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**From Alice Miller to David Celani to Terrence Real: Paradigms of Narcissism
Which can assist Psychotherapists in the Task of Healing Shame**

I want to begin by thanking Marsha Robertson, Jamie Kyne, and Mary Arwen for reading the first draft of this talk and making very helpful suggestions.

Also, I will reference several of my cases in what follows. I have endeavored to remove any identifying information. If you should recognize anyone in these cases, I ask that you maintain strict confidentiality regarding what is presented here.

The novel Divine Secrets of the Ya-Ya Sisterhood opens with the following scene: The grown daughter, Siddha, has just had her new play open at Lincoln Center, and an interview with her has just been published in the Sunday New York Times. Siddha's mother Vivi, back in Louisiana, has read the review. When Siddha phones home, her mother immediately hangs up the phone.

Siddha punched automatic redial. Vivi picked up again, but did not speak.

"Mama, I know you're there. Please don't hang up. I'm so sorry this all happened. I'm really really sorry. I---"

"There is nothing you can say or do to make me forgive you," Vivi said. "You are dead to me. You have killed me. Now I am killing you."

Siddha sat up in bed and tried to catch her breath.

"Mother, I did not mean for any of this to take place. The woman who interviewed me--"

"I have cut you out of my will. Do not be surprised if I sue you for libel. There are no photographs left of you on any of my walls. Do not---"

Siddha could see her mother's face, red with anger. She could see how her veins showed lavender underneath her light skin.

"Mama, please. I cannot control The New York Times. Did you read the whole thing? I said, 'My mother, Vivi Abbott Walker, is one of the most charming people in the world.'"

"'Charming wounded.' You said: 'My mother is one of the most charming wounded people in the world. And she is also the most dangerous.' I have it here in black-and-white, Siddalee."

"Did you read the part where I credited you for my creativity? Where I said, 'My creativity comes in a direct flow from my mother, like the Tabasco she used to spice up our baby

bottles.' Mama, they ate it up when I talked about how you'd put on your tap shoes and dance for us while you fed us in our high chairs. They loved it."

"You lying little bitch. The loved it when you said: 'My mother comes from the old Southern school of child rearing where a belt across a child's bare skin was how you got your point across.'"

Siddha sucked in her breath.

"They loved it," Vivi continued, "when they read: 'Siddalee Walker, articulate, brilliant director of the hit show *Women on the Cusp*, is no stranger to family cruelty. As the battered child of a tap-dancing child abuser of a mother, she brings to her directing the rare and touching equipoise between personal involvement and professional detachment that is the mark of theatrical genius.'"

"'Battered child'! This is shit! This is personal character-defaming shit from the most hideous child imaginable!'....."

"Mama, I never meant to hurt you. Many of those words I never even uttered to that damn journalist. I swear, I---"

"You Goddamn self-centered liar! It's no Goddamn wonder every relationship you have falls apart. You know nothing about love. You have a cruel soul. God help Connor McGill. He would have to be a fool to marry you."

Siddha got out of bed, her whole body shaking. She walked to the window of her twenty-second-floor apartment in Manhattan Plaza. From where she stood, she could see the Hudson River. It made her think of the Garnet River in Central Louisiana, and how red its water flowed.

Mama, you bitch, she thought. You devouring, melodramatic bitch. When she spoke, her voice was steely, controlled.

"What I said was not exactly a lie, Mother. Or have you forgotten the feel of the belt in your hand?"

Siddha could hear Vivi's sharp intake of breath. When Vivi spoke, her voice had dropped into a lower register.

"My love was a privilege that you have abused. I have withdrawn that privilege. You are out of my heart. You are banished to the outer reaches. I wish you nothing but unending guilt."

(pages 2-3)

I've shared this vignette so that we may all experience together the toxicity of narcissistic rage, and the costs of truth-telling to the one who dares to challenge a narcissistic parent.

Probably all of us became psychotherapists in part out of our wish to heal wounds from our childhoods in narcissistic families. As the authors of the book, The Narcissistic Family, state:

"..we identified a pattern of interaction that we labeled the narcissistic family...we found one pervasive trait present in all of these families: the needs of the parent system took precedence over the needs of the children...the child must be reactive to the needs of the parent, rather than the converse. In fact, the narcissistic family is consumed with dealing with the emotional needs of the parent system."

(pages 4-5)

My former supervisor Dr. Volney Gay would describe this family, in psychodynamic terms, as an inverted self-object system. Rather than parents being available to assist children in building a healthy sense of self, the children are unconsciously recruited to continually boost the parent's faltering sense of self. Alice Miller, in The Drama of the Gifted Child, describes why most of us psychotherapists come from such a background:

"...these children...eventually develop a special sensitivity to unconscious signals manifesting the needs of others. No wonder they often choose to become psychotherapists later on. Who else, without this previous history, would muster sufficient interest to spend the whole day trying to discover what is happening in other people's unconscious?"

(page 8)

All of us who grew up in narcissistic families suffered narcissistic wounds, meaning wounds to our sense of self and self esteem. When most people describe a narcissistic individual, they are typically referring to the grandiose narcissist, typified by Vivi in the opening scene in this talk, as well as in the DSM. At the other end of the narcissistic spectrum is the shadow narcissist, which better describes the pattern that typifies the background of most psychotherapists. Fifteen years ago, Jordan Lee and I wrote a description of the shadow narcissist for the flyer for our women's group for adult children of narcissistic families:

"...this child becomes an adult with such personality traits as a lack of self-confidence, a chronic need to please, difficulty being assertive, a vulnerability to depression, and she has great difficulty identifying and acting upon her own feelings, wants, and needs."

Nancy McWilliams, in her brilliant chapter on "Narcissistic Personalities", in her book Psychoanalytic Diagnosis, states:

"People whose personalities are organized around maintaining their self-esteem by getting affirmation from outside themselves are called narcissistic by psychoanalysts...it became clear that the overtly grandiose personality was only one form of what we would today construe as a narcissistic problem or "disorder of the self" (Kohut & Wolf, 1978). Current analytic conceptualization recognizes many different manifestations of a core difficulty with identity and self-esteem."

(pages 168 & 170)

Sometimes a patient will ask me, "Am I narcissistic?" I might explain to him or her that all of us who grew up in narcissistic families have characteristics of both grandiose and shadow narcissism, and that each of us lies at a different place on the continuum that stretches from grandiose to shadow narcissism. Thinking in percentage terms, for example, one might be 80% shadow narcissist and 20% grandiose narcissist, or vice-versa.

Sometimes I will draw a line across a piece of notebook paper, and label one end of the line as "selfless" and the other end of the line as "selfish." To a shadow narcissistic patient, I might suggest that when she takes a few steps away from the "selfless" position, she then feels guilty and imagines she is all the way over at the "selfish" or grandiose position. As Jordan Lee and I wrote in our group flyer: "...when the adult child struggles to birth a self, she may worry that she needs too much and has become self-focused, like her narcissistic parent."

This guilt is one of several dilemmas that we encounter in the treatment of individuals with narcissistic wounds. Thus I often say to such patients, who are attempting to pay better attention to their feelings and needs, that “guilt is part of the territory.” I suggest to them that the guilt in this case doesn’t mean they are doing something wrong, but that they are doing something different—elevating their wants and needs, relative to others’ perceived needs, higher than they have in the past.

Another dilemma is working with narcissistic patients is the overwhelming shame they are dealing with. This is what the DSM has so glaringly neglected in its description of the narcissistic personality. As Nancy McWilliams has stated:

“...in every vain and grandiose narcissist hides a self-conscious, shame-faced child, and in every depressed and self-critical narcissist lurks a grandiose vision of what that person should or could be...What narcissistic people of all appearances have in common is an inner sense of, and/or terror of, insufficiency, shame, weakness, and inferiority.” (page 171)

In my work in assisting patients in the healing of their shame, I tend to turn most often to Buddhist teachers and Buddhist principles of non-judgment. One Buddhist teacher, who is also a psychologist, who focuses particularly on the ravages of shame, is Tara Brach. In her book, Radical Acceptance, she writes about “the trance of unworthiness” that many of us and our patients are seeking to recover from.

“As a friend of mine put it, ‘Feeling that there is something wrong with me is the invisible and toxic gas I am always breathing.’ When we experience our lives through this lens of personal insufficiency, we are imprisoned in what I call the trance of unworthiness. Trapped in this trance, we are unable to perceive the truth of who we really are...what a waste of our precious lives it is to carry the belief that something is wrong with us...Inherent in the trance is the belief that no matter how hard we try, we are always, in some way, falling short.” (pages 5-6)

Sometimes I will say to patients, “You were brainwashed in childhood into believing that something is wrong with you. Part of our work is to undo the brainwashing.”

Two other related dilemmas in working with grandiose narcissistic patients, and, more often, since so many grandiose narcissists avoid psychotherapy, their spouses and adult children, are the grandiose individual’s needs for “seamless mirroring,” as my supervisor Marsha Robertson has described it, and the psychic damage, for spouses and adult children, of coping with what Volney Gay, quoting Andre Green (1977), has termed “blitzkrieg affects”—sudden dramatic shifts in mood, particularly into anger and rage, as typified in Vivi’s reactions in the opening part of this talk.

In order to explain seamless mirroring and blitzkrieg affects, we need to understand splitting. In graduate school I was taught about how borderlines split, as for example their treating professionals, or staff on an inpatient unit. What I didn’t grasp at that time is that we all split.

The psychologist who has been most helpful to me in understanding splitting is David Celani, particularly in his book The Illusion of Love: Why the Battered Woman Returns to her Abuser.

Celani credits W.R.D. Fairbairn, a Scottish analyst, with helping him understand the role of splitting in interpersonal dynamics. Fairbairn worked in the 1940's and 1950's with abandoned and abused children in "foundling" homes, with adopting parents, after the children had been removed from abusive and neglectful homes. Fairbairn was initially astounded at the degree to which these children remained attached to abusive parents, and he observed

"...the extreme terror and emotional collapse experienced by abused and abandoned children when they were placed in the foundling home, despite the fact that the foundling home provided them with safety from further physical abuse by their parents...Amazingly, these children preferred to face the threat of being beaten to death in their own homes by their own parents rather than the physical safety of staying in the foundling home without their parents."

(page 24)

In his efforts to understand this surprising phenomenon, Fairbairn discovered the splitting defense, and was the first theorist, according to Celani, to describe splitting in the way that we use the concept today.

"He noticed that these unfortunate children held two completely separate, and opposite, views of their parents in independent, sealed off ego states that alternately controlled their consciousness. He recognized that that these separate ego states protected these children from remembering the reality of the neglect and abuse they had suffered at the hands of their parents when they were in the 'other' ego state...In simplest terms the first ego state is a 'good' one in which the parent is appropriately gratifying and experienced as a good object. This good parent is connected by love to the child's good self. The second ego state is a 'bad' one in which the parent is experienced as rejecting or frustrating of the child's needs. Under these conditions the child's sense of self is experienced as bad, and is connected to the object with anger or hostility. Only one ego state is dominant at any given time, while the other, opposite ego state is repressed." (page 110-111)

Celani goes on to explain how what he calls "the abused self" develops.

"The neglected or abused child develops a very small good-self ego state since there are relatively few moments of appropriate gratification and support from a 'good' parent during her emotional development. These few memories do not produce a strong sense of being "good." When the parent is excessively frustrating, negative, or simply absent, a very large "bad" sense of self develops. This sense of self is comprised of the child's emotional experiences of herself as she relates to the mother when she frustrates the child's legitimate needs, either through neglect or abuse. This damaged sense of self...is dominant in children who have been severely abused...I will call it the abused self...The abused self is filled with bitterness, cynicism, self-destructive hate..." (page 115)

Thus, to understand splitting we begin with outlining the development of the "abused self," which is a later book, Leaving Home: The Art of Separating from Your Difficult Family, Celani

has begun to call the "wounded self." He describes the other part-self as the "hopeful self," and states

"the hopeful self, and its associated 'exciting object,' are Fairbairn's most important psychological constructs, as they are the internal structures that motivate the individual to return to the rejecting object. More specifically, the abused woman's hopeful self can only see a part-object view of her abuser that is all good...the hopeful self (is blind) to the negative aspects of the abusing object...when the object is perceived as exciting, the hopeful self is always dominant...This part self sees the abusing object as a man who contains the possibility and hope of complete gratification. The splitting defense keeps these exaggerated fantasies separate from the much larger package of memories of rejection, humiliation, and abuse that are repressed in the abused self." (pages 125-126)

In a session when a patient is confused about why she keeps shifting back and forth in her feelings for a rejecting or self-centered partner, sometimes I will draw two large adjacent circles on a piece of paper. One I will label the Hopeful Self. For the other circle, I will ask the patient, "When it's really unpleasant and hurtful and painful with your partner, what are some of the feelings that you have?" Usually I will hear such feelings as "shamed, hurt, angry, confused, demeaned, hopeless, lonely, worthless." I then may say, "I imagine that when you're feeling this way, you might say to yourself, 'I can't keep staying in this relationship.'" Often the patient emphatically says "Yes." Then I may suggest that her partner is probably very good at exhibiting behaviors, in the aftermath of having behaved in a very demeaning way, that get her back to the Hopeful Self, and that then the acuteness of the negative feelings gets very fuzzy or even completely recedes.

It is my understanding that all of us have some version of this abused or wounded self and hopeful self split. What determines whether splitting is toxic in a relationship depends, in my mind, on the ratio of abused self to hopeful self memories in the unconscious. One man with whom I've worked for many years grew up with a cruel, verbally abusive, and narcissistic father who sometimes would confine the patient and his mother to the home for a week at a time while he raged at them. The patient himself has a huge problem with anger, which has led to the demise of most of his relationships with women. Having explained this idea of splitting to him, I asked him about his own ratio of wounded self to hopeful self. He responded, "70 to 80 per cent wounded self, 20 to 30 per cent hopeful self."

I have talked with this patient about how our work in psychotherapy, as well as his work with himself, is to shift his internal balance of wounded to hopeful self. In an article I wrote for Psychobits in 1995 entitled "Building a Self," I referenced Celani's description of how this process happens in psychotherapy with deeply narcissistically wounded patients:

"In truth, it happens slowly over time, like grains of sand falling in an hourglass. Each small positive introject weighs little individually...Because of the gradual nature of the introjection process, very little appears to happen at the outset of therapy, as there are too few positive introjects to alter the patient's normal coping strategies...The struggle between the newly internalized memories and the enormous pressures from inner emptiness turns out to be a

David and Goliath battle, as it seems impossible for the fifty-minute hour to compensate for a lifetime of neglect.” (pages 182-183; 191)

As I’ve mentioned earlier, in his next book, Leaving Home, Celani has substituted “wounded self”, which is the term I use most often with my patients, for “abused self.” In explaining the wounded self, Celani states,

“This combination of criticism and lack of love are the two key ingredients that lead to the development of a wounded self in many children. One of my patients, who had been in therapy long enough to accept and tolerate an awareness of his wounded self, described the problem of hiding from his anger at his parents as being similar to holding a large beach ball under water. He could do it for only so long by expending a great deal of energy, but it jumped back up into his awareness the moment a new frustration arose.” (pages 23-24)

I would submit that the higher the ratio of wounded self to hopeful self in our patients, the more prone they may be to suddenly discharge anger and rage in their relationships.

Having outlined the splitting defense, let us turn to two of the most difficult dilemmas in working with grandiose narcissistic patients and with trying to help their partners: 1) their need for seamless mirroring; and 2) when such seamless mirroring fails to be present, their regression into “blitzkrieg affects,” which have also been called “borderline moments.” Celani, in his earlier book The Illusion of Love, outlines this phenomenon as follows:

“Any little disappointment in her current life can provoke the sudden emergence of her abused self. The sudden dominance of this part-self will cause a rapid mood change. The abused self is not always characterized by self-destructive hate or defensive hostility toward others. It can simply appear as a sudden shift into deep disappointment and resentment. The uninformed observer, who has no idea of the inner world of the borderline individual, may be startled to see another person (or personality) suddenly jump out of the same body.”
(page 122)

Celani then relates a case which, in my mind, powerfully illustrates the connection between the need for seamless mirroring and the emergence of blitzkreig affects:

“Sandy came to therapy with her boyfriend, Jack, with the goal of making Jack more sensitive to her needs. Sandy had competed in the Miss America contest and had been a finalist. At thirty-five she was still strikingly beautiful. Despite her beauty Sandy had not been able to maintain a relationship with a man for more than a few months because her boyfriends would inevitably disappoint her. She estimated that since the age of twenty she had been involved in three to four relationships per year. She brought Jack, her current boyfriend, to therapy with her because of her increasing reluctance to venture back into the ‘meat market,’ as she put it. She felt that Jack was the most aware of her boyfriends and therefore the relationship held some promise. Sandy perceived herself as being perfectly normal and was not bothered by the fact that nearly sixty men over a period of fifteen years had failed to meet her expectations. Jack was an affable and handsome fellow who was obviously pained by Sandy’s harsh accusations of him.

For example, he described his problems with her by reviewing his preparations for her last birthday. He knew how upset she became if everything was not perfect. He had arranged for a limousine and driver to take them to dinner at a posh restaurant and ordered a dozen yellow roses. Upon seeing the yellow roses Sandy immediately became angry at Jack, because they reminded her of the roses she held when she lost the Miss America contest. She then took issue with his choice of a restaurant, saying that the service was too impersonal. By the end of the evening, Jack was bitterly reminding himself never to take her out again, and Sandy was silent and convinced of Jack's total insensitivity to her. Exploration of her history revealed that Sandy had been upstaged at fifteen months by the birth of a mildly retarded brother, upon whom both of her parents focused all their attention. Sandy had been emotionally, if not physically, abandoned from that point onward. As a child Sandy became very fussy, as if nothing anyone did for her could satisfy her needs. This fussiness is characteristic of many personality disorders and is a result of their deep disappointment in their parents inability to comfort them, as well as the resulting inner rage and emptiness that follows them everywhere. An event, a gift, or a bit of behavior that even hinted of a lack of 'absolute' sensitivity to her needs reminded Sandy (unconsciously) of her almost totally insensitive treatment as an infant. This would activate her wounded self, and her whole history of frustration would then come pouring into her awareness." (page 123)

In my clinical experience, this case speaks to the most difficult part of working with narcissistic individuals and especially their partners. Celani's description of "An event, a gift, or a bit of behavior that even hinted of a lack of "absolute sensitivity to her needs..." describes the demand on a partner for seamless mirroring, or perfect resonance, which of course is impossible. When this seamless mirroring is not immediately forthcoming, the narcissist is thrown into his or her abused/wounded self, and the partner is subjected to either anger, hostile withdrawal, or to what I call "resentful self-pity." Moreover, there is absolutely nothing the partner can say in his or her defense. As I say to my patients who are trying to cope with these reactions from their partners, "Your partner is in an altered state. Nothing you can say or do will make a difference as long as your partner is in that state, in his (or her) wounded self."

Recently a new patient came to see me, worried about his marriage. In the first session, he stated:

"She blames me, or is jealous of me. She lashes out at me. Even if she apologizes, it has an effect. It's making me bitter, angry. She got lashed out at by her father, the disciplinarian. Her mother was the victim. A troubled household. With my wife, there's this dynamic at work. She has moments of disproportional rage or anger. She seeks to derail the argument, shut down the debate. It's conditioned me, over time, to where I know there are places I cannot go. It's left me confused. Am I justified to feel this way? Communication between us is extraordinarily difficult, if the subject is one of those issues, where I can expect a reaction...For quite awhile, I've sought to avoid going there. It's like a switch. Our friends would be shocked that we're having problems."

Of course, this same phenomenon can beset the therapeutic relationship as well. As Celani points out:

“...the severely deprived patient will split the therapist into good and bad parts. This is particularly true at the outset of therapy, when the patient is still extremely needy and sensitive. Anything the therapist says that doesn't exactly agree with the patient will be split off into the 'bad-therapist.'...the patient cannot tolerate any reality that reduces her perilously low self-esteem or that threatens her relationship with her abuser...When the patient splits the therapist into 'good' and 'bad' parts she is free to attack the 'bad' part therapist with a vengeance.
(page 202)

Celani paints a particularly compelling picture of the batterer's desperate need for seamless mirroring:

“His hypersensitivity to her every attitude causes him to react to all of her behaviors that are not absolutely congruent with his experience. The only way he can feel comfortable with her is when her positions, opinions, and behaviors are in perfect compliance with his own. Even minor dissention produces powerful feelings of abandonment in him, and the sense that he is completely losing control of his partner...Like an infant, the batterer feels abandoned the moment he and his object are not feeling the same emotion...The motivation for control of his partner's every feeling state is an attempt on his part to avoid feeling an intense inner panic when she acts differently from himself. Every little difference between his inner world and his partner's inner world signals abandonment and disloyalty to him...the batterer believes all of his partner's behaviors are intended to create a reaction in him. (pages 162-163)

Recently a new patient came to see me, concerned about her marriage. She described the following scenario:

“It's a control thing. He'll grab my wrist. 'Stand here and listen to me!' It flips a switch in me. I'll do everything in my physical power to get away. I blow up. I'll say, 'You are restraining me against my will. That's domestic violence is a different form!' But, for me to insinuate that to him...he went off...the maddest I've ever seen him in my entire life. He screamed, 'I hate you! I'll see you in court! You're trash! Get out of my house! I pay for your house!' Sometimes he'll follow me. I'm trying to get away. He'll corner me, and grab my wrists. He will distort what happened, and say 'You hit me!' when I haven't. I'm at a crossroads in my life. It's horrible for three days, every six months. I dissect our divorce in my head. Then he flips a switch, and he's lovely. We'll do things together. Everything is fantastic. We're best friends.”

Along with David Celani, the other clinician who is his writing has been most helpful to me in working with the grandiosity, shame, and blitzkreig affects of narcissistic patients has been Terrence Real, in his books I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression, How Can I Get Through to You: Reconnecting Men and Women, and The New Rules of Marriage. Here is Terry Real, writing also about the need for seamless mirroring and the resulting rage reactions, again pointing to the dynamics of batterers and their partners. He is relating an encounter with a married couple, in his office:

“‘If you really want to be of use to somebody,’ Shirley proposes, folding out the wrinkles of her fashionable miniskirt, ‘what you should do is write yourself up some little grant, you

know, some little research project, and figure out what happens to guys when their girlfriends spend time on the phone. I never met a man yet who didn't go beserk when I was on the phone for more than ten minutes.' ...At the time, Jimmy had expressed his 'upset' by ripping the telephone out of the wall and handing it to Shirley. A year ago she would have gone beserk, and the fight would have escalated until the police arrived...A few sessions later, after things calmed down, I asked Jim to describe the feelings that had flooded over him before he gave in to the violence. As is common with batterers, he described a momentary sense of total abandonment...The telephone, for him, was a cipher for being shut out, betrayed, abandoned. To call the feelings that surged up in him mere 'upset' was too mild; volcanic was more like it; panicked might be better still. Jim felt victimized and alone in the minutes before he erupted—as if he were back in the chaos of his own childhood. 'I felt,' he says, 'as if I could stand there and slit my own throat and she'd just go right on talking...Jim then reached out for another addictive defense—violence—to pump up his plummeting self-esteem. Like alcohol or drugs, violence operated for Jimmy as a magic elixir transforming his shame into grandiosity, shifting him from a sense of helplessness to a sense of omnipotent control...When Jimmy lashed out at Shirley, he was, as one abuse expert terms it, 'offending from the victim position.'"

(pages 66-67)

Volney Gay once described to me how implicit in the blitzkrieg affect reaction, as described here by Terry Real, is the imperative the person lashing out has that "Never Again Will You Treat Me This Way!" As a patient might describe to me an incident of exploding at his partner, I might suggest to him that he felt victimized in that moment, and thus entitled to go on the offensive.

Like Alice Miller, Terry Real has a particular interest in the shame/grandiosity dynamic. He also introduces the concept "performance based self esteem," which he says will never by itself be a substitute for real self esteem, which, as Jamie Kyne has pointed out to me, might derive either from being treasured unconditionally as a child, or might be earned through achievements.

I would like to conclude this talk with two cases. In the first one, my patient has been married to a grandiose narcissist for many decades. Here are some of her words, from a recent session:

"How can I be more assertive with him? I let him run all over me. I'm not able to get what I want. For dinner, we have what he wants to cook. The little day to day things. I get resentful when I do what he wants all the time. Like going to the movies. He has such a strong personality. It's really hard to stand up to him. A lot of times, he's already made a decision. At the last minute, he'll say, "Let's go to the movies—in 30 minutes." We don't make decisions together. That's been a problem in our marriage."

I ask, "What happens if you say what you want?" She responds:

"He gets his feelings hurt. He'll say, 'You're ruining our weekend' when I bring up difficult issues. How can I talk to him, when he sees me as attacking him, when I question him? He's transferred his feelings about his father onto me. He doesn't want to work on himself...Almost every day, that pops into my head, the thought of being on my own."

In this session, I found myself asking the patient, “Do you want me to help you to get strong enough to leave, or do you want me to help you be strong enough to stay?” Sometimes, I do work with a patient, who is in this kind of marriage to a grandiose narcissist, to get strong enough to leave.

Our training as psychotherapists is that it is our role to stay neutral with our patients regarding, for example, such excruciatingly difficult decisions as whether or not to leave a difficult marriage. Nonetheless, I believe it is incumbent on us as therapists to educate our patients about when what they are enduring constitutes abuse, and about what level of respect they are entitled to in their relationships. Terry Real, writing in The New Rules of Marriage, states, “Behaviors are abusive when they violate your psychological self, when they cross your internal boundary.” In the category of “Psychological Boundary Violations,” Terry Real includes:

1) “Yelling and screaming

2) Name-calling:

Any sentence that begins with, ‘You are a....’

3) Shaming or humiliating:

Communicating that someone is a bad or worthless person...

4) Telling an adult what he or she should do:

Unless you’re someone’s boss, therapist, or advisor, you have no right to tell another grown person what he or she needs to do. That’s intrusive. The same is true for dictating what someone should think or feel. And it’s even more intrusive to tell someone what he ‘really’ thinks or feels, as in, ‘You’re not disappointed, you’re angry.’”
(page 104)

Here is a final case, in which a man I’ve been working with, married over 20 years, who falls in the shadow narcissist range, has had a conflict with his wife, who is prone to Blitzkrieg affects. In describing his feelings after the conflict, he says,

“I view myself as a nice person. Nice people don’t do these things to somebody else, for insufficient reasons. The Golden Rule: Treat people the way you want to be treated. When somebody asks me for something, I try to help them. I don’t appreciate it when other people do this to me. So, I don’t respond well. I respond worse to those types of behaviors, than 90% of people, because I go out of my way to be courteous to people, I go out of my way to help people. I said to her, ‘You ask me for favors all the time, and I do them. Then I ask you, and you react like this—you’re expecting more from me than you’re giving.’...It was a typical episode, when things go wrong with us. My personality sort of grates on her, and she’ll have this acute reaction. After a few hours, we’ll usually make up. When she has these reactions, she doesn’t seem herself. You can’t have such sharp ups and downs forever, without asking, is it worth it? There’s gotta be a better way. Such drastic ups and downs.”

Of course I am hearing my patient’s view of things, which is never the full reality. Nevertheless, many of my patients appear to me to fall within the shadow narcissist range, and they have sought out psychotherapy in their efforts both to heal from their wounds from narcissistic childhoods, as well as to better cope with parents, or partners, or bosses, who fall more within the grandiose narcissist range of personality. At the same time, as this patient’s words suggest,

the shadow narcissist often has considerable underlying anger and resentment, and we need to listen to how they manage their affects as well.

As psychotherapists, we are often working with our patients to learn how to not take other people's behaviors toward them so personally. For those with partners or parents or bosses in the grandiose range, this is imperative, or else interactions with those individuals take a tremendous toll. As Sandy Hotchkiss has written, in Why is it Always about You: The Seven Deadly Sins of Narcissism:

"We all view life through the lens of (our) experiences, but the Narcissist has something more, not just a lens but a prism that refracts and distorts incoming messages to avoid the intolerable feeling of shame. This means that you are never in control of how these people perceive you or when you will be assaulted with some defensive maneuver that deflects their shame, prevents their deflation, or reinflates them after a narcissistic injury.

Narcissists constantly dump—or project—unwanted parts of themselves onto other people...you end up being treated like the dirt they've brushed off their own psyches, or feeling the humiliation, the anger, the vulnerability, and the worthlessness that they cannot tolerate themselves." (page 64)

I imagine that all the therapists in this room have ways that you try to assist your patients in not taking such toxic projections personally, and in recognizing their own projections. Myself, I almost always end up teaching my patients about what Terrence Real has called a functioning "internal boundary. Here, in his book How Can I Get Through to You, is Terry Real's description:

"In order to listen well a capacity most in this culture have not developed must be cultivated—a functioning 'internal boundary.'...An internal boundary is to your psyche as skin is to your body. It is where you end and the world begins...I sometimes call it a 'receptivity regulator'; it modulates the extremes of over- and underreactivity...A poor internal boundary allows other people's feedback, beliefs about you, even, at times, their emotional state to pierce you to the quick. 'How could you think that of me?' 'I'm so hurt that you feel that way!' or 'It depresses me when you get so sad,' are hallmark sentiments of someone with a 'thin skin,' a poor internal boundary"

...a healthy boundary is supple; it allows you to be both protected and yet connected at the same time. As your partner speaks, whatever emotion she throws at you goes splat on the outside of your internal boundary.

Imagine this psychic shield as resting about arm's length away, encircling you. Safely ensconced within your boundary, you cast a cool eye on what's being asserted, point by point. If the material rings true for you, or if some portion of it seems true, you relax your boundary and let that in—'Yes, I did that,' or 'I know I can sometimes be that way'...(However) that portion of the material that does not seem true you simply let drop, like an egg sliding off glass and landing on the floor. You understand that such inaccurate descriptions of you are important information about the speaker...

Projections are human. We make up things about one another all the time. You needn't feel shame about someone's misperception, nor grandiose because your partner 'got you wrong.' Healthy self-esteem and a good boundary work together. Going neither 'one down' (shame) nor

'one up' (grandiosity), you hold both yourself and your partner in warm regard while accepting nothing that inaccurately describes you.

Visualizing an internal boundary works like this. Picture a place—it could be real or imaginary—in which you have a sense of relaxation, a feeling of 'I'm enough and I matter.' Then drop the imagined place, and stay centered in that state of 'enoughness' for a moment. Imagine a shield encircling you. It can be realistic or fanciful, a screen of flowers, a force-field, or a glass dome...Be certain that your internal boundary remains impermeable; nothing can get past it unless you choose to let it. The nastiest comment, the most raw feeling—an emotional atom bomb could go off and you would remain unfazed. Inside your circle you can afford to be open, spacious, curious, relaxed." (pages 237-240)

This functioning internal boundary is thus a fundamental tool that I teach my patients, especially those with narcissistic partners, parents, or bosses. Some of my patients then teach it to their family members. One female patient, with whom I've worked weekly for ten years, has taught the internal boundary to her 10-year-old daughter, who sometimes gets in minor quarrels with her girlfriends or her brothers. "Use your bubble," my patient will encourage her daughter.

Some other tools and concepts that I teach my patients come from the Buddhist traditions. As you probably know, Buddhism puts great emphasis on developing a non-judging mind. I wrote an article for Psychobits in 1995 entitled "Buddhism and Psychotherapy: Developing a Non-judging Mind." Two books I often recommend in this regard are Tara Brach's Radical Acceptance and Sharon Salzberg's Lovingkindness. I will suggest particular lovingkindness meditations and encourage patients to practice these on a daily basis. I may say that our goal is to shift the patient's internal climate from one of shame and judgment to one of self-acceptance and self-compassion.

Another Buddhist teacher I recommend frequently is Pema Chodron, including her books and particularly her recorded talks in such CD's as Don't Bite the Hook and Getting Unstuck. Her teachings have tremendous relevance in assisting ourselves and our patients in unlearning repetitive dysfunctional patterns in relationships. In Don't Bite the Hook, for example, she talks about our addictive habits of being provoked into anger, habits which we have been reinforcing for a lifetime.

One of her basic practices is Tonglen, a Tibetan Buddhist meditation in which one visualizes breathing in another's suffering while breathing out compassion toward them. This can be a powerful way to step outside feeling angry at a partner, in realizing that even the one I am angry at is suffering also. She has a wonderful concept of "the story line," which is the story I am telling myself about how what just happened to me with a partner is so unfair or unjust, and I'll stay angry as long as I keep mentally retelling it, from this perspective. Pema Chodron encourages us to learn to "drop the story line" if we want to stop reinforcing our habits of anger and retaliation. She writes, in her book Comfortable with Uncertainty:

"In essence the practice is always the same: instead of falling prey to a chain reaction of revenge or self-hatred, we gradually learn to catch the emotional reaction and drop the story lines."

I would like to close with words from Terry Real, in How Can I Get Through To You, which speak to the challenges of all partner relationships, and perhaps particularly so to those who decide, despite the obstacles, to remain with narcissistic partners.

“There are things you get in a real relationship, and things you do not get. The character of the union is determined by how the two partners manage both aspects of love—the getting and the not getting. Moving into acceptance means moving into grief, without being a victim. You own your choice. ‘I am getting enough in this relationship,’ you say, ‘to make it worth my while to mourn the rest.’ And mourn we do. Real love is not for the faint of heart. What we miss in our relationships we truly miss. The pain of it does not, and need not, go away. It is like dealing with any loss.

I object when people, especially therapists, talk about ‘resolving grief,’ as if grief could ever be so compliant. We humans don’t ‘resolve’ grief; we live with it.” (page 224)

**FROM ALICE MILLER TO DAVID CELANI TO TERRENCE REAL:
PARADIGMS OF NARCISSISM WHICH CAN ASSIST PSYCHOTHERAPISTS
IN THE TASK OF HEALING SHAME**

Nashville Psychotherapy Institute, November 12, 2010---Luncheon Presentation

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