part of herself that felt left out and neglected when her father divorced her mother. The patient felt relief when convinced that her external weight masked the "real" weight—an archaic injury that "weighed" heavily on her heart. In this case, the "truth" was told, but in such a way that it was empathic, transforming.

GENERAL SUGGESTIONS FOR PARTNERS OF NARCISSISTS

- Persuade the narcissist that he or she will not only be giving but will be receiving something in return.

  If you dress in a way that I like, it will be more aesthetically pleasing to me and stimulate my sexual appetite. In the end you will feel pleasantly rewarded. [As opposed to, "I hate the way you dress."]

- Bond with something important in the narcissist's world by persuading the narcissist that expressing emotions carries over to one's art form.

It is amazing how you are able to express yourself so passionately when you play your violin, but you can't do this when we make love. Look at Schumann, how he wrote and composed music based entirely on his undying love for Clara. [As opposed to, "You are a cold fish!"]

- Be direct; do not hint or skirt around the issues.

What you call demanding and nagging, I call having normal and healthy needs.

- Link your need with something he or she can relate to.

It's really important for us to go to Europe. All your friends are going, and you will be able to say you went there as well.

- Remember that narcissists have the tendency to split off their needy selves by projecting their needs into their partners, making them feel worthless and nondeserving.

I am going to have lunch with your boss's wife. I will feel bad if she has a credit card and mine gets declined. So please for the respect of us both, please take care of this bill before we go to lunch.

- Prepare the narcissist in advance for the slaughter (i.e., rejection).

You are such a wonderful, giving person. Everyone involved in your charity organizations can't stop talking about your generosity and how you love to give. So I thought I would ask you if could possibly give me a gift this year for our anniversary.

- Be sure to tell the narcissist the problem is not all about him.

This has nothing to do with you, so please do not take it personally. You are a wonderful, hard-working person and a great dad, but I really need to let you know that I am not feeling well. It is because of my own neglect of myself. I just want you to know that I need to stay home and rest for a few days.

- Avoid attacking and critical remarks. Start a conversation by asking the narcissist questions like, How was your day? How are you feeling? What happened at the audition? Then gradually and gently let the narcissist know that you don't mean to take the focus off him or her but that you would like to talk about something he or she said that was hurtful.

May I have your permission?

- Sometimes it is best to say nothing, to avoid being needy or demanding and to wait until the need arises in the narcissist. Since needs make the narcissist feel vulnerable and dependent, a state they cannot tolerate, they project their needs into the "needy" one. Waiting can be frustrating but often beneficial; eventually the narcissist will have to ask for something.
- Listen to the words of your narcissistic partner, and then use and recycle them to give meaning and purpose to your conversation.
- Help your narcissistic partner gradually get in contact with his or her internal objects.
- If your partner continues to refute the idea of marriage, start acting like a wife or husband.
- Use humor to neutralize potentially volatile situations and to create an atmosphere in which harmony can thrive.

The Nag

A narcissistic husband was confronted by his wife, whom he accused of being a nag and making endless demands: "You never stop demanding things from me. You are a big burden to me." To this the wife responded, "A burden? I am certainly not a burden. I am a great joy and bring you a lot of pleasure. You may think I spend a lot of money on facials, hair, nails, gym, but look at me. I am a perfectly healthy specimen. A burden is someone who is mentally ill, has cancer, or has some disease [covertly referring to his deceased wife who was terminally ill but, of course, this is only implied, not verbalized]. So please do not ever tell me I am a burden. In fact if anyone is a burden it is you. You are always complaining, never happy, always withholding time, attention and pleasure."

Commitment Using the Words

Issues around commitment commonly arise in conjoint therapy setting. Marriage is not just a piece of paper; it represents commitment not only to one another but also to the family, the community, society and the world around the marital unit. Yet commitment constitutes a major basis for conflict in couples that live together but somehow have difficulty tying the knot. Partners struggling with issues around commitment are often dealing with such issues as betrayal, entitlement, responsibility, suffocation, fantasies and loss of freedom. Some respond by belittling the institution of marriage: "Oh, it's only a piece of paper." Others, however, stall and procrastinate. They keep the others forever on hold with platitudes like, "In time, be patient, it will happen eventually." Eventually never comes. For partners who want marriage, I suggest

that the first thing to do is to act like a married partner and use the words of a committed partner.

- Let's go back to our car.
- Let's go home (instead of your house).
- Let's go to our bedroom (instead of your bedroom).
- Let's go to the market and get the food we need.
- Let's have a party and invite our friends (instead of yours or mine).
- Let's hang around with Jim and Sharon and Alice and Peter (married couples) more often.
- I've invited our friends over for dinner

Narcissism in the Workplace

Sue McGregor is one of the few experts who focuses on entitlement and narcissism in the business and commercial world. McGregor (2004) referred to this as consumer narcissism. The premise of her paper is that a sense of an entitlement to consume—with all its arrogance, narcissistic pride, vanity, conceit and arrogance—leads to the untenable "consuming community," which she described as having an "entitlement mentality." She suggested that this passion for consumption leads consumers to make irresponsible decisions based on vanity rather than practicality. Furthermore, because they have such high expectations, consumers sometimes are insensitive to the people who serve them. Their personal gratification is primary, regardless of doing possible harm to or creating hurt feelings in others: "I don't care if you are out of fish. I came here expecting fish today." They expect others to have an endless amount of narcissistic supply simply because they are "deserving."

Both clinical and commercial enterprises (e.g., organizations, institutions, schools, professional groups) are rife with myriad narcissistic personalities. Harrison (2004) described narcissistic entitlement syndrome (NES) as it applies in the workplace. Although his focus was mainly on attorneys, his concept can certainly be applied to other vocations and professions. He claimed that one of the greatest problems in the law field are attorneys with NES, who are so arrogant and full of themselves that they are quickly fired.

Harrison (2004) described the lawyer with NES as someone who disregards the feelings of others, continually inflates himself while putting down others and is motivated by fantasies of limitless power, achievement, and success. Reaching the top is a relentless goal, and he will do anything and everything to accomplish this, even at the expense of others. Such persons lack empathy and are clueless as to the needs and concerns of others. In addition, they envy others, need constant approval and cannot tolerate any criticism or the success or anyone except themselves. When others complain about them, they feel they are being treated unfairly. This

inflames work colleagues even more. As analysts we are quite familiar with the narcissistic patient projecting their hatred or envy onto us to destroy the object (therapeutic breast) that feeds and nourishes them. In the workplace, there is no feeding breast or analyst to interpret, only an angry boss or frustrated coworkers who resentfully act as containers for the narcissist's projections.

GENERAL SUGGESTIONS FOR TEACHERS, STUDENTS, ARTISTS, TEACHERS

The suggestions made in this chapter are certainly applicable to teachers, students and artists. Teachers must always present a positive outlook when critiquing a student's work, while at the same time acting a mirroring object for them: "I love your composition. I think it shows a great deal of creativity and potential for more thoughts on this subject. I would however, suggest you cut out a few extra paragraphs because they are unnecessary and detract from your major points."

As an elementary school teacher, I noticed there were special qualities in certain very creative children. They refused to conform to the classroom standards and often were punished. Teachers frequently failed to recognize that many of these children had creative and artistic passions and were extremely frustrated because no one would help guide them. One child refused to do math; she said she only wanted to paint. A very creative teacher said to her, "Well, then what would you do if someone walked in today and offered you $1,000 for one of your paintings? How would you count the money? Would you count by 5s, 10s, 20s, 100s?" To this the little girl replied, "Let's get out the play money, and you will show me!"

Too Many Words or Too Many "Notes"

To use a musical metaphor, another treatment point for therapists is to keep their communication clear, short and succint. Avoid the use of "too many words." In focusing on technique with many of my supervisees in group supervsion, I have become cognizant of therapists giving long-winded explanations and interpretations. Not only is this a sign of poor technique, but by being too verbose we also often lose the patient, let alone the points we want to make. Conversely, patients also use too many words to express a thought. In addition, sometimes taking too detailed a much history, for example, can contaminiate the space. To quote Yalom (2003, p. 51) in explaining why a doctor should not listen to much history before acquiring his own experience firsthand, it is like "reading a play before seeing it performed and certainly before reading the reviews."

CLOSING THOUGHTS

Communication with a narcissist is not simple. My intention in this volume has been to encourage therapists and partners of narcissistic personalities to address in a new way the complicated issues involved in communicating effectively with a narcissist—no matter what form of narcissism is involved. The unique language of empathology I have come up with as a way to bring about more effective communication is an outgrowth of growing up in a milieu of artistic narcissists and dealing with narcissists for years as a therapist, particularly as a couples therapist. Without a new approach to achieving successful communication—which often in today's environment must include global concerns—narcissists and their partners are doomed to continue their never-ending dance of miscommunication and frustration.

So, as the curtain closes, let me say that I hope this book has revealed a new perspective and has fostered a greater understanding of what it takes to open up crucial channels of communication and to keep them flowing freely. This book has been written with great respect for the cast of characters involved and with much hope that it will promote heightened awareness of the need for sensitive, thoughtful communication that leads to healthy, intimate, loving, lasting relationships.

Glossary

Attunement
Attunement is the rhythm of the heart and soul as it blends with another person. According to Winnicott (1965), it is the mother–infant experience of togetherness—that beautiful moment of ecstasy of togetherness against the backdrop of dialectic tensions of the dread of separateness. It is that special moment when the infant and mommy are one in total harmony, bliss and synchronicity. Whether it be the dancer and the pianist, the musician and the conductor, the painter and his canvas, or the patient with the analyst, I refer to two types of attunement: (1) the moment of togetherness; and (2) sensing the rhythm and timing the other.

Borderline Personality
This personality disorder designates a defect in the maternal attachment bond as an overconcern with the "other." Many have affixed the term *as-if personalities* to borderlines. This refers to those who tend to subjugate or compromise themselves. They question their sense of existence, suffer from acute abandonment and persecutory anxiety and tend to merge with others in very painful ways to achieve a sense of bonding. Under close scrutiny and stress, they distort, misperceive, have poor impulse control and turn suddenly against self and others (to attack, to blame, to find fault and to get even.

Containment
A term employed by Wilfred Bion, containment describes the interaction between the mother and the infant. Bion believed that all psychological barriers universally dissolve when the mind acts as receiver of communicative content, which the mother does in a state of reverie by using her own alpha function. Containment connotes the capacity for transformation of the data of emotional experience into meaningful feelings and thoughts. The mother's capacity to withstand the child's anger, frustrations and intolerable feelings becomes the container for these effects. This can occur if the mother is able

to sustain intolerable behaviors long enough to decode or to detoxify painful feelings into a more digestible form.

The Couple Transference
Couple transference is a term I devised to describe what happens during treatment when the couple cojointly projects onto the therapist some unconscious fantasy—for example, making the therapist feel guilty for stopping on time at end of the session, giving a bill, not changing appointment times. Together the partners form a folie à deux.

Cultural V–Spot
The cultural V-spot is a collectively shared archaic experience from the mythological or historical past that evokes painful thoughts and memories for the group, such as burning of the temple, loss of land to Israel or the expulsion of Ishmael to the desert with his abandoned mother, Hagar.

Depressive Position
This is a term devised by Melanie Klein to describe a state of mourning and sadness in which integration and reparation takes place. Not everything is seen in terms of black and white. There is more tolerance, guilt, remorse, self-doubt, frustration, pain and confusion. One is more responsible for one's action. There is the realization not of what things should be but the way they are. As verbal expression increases, one may feel sadness, but one may also feel a newly regained sense of aliveness.

Dual Projective Identification
Whereas projective identification is a one-way process, dual projective identification is a two-way process that lends itself to conjoint treatment. One partner projects a negative feeling into the other, who then identifies or overidentifies with the negativity being projected: "I'm not stupid! Don't call me stupid!"

Ego
The ego is part of an intrapsychic system responsible for functioning (i.e., thinking, reality testing, judgment). It is the mediator between the id and superego. The function of the ego is to observe the external world, preserving a true picture by eliminating old memory traces left by early impressions and perceptions.

Empapthology
Empathology is a new language I devised for how to talk to a narcissist; the language encompasses a description of eight different kinds of narcissists and the various communucation sytyles appicable for each type. I abstracted the term from Heinz Kohiut's concept of emapthy as an essential therapeutic technique in treating the narcissistic personality disorder.

Envy
Klein made a distinction between envy and jealousy. Envy is a part-object function and is not based on love. She considered envy to be the most primitive and fundamental emotion. It exhausts external objects and is destructive in nature. Envy is possessive and controlling and does not allow outsiders in.

Folie à Deux
In general terms, folie à deux refers to Klein's notion of projective identification, whereby two people project their delusional fantasies back and forth and engage in a foolish dance. The partners are wrapped up in a shared delusional fantasy, and each engages and believes in the outrageous scheme of the other. Usually the term applies to both oppositional and collusive couples. In some cases there is triangulation, which is a three-part relationship in which two people form a covert or overt bond against another member.

Guilt
Guilt is a higher form of development than shame. Guilt has an internal punishing voice that operates at the level of the superego (i.e., an internalized, punitive, harsh parental figure). There are two kinds of guilt: valid guilt and invalid guilt. Valid guilt occurs when the person should feel guilty. Invalid guilt comes from a punitive and persecutory superego.

Internal Objects
This is an intrapsychic process whereby unconscious fantasies that are felt to be persecutory, threatening or dangerous are denounced, split off and projected. Internal objects emanate from the part of the ego that has been introjected. Klein believed that the infant internalizes good "objects" or the "good breast." However, if the infant perceives the world as bad and dangerous, the infant internalizes the "bad breast."

Jealousy
Jealousy, a higher form of development than envy, is a whole-object relationship whereby one desires the object but does not seek to destroy it or the Oedipal rival (e.g., father and siblings; those who take mother away). Jealousy, unlike envy, is a triangular relationship based on love, wherein one desires to be part of or included in the group, family, clan or nation.

Manic Defenses
The experience of excitement (mania) offsets feelings of despair, loss, anxiety and vulnerability. Manic defenses evolve as a defense against depressive anxiety, guilt and loss. They are based on omnipotent denial of psychic reality and object relations characterized by a massive degree of triumph, control and hostility. Some manic defenses work in the ego.

Mirroring
This is a term devised by Kohut that describes the "gleam" in a mother's eye, which mirrors the child's exhibitionistic display and other forms of maternal participation in it. Mirroring is a specific response to the child's narcissistic-exhibitionist displays, confirming the child's self-esteem. Eventually these responses are channeled into more realistic aims.

Narcissistic Personality
These individuals are dominated by omnipotence, grandiosity and exhibitionist features. They become strongly invested in others and experience them as self-objects. To preserve this "special" relationship with their self-objects (others), they tend to withdraw or isolate themselves by concentrating on perfection and power.

Narcissistic/Borderline Relationship
These two personality types enter into a psychological dance and consciously or unconsciously stir up highly charged feelings that fulfill early unresolved conflicts in the other. The revelation is that each partner needs the other to play out his or her own personal relational drama. Engaging in these beleaguered relationships are developmentally arrested people who bring archaic experiences embedded in old sentiments into their current relationships.

Object Relations
Object relations is a theory of unconscious internal object relations in a dynamic interplay with current interpersonal experience. This is an approach to understanding intrapsychic and internal conflict, including the patients, projections, introjections, fantasies and distortion, delusions and split-off aspects of the self. It is based on how one relates and interacts with others in the external world. Klein developed the idea of pathological splitting of so-called good and bad objects through the defensive process of projection and introjection in relation to primitive anxiety and the death instinct (based on biology). Object relations is a powerful theory that examines unconscious fantasies and motivations, reflecting how a person can distort reality by projecting and identifying with bad objects.

Paranoid Schizoid Position
The paranoid schizoid position is a fragmented position in which thoughts and feelings are split off and projected because the psyche cannot tolerate feelings of pain, emptiness, loneliness, rejection, humiliation or ambiguity. Klein viewed this position as the earliest phase of development, part-object functioning, and the beginning of the primitive superego (undeveloped). If the child views mother as a "good breast," the child will maintain good, warm and hopeful feelings about the environment. If, on the other hand, the infant

experiences mother as a "bad breast," the child is more likely to experience the environment as bad, attacking and persecutory. Klein, more than any of her followers, understood the primary importance of the need for mother and the breast.

Part Objects
The first relational unit is the feeding experience with the mother and the infant's relation to the breast. Klein believed the breast is the child's first possession, but because it is so desired it also becomes the source of the infant's envy, greed and hatred and is therefore susceptible to the infant's fantasized attacks. The infant internalizes the mother as good or bad or, to be more specific, as a part object (a "good breast" or "bad breast"). As the breast is felt to contain a great part of the infant's death instinct (persecutory anxiety), it simultaneously establishes libidinal forces, giving way to the baby's first ambivalence. One part of the mother is loved and idealized, whereas the other is destroyed by the infant's oral, anal, sadistic or aggressive impulses. In clinical terms Klein referred to this as pathological splitting. Here a parent is seen as a function for what that the parent can provide— for example, in infancy the breast, in later life money, material objects ("I only love women who have big breasts!").

Persecutory Anxiety
This is the part of the psyche that threatens and terrifies the patient. It relates to what Klein referred to as the primitive superego, an undifferentiated state that continually warns the patient of imminent danger (often unfounded). Paranoid anxiety is a feature associated with the death instinct and is more persecutory in nature. That implies the kind of anxiety from the primitive superego that is more explosive and volatile than from the more developed superego.

Projective Identification
This is a process whereby one splits off an unwanted aspect of the self and puts it into the object, which identifies or overidentifies with what is being projected. In other words, the self experiences the unconscious defensive mechanism and translocates itself into the other. Under the influence of projective identification, one becomes vulnerable to the coercion, manipulation or control of the person doing the projecting.

Psychohistory
Psychohistory does for the group what psychoanalysis does for the individual. It offers a broader perspective from which to view cross-cultural differences. Using psychoanalytic tools and concepts, psychohistory allows a better understanding of individuals, nations, governments and political events—

very much as a therapist analyzes the couple as a symbolic representation of a political group or nation (DeMause 2002a, 2002b, 2006).

Reparation
This is the desire for the ego to restore an injured love object by coming to terms with one's own guilt and ambivalence. The process of reparation begins in the depressive position and starts when one develops the capacity to mourn and to tolerate and to contain the feelings of loss and guilt.

Schizoid Personality
The central features of the schizoid are their defenses of attachment, aloofness and indifference to others. The schizoid, although difficult to treat, is usually motivated, unlike the passive-aggressive. However, because of his or her detachment and aloofness, the schizoid personality lacks the capacity to achieve social and sexual gratification. A close relationship invites the danger of being overwhelmed or suffocated, for it may be envisioned as a relinquishing of independence. The schizoid differs from the obsessive-compulsive personality in that the obsessive-compulsive feels great discomfort with emotions, whereas the schizoid is lacking in the capacity to feel the emotion but at least recognizes the need. Schizoids differ from the narcissist in that they are self-sufficient and self-contained. They do not experience or suffer the same feelings of loss that borderlines and narcissists do: "Who, me? I don't care, I have my work, my computer!"

Self-Objects
This is a term devised by Kohut. A forerunner of self-psychology, the term refers to an interpersonal process whereby the analyst provides basic functions for the patient. These functions are used to make up for failures in the past by caretakers who were lacking in mirroring and empathic attunement and had faulty responses with their children. Kohut reminds that psychological disturbances are caused by failures from idealized objects and that patients may need self-objects who provide good mirroring responses for the rest of their lives.

Self-Psychology
Kohut revolutionized analytic thinking when he introduced a new psychology of the self that stresses the patient's subjective experience. Unlike with object relations, the patient's reality is not considered a distortion or a projection but rather the patient's truth. It is the patient's experience that is considered of utmost importance. Self-psychology, with its emphasis on the empathic mode, implies that the narcissistic personality is more susceptible to classical interpretations. Recognition of splitting and projects is virtually nonexistent among self-psychologists.

Shame
Shame is a matter between the person and his or her group or society, whereas guilt is primarily a matter between a person and his or her conscious. Shame is the defense against the humiliation of having needs that are felt to be dangerous and persecutory. Shame is associated with anticipatory anxiety and annihilation fantasies: "If I tell my boyfriend what I really need, he will abandon me!"

Single and Dual Projective Identification (as it pertains to conjoint treatment)
In single projective identification, one takes in the other person's projections by identifying with what is being projected. Dual projective identification is a term I originated whereby both partners take in the projections of the other and identify or overidentify with what is being projected (i.e., the splitting of the ego). Thus, one may project guilt while the other projects shame: "You should be ashamed of yourself for being so needy! When you're so needy, I feel guilty!"

Splitting
Splitting occurs when a person cannot keep two contradictory thoughts or feelings in mind at the same time and therefore keeps the conflicting feelings apart, focusing on just one of them.

Superego
The literature refers to different kinds of superegos. Sigmund Freud's superego concerns itself with moral judgment, with what people think. It depicts an introjected whole figure, a parental voice or image that operates from a point of view of morality, telling the child how to follow the rules and what happens if they do not. It is often the "dos, don'ts, oughts, and shoulds" and represents the child's compliance and conformity with strong parental figures. Freud's superego is the internalized image that continues to live inside the child, controlling or punishing. Klein's superego centers on the shame and humiliation of having needs, thoughts and feelings that are felt to be more persecutory and hostile in nature and invade the psyche as an unmentalized experience.

V-spot
This is a term I devised to describe the most sensitive area of emotional vulnerability that gets aroused when one's partner hits an emotional raw spot in the object. It is the emotional counterpart to the physical G-spot. The V-spot is the heart of our most fragile area of emotional sensitivity, known in the literature as the archaic injury, a product of early trauma that one holds onto. With arousal of the V-spot comes the loss of sense and sensibility; everything shakes and shifts like an earthquake (i.e., memory, perception, judgment, reality).

Whole Objects
The beginning of the depressive position is marked by infants' awareness of their mother as a whole object. As infants mature and as verbal expression increases, they achieve more cognitive ability and acquire the capacity to love her as a separate person with separate needs, feelings and desires. In the depressive position, guilt and jealousy become the replacement for shame and envy. Ambivalence and guilt are experienced and tolerated in relation to whole objects. One no longer seeks to destroy the objects or the Oedipal rival (father and siblings, those who take mother away) but can begin to live amicably with them.

Withdrawal Versus Detachment
Detachment should not be confused with withdrawal. Withdrawal is actually a healthier state because it maintains a certain libidinal attachment to the object. When one detaches, one splits off and goes into a state of despondency. Children who are left alone, are ignored or are neglected for long periods of time enter into a phase of despair (Bowlby 1969). The child's active protest for the missing or absent mother gradually diminishes, and the child no longer makes demands. When this occurs, the infant goes into detachment mode or pathological mourning. Apathy, lethargy and listlessness become the replacement for feelings (anger, rage, betrayal, abandonment).

SUMMARY

Types of Narcissists

Normal Narcissist	Somewhat normal individual who is self-absorbed, overly preoccupied with self, with strong desires for fame, achievement, power, but not to the extent of overpowering relationships; still has the capacity to maintain a loving and intimate bond.
Pathological Narcissist	Someone who is self-absorbed, overly preoccupied with self, has excessive entitlement fantasies, lacks empathy and displays an indifference or apathy to the emotional needs of others. Primitive defense mechanisms such as guilt, shame, envy, control, domination, splitting, projection, projective identification and unresolved Oedipal rivalry issues tend to dominate and overpower the capacity to maintain healthy object relations and an intimate love bond.
Malignant Narcissist	Usually a leader who acts out his or her worst aggression under the guise of a "good cause"—for example, Serbia's Milosevic: "We killed the Albanians for a good cause." Sadism is the most common syndrome of the malignant narcissist, whose paranoid features drive his or her self-serving, political aspirations. These become the rationale for destructive or sadistic acts of aggression, which the group usually supports.
Antisocial Narcissist	The antisocial typically presents serious superego pathologies. The most dominant feature is the lack of superego functioning and lack of capacity for guilt and remorse. Antisocial narcissists may steal, may lie, may get caught and may even confess their crimes, yet with no context of guilt, remorse or concern. Their sense of omnipotence and their entitlement fantasies are so extreme that they delude themselves into thinking they can get away with their transgressions.
Depressive Narcissist	Someone who approximates a reverse narcissist, a person so depleted of narcissistic supplies from the external environment that they turn inward in a form of self-hatred. The person sinks into a state of morbidity dominated by a very strong critical and punitive superego.
Obsessive-Compulsive Narcissist	Driven by work ethics and principle, obsessive-compulsives have very little regard or empathy for the feelings or needs of others. They are characterized by harsh, strict, punitive superego demands and are obsessed with cleanliness. They counteract emotions—felt to be dirty and messy—by constant washing, cleaning and other repetitive acts. They tend to be pack rats, bonding more with objects than people.

Passive-Aggressive Narcissist	Childlike in their dependency, passive-aggressives are always trying to recreate the parent–child dyad. Some are meek and mild, whereas others are outwardly very negative, deviant and manipulative. They feel like other people make unrealistic demands on them and typically procrastinate until the last minute, feign inefficiency and find a plethora of excuses why things were not done. They coerce others to perform functions for them by playing the role of victim. Many are products of sibling rivalry and victims of traumatized childhoods and feel the world should pity and take care of them.
Narcissist "The Artist"	The healthy artist displays a certain amount of grandiosity, pomposity, self-absorption, preoccupation with self and an obsessive investment in perfectionism. This does not interfere with the creative process or with the ability to have healthy object relations ("aesthetic survival"). The unhealthy artist functions at the extreme end of pathological narcissism, dominated by such defenses as envy, control, competition—to the extent that winning becomes more pervasive than the joy of the creative process.
Cross-Cultural Narcissist	This narcissist brings to our country a surfeit of nationalistic pride, which he or she holds onto relentlessly. Cross-cultural narcissists refuse to adapt and will do anything to maintain a sense of special identity.

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PSYCHODYNAMIC PSYCHOTHERAPY

"This book can make every therapist incredibly more effective in working with narcissistic clients, as well as others with clients. There's nothing quite like it in print today."

—Len Sperry, MD, PhD, author of *Handbook of the Diagnosis and Treatment of DSM-IV-TR Personality Disorders,* and *Cognitive Behavior Therapy of DSM-IV-TR Personality Disorders*

"This is a remarkable, innovative work on narcissistic disorders from the theoretical as well as the clinical perspective. All mental health workers, to say nothing of the informed lay public, will profit from reading this book."

—James S. Grotstein MD, clinical professor of psychiatry at the David Geffen School of Medicine at UCLA

Much has been written about narcissism, addressing not only its theoretical aspects, but also its psychodynamics and the defense mechanisms within the spectrum of various kinds of narcissists. Yet little if anything has been written about how to actually *communicate* with one, or what Dr. Lachkar refers to as the "Language of Empathology." This book focuses on specific communication styles in addressing patients with severe narcissistic personality pathology, which can be extremely beneficial to mental health professionals, who are often inundated with technical terms rather than offered a practical guide on how to actually "talk" to a narcissist.

How to Talk to a Narcissist is designed to be a guide useful to both beginning and seasoned practitioners. The book is recommended to all clinicians treating individuals, couples, and groups, within the scope of various narcissistic personality disorders. The book has many applications, including use as a textbook for universities, clinics, graduate courses, and analytic training institutes. People in business, partnerships, commercial sales, and human resources will also find the approach to communicating with a narcissist valuable.

Joan Lachkar, PhD, is a licensed marriage and family therapist in private practice in Brentwood and Tarzana, California, as well as the author of *The Narcissistic/Borderline Couple, The V-Spot*, and numerous publications on marital and political conflict. She is an affiliate member of the New Center for Psychoanalysis and a psychohistorian.

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